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#### Current transportation infrastructure reinforces the medical model of disability and result in forced social exclusion.

Ivonne Audirac, Florida State University, 5/16/2008[“Accessing Transit as Universal Design”, Journal of Planning Literature 2008, Sage Journals, http://jpl.sagepub.com/content/23/1/4.full.pdf+html]MW

Although influential transportation planners believe that given the low share of transit travel, transit cannot be the public strategy for improving mobility disadvantaged individuals (Pucher and Renne 2003, 74),4 disability theory and activism have challenged these views as exclusionary on several fronts (Corker and Shakespeare 2002; Pothier and Devlin 2006). First, on the basis that mode-split statistics are a poor measure of transit demand, since they do not account for suppressed trips (i.e., forgone trips for lack of transit service or impaired accesses to it) (Hine and Grieco 2002). Second, that mainstream transportation planning and design are based on the notion of a “universally able and disembodied” subject (i.e., without biological and social attributes) (Hine and Mitchell 2001; Imrie 2000; Langan 2001) and thus exclude not only impaired but also many nonimpaired people. Third, that transportation planning espouses the medical model of disability whereby the individual’s body, rather than the built environment and social attitudes against disabled people, is the main debilitating cause in personal mobility (Langan 2001). Fourth, that the transportation disciplines and lobbies have endorsed and promoted a universal system of auto-mobility that alienates impaired people and discriminates against all who, for financial, physical, temporal, or psychological reasons, cannot access or use automobiles (Imrie 2000; Hine and Mitchell 2001; Langan 2001). The literature on mobility and exclusion research identifies several forms of social exclusion (i.e., physical, geographical, from facilities) resulting from the organization of transportation and the quality of transit service provision and its relation to the built environment, urban form, and land use patterns (see Table 2). These mobility-limiting factors also include economic, fear-based, and time-based exclusions, which condition people’s immobility and capacity to participate in mainstream society (Cass, Shove, and Urry 2005; Church, Frost, and Sullivan 2000; Grieco 2003; Hine and Mitchell 2001; TCRP 1999).

#### Absent federal funding compliance with ADA mandates will continue to decline. Investment now is necessary to dissolve the medical model.

Ivonne Audirac, Florida State University, 5/16/2008[“Accessing Transit as Universal Design”, Journal of Planning Literature 2008, Sage Journals, http://jpl.sagepub.com/content/23/1/4.full.pdf+html]MW

In an environment of diminishing public funding and transit patronage, to this day, some transit agencies have been slow in complying with ADA requirements. Disabled patrons complain of bus stops not being announced and bus drivers failing to stop for people with disabilities who are waiting to ride the bus (National Council on Disability 2005). Additionally, problems persist concerning maintenance of accessibility equipment (e.g., bus lifts), and ADA complementary paratransit systems are fraught with quality-of-service, reliability, trip-booking, and pick-up problems. Finally, inaccessible streets, sidewalks, bus stops, intersections, and crossings for people with disabilities remain a persistent problem throughout the United States (National Council on Disability 2005). Experience shows, even in European countries with the most advanced and integrated transit systems, that inaccessible pedestrian and transit facilities, vehicle fleets, and information and way-finding devices and services are the most difficult to get right. They also require the most attention from planners and operators, as well as the largest share of operating funds (Ireland National Disability Authority 2004, 16). Furthermore, inaccessible pedestrian and transit facilities are partially the result of poor coordination between local governments and transit agencies. In the United States, metropolitan planning organizations under the Intermodal Surface Transportation Efficiency Act of 1991 and subsequent reauthorizations are mandated to address these issues in Metropolitan Transportation Plans specifically focused on pedestrian and transit mobility and ADA-mandated accessibility. Yet funding shortages limit the capacity of many transit agencies to adequately meet these mandates.8 Furthermore, the notion that all users benefit from transit that meets the needs of Americans aged 65 and older, whose population is estimated to increase 80% by the year 2025, has encountered both skeptical and optimistic assessments. Giuliano’s (2004, 204) research finds that rather than shifting to transit, older people “prefer automobile travel and compensate for physical limitations by traveling less.” Her research also “suggests caution in considering more transit environments as a mobility strategy for the elderly,” since the transit service will have to be very high quality and mimic the car to effectively attract the elderly to transit (p. 204). Similarly, Rosenbloom (2003) asserts that older Americans prefer to drive and that restructuring transit and development patterns will provide more travel choices but not necessarily cause older drivers to switch to walking and transit for the majority of their trips. On the other hand, Bailey (2004), using data from the 2001 National Household Transportation Survey, finds that in 2001, public transportation trips by older nondrivers totaled an estimated 310 million—with older minority populations more than twice as likely to use transit than their white counterparts. Bailey (2004, 1) also finds that social exclusion through suppressed travel is high among older citizens with “more than 50% of non-drivers age 65 and older— staying home on any given day partially because they lack transportation options.” This confirms that for many older nondrivers, public transit is the only alternative to asking for a ride. Bailey recommends substantial increases in funding and investment in the Federal Transit Administration’s Section 5310 Grant: Specialized Transportation Program for the Elderly and Persons with Disabilities. Having carried out focus-group research on travel preferences of driver and nondriver senior citizens, proponents of the new “mobility management” both agree with the above skepticism and concede suppressed travel. They underscore the fact that tomorrow’s older persons are likely to have been car drivers all their lives, having lived in suburban and exurban areas lacking good public transit, and would be likely to demand highquality door-to-door services that can compete with cars. However, concurring also with the need for transit that addresses the immobility of impaired and senior citizens, they emphasize that geographical inaccessibility to jobs and regional services and facilities demands a regional approach beyond the neighborhood and city (Burkhardt, McGavock, and Nelson 2002). Metropolitan planning organizations and regional transit authorities are poised to tackle this issue by becoming mobility managers of traditional and nontraditional transit services that expand mobility choices for all (TCRP 1999). This implies “costeffective public transit solutions for low-density areas that can address the travel needs of high-income and high-mobility seniors while at the same time addressing the travel needs of low-income and low-mobility seniors” (Burkhardt, McGavock, and Nelson 2002, 44). Lack of funding and reluctance to change transit to fit users’ needs (rather than the current practice of fitting users to transit) are major roadblocks for which multiple studies and research, commissioned by the TCRP, offer guidance for addressing and overcoming (TCRP 1997, 2000). Although a review of this research is outside the purview of this article, it would suffice to say that TCRP literature converges on a paradigm shift along the line described here as UD of transit.9 Time will tell whether cities, transit authorities, and the Federal Transit Administration will fully embrace the paradigm. However, some progress in this direction has started to occur. In the United States, a few transit agencies have restructured their service model from fixed-route models focused on downtown to a family of services combining fixed and rider-request routes designed to serve both downtown and suburban demand. Fort Worth’s Transportation Authority made such a shift, ostensibly supported by constant user feedback and service assessment. Also, nonprofit service organizations, such as the Independent Transportation Network in Portland, Maine, are starting to offer a variety of demand-responsive services to older citizens on a 7-day, 24-hour basis. The Independent Transportation Network uses a combination of paid and volunteer drivers and a variety of payment innovations, including “gift-ride programs,” “trip-cost sharing” with merchants and professional offices visited by riders, “frequent-rider miles,” and a “road scholarship fund” for low-income users who cannot afford to pay full fare (Burkhardt, McGavock, and Nelson 2002). These examples are being emulated in different parts of the country and prove that a wider range of geographical accessibility and social inclusion can be achieved through transit designed for all. However, strapped for funding, transit agencies in the United States have been slow to embrace these and other UD innovations, perceived as “interesting” but beyond ADA’s legal mandate.

