"What's Good Is Bad, What's Bad Is Good, You'll Find Out When You Reach the Top, You're on the Bottom": Are the Americans With Disabilities Act (and *Olmstead v. L. C.*) Anything More Than "Idiot Wind?"

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"WHAT'S GOOD IS BAD, WHAT'S BAD IS GOOD, YOU'LL FIND OUT WHEN YOU REACH THE TOP, YOU'RE ON THE BOTTOM": ARE THE AMERICANS WITH DISABILITIES ACT (AND OLMSTEAD V. L.C.) ANYTHING MORE THAN "IDIOT WIND?"

Michael L. Perlin*

Mental disability law is contaminated by “sanism,” an irrational prejudice similar to such other irrational prejudices as racism and sexism. The passage of the Americans with Disabilities Act (ADA)—a statute that focused specifically on questions of stereotyping and stigma—appeared at first to offer an opportunity to deal frontally with sanist attitudes and, optimally, to restructure the way that citizens with mental disabilities were dealt with by the remainder of society. However, in its first decade, the ADA did not prove to be a panacea for such persons. The Supreme Court’s 1999 decision in Olmstead v. L.C.—ruling that the ADA entitled certain state hospital residents to treatment in an “integrated community setting,” and stressing that “unjustified isolation . . . is properly regarded as discrimination based on disability”—appeared to have the potential to transform and revolutionize mental disability law. This Article questions whether Olmstead has done that, and whether, in fact, it has the capacity to do that. Furthermore, a review of post-Olmstead caselaw—a universe that is “pretty palid”—and the meager (in volume) scholarship, conclude that, in spite of Olmstead, “there are still many sanist attitudes that need to be undone.”

INTRODUCTION

I began advocating on behalf of persons with mental disabilities in 1971, first on an occasional basis, then as part of my work with the New Jersey office of the Public Defender. Three years later, I began working full-time as the director of the New Jersey Division of Mental Health Advocacy in the New Jersey Department of the Public Advocate. This division was the nation’s first state-wide, cabinet-level public interest advocacy office.1 As a result of my experiences, I first wrote and spoke to national audiences about

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mental disability law in 1975, and began teaching it full-time in 1984.

In 1990, I turned my scholarly attention to questions of sanism. "Sanism" is defined as an irrational prejudice towards mentally ill persons, which is of the same quality and character as other irrational prejudices. Such other prejudices are reflected in prevailing social attitudes of racism, sexism, homophobia, and ethnic bigotry. As I recently wrote:

Sanism is as insidious as other "isms" and is, in some ways, more troubling, because it is (a) largely invisible, (b) largely socially acceptable, and (c) frequently practiced (consciously and unconsciously) by individuals who regularly take "liberal" or "progressive" positions decrying similar biases and prejudices that involve sex, race, ethnicity, or sexual orientation. It is a form of bigotry that "responsible people can express in public." Like other "isms," sanism is based largely upon stereotype, myth, superstition and deindividualization. To sustain and perpetuate it, we use prereflective "ordinary common sense" and other cognitive-simplifying devices such as heuristic reasoning in an unconscious response to events both in everyday life and in the legal process. . . .

The practicing bar, courts, legislatures, professional psychiatric and psychological associations, and the scholarly academy are all largely silent about sanism. A handful of practitioners, lawmakers, scholars and judges have raised lonely voices, but the topic is simply "off the agenda" for most of these groups. As a result, individuals with mental disabilities ... are frequently marginalized to an even greater extent than are others who fit within the Carolene Products definition of "discrete and insular minorities."5

It is impossible to understand developments in mental disability law or to coherently construct any overarching mental disability law theory without recognizing the insidious and corrosive power and

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impact of sanism. In a book and series of articles, I have considered questions of involuntary civil commitment law, of institutional rights, of the right to refuse treatment, deinstitutionalization, criminal incompetencies, the insanity defense, Federal Sentencing Guidelines, and the death penalty. I believe understanding the inconsistencies, ambiguities, and internal contradictions in any of these areas of the law requires coming to terms with the power and force of sanism.

Over two decades ago, the Supreme Court stressed the "adverse social consequences" associated with commitment to a mental hospital, and declared that "[w]ether we label this phenomena 'stigma' or choose to call it something else . . . we recognize that it can occur and that it can have a very significant impact on the

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8. See, e.g., id. at 79-112.

9. See, e.g., id. at 113-24.


individual.” Underlying sanism’s power is the malignancy of stigma. As John Parry and Eric Drogin wrote:

Stigma affects the law in at least two ways: (1) the negative effect on the liberty interests of the person with a mental disability who is the subject of a legal proceeding and (2) potential bias due to sanism that judges and other courtroom participants may demonstrate towards that person.

