This lecture opens with a reminder that 1982, proclaimed the "National Year of Disabled Persons" by President Reagan, is the United States follow-up of the "International Year of Disabled Persons" sponsored in 1981 by the World Health Organization.

I spoke rather prophetically of something I really began to emphasize late in my career as 2002 – namely the fact that medical skills in curing acute diseases make many diseases chronic, because people are living longer and can to develop the chronic diseases that do come with older life.

This is also the first time I tried to handle the difficult problem in semantics in referring to a person who was disabled, because we do not have an agreement on what a "disability" or a "handicap" really is in precise legal and medical terms. An interesting fact was that the government has used sixteen different meanings for "handicapped" or "disabled" in the course of carrying out 66 different federal programs. This is also the first time I broached the subject I talked about frequently in later years, the "medicalization" of problems that are social, psychological, or rehabilitative.

Among the questions I said were crying out for answers, were how do we deal with the number of our disabled, perhaps a third, who suffer from multiple underlying chronic conditions, and who pays what costs for chronic illness and disability, and finally, what about the "fairness issue" – that is, the re-evaluation concerning the role of institutions of care and of the alternatives to institutionalization.

It is interesting that the final question I raised here concerned the fact that we’ll not make much progress unless the disabled community itself participates fully in the decision making processes that have to do with their own futures. It wasn’t until many years later in the late 1990s that I began to work with Donald Shumway and Thomas Nerney in Keene, New Hampshire on a "self-determination" project where money from various sources intended for the care of special needs persons was pooled and the decisions made about its use were made by those same disabled persons. The program was so successful that it was adopted on a national scale, funded by the Robert Wood Johnson Foundation.

I pointed out that this whole question comes to its fulfillment when we realize the best possible response is one made by disabled physicians themselves. It has the ring of candor and authority and represents the character and strength of these health professionals.
“Fairness” doctrine
Handicapped situations in the aged
Health care in the context of civil rights (for the disabled)
Intensive care technologies
Neonatal disabilities
Research & service strategies
Social, psychological & rehabilitative services
Who pays what costs?

International Year of Disabled Persons
Mrs. Mary Lewis
Dr. Spencer E. Lewis
National Year of Disabled Persons
Participation of disabled community in decision making (self-determination)
World Assembly on Aging (Vienna)