#### This medical model is the root cause of conflict

Stuart Elden, politics at University of Warwick, 2/29/2002 [“The War of Races and the Constitution of the State: Foucault's «Il faut défendre la société» and the Politics of Calculation,” Boundary, <http://boundary2.dukejournals.org/content/29/1/125.full.pdf>]

The reverse side is the power to allow death. State racism is a recoding of the old mechanisms of blood through the new procedures of regulation. Racism, as biologizing, as tied to a state, takes shape where the procedures of intervention ‘‘at the level of the body, conduct, health, and everyday life, received their color and their justiﬁcation from the mythical concern with protecting the purity of the blood and ensuring the triumph of the race’’ (VS, 197; WK, 149). 37 For example, the old anti-Semitism based on religion is reused under the new rubric of state racism. The integrity and purity of the race is threatened, and the state apparatuses are introduced against the race that has inﬁltrated and introduced noxious elements into the body. The Jews are characterized as the race present in the middle of all races (FDS, 76). 38 The use of medical language is important. Because certain groups in society are conceived of in medical terms, society is no longer in need of being defended from the outsider but from the insider: the abnormal in behavior, species, or race. What is novel is not the mentality of power but the technology of power (FDS, 230). The recoding of old problems is made possible through new techniques. A break or cut (coupure) is fundamental to racism: a division or incision between those who must live and those who must die. The ‘‘biological continuum of the human species’’ is fragmented by the apparition of races, which are seen as distinguished, hierarchized, qualiﬁed as good or inferior, and so forth. The species is subdivided into subgroups that are thought of as races. In a sense, then, just as the continuum of geometry becomes divisible in Descartes, 39 the human continuum is divided, that is, made calculable and orderable, two centuries later. As Anderson has persuasively argued, to suggest that racism has its roots in nationalism is a mistake. He suggests that ‘‘the dreams of racism actually have their origin in ideologies of class, rather than in those of nation: above all in claims to divinity among rulers and to ‘blue’ or ‘white’ blood and breeding among aristocracies.’’ 40 As Stoler has noted, for Foucault, it is the other way around: ‘‘A discourse of class derives from an earlier discourse of races.’’ 41 But it is a more subtle distinction than 37. See Etienne Balibar, ‘‘Is There a ‘Neo-Racism’?’’ in Etienne Balibar and Immanuel Wallerstein, Race, Nation, Class: Ambiguous Identities (London: Verso, 1991), 26. 38. On the treatment of Jews in this way, see Sander L. Gilman, Difference and Pathology: Stereotypes of Sexuality, Race, and Madness (Ithaca, N.Y.: Cornell University Press, 1985), 30–35. 39. See Elden, ‘‘The Place of Geometry.’’ 40. Anderson, Imagined Communities, 149. See Balibar, ‘‘Racism and Nationalism,’’ in Balibar and Wallerstein, Race, Nation, Class, 47–48, 207–8. 41. Stoler, Race and the Education of Desire, 30.148 boundary 2 / Spring 2002 that. What Foucault suggests is that discourses of class have their roots in the war of races, but so, too, does modern racism; what is different is the biological spin put on the concepts. 42 But as well as emphasizing the biological, modern racism puts this another way: to survive, to live, one must be prepared to massacre one’s enemies, a relation of war. As a relation of war, this is no different from the earlier war of races that Foucault has spent so much of the course explaining. But when coupled with the mechanisms of mathematics and medicine in bio-power, this can be conceived of in entirely different ways. Bio-power is able to establish, between my life and the death of the other, a relation that is not warlike or confrontational but biological: ‘‘The more inferior species tend to disappear, the more abnormal individuals can be eliminated, the less the species will be degenerated, the more I— not as an individual but as a species—will live, will be strong, will be vigorous, will be able to proliferate.’’ The death of the other does not just make me safer personally, but the death of the other, of the bad, inferior race or the degenerate or abnormal, makes life in general healthier and purer (FDS, 227–28). ‘‘The existence in question is no longer of sovereignty, juridical; but that of the population, biological. If genocide is truly the dream of modern powers, this is not because of a return today of the ancient right to kill; it is because power is situated and exercised at the level of life, the species, the race, and the large-scale phenomena of population’’ (VS, 180; WK, 136). ‘‘If the power of normalization wishes to exercise the ancient sovereign right of killing, it must pass through racism. And if, inversely, a sovereign power, that is to say a power with the right of life and death, wishes to function with the instruments, mechanisms, and technology of normalization, it must also pass through racism’’ (FDS, 228). This holds for indirect death—the exposure to death—as much as for direct killing. While not Darwinism, this biological sense of power is based on evolutionism and enables a thinking of colonial relations, the necessity of wars, criminality, phenomena of madness and mental illness, class divisions, and so forth. The link to colonialism is central: This form of modern state racism develops ﬁrst with colonial genocide. The theme of the political enemy is extrapolated biologically. But what is important in the shift at the end of the nineteenth century is that war is no longer simply a way of securing one race by eliminating the other but of regenerating that race (FDS, 228–30). As Foucault puts it in La volonté de savoir: 42. Some similar ideas are found in Michael Banton, The Idea of Race (London: Tavistock, 1977).Elden / The War of Races and the Constitution of the State 149 Wars are no longer waged in the name of a sovereign who must be defended; they are waged on behalf of the existence of all; entire populations are mobilized for the purpose of wholesale slaughter in the name of life necessity. Massacres have become vital [vitaux— understood in a dual sense, both as essential and biological]. It is as managers of life and survival, of bodies and the race, that so many regimes have been able to wage so many wars, causing so many men to be killed. (VS, 180; WK, 136)

#### This exclusion perpetuates abelism. Federal action is key to raising national consciousness

Jonathan Drimmer,Editor, UCLA Law Review, UCLA 6/1993 [“CRIPPLES, OVERCOMERS, AND CIVIL RIGHTS: TRACING THE EVOLUTION OF FEDERAL LEGISLATION AND SOCIAL POLICY FOR PEOPLE WITH DISABILITIES” 40 UCLA L. Rev. 1341, lexis]