The stigma that accompanies mental illness has been characterized by one state supreme court as “carrying with it a stigma similar to that associated with a criminal record,” and likened by another court to the stigma that attaches to “dishonesty . . . serious felony . . . [or] manifest racism.” A diagnosis of mental illness carries with it legal disabilities as well as social stigmatization. Surveys show that mental disabilities are the most negatively perceived of all disabilities. Individuals with mental disabilities are denied jobs, refused access to apartments in public housing or entry to places in public accommodation, and turned down for participation in publicly-funded programs because they appear “strange” or “different.” Behavioral myths have emerged suggesting that persons with mental disabilities are deviant, worth less than “normal” individuals, are disproportionately dangerous, and are presumptively incompetent.

Courts regularly issue sanist opinions. In 1960, the Iowa Supreme Court held that the Fourteenth Amendment’s Due Process

Clause did not protect the loss of liberty resulting from involuntary civil commitment.\(^25\) In 1976, in a case involving a state law requiring mandatory retirement for certain police officers at age 50, the Supreme Court rejected plaintiff's equal protection argument:

While the treatment of the aged in this Nation has not been wholly free of discrimination, such persons, unlike, say, those who have been discriminated against on the basis of race or national origin, have not experienced a "history of purposeful unequal treatment" or been subjected to unique disabilities on the basis of stereotyped characteristics not truly indicative of their abilities.\(^26\)

On the other hand, some judicial opinions and some scholarly writings acknowledge the thrall in which stereotypes have imprisoned the legal system. These include stereotypes regarding mental illness and dangerousness,\(^27\) mental illness and criminality,\(^28\) mental illness and sin,\(^29\) and mental illness and evil.\(^30\) In a decision

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27. See Richard Gardner, Mind over Matter?: The Historical Search for Meaningful Parity Between Mental and Physical Health Care Coverage, 49 EMORY L.J. 675, 677 (2000) (stating that "[historically, treatment] for mental illnesses ranged from exorcism to even more bizarre and often inhumane practices, such as torture or the removal of portions of the skull to allow evil spirits to escape").
28. See Sarah Bredemeier, Hollow Verdict: Not Guilty by Reason of Insanity Provokes Animus-Based Discrimination in the Social Security Act, 31 ST. MARY'S L.J. 697, 732 (2000) (stating that "animosity toward the mentally ill reaches as far back as the earliest books of the Bible, inspiring myths, legends, and horror stories linking madness to God's punishment, sin, and evil."); id. at 732 n.180.
29. See PERLIN, JURISPRUDENCE, supra note 13, at 37 (stating that "ever since Prince Ptah-hotep attempted the first classification of mental illness almost five thousand years ago, conceptions of such illness have been inextricably linked to the notion of sin."); Deuteronomy 28:15–28 (cursing with madness those who fail to observe all of God's commandments); Perlin, Sanism, supra note 4, at 388–91 (pointing to the deep-rooted misconceptions and hatred toward the mentally ill throughout history); see also, e.g., John Biggs, Jr., The Guilty Mind: Psychiatry and the Law of Homicide 26–27 (1955) (explaining that insanity was tied to sin, and a special class of priests were the only people capable of ridding the sinner of his demonic possession); Wolf Wolfensberger et al., The Principle of Normalization in Human Services 12–25 (1972) (noting that mental retardation has often been regarded as the result of sin and God's punishment).
30. See WALTER BROMBERG, FROM SHAMAN TO PSYCHOTHERAPIST: A HISTORY OF THE TREATMENT OF MENTAL ILLNESS 63–64 (1975) (discussing various historical perspectives of mental illness); Michael S. Moore, Law and Psychiatry: Rethinking the Relationship 64–65 (1984) (examining the American and English tests for insanity—specifically knowing the difference between good and evil—under the theory that humans become somewhat godlike once this distinction is recognized); Judith S. Neaman, Suggestion of the Devil:
involving a local ordinance that sought to bar the establishment of all group homes within a town, Supreme Court Justice Thurgood Marshall wrote:

A regime of state-mandated segregation and degradation soon emerged that in its virulence and bigotry rivaled, and indeed paralleled, the worst excesses of Jim Crow. Massive custodial institutions were built to warehouse the retarded for life; the aim was to halt reproduction of the retarded and "nearly extinguish their race." Retarded children were categorically excluded from public schools, based on the false stereotype that all were ineducable and on the purported need to protect nonretarded children from them. State laws deemed the retarded "unfit for citizenship."

But opinions such as this are rare. One recent positive example comes from the Montana Supreme Court which stated that "[t]he use of such stereotypical labels—which, as numerous commentators point out, helps create and reinforce an inferior second-class of citizens—is emblematic of the benign prejudice individuals with mental illnesses face, and which are, we conclude, repugnant to our state constitution." Unfortunately, this in no way reflects the standard judicial "take" on these issues.

The Origins of Madness 31, 144 (1975) (addressing the stereotype of persons with mental illness as evil).


34. See Perlin, Sanism, supra note 4, at 400–01 (footnotes omitted) stating:
In 1990, Congress passed the Americans with Disabilities Act (ADA), and it appeared that, for the first time, there was some consensus acknowledgment of the damage inflicted by generations of mechanical adherence to mindless stereotypes. In 1999, the Supreme Court decided *Olmstead v. L.C.*, affirming an Eleventh Circuit decision. The Eleventh Circuit had ruled that the ADA entitled plaintiffs—residents of Georgia State Hospital—to treatment in an "integrated community setting" as opposed to an "unnecessarily segregated" state hospital. This Article considers the ADA and *Olmstead* in an effort to determine the extent to which this Act and this decision have changed or are likely to change prevailing sanist norms.

Twice in the past I have turned to Bob Dylan’s brilliant masterpiece, *Idiot Wind,* for lyrics to use in article titles dealing with the insanity defense. The searing metaphors and savage language of that song "fit" perfectly with that topic.

In *Idiot Wind,* Dylan sings, "What’s good is bad, what’s bad is good, you’ll find out when you reach the top, You’re on the bottom." This leads into the question posed in this Article. The decision in *Olmstead* appears to have "reached the top" in the context of institutional mental disability law. But did it really? Has *Olmstead,* so far, really made a difference? Or, are persons institutionalized because of mental disability, still "on the bottom?"

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40. Dylan, supra note 38, at 367.

41. This discussion sidesteps entirely the Eleventh Amendment issues resolved in *University of Alabama v. Garrett,* 531 U.S. 356 (2001) (holding that states have Eleventh Amendment sovereign immunity in Title I ADA cases brought by state workers).
The three Parts of this Article begin to answer these questions. Part I briefly examines the state of mental disability law before the ADA's passage and comments on the relative lack of success in cases litigated in its wake. Part II considers the *Olmstead* decision and its relative impact (or lack thereof) in the larger world of the ADA. Part III considers the possible impact of *Olmstead* on sanist attitudes displayed within the legal system. This Part suggests that *Olmstead*, for all its revolutionary potential, has still raised more questions than it has answered.

I. THE ADA

The ADA's legislative history—as it applied to persons with mental disability—focused specifically on questions of stereotyping and "reflect[ed] Congressional awareness of the pernicious danger of stereotyping behavior." The legislative history relied heavily on the language in *School Board of Nassau County v. Arline* that "society's accumulated myths and fears about disability and diseases are as handicapping as are the physical limitations that follow from the actual impairment." Congress' inclusion in the definition of disability an individual who is regarded as being impaired "acknowledges this teaching about the power of myths."

The ADA's passage was enough to excite and inspire those working in mental disability law, but that enthusiasm was tempered by concern that the ADA might be powerless to affect sanist attitudes. As I wrote soon after the ADA was passed, "if the ADA is to make any true headway in restructuring the way that citizens with mental disabilities are dealt with by society . . . , it must provide a means by which to deal frontally with . . . sanist attitudes." Moreover, "unless advocates turn their attention to these attitudinal questions, the ADA may—in 'real life'—turn out to be little more than the last in a long (and depressing) series of 'paper victories' for mentally ill individuals."

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42. Michael L. Perlin, "Make Promises by the Hour": Sex, Drugs, the ADA, and Psychiatric Hospitalization, 46 DePaul L. Rev. 947, 968 (1997) [hereinafter Perlin, Make Promises].
44. Id. at 284.
45. 42 U.S.C. § 12102(2) (c) (1994) (stating the "term 'disability' means, with respect to an individual—being regarded as having such an impairment").
46. Perlin, Make Promises, supra note 42, at 968.
47. Perlin, Sanist Attitudes, supra note 36, at 22.
48. Id. at 22–23. See infra text accompanying note 109.
There was also concern that the Supreme Court would see the ADA as little more than another in a series of "mom and apple pie" statutes with little substance or enforcement power:

Will courts say, "No, Congress really didn't mean what it said"? Will they say, "Well, Congress may have meant it, but only in an aspirational way, and there's really nothing for us here"? Or will they say, "Yes, Congress said it, Congress meant it, and, dammit, we're gonna enforce it"?  