Society resonates with the message that people with disabilities n2 are somehow "ruined." Based on this notion of inferiority, people with disabilities are treated as second-class citizens, and suffer from "thoughtlessness and indifference," and "benign neglect." n3 [\*1343] They are both pitied and abused: as historical victims of a mix of intolerance, discrimination, fear, and misunderstanding, they are given charity, and yet not afforded many of the rights and opportunities of people with able bodies. n4 Frequently, people with disabilities are stigmatized as less than human, n5 or viewed as examples of the cruelty of life at its worst. n6 In a culture that values the "protestant work ethic" as well as a strong mind and body, people with disabilities are commonly viewed as deficient and inferior. n7 In an [\*1344] industrialized country where self-support is closely tied to self-esteem and national economic strength, the forty-three million Americans with disabilities n8 are often assumed to be mired in feelings of personal inadequacy, n9 and are viewed as sapping the strength of the country when unable to produce financially. Whether through oversight, such as failing to make curb-cuts or constructing inaccessible buildings; n10 animus, such as sterilization of deaf and retarded individuals; or discrimination, n11 such as refusing to hire or educate someone on the basis of a disability, people with disabilities have often been treated as inherently inferior, and removed from mainstream society. Historically, the legal status of people with disabilities has reflected the view that a person with a disability is intrinsically substandard. During the twentieth century, Congress enacted several laws which focused on people with disabilities. Most of these laws authorized services to help "cure" what are considered "ailments" within individuals who have disabilities in order to increase national production and decrease welfare spending. The few recent laws seeking to provide rights and remedies to people with disabilities have consistently failed to recognize them as complete citizens, acknowledging them only as "flawed" individuals not at fault for shortcomings that society must endure. The Americans with Disabilities Act of 1990 ("ADA"), n12 considered a comprehensive bill of rights for people with disabilities, merely continues this begrudging treatment. In pursuing this course, Congress has issued a message that people with disabilities do not deserve full citizenship or equal participation in the community and are merely tolerated when they [\*1345] can become economic participants. This treatment in the law results in the granting of limited rights that do not guarantee people with disabilities full access to society. This Comment addresses the evolution of the treatment of people with disabilities in federal law, with the express purpose of exposing their historical and systematic mistreatment by society. It examines the legal status of people with disabilities in the context of sociological paradigms commonly used to uncover the underlying assumptions behind the societal treatment of individuals who have disabilities. Part I discusses the predominant interpretations of disability in Western society through the use of three models. The medical and social pathology models are based on the notion that a disability is a problem residing within the individual that doctors and specialists should attempt to cure, while the civil rights model is premised on the concept that the fundamental problem is not within the individual, but with an intolerant society. Part II reviews the historically inferior medical and social pathological treatment of people with disabilities, and discusses the influence of this approach in early federal legislation and social policy. Part III focuses on the birth of the modern civil rights movement with regard to disability and analyzes the initial effects of this movement on federal legislation. Part IV examines the strange fusion of the medical, social pathology, and civil rights treatments of people with disabilities in current legislation, concentrating on Section 504 of the Rehabilitation Act of 1973 and the ADA. This Comment concludes that until the national consciousness is raised through activities such as those used by other minority communities in their searches for equal treatment, Congress will continue to rely on the medical and social pathology models in enacting laws such as the ADA, and society will continue to view people with disabilities as inherently inferior.

#### Specifically abelism within transportation infrastructure perpetuates broader exclusion of all groups – Justifies eugenics and genocide

Sam Bagenstos, Professor at the University of Michigan, Ex-Harvard Law Prof, 2000 [“Subordination, Stigma, and Disability,” Virginia Law Review, Vol. 86, No. 3, p.437-45, gscholar] 7/16/12 K. Harris

Erving Goffman’s notion of stigma is a useful tool here. Although “stigma” refers colloquially to animus and prejudice, Goffman used the term to refer to a broader problem. He described the condition as an “undesired differentness” from what society deems to be “normal” or expected. 1 5 3 Under Goffman’s approach, the core aspect of stigma occurs when prevailing social practices treat particular “undesirable” traits as universally discrediting. As Goffman emphasized, those who deal with stigmatized persons “tend to impute a wide range of imperfections on the basis of the original one.” 1 5 4 As a result, people with stigmatized traits are not considered to be among the “normals” for whom society, and its institutions, are designed. 1 5 5 This stigma is as much about so-cial attitudes as about the traits themselves; even if an individual can “cure” a stigmatized trait, she may still not be accepted in the community of “normals.” 1 5 6 Goffman’s construct of “stigma” provides a useful tool in giving content to my subordination-based understanding of disability rights law for at least two reasons. First, Goffman’s analysis strongly influenced the thoughts of many of the disability rights activists on whose work I rely. 1 5 7 Second, that analysis provides a way of connecting the animus- and stereotype-based discrimination experienced by many people with disabilities with their more systemic neglect in the design of the environment. It therefore provides a way of treating the three basic manifestations of disability discrimination under a single rubric, and it provides a way of predicting which types of impairments are likely to be associated with systematic deprivation of opportunities. Because Goffman wrote primarily about individual interactions between “the normals” and “the stigmatized,” his notion of stigma most directly helps to describe the prejudice and stereotypes people with disabilities experience in such interactions. 1 5 8 It is especially useful in explaining the “spread effect,” under which an impairment to a particular life function is seen as universally disabling. 1 5 9 But Goffman’s analysis of stigma helps to describe the society-wide neglect of people with disabilities as well. 1 6 0 In particular, it helps to explain people with disabilities as well. 1 6 0 In particular, it helps to explain why people with some impairments are likely to be systematically neglected by social decisions, and why those people are likely to be the same people as those who experience animus and stereotyping. 1 6 1 If stigma means that an individual is not considered to be one of “the normals,” then people with stigmatized impairments are likely not to be a part of the social “norm” considered by those who design the social and physical environment. Even if the environment’s “designers” do not harbor prejudiced or stereotyped thoughts about people with stigmatized conditions, they are likely not to consider their needs in the same way that they consider the needs of those who are “normal.” Disability rights advocates have long made this precise point about “disability.” 1 6 2 They have argued that “the entire physical and social organization of life” is frequently structured as though everyone were physically strong, as though all bodies were shaped the same, as though everyone could walk, hear, and see well, as though everyone could work and play at a pace that is not compatible with any kind of illness or pain, as though no one were ever dizzy or incontinent or simply needed to sit or lie down. 1 6 3 This phenomenon is most obvious in the built environment. Architects design structures with a model of the “normal” user in mind, and that model has typically been a person without any discernible impairments. 1 6 4 This “assumption of able-bodiedness as the norm” 1 6 5 can be seen in buildings with unnecessary stairs, doorways that are too narrow to accommodate wheelchairs, and entrances that fail to provide any detectable warning for people with visual impairments. But the phenomenon of neglect extends beyond the decisions that have constructed our physical architecture. It affects our patterns of social organization as well. Among other things, it affects the structure of jobs and the means by which businesses and governments deliver services. 1 6 6 Why have those who constructed our social and physical environment failed to consider people with disabilities as among the “normal” users? One explanation might look to the very history of prejudice and stereotypes noted by Congress. For much of our history, people with a variety of physical and mental disabilities were “shunted aside, hidden, and ignored.” 1 6 7 People with impairments ranging from epilepsy to blindness to mental retardation were segregated from the community in a collection of congregate institutions. 1 6 8 Such segregation “perpetuate[d] unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life.” 1 6 9 Even among those who were not institutionalized, people with disabilities frequently did not work, patronize businesses, or use government services outside of the home. 1 7 0 (In some cases, they were required by law to stay at home; as late as 1974, some major American jurisdictions still maintained “ugly laws” that prohibited “unsightly” people—a category that encompassed people with disabilities—from appearing in public. 1 7 1 ) A person designing a particular building, production process, or job description could thus be forgiven for failing to think of people with disabilities as potential customers or workers. The designer might have had no particular negative attitudes toward “the disabled.” Indeed, it might never have entered her mind that people with disabilities might wish to use her building or work in her business; she might simply have had no available model of people with disabilities as ordinary people with ordinary needs and tastes. 1 7 2 Al- though people with disabilities have become more and more integrated into society at large in the last two decades, the history of exclusion may have a particularly long “tail.” Buildings and processes designed without people with disabilities in mind may be used for many years to come. And prejudice and stereotypes— which have themselves been fed by the absence of people with disabilities from the larger community 1 7 3—may linger even longer. 1 7 4 The historic exclusion of people with disabilities from “normal” society has interacted in complex and reciprocal ways with broader ideological currents. Lennard Davis has argued that the notion of “norms” dates only to the development of a science of statistics in the early nineteenth century. 1 7 5 Until then, Davis contends, the place now occupied by the “norm” was held by the notion of an “ideal,” which was understood to be unattainable by any human. 1 7 6 But the newfound “concept of a norm, unlike that of an ideal, implie[d] that the majority of the population must or should somehow be part of the norm.” 1 7 7 Early statisticians made this point expressly: They argued that social institutions should be built around the broad middle group of persons who fit the social norm. 1 7 8 As Davis demonstrates, their arguments both provided justification for, and drew strength from, an ideology that accorded a morally privileged position to the middle class. 1 7 9 More darkly, they fed the eugenic ideology that led to the institutionalization and sterilization of many people whom we now label “disabled.” 1 8 0 The nineteenth-century notion that institutions should be designed for the “norm” persists. But our vision of “normal” human attributes has become increasingly idealized, as the eugenics movement (which sought “to norm the nonstandard” 1 8 1 ) may have been the first to demonstrate. Rob Imrie’s account of modernist architecture points out the effect that such an ideology of the “norm” has had on our built environment. In seeking to make form follow function, and to “tie buildings back to the scale of the human being,” modernists harbored a particularly able-bodied vision of who “the human being” was. 1 8 2 Imrie illustrates this vision by pointing to Le Corbusier’s “Modular,” which “utilized the proportions of the (able) body to enable the architect to create the built spaces.” 1 8 3 The “Modular,” a diagram of a muscular six-foot tall man, was “the person for whom functionality in building design and form was being defined.” 1 8 4 Many inaccessible features of today’s buildings, Imrie argues, trace directly to modernism’s exclusion of people with disabilities from its idealized version of the “norm.” 1 8 5 As we move to a new millennium, we seem to believe as strongly as ever that everyone should fit an “ideal” body type. Although there are surely a variety of reasons for this development, the most notable are a consumer/advertising culture that idealizes beauty and a widespread belief in the ability of modern medicine to enhance our mental and physical lives. 1 8 6 As a result, the ideological currents that exclude people with disabilities from our notion of the “norm” stubbornly remain with us. The stigma attached to “disability” thus both represents the legacy of a history of exclusion and reflects a series of broader ideological developments. Whatever the underlying reason for its persistence, however, that stigma can help us to understand the means by which disability-based subordination is transmitted. More importantly, stigma can serve an evidentiary function: It can help us identify cases where impairments are likely to be associated with systematic deprivation of opportunities. Seen in this light, the “disability” category embraces those people who experience impairment-based stigma—that is, those people who, because of present, past, or perceived impairments, are considered by society to be outside of the “norm.” As Carol Gill puts it, “disability is a marginalized status that society assigns to people who are different enough from majority cultural standards to be judged abnormal or defective in mind or body.” 1 8 7 Although I would argue that stigma identifies and explains—but does not necessarily define—disability based subordination, Gill’s analysis substantially overlaps my own. In this view, “disability” is a group status, but it is not one defined by anything inherent in the members of the group. Rather, the attitudes and practices that exclude people with “disabilities” from many opportunities to participate in society are the very ones that create the “disability” category. Although individuals em-braced by the category have vastly different impairments and limitations (indeed, some have no impairment or limitation at all), what is crucial is that society treats them as essentially similar. 1 8 8 In Wendell’s words, “[w]idespread perceptions that people with disabilities are similar in very significant ways create the category, ‘people with disabilities.’” 1 8 9 The widespread acts of “discrimination, segregation, and denial of equal opportunity” directed at people with disabilities have effectively marked that group as a “dependent caste.” 1 9 0