Early court decisions were spotty. A handful of courts applied the ADA boldly to cases involving municipal budget cuts that eliminated community recreational programs solely for persons with disabilities, and to state laws that required state hospital residents to contribute to the costs of assigned counsel. The most important case in this small universe, Helen L. v. DiDario, held that a state welfare department regulation requiring certain patients to receive services in the segregated setting of a nursing home, rather than in their own homes, violated the ADA.  

Helen L. is significant for several reasons. First, the Third Circuit read the Act’s antidiscrimination language expansively, citing congressional findings that “[h]istorically, society has tended to isolate and segregate individuals with disabilities... [and that] such forms of discrimination... continue to be a serious and pervasive social problem.” Furthermore, it found that “the Nation’s proper goals regarding individuals with disabilities are to assure equality of opportunity, full participation, independent living, and economic self-sufficiency for such individuals.” The court read the ADA to intend to ensure that “qualified individuals receive services in a manner

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49. Perlin, Make Promises, supra note 42, at 955.
50. See, e.g., Concerned Parents to Save Dreher Park Ctr. v. City of W. Palm Beach, 846 F. Supp. 986 (S.D. Fla. 1994).
53. See 46 F.3d at 327.
54. Id. at 335.
55. Id. at 332 (quoting 42 U.S.C. § 12101(a)(2) (1994)).
56. Id. (citing 42 U.S.C. § 12101(a)(8)).
consistent with basic human dignity rather than a manner which shunts them aside, hides, and ignores them." The court further declared that it would "not eviscerate the ADA by conditioning its protections upon a finding of intentional or overt 'discrimination,'" focusing specifically on Congress' finding that "discrimination against individuals with disabilities persists in such critical areas as . . . institutionalization." 57

Unfortunately, Helen L. aside, the picture, for the most part, was bleak for persons with disabilities. A study by Professor Ruth Colker revealed that in ADA employment cases, for example, employers prevailed in 93% of district court cases and in 84% of court of appeals cases. 58 The ADA has not yet been a panacea for all problems faced by persons with disabilities. 59

II. OLMSTEAD

Then the Supreme Court decided Olmstead v. L.C. 60 In her majority opinion, Justice Ruth Bader Ginsburg stressed that "[u]njustified isolation . . . is properly regarded as discrimination based on disability" 61 and that "undue institutionalization qualifies as discrimination 'by reason of . . . disability.'" 62

How important a decision is Olmstead? Soon after it was issued, I wrote that Olmstead was potentially "the most important civil mental disability law case since the Supreme Court decided Youngberg v. Romeo 63 in 1982 . . . . [If] taken seriously, it may change the debate

57. Id. at 335.
58. Id. at 336.
60. See, e.g., Stefan, Worker Stress, supra note 59.
62. Id. at 597.
63. Id. at 597–98. See also PERLIN, HIDDEN PREJUDICE, supra note 3, at 175–204 (discussing Olmstead).
on [mental health issues], ... and perhaps most importantly, on how we feel about persons with [mental] disabilities.\footnote{Perlin, Maggie's Farm, supra note 21, at 56.}

Will \textit{Olmstead} resuscitate and revitalize the constitutionally-grounded "least restrictive alternative" (LRA) principle in mental disability law?\footnote{See Michael L. Perlin, "Their Promises of Paradise": Will \textit{Olmstead} v. L.C. Resuscitate the Constitutional "Least Restrictive Alternative" Principle in Mental Disability Law? 37 Hous. L. Rev. 99 (2000) [hereinafter Perlin, Promises of Paradise].} Was it a harbinger of a sea change on the part of the Supreme Court, or an anomalous decision that simply cannot be harmonized with the rest of this area of law? Certainly, the other cases decided by the Supreme Court on the same day as \textit{Olmstead}, frequently known as "the Sutton trilogy,"\footnote{Albertson's, Inc. v. Kirkingburg, 527 U.S. 555 (1999); Murphy v. United Parcel Serv., 527 U.S. 516 (1999); Sutton v. United Air Lines, 527 U.S. 471 (1999).} were seen as defeats by ADA supporters. The decisions were hailed by those unsympathetic to the ADA.\footnote{See, e.g., Susan Norton, Resolved by Supreme Court, 51 MANAGE, May 1, 2000, at 1 available at 2000 WL 28951549 (stating that "to the collective relief of employers everywhere, the Supreme Court [decided Sutton and Murphy]").} Was \textit{Olmstead} "different" because it dealt with questions of institutionalized mental patients, thus not touching on the employment issues at the heart of Sutton, Albertson's, and Murphy? Or did \textit{Olmstead}'s difference make it somehow irrelevant? Would these cases make a difference in how the public \textit{felt} about all these issues? There can be no dispute that the ADA has spawned an astonishing number of published cases.\footnote{On a purely personal anecdote, I wrote the first edition of a three volume mental disability law treatise in 1989. I have just submitted the manuscripts to volumes four and five of a five-volume second edition. Michael L. Perlin, \textit{Mental Disability Law: Civil and Criminal} (1989); \textit{id.}, (2d ed. 1998–2000). Each summer and fall, I write a new pocket part and supplement. I prepare to do this work by, first, dragging from my basement to my home office a group of packing boxes that contain all the mental disability law cases (and relevant law review articles) published in the prior year. This year, there were twenty-eight boxes. And eighteen of these twenty-eight boxes—when they were finally sorted—were filled with cases involving the ADA.} Sheer numbers, however, say little about attitudes and ultimate impacts.