#### Vote aff to endorse inclusion and reject the exclusionary status quo – bringing abelism into policy debates is an ethical imperative.

Michael Bérubé, Paterno Family Professor in Literature at Pennsylvania State University, 2003[“Citizenship and Disability”, Spring, <http://www.dissentmagazine.org/article/?article=506>]

It is striking, nonetheless, that so few leftists have understood disability in these terms. Disability is not the only area of social life in which the politics of recognition are inseparable from the politics of redistribution; other matters central to citizenship, such as immigration, reproductive rights, and criminal justice, are every bit as complex. Nonetheless, **our society's representations of disability are intricately tied to**, and sometimes the very basis for, **our public policies for "administering" disability.** And when we contemplate, in these terms, the history of people with cognitive and developmental disabilities, we find a history in which "representation" takes on a double valence: first, in that people who were deemed incapable of representing themselves were therefore represented by a socio-medical apparatus that defined—or, in a social-constructionist sense, created—the category of "feeblemindedness"; and second, in the sense that the visual and rhetorical representations of "feebleminded" persons then set the terms for public policy. One cannot plausibly narrate a comprehensive history of ideas and practices of national citizenship in the post-Civil War United States without examining public policy regarding disability, especially mental disability, all the more especially when mental disability was then mapped onto certain immigrant populations who scored poorly on intelligence tests and were thereby pseudo-scientifically linked to criminality. And what of reproductive rights? By 1927, the spurious but powerful linkages among disability, immigration, poverty, and criminality provided the Supreme Court with sufficient justification for declaring involuntary sterilization legal under the Constitution. THERE IS AN obvious reason why disability rights are so rarely thought of in terms of civil rights: disability was not covered in the Civil Rights Act of 1964. And as Anita Silvers points out, over the next twenty-five years, groups covered by civil rights law sometimes saw disability rights as a dilution of civil rights, on the grounds that people with disabilities were constitutively incompetent, whereas women and minorities faced discrimination merely on the basis of social prejudice. Silvers writes, "[t]o make disability a category that activates a heightened legal shield against exclusion, it was objected, would alter the purpose of legal protection for civil rights by transforming the goal from protecting opportunity for socially exploited people to providing assistance for naturally unfit people." The passage of the Americans with Disabilities Act (ADA) in 1990 did add disability to the list of stigmatized identities covered by antidiscrimination law, but thus far the ADA has been interpreted so narrowly, and by such a business-friendly judiciary, that employers have won over 95 percent of the suits brought under the act. Perhaps if plaintiffs with disabilities had won a greater number of cases over the past thirteen years, the conservative backlash against the ADA-currently confined to a few cranks complaining about handicapped parking spaces and a wheelchair ramp at a Florida nude beach-would be sufficiently strong as to spark a movement to repeal the law altogether. But then again, perhaps if the law were read more broadly, more Americans would realize their potential stake in it. In 1999, for instance, the Supreme Court ruled on three lower-court cases in which people with "easily correctable" disabilities—high blood pressure, nearsightedness—were denied employment. In three identical 7-2 decisions, the Court found that the plaintiffs had no basis for a suit under the ADA precisely because their disabilities were easily correctable. As disability activists and legal analysts quickly pointed out, this decision left these plaintiffs in the ridiculous situation of being too disabled to be hired but somehow not disabled enough to be covered by the ADA; or, to put this another way, plaintiffs' "easily correctable" disabilities were not so easily correctable as to allow them access to employment. One case involved twin sisters who were denied the opportunity to test as pilots for United Airlines on the grounds that their eyesight did not meet United's minimum vision requirement (uncorrected visual acuity of 20/100 or better without glasses or contacts) even though each sister had 20/20 vision with corrective lenses (Sutton v. United Airlines, Inc.); another involved a driver/mechanic with high blood pressure (Murphy v. United Parcel Service); the third involved a truck driver with monocular vision (20/200 in one eye) who in 1992 had received a Department of Transportation waiver of the requirement that truck drivers have distant visual acuity of 20/40 in each eye as well as distant binocular acuity of 20/40 (Albertson's, Inc. v. Kirkingburg). Because, as Silvers argues, "litigation under the ADA commonly turns on questions of classification rather than access," all three plaintiffs were determined to have no standing under the law. The question of whether any of them was justly denied employment was simply not addressed by the Court. Indeed, in writing her opinion for the majority, Justice Sandra Day O'Connor explicitly refused to consider the wider question of "access," noting that 160 million Americans would be covered by the ADA if it were construed to include people with "easily correctible" disabilities (under a "health conditions approach"), and since Congress had cited the number 43 million in enacting the law, Congress clearly could not have intended the law to be applied more widely. "Had Congress intended to include all persons with corrected physical limitations among those covered by the Act, it undoubtedly would have cited a much higher number of disabled persons in the findings," wrote O'Connor. "That it did not is evidence that the ADA's coverage is restricted to only those whose impairments are not mitigated by corrective measures." It is possible to object that O'Connor's decision was excessively literalist, and that the potential number of Americans covered by the ADA is, in any case, quite irrelevant to the question of whether a woman can fly a plane when she's got her glasses on. But I've since come to believe that the literalism of the decision is an indirect acknowledgment of how broad the issues at stake here really are. If the ADA were understood as a broad civil rights law, and if it were understood as a law that potentially pertains to the entire population of the country, then maybe disability law would be understood not as a fringe addition to civil rights law but as its very fulfillment. RIGHTS CAN BE created, reinterpreted, extended, and revoked. The passage of the ADA should therefore be seen as an extension of the promise of democracy, but only as a promise: any realization of the potential of the law depends on its continual reinterpretation. For the meaning of the word, just as Wittgenstein wanted us to believe (in order that we might be undeceived about how our words work), lies in its use in the language. Similarly, the Individuals with Disabilities Education Act of 1975 (originally the Education for All Handicapped Children Act) was not some kind of breakthrough discovery whereby children with disabilities were found to be rights-bearing citizens of the United States after all, and who knew that we'd had it all wrong for 199 years? On the contrary, the IDEA invented a new right for children with disabilities, the right to a "free and appropriate public education in the least restrictive environment." And yet the IDEA did not wish that right into being overnight; the key terms "appropriate" and "least restrictive" had to be interpreted time and again, over the course of fifteen years, before they were understood to authorize "full inclusion" of children with disabilities in "regular" classrooms. Nothing about the law is set in stone. The only philosophical "foundation" underlying the IDEA and its various realizations is our own collective political will, a will that is tested and tested again every time the Act comes up for reauthorization. Jamie Bérubé currently has a right to an inclusive public education, but that right is neither intrinsic nor innate. Rather, Jamie's rights were invented, and implemented slowly and with great difficulty. The recognition of his human dignity, enshrined in those rights, was invented. And by the same token, those rights, and that recognition, can be taken away. While I live, I promise myself that I will not let that happen, but I live with the knowledge that it may: to live any other way, to live as if Jamie's rights were somehow intrinsic, would be irresponsible. Of course, many of us would prefer to believe that our children have intrinsic human rights and human dignity no matter what; irrespective of any form of human social organization; regardless of whether they were born in twentieth-century Illinois or second-century Rome or seventh-century central Asia. But this is just a parent's—or a philosophical foundationalist's-wishful thinking. For what would it mean for Jamie to "possess" rights that no one on earth recognized? A fat lot of good it would do him. My argument may sound either monstrous or all too obvious: if, in fact, no one on earth recognized Jamie's human dignity, then there would in fact be no human perspective from which he would be understood to possess "intrinsic" human dignity. And then he wouldn't have it, and so much the worse for the human race. In one respect, the promise of the IDEA, like the promise of the ADA, is clear: greater inclusion of people with disabilities in the social worlds of school and work. But in another sense the promise is unspecifiable; its content is something we actually cannot know in advance. For the IDEA does not merely guarantee all children with disabilities a free appropriate public education in the least restrictive environment. Even more than this, it grants the right to education in order that persons with disabilities might make the greatest possible use of their other rights-the ones having to do with voting, or employment discrimination, or with life, liberty, and the pursuit of happiness. IDEA is thus designed to enhance the capabilities of all American children with disabilities regardless of their actual abilities-and this is why it is so profound a democratic idea. Here again I'm drawing on Nancy Fraser, whose theory of democracy involves the idea of "participatory parity," and the imperative that a democratic state should actively foster the abilities of its citizens to participate in the life of the polity as equals. Fraser's work to date has not addressed disability, but as I noted above, it should be easy to see how disability is relevant to Fraser's account of the politics of recognition and the politics of redistribution. This time, however, I want to press the point a bit harder. Fraser writes as if the promise of democracy entails the promise to enhance participatory parity among citizens, which it does, and she writes as if we knew what "participatory parity" itself means, which we don't. (This is why the promise of disability rights is unspecifiable.) LET ME EXPLAIN. First, the idea of participatory parity does double duty in Fraser's work, in the sense that it names both the state we would like to achieve and the device by which we can gauge whether we're getting there. For in order to maintain a meaningful democracy in which all citizens participate as legal and moral equals, the state needs to judge whether its policies enhance equal participation in democratic processes. Yet at the same time, the state needs to enhance equal participation among its citizens simply in order to determine what its democratic processes will be. This is not a meta-theoretical quibble. On the contrary, the point is central to the practical workings of any democratic polity. One of the tasks required of democrats is precisely this: **to extend the promise of democracy to previously excluded individuals and groups some of whom might have a substantially different understanding** of "participatory parity" than that held by previously dominant groups and individuals. Could anything make this clearer than the politics of disability? Imagine a building in which political philosophers are debating, in the wake of the attacks of September 11, 2001, the value and the purpose of participatory parity over against forms of authoritarianism or theocracy. Now imagine that this building has no access ramps, no Braille or large-print publications, no American Sign Language interpreters, no elevators, no special-needs paraprofessionals, no in-class aides. Contradictory as such a state of affairs may sound, it's a reasonably accurate picture of what contemporary debate over the meaning of democracy actually looks like. How can we remedy this? **Only when we have fostered equal participation in debates over the ends and means of democracy can we have a truly participatory debate over what "participatory parity" itself means.** That debate will be interminable in principle, since our understandings of democracy and parity are infinitely revisable, but lest we think of deliberative democracy as a forensic society dedicated to empyreal reaches of abstraction, we should remember that debates over the meaning of participatory parity set the terms for more specific debates about the varieties of human embodiment. These include debates about prenatal screening, genetic discrimination, stem-cell research, euthanasia, and, with regard to physical access, ramps, curb cuts, kneeling buses, and buildings employing what is now known as universal design. Leftists and liberals, particularly those associated with university humanities departments, are commonly charged with being moral relativists, unable or unwilling to say (even after September 11) why one society might be "better" than another. So let me be especially clear on this final point. I think there's a very good reason to extend the franchise, to widen the conversation, to democratize our debates, and to make disability central to our theories of egalitarian social justice. The reason is this: a capacious and supple sense of what it is to be human is better than a narrow and partial sense of what it is to be human, and **the more participants we as a society can incorporate into the deliberation of what it means to be human, the greater the chances that that deliberation will in fact be transformative** in such a way as to enhance our collective capacities to recognize each other as humans entitled to human dignity. As Jamie reminds me daily, both deliberately and unwittingly, most Americans had no idea what people with Down syndrome could achieve until we'd passed and implemented and interpreted and reinterpreted a law entitling them all to a free appropriate public education in the least restrictive environment. I can say all this without appealing to any innate justification for human dignity and human rights, and I can also say this: Without a sufficient theoretical and practical account of disability, we can have no account of democracy worthy of the name. Perhaps some of our fellow citizens with developmental disabilities would not put the argument quite this way; even though Jamie has led me to think this way, he doesn't talk the way I do. But those of us who do participate in political debates, whether about school funding in a specific district or about the theory and practice of democracy at its most abstract, have the obligation to enhance the abilities of our children and our fellow citizens with disabilities to participate in the life of the United States as political and moral equals with their nondisabled peers-both for their own good, and for the good of democracy, which is to say, for the good of all of us.

#### Debaters have an ethical obligation to bring a discussion of disability into education about public policy.

Frank 2 – Prof in the Department of Educational Philosophy with the University of Miami (Fitch E., Fall, “Disability and inclusion: From labeling deviance to social valuing,” [Educational Theory](http://search.proquest.com/pubidlinkhandler/sng/pubtitle/Educational%2BTheory/%24N/34718?accountid=10422)[52. 4, p.pq) 7/20/12 K. Harris](http://search.proquest.com/indexingvolumeissuelinkhandler/34718/Educational%2BTheory/02002Y10Y01%2423Fall%2B2002%243b%2B%2BVol.%2B52%2B%24284%2429/52/4?accountid=10422)

Signs are part of an ideological struggle that attempts to create aparticular regime of representation that seeks to legitimate a certain cultural reality.54 Disability has historically played a central role in signifying otherness and justifying discrimination among other subordinate groups. Disabled people continue to be subject to a regime of representation that maintains a segregationist system of "special" and "regular" education. The significance of traditionalist discourse in maintaining this particular cultural reality is difficult to overestimate; it has perpetuated a dual system that remains deeply entrenched in the social commitments of categorically defined special interest advocacy groups; in the structure of health, education, and welfare programs at direct service levels; in the staffing of teacher training institutions; in other professional training programs and in general public thinking.55 The traditionalist or medical model of disability intersects with forms of oppression in complex and pervasive ways. It plays a pivotal role in maintaining an "ability" tracked system of education that covertly segregates by race, class, and ethnicity. As long as disability retains its naturalized biological status, it will continue in the service of domination. Labeling deviance theory has played a key role in challenging this regime of representation. In highlighting the linguistic, socially constructed nature of disability it has helped to problematize normal/deviant boundaries. However, because it has not recognized the ideological, normative, and discursive dimensions of power it has been less than transformative. It has failed to offer an alternative discourse that can effectively cross these boundaries, that can move beyond the contradictions and limitations of an affirmative approach. A discourse of transformative valuing offers a way to finesse these limitations. I have sketched what it would mean to adopt a transformative versus an affirmative discourse across various educational settings. Displacing traditionalist discourse and eliminating the dual system of special and regular education will require a long struggle. In addition to building on the emerging alliance between inclusive and multicultural education, disability studies must become an integral part of multicultural curricula in general. If the goal of critical multiculturalism is to render the ideological modes of domination visible, disability can no longer be overlooked as a site of political contestation and transformation. Any conceptual frame of reference or theory obscures some facts while rendering others visible and comprehensible. As outlined here, a transformative discourse of social valuing suggests an alternative language and perspective on the "facts" or "problem" of disability. Conceptualizing the nature and location of the problem has significant policy implications for general and special education, multicultural education, disability studies, and the inclusion movement. It renders visible the dimensions of power in the construction of disability and the legitimization of exclusion. It invites the kind of discourse and pedagogy that can help identify what represses and how it can be altered.56 It envisions the role of educators as transformative intellectuals who work to build alternative, inclusive public spheres.57 It opens up the potential to "analyze hitherto undreamt of possibilities by putting new linguistic and other practices into play and enacting new social constructs."58

#### Thus: The United States federal government should substantially increase its investment in Universal Design transportation infrastructure in the United States.

#### Universal design deconstructs the medical model through infrastructure investment

Kathryn Sullivan Franklin W. Olin College of Engineering, 5/2/2011 [“The Prevalence of the Medical Model of Disability in Society”, Olin College, accessed @ dartmouth]MW

 Many designers are now beginning to acknowledge the social model of disability by recognizing that in designing, they have the power to create or eliminate disability. A badly designed interface might unnecessarily create a population of users who are “disabled” with respect to that system (Mankoff 4). This lends to the importance of designing inclusively, to avoid marginalizing atypical users. Universal design seeks to design all products, buildings and interiors to be used by all people to the greatest extent possible regardless of their physical abilities (Bailey). Some key principles of Universal Design include equitability and flexibility in use, as well as avoiding the stigmatization or segregation of any set of users (1997 NC State University, The Center for Universal Design). These principles “provide designers with the tools to effectively eliminate disabilities caused from barriers within the environment” (Bailey). Examples of features in line with universal design principles include closed captioning on televisions, and visual and audio display of information in subway cars. When the needs of different people are considered in design, this is a step towards the social model of disability and towards acceptance of people with disabilities. Assistive technology is beneficial because it can allow greater independence and functionality to people with disabilities, bridging the gaps that might exist between what the people would like to do and what the existing social infrastructure doesn.t yet allow them to do (Hersh 15). However, assistive technology can often have a strong health or rehabilitation flavor. After WWII, most assistive technology research and development focused on medically related technology such as prosthetics and orthotics (Albrecht 675). This has linked the technology needs of people with disabilities with the health domain. Since the medical model focuses on the physical and functional limitations a person may demonstrate, assistive technology designers often see this as a clear design objective that would have measurable results (Mankoff 4). Thus when the medical model is used in the design of assistive technology, there is typically less emphasis on aesthetics or form, since the rehabilitative function has priority. In one study, people with disabilities indicated a belief that manufacturers of proprietary technology do not appear to make an effort to make their devices aesthetically appealing (Shinohara 5). Assistive technology designed for medical purposes such as “fixing “ the impairment has historically been designed for use in an institutional setting; this institutional appearance can stigmatize the individual and confirm the “otherness “ of disability (Bailey). The medical model of assistive technology depict its users as passive and dependent on others.(often professionals.) impressions of what is best for them. People with disabilities might often not be considered users or consumers, but rather poor and powerless patients (Newell 172). This is devaluing to people with disabilities. Letting the designers make decisions on behalf of people with disabilities without valuing them as users leads to the persistence of medical model views. Designers may have assumptions and stereotypes about people with disabilities that can become embedded within the design (Ratzka). A solution is to apply many of the universal design principles to the design of assistive technology: It is better to lean towards the social model in the design of assistive technology, where there is more of a focus on solving problems of access, rather than on fixing a person.s impairment. When the social model is incorporated, people with disabilities are valued as customers, consumers, and people in the design process (Newell 173). They thus have more of a say in the design of products and services they will use, and can take more charge of their lives rather than having someone else decide what is best for them. The US Government.s website on Disability Technology advocates for “Access and Independence through technology”, rather than treatment or assistance ("Technology: Disability.gov."). This phrasing represents steps towards acceptance of the social model of disability. Much assistive technology that exists has been designed with the medical model in mind, which serves to portray people with disabilities as deficient and dependent. When designers value those with disabilities as users and not as patients, the medical model is less prevalent. Universal design of technology is a step towards granting more access to all citizens and portraying people with disabilities as normal members of society. However, even with the growing popularity of universal design principles, the pre-existing attitudes of many designers (influenced by the media and other factors) may still be present in the design of technology. The medical model can portray people with disabilities as abnormal, dependent, and inferior, as less-valued members of society. We need to be conscious of these negative attitudes and how we may be reinforcing them. A solution is to aim for the adaption of more humanistic models of disability such as the social and diversity models. Attitudes and policies in line with these models recognize people with disabilities as important contributing members of society. Pushing towards these models of disability, towards less ableist views, and towards reduction of negative portrayals of those with disabilities, is optimal. While strides have been made towards this goal, the medical model unfortunately still remains entrenched in society to some extent and so long as it is, people with disabilities will be seen as different from “normal” people and will be marginalized in society. The Olin College survey showed that students held attitudes that were based primarily off the social model but still had some medical model tendencies. It is my hope that this paper will allow the reader to be more conscious and aware of how the models of disability influence their beliefs and attitudes, and to try to avoid thinking of people with disabilities as deficient or less capable people, but rather as unique individuals who have a lot to offer to society.