\section*{A. \textit{Olmstead}'s Impact?}

Will the explosion of ADA litigation ultimately have a substantive and lasting impact on many of the most important questions of mental disability law? Will \textit{Olmstead} actually provide the first important leverage in nearly a quarter of a century to bring about important changes in how we construct mental disability and how
we treat persons with mental disability? It is possible that *Olmstead* will give us an important, new, and revolutionary tool with which to fight sanism.  

Of course, on the other hand, it may not. Mental disability law is strewn with examples of "paper victories," bold pronouncements from the Supreme Court that fall are ignored at the trial court level. By way of example, I am not sure what is more astonishing: the fact that, 1) thirteen years after the Supreme Court decided *Jackson v. Indiana*, one-half of the states had not implemented *Jackson*, or, 2) in the decade following the revelation, the matter remained status quo, or, 3) according to Westlaw, other than the three professors who conducted this research, I am the only law professor who has ever written about this.

Will it be this way with *Olmstead* and the ADA? Or will there be some sort of a perceptible, measurable shift in attitudes so that the promises of the ADA—"promises of paradise"—become a reality?

Several years before *Olmstead*, I turned to a Dylan love ballad *Love Minus Zero/No Limit,* for the lyric "make promises by the hour" in an effort to describe one of the then-unresolved dilemmas of the ADA. Would the Supreme Court take the ADA seriously, or would the Court respond, as it had in the first *Pennhurst State School & Hospital* decision by eviscerating the Developmental Disabilities Bill of Rights Act, by delivering nothing? *Olmstead* answered that

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70. See Perlin, *Maggie's Farm,* supra note 21, at 56 (stating that "Olmstead potentially has the capacity to transform and revolutionize mental health law" (emphasis in original)).


74. See id. at 24-25 (discussing and citing research presented in Grant H. Morris & J. Reid Meloy, *Out of Mind? Out of Sight: The Uncivil Commitment of Permanently Incompetent Criminal Defendants,* 27 U.C. DAVIS L. REV. 1 (1993)).

75. See id. at 24.


77. Id. at 167.


80. Id. at 30 (stating that the Developmental Disabilities Bill of Rights Act was merely a federal/state grant program and that neither the right to treatment nor the least restrictive
question, but, as I see now, that was only the first important question to be confronted.

The second, and perhaps arguably more important, question is this: Has Olmstead, so far, really made the difference that many of us hoped, predicted, and expected? What impact, if any, will Olmstead have on attitudes? Will it begin to remediate decades (centuries? millennia?) of sanism? Will it augur in a new regime in which issues of stigma, exclusion, and segregation are finally taken seriously? Or, after the post-Olmstead dust settles, will the ADA remain little more than Idiot Wind, "blowing through the dust upon our shelves?"

B. The ADA’s Evolution

When enacting the ADA, Congress appeared to treat mental disability issues as a poor stepchild to matters dealing with physical disability. There was little legislative debate, and what there was suggested a fairly wide gap between Congress’ concerns in writing the legislation, and the extent of discrimination faced by persons with mental disabilities.

To what extent could the ADA undo sanist attitudes? Were courts willing to take seriously the remarkably strong language used by Congress in a series of fact findings that seemed to elevate ADA inquiries into questions of equal protection law? Was the ADA

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alternative sections of the bill of rights were enforceable in private action). See also Perlin, Make Promises, supra note 42, at 953, 958–59, 981.

81. See Olmstead, 527 U.S. at 583 (stating that “the ADA stepped up earlier efforts in the Developmentally Disabled Assistance and Bill of Rights Act and the Rehabilitation Act of 1973 to secure opportunities for people with developmental disabilities to enjoy the benefits of community living”).

82. See generally Perlin, Maggie’s Farm, supra note 21 (asking this question about the ADA in general).

83. DYLAN, supra note 38, at 368.


85. Id. Most of the debate as to mental disabilities centered on the question of whether certain sexual disorders—e.g., transvestism, transsexualism, and other "gender identity disorders" would be covered. 42 U.S.C. § 12211(b)(1) (1994); see also Perlin, Sanist Attitudes, supra note 36, at 25 n.53.

86. See Perlin, Sanist Attitudes, supra note 36, at 22 (stating that "if the ADA is to make any true headway in restructuring the way that citizens with mental disabilities are dealt with by society (by employers, public agencies, and proprietors of places of public accommodations) it must provide a means by which to deal frontally with these sanist attitudes.")

merely hortatory? Was it an example of what Justice Harlan had described in *Rosado v. Wyman* ("Congress sometimes legislates by innuendo, making declarations of policy and indicating a preference while requiring measures that, though falling short of legislating its goals, serve as a nudge in the preferred directions"), or was the Court going to give it true substance and true life?

In the pre-*Olmstead* years, things were happening in the courts and on the streets. First, mentally disabled plaintiffs fared poorly in individual employment discrimination cases. Second, similarly-disabled individuals did surprisingly well, comparatively speaking, in institutionally-based litigation. Third, the public debate on the ADA was limited by the grumbling op-ed critique that it is "preposterous" to argue that discrimination against persons with disabilities is equivalent to discrimination based on race, or that persons with disabilities should simply be "thankful" that many facilities are accessible to them. The language in these columns is almost identical to the language found in newspapers in the late nineteenth century, when editorial writers grumbled about how "parasites" received undeserved governmental largesse in the form of Civil War pensions.

Although the ADA discourse is occasionally tempered by a heart-warming story about how the law made a true difference by empowering individuals with serious disabilities, negative press

90. Id. at 412.
91. See Moss, supra note 59, at 1028; Stefan, Worker Stress, supra note 59, at 802.
92. See Perlin, Disability Law, supra note 64, § 5A-2.4, at 195–96 nn.226–27 (citing cases).
94. Ed Miedema, Enforcing the ADA Can Sometimes Go Too Far, FT. LAUDERDALE SUN-SENTINEL, Sept. 19, 2000, at 20A.

Larry McAfee, a twenty-nine year old civil engineer, became a quadriplegic as a result of a motorcycle accident. During the four years following his accident, he was transferred from institution to institution like a "sack of potatoes." The state in which he lived refused to pay for community-based living services for him and only paid for the cost of nursing home care even though he was not ill and did not require any institutional care. In the nursing home, he was told when to eat, when to sleep, and even when he could watch movies on television. Because of these restrictions on his life, he requested the right to be removed from his life-sustaining respirator. Immediately after
anecdotes far outweigh the positive ones. Certainly, the media-friendly Casey Martin saga has drawn more attention than all other individual ADA cases combined. Fourth, the Supreme Court sent out what could charitably be called a mixed message in its 1999 decisions. The Sutton trilogy sharply limited the ADA in employment cases, while Olmstead surprisingly broadened it. But, after all of this, the issue of sanism remains off the radar screen of most public debate.

When I discuss the ADA with friends and with other lawyers, a universe that presents prototypically liberal “takes” on a variety of social issues (race discrimination, homophobia, misogyny, etc.), two issues emerge. First, virtually every person has a horror story about how “unreasonable” ADA demands caused clients to go out of business, prevented other clients from opening new offices, etc. These criticisms mostly concern ramps and other matters involving physical accessibility. None of these stories, on the surface at least, appear to have anything to do with mental disability law. Second, not a single person accepts—on any level—the argument that discrimination against persons based on disability is like discrimination based on race, religion, or sexual preference. Even friends who have “outed” themselves and have told of their experiences in psychiatric hospitals, or who have movingly shared the impact of major depression or bipolar illness on their own lives and/or on the lives of loved ones, refuse to take seriously my arguments that disability-based discrimination is as pernicious, as harmful and as morally corrupt as other types of discrimination.

Mr. McAfee was placed in a community-based setting, however, he changed his mind about suicide.

For negative examples, see supra notes 93–94.

97. See Martin v. PGA Tour, 204 F.3d 994 (9th Cir. 2000), aff’d, 532 U.S. 661 (2001) (holding that allowing golfer with disability to use a golf cart, despite the walking requirement that applied to the association’s tours, was not a modification that would “fundamentally alter the nature” of those competitions and was required by Title III of the ADA).


III. The Ravages of Sanism

For the past decade, I have written and continue to write relentlessly about the ravages of sanism.\(^{100}\) I have also written about the way that stereotypes, prejudices, deindividualized thinking, and the use of cognitive-simplifying heuristics\(^{101}\) have warped the way we think about mental disability, about persons with mental disability, about persons who provide mental health services to persons with mental disabilities.\(^{102}\) It is this omnipresence of sanism—and its evil twin, pretextuality\(^{103}\)—that continues to temper my enthusiasm about the ADA as a civil rights statute and *Olmstead* as an implementing (or, perhaps, motivating) decision.