#### AND, Universal Design is feasible – Scientific data

Ivonne Audirac, Florida State University, 5/16/2008[“Accessing Transit as Universal Design”, Journal of Planning Literature 2008, Sage Journals, http://jpl.sagepub.com/content/23/1/4.full.pdf+html]MW

UD applied to transit is an inclusionary strategy that seeks to redress the aforementioned forms of social exclusion. Accessible transportation focused previously on technical solutions to removing physical barriers affecting specific disabled groups and providing dial-a-ride or specialized demand services. These strategies largely segregated and stigmatized users as “seniors” or “disabled.” Instead, UD emphasizes transportation that caters to all users regardless of age and ability in a single integrated system that combines both mass transit and real-time demand-responsive systems (Grieco 2003; Mitchell 1997). Enabled by ICT and borrowing from freight logistics, the European literature refers to this systemas the “complete transportation chain” (Mitchell 1997; Organization for Economic Cooperation and Development 2000; Ståhl 1999), while the American literature terms it the new “mobility management model” (TCRP 1999, 2000, 2002). These models require seamless integration of the supply side (i.e., system’s operation, infrastructure, and quality of service delivery) with the demand side (i.e., mobility needs of the widest number of users). Consequently, this often entails a complete reorganization of transit operations from traditional fixed-route, hub-and-spoke, and setschedule systems to flexible schedule systems with intelligent reservation centers that can identify passenger needs and aggregate individual preferences in real time, providing door-to-door service (Hine and Grieco 2002). Despite its technical feasibility in the current ICT era, institutional, organizational, legal, and old market structures remain important barriers to the full realization of these integrated-transit models touted as the means to bring about “a new relationship between accessibility, mobility and the previously socially excluded” (Hine and Grieco 2002, 4). In a conceptual discussion of UD and accessibility, Iwarsson and Stahl (2003) differentiate between three dimensions of physical accessibility5: (1) micro accessibility related to the immediate proximal environment, (2) meso or neighborhood or city-level accessibility, and (3) macro or metropolitan or regional accessibility. This article applies these scales of accessibility to the previously discussed dimensions of mobility-related social exclusion (i.e., immobility) to assess the transit features requiring a UD approach. As shown in Table 3, a UD perspective applied to transit underscores the notion that: 1. Addressing physical exclusion at the micro level of accessibility involves planning, designing, and operating transit systems that are easy for all users. This includes not only passengers with physical, sensory, or cognitive impairment but also those with language or cultural barriers, people with children, individuals carrying baggage or parcels, or those who are new to the area (Suen and Mitchell 1999). Micro-level accessibility requires barrier-free retrofitting of the existing physical built environment; however, future development to be served with transit requires planning for UD to avoid the need for retrofitting or readaptation. This includes consideration of pedestrian infrastructure and streetscape (e.g., sidewalks, traffic signals, crosswalks, street crossings, and street furniture) and their interface with automobile facilities (e.g., park and ride, kiss and ride), and transit passenger facilities (e.g., terminals, stations, stops). Universally designed transit accessibility at the micro level requires bus-stop boarding pads and street curbs that are leveled with low-floor buses. This not only makes shorter and easier bus boarding and alighting for all (i.e., wheelchair passengers, frail and/or ambulant disabled people, patrons with small children or those carrying baggage or parcels), it also reduces bus dwell time. Low-floor buses with lifts or ramps meet barrier-free design criteria, but strictly speaking, ramps and lifts are ADA bus design readaptations that increase bus dwelling time and stigmatize wheelchair users or anyone needing them. Thus, although they are a form of inclusive design, they are not UD solutions to micro-level transit accessibility.

#### Utilitarianism excludes the disabled

J Clapton, Griffith University, 20’03, [Journal of Intellectual Disability Research, Tragedy and catastrophe: contentious discourses of ethics and disability, <http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2788.2003.00533.x/pdf>] VN

Ethical perspectives and principles, then, are either underpinned by notions of either pathos or control. Both of these notions may be practised within the Discourse of Tragedy and, therefore, may invoke utilitarian, duty-based or virtue-based ethics. Principles such as beneﬁcence, nonmaleﬁcence, autonomy, mercy, compassion and care underpin actions aimed at preventing, protecting, providing care for, and enhancing the prosperity of individuals or families, and are offered in spite of the personal burden or tragedy of disability. **The Discourse of Catastrophe, on the other hand, is primarily concerned with the quality of the greater population, and invokes utilitarian** or bio-utilitarian **ethics** (Vehmas). In this discourse, **the view is expressed that it is a logical choice of rational subjects to reject the possibility of disability** (Harris). Therefore, **these ethics may support eugenic processes that ascertain that some lives are not worth living because of presumed suffering or burden**. Legal jurisdictions of the notions of ‘wrongful life’ and ‘wrongful birth’ (Ossorio are also embedded in such a moral views.

#### Expert predictions are wrong—we can’t know the future

Louis Menand, 12/2005 [“Everybody’s an Expert,” The New Yorker, <http://www.newyorker.com/archive>

/2005/12/05/051205crbo\_books1?currentPage=1]