In the immediate aftermath of *Olmstead*, I wrote the article *I Ain’t Gonna Work on Maggie’s Farm No More*.\(^{104}\) This article argued that *Olmstead* carried with it the seeds to potentially revolutionize mental disability law just as Dylan’s electric (and electrifying) performance at the 1965 Newport Folk Festival of Maggie’s Farm, a song about redemption and freedom in the context of another civil rights struggle, revolutionized pop music.\(^{105}\) A few months later, I wrote another piece, in an equally optimistic tone, arguing that *Olmstead* could potentially cause a restructuring of major aspects of the forensic mental health system, and *Olmstead* could further lead to a major reconceptualization of how and where we conduct incompetency-to-stand-trial and insanity evaluations.\(^{106}\) A few months later, my post-*Olmstead* glow begin to dim a bit. I wrote an article

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105. Id. at 53-55.

(alluded to previously), Their Promises of Paradise, which argued that Olmstead may potentially revitalize the least restrictive alternative doctrine in mental disability law. But, in all instances, I made clear that none of this would be any more than ephemeral unless we directly confronted the issue of sanist attitudes, which was the topic of my first ADA article in 1993.

There is a disconnect in constitutional and statutory mental disability law that most of us have perhaps missed. There have been no analogous attempts, so far, to answer the question that has bedeviled civil rights activists since the 1950s:

How to capture "the hearts and minds" of the American public so as to best insure that statutorily and judicially articulated rights are incorporated—freely and willingly—into the day-to-day fabric and psyche of society. Unless advocates turn their attention to these attitudinal questions, the ADA [even after Olmstead] may in real life turn out to be little more than the last in a long (and depressing) series of "paper victories" for mentally ill individuals.

A. The Heart of Olmstead

1. Isolation as Discrimination—In Olmstead, the Supreme Court focused on what it saw as Congressional judgment supporting the finding that "unjustified institutional isolation of persons with disabilities is a form of discrimination." First, the Court considered that institutionalization (as opposed to community-based therapy) perpetuated "unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life." Second, the Court concluded that confinement, "severely diminishes

109. Perlin, Maggie's Farm, supra note 21; see also Perlin, Sanist Attitudes, supra note 36.
112. Id.; see also Brief of the United States as Amicus Curiae at 17, Olmstead, 527 U.S. 581 (No. 98-536).
the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment.\textsuperscript{113} Yet, if the public rejects the empirical data that drives these arguments, then the relationship between the ADA, mental disabilities, and centuries of prejudice and mistreatment will be missed.

This may be obscure to laypersons. Given the prevalence of mental disability,\textsuperscript{114} however, it strikes me that some of this obscurity is the result of willful ignorance.\textsuperscript{115} Nevertheless, it cannot be obscure to lawyers with any familiarity with the history of institutional and community rights litigation in this country. The saga of institutional mental disability law in this nation is a saga of mistreatment and of non-treatment. As long ago as 1958, the president of the American Psychiatric Association called the state run psychiatric facilities "bankrupt beyond remedy."\textsuperscript{116} The facts of the most important institutional conditions case in history—Wyatt v. Stickney\textsuperscript{117}—are truly stomach-turning.\textsuperscript{118} As the Fifth Circuit noted in its decision, affirming the district court's order: "[One patient] died after a garden hose had been inserted into his rectum for five minutes by a working patient who was cleaning him; one died when a fellow patient hosed him with scalding water; another died when soapy water was forced into his mouth; and a fourth died from a self-administered overdose of drugs which had been inadequately secured."\textsuperscript{119} The chairman of the legal action committee of the National Association of Retarded Children characterized the facility at issue before the court in both Youngberg v. Romeo\textsuperscript{120} and Pennhurst State School & Hospital v. Halderman [I and II]\textsuperscript{121} as "Dachau, without
ovens." Attempts to establish small group homes for adults with mental retardation continue to meet with "protests, lawsuits, threats, vandalism, beatings, and fire bombings." This is not a cheery tableau.

It is not at all clear how *Olmstead* will be constructed by lawyers, mental health professionals, and the general public (to the extent that a Supreme Court case that does not involve abortion, affirmative action, church-state relations, the death penalty, gay rights, or *Miranda* is ever "constructed" by the general public). I think, however, that the Court's language about exclusion and segregation has the potential to be extremely important in that context.