It is the somewhat gratifying lesson of Philip Tetlock’s new book, “Expert Political Judgment: How Good Is It? How Can We Know?” (Princeton; $35), that people who make prediction their business—people who appear as experts on television, get quoted in newspaper articles, advise governments and businesses, and participate in punditry roundtables—are no better than the rest of us. When they’re wrong, they’re rarely held accountable, and they rarely admit it, either. They insist that they were just off on timing, or blindsided by an improbable event, or almost right, or wrong for the right reasons. They have the same repertoire of self-justifications that everyone has, and are no more inclined than anyone else to revise their beliefs about the way the world works, or ought to work, just because they made a mistake. No one is paying you for your gratuitous opinions about other people, but the experts are being paid, and Tetlock claims that the better known and more frequently quoted they are, the less reliable their guesses about the future are likely to be. The accuracy of an expert’s predictions actually has an inverse relationship to his or her self-confidence, renown, and, beyond a certain point, depth of knowledge. People who follow current events by reading the papers and newsmagazines regularly can guess what is likely to happen about as accurately as the specialists whom the papers quote. Our system of expertise is completely inside out: it rewards bad judgments over good ones. “Expert Political Judgment” is not a work of media criticism. Tetlock is a psychologist—he teaches at Berkeley—and his conclusions are based on a long-term study that he began twenty years ago. He picked two hundred and eighty-four people who made their living “commenting or offering advice on political and economic trends,” and he started asking them to assess the probability that various things would or would not come to pass, both in the areas of the world in which they specialized and in areas about which they were not expert. Would there be a nonviolent end to apartheid in South Africa? Would Gorbachev be ousted in a coup? Would the United States go to war in the Persian Gulf? Would Canada disintegrate? (Many experts believed that it would, on the ground that Quebec would succeed in seceding.) And so on. By the end of the study, in 2003, the experts had made 82,361 forecasts. Tetlock also asked questions designed to determine how they reached their judgments, how they reacted when their predictions proved to be wrong, how they evaluated new information that did not support their views, and how they assessed the probability that rival theories and predictions were accurate. Tetlock got a statistical handle on his task by putting most of the forecasting questions into a “three possible futures” form. The respondents were asked to rate the probability of three alternative outcomes: the persistence of the status quo, more of something (political freedom, economic growth), or less of something (repression, recession). And he measured his experts on two dimensions: how good they were at guessing probabilities (did all the things they said had an x per cent chance of happening happen x per cent of the time?), and how accurate they were at predicting specific outcomes. The results were unimpressive. On the first scale, the experts performed worse than they would have if they had simply assigned an equal probability to all three outcomes—if they had given each possible future a thirty-three-per-cent chance of occurring. Human beings who spend their lives studying the state of the world, in other words, are poorer forecasters than dart-throwing monkeys, who would have distributed their picks evenly over the three choices. Tetlock also found that specialists are not significantly more reliable than non-specialists in guessing what is going to happen in the region they study. Knowing a little might make someone a more reliable forecaster, but Tetlock found that knowing a lot can actually make a person less reliable. “We reach the point of diminishing marginal predictive returns for knowledge disconcertingly quickly,” he reports. “In this age of academic hyperspecialization, there is no reason for supposing that contributors to top journals—distinguished political scientists, area study specialists, economists, and so on—are any better than journalists or attentive readers of the New York Times in ‘reading’ emerging situations.” And the more famous the forecaster the more overblown the forecasts. “Experts in demand,” Tetlock says, “were more overconfident than their colleagues who eked out existences far from the limelight.” People who are not experts in the psychology of expertise are likely (I predict) to find Tetlock’s results a surprise and a matter for concern. For psychologists, though, nothing could be less surprising. “Expert Political Judgment” is just one of more than a hundred studies that have pitted experts against statistical or actuarial formulas, and in almost all of those studies the people either do no better than the formulas or do worse. In one study, college counsellors were given information about a group of high-school students and asked to predict their freshman grades in college. The counsellors had access to test scores, grades, the results of personality and vocational tests, and personal statements from the students, whom they were also permitted to interview. Predictions that were produced by a formula using just test scores and grades were more accurate. There are also many studies showing that expertise and experience do not make someone a better reader of the evidence. In one, data from a test used to diagnose brain damage were given to a group of clinical psychologists and their secretaries. The psychologists’ diagnoses were no better than the secretaries’. The experts’ trouble in Tetlock’s study is exactly the trouble that all human beings have: we fall in love with our hunches, and we really, really hate to be wrong. Tetlock describes an experiment that he witnessed thirty years ago in a Yale classroom. A rat was put in a T-shaped maze. Food was placed in either the right or the left transept of the T in a random sequence such that, over the long run, the food was on the left sixty per cent of the time and on the right forty per cent. Neither the students nor (needless to say) the rat was told these frequencies. The students were asked to predict on which side of the T the food would appear each time. The rat eventually figured out that the food was on the left side more often than the right, and it therefore nearly always went to the left, scoring roughly sixty per cent—D, but a passing grade. The students looked for patterns of left-right placement, and ended up scoring only fifty-two per cent, an F. The rat, having no reputation to begin with, was not embarrassed about being wrong two out of every five tries. But Yale students, who do have reputations, searched for a hidden order in the sequence. They couldn’t deal with forty-per-cent error, so they ended up with almost fifty-per-cent error. The expert-prediction game is not much different. When television pundits make predictions, the more ingenious their forecasts the greater their cachet. An arresting new prediction means that the expert has discovered a set of interlocking causes that no one else has spotted, and that could lead to an outcome that the conventional wisdom is ignoring. On shows like “The McLaughlin Group,” these experts never lose their reputations, or their jobs, because long shots are their business. More serious commentators differ from the pundits only in the degree of showmanship. These serious experts—the think tankers and area-studies professors—are not entirely out to entertain, but they are a little out to entertain, and both their status as experts and their appeal as performers require them to predict futures that are not obvious to the viewer. The producer of the show does not want you and me to sit there listening to an expert and thinking, I could have said that. The expert also suffers from knowing too much: the more facts an expert has, the more information is available to be enlisted in support of his or her pet theories, and the more chains of causation he or she can find beguiling. This helps explain why specialists fail to outguess non-specialists. The odds tend to be with the obvious. Tetlock’s experts were also no different from the rest of us when it came to learning from their mistakes. Most people tend to dismiss new information that doesn’t fit with what they already believe. Tetlock found that his experts used a double standard: they were much tougher in assessing the validity of information that undercut their theory than they were in crediting information that supported it. The same deficiency leads liberals to read only The Nation and conservatives to read only National Review. We are not natural falsificationists: we would rather find more reasons for believing what we already believe than look for reasons that we might be wrong. In the terms of Karl Popper’s famous example, to verify our intuition that all swans are white we look for lots more white swans, when what we should really be looking for is one black swan. Also, people tend to see the future as indeterminate and the past as inevitable. If you look backward, the dots that lead up to Hitler or the fall of the Soviet Union or the attacks on September 11th all connect. If you look forward, it’s just a random scatter of dots, many potential chains of causation leading to many possible outcomes. We have no idea today how tomorrow’s invasion of a foreign land is going to go; after the invasion, we can actually persuade ourselves that we knew all along. The result seems inevitable, and therefore predictable. Tetlock found that, consistent with this asymmetry, experts routinely misremembered the degree of probability they had assigned to an event after it came to pass. They claimed to have predicted what happened with a higher degree of certainty than, according to the record, they really did. When this was pointed out to them, by Tetlock’s researchers, they sometimes became defensive. And, like most of us, experts violate a fundamental rule of probabilities by tending to find scenarios with more variables more likely. If a prediction needs two independent things to happen in order for it to be true, its probability is the product of the probability of each of the things it depends on. If there is a one-in-three chance of x and a one-in-four chance of y, the probability of both x and y occurring is one in twelve. But we often feel instinctively that if the two events “fit together” in some scenario the chance of both is greater, not less. The classic “Linda problem” is an analogous case. In this experiment, subjects are told, “Linda is thirty-one years old, single, outspoken, and very bright. She majored in philosophy. As a student, she was deeply concerned with issues of discrimination and social justice and also participated in antinuclear demonstrations.” They are then asked to rank the probability of several possible descriptions of Linda today. Two of them are “bank teller” and “bank teller and active in the feminist movement.” People rank the second description higher than the first, even though, logically, its likelihood is smaller, because it requires two things to be true—that Linda is a bank teller and that Linda is an active feminist—rather than one. It was no news to Tetlock, therefore, that experts got beaten by formulas. But he does believe that he discovered something about why some people make better forecasters than other people. It has to do not with what the experts believe but with the way they think. Tetlock uses Isaiah Berlin’s metaphor from Archilochus, from his essay on Tolstoy, “The Hedgehog and the Fox,” to illustrate the difference. He says: Low scorers look like hedgehogs: thinkers who “know one big thing,” aggressively extend the explanatory reach of that one big thing into new domains, display bristly impatience with those who “do not get it,” and express considerable confidence that they are already pretty proficient forecasters, at least in the long term. High scorers look like foxes: thinkers who know many small things (tricks of their trade), are skeptical of grand schemes, see explanation and prediction not as deductive exercises but rather as exercises in flexible “ad hocery” that require stitching together diverse sources of information, and are rather diffident about their own forecasting prowess. A hedgehog is a person who sees international affairs to be ultimately determined by a single bottom-line force: balance-of-power considerations, or the clash of civilizations, or globalization and the spread of free markets. A hedgehog is the kind of person who holds a great-man theory of history, according to which the Cold War does not end if there is no Ronald Reagan. Or he or she might adhere to the “actor-dispensability thesis,” according to which Soviet Communism was doomed no matter what. Whatever it is, the big idea, and that idea alone, dictates the probable outcome of events. For the hedgehog, therefore, predictions that fail are only “off on timing,” or are “almost right,” derailed by an unforeseeable accident. There are always little swerves in the short run, but the long run irons them out.