That portion—and perhaps the most critical part of *Olmstead*—makes two novel, interlocking points never made before by the Supreme Court. First, the Court acknowledged that the effect of discrimination against persons with mental disability is like the effect of discrimination against other persons who traditionally fall within the ambit of footnote four of *Carolene Products*.

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The language that Congress chose to use in its introductory fact-findings [for the ADA] is of extraordinary importance. Its specific finding that individuals with disabilities are a "discrete and insular minority ... subjected to a history of purposeful unequal treatment, and relegated to a position of political powerlessness" is not just precatory flag-and-apple-pie rhetoric. This language—granted "the force of law"—was carefully chosen; it comes from the heralded "footnote 4" of the *United States v. Carolene Products* case, which has served as the springboard for nearly a half century of challenges to state and municipal laws that have operated in discriminatory ways
blacks\textsuperscript{127} and women\textsuperscript{128} (as signified by the Court in the cases supporting the Olmstead language).\textsuperscript{129}

This is a major shift on the part of the Supreme Court. This holding in Olmstead is extremely important, as it gives life to Congress’ findings that “individuals with disabilities are a “discrete and insular minority . . . subjected to a history of purposeful unequal treatment, and relegated to a position of political powerlessness.”\textsuperscript{130}

Also, it emphasizes the legislative history that called for the abolition of “monoliths of isolated care in institutions and segregated educational settings.”\textsuperscript{131} It explicitly concluded that “integration is fundamental to the purposes of the ADA. Provision[s] of segregated accommodations and services relegate persons with disabilities to second-class citizen status.”\textsuperscript{132} A recent article focused on the importance of the Carolene language: \textsuperscript{133} “[T]he statute plainly uses the . . . [phrase ‘discrete and insular minority’] as constitutional code words to designate an identifiable group of people who experience a common set of obstacles to participation in public and private life.”\textsuperscript{134}

To what extent will Olmstead remove some of these obstacles? That question remains unanswered.

2. The Extent of Discriminatory Behavior—Second, Olmstead’s text recognizes that the pernicious impact of discrimination cannot separate institutional isolation from other discriminatory behavior. In its reliance upon the amicus briefs of the American Psychiatric Association and the United States, the Supreme Court integrated the issue of isolation with issues of “family relations, social contacts, against other minorities. The language also rejects a congressional commitment to provide “protected class” categorization for persons with disabilities. This in turn forces courts to employ a “compelling state interest” or “strict scrutiny” test in considering statutory and regulatory challenges to allegedly discriminatory treatment.

127. \textit{See Olmstead}, 527 U.S. at 600 (stating that “there can be no doubt that [stigmatizing injury often caused by racial discrimination] is one of the most serious consequences of discriminatory government action”) (quoting Allen v. Wright, 468 U.S. 737, 755 (1984)).

128. \textit{See id.} (stating that “in forbidding employers to discriminate against individuals because of their sex, Congress intended to strike at the entire spectrum of disparate treatment of men and women resulting from sex stereotypes” (quoting L.A. Dept’ of Water & Power v. Manhart, 435 U.S. 702, 707 n.13 (1978) and quoting Sprogis v. United Air Lines, 444 F.2d 1194, 1198 (7th Cir. 1971))).

129. \textit{See sources cited supra note 119.}


134. \textit{Id.} at 420.
work options, economic independence, educational advancement, and cultural enrichment."\(^{135}\) The Court also stressed that institutionalization requires individuals to "relinquish participation in community life [so] they could enjoy given reasonable accommodations."\(^{136}\) In *Olmstead*, the Supreme Court demonstrated that it "got" one of the most important structures of the ADA. That is, questions of institutionalization and deinstitutionalization are far broader than simply inquiries into whether a patient is "behind the wall" (not for a moment to minimize the seriousness of that inquiry), and that these questions touch on virtually every important aspect of interpersonal interaction.\(^{137}\)

**B. The Post-Olmstead Universe: Two Surprises**

This all leads to a critical series of questions: How have lower courts read *Olmstead*? Have they interpreted it expansively or narrowly? Have they fleshed out some of the ambiguities? Have they paid any particular attention to the language to which I just referred? Have they merely cited the holding as black-letter law, or has the universe of decisions reflected the potentially revolutionary impact of the case? Close examination of these questions leads to two surprises: the lack of case law and the lack of scholarly response to *Olmstead*.

1. *Little Case Law*—Somewhat surprisingly, there are few significant post-*Olmstead* developments in the case law.\(^{138}\) Lower federal courts and state courts have cited *Olmstead* for the proposition that "the ADA in fact prohibits segregation of persons with disabilities and requires states to make reasonable efforts to place institutionalized individuals with disabilities into the community"\(^{139}\) in the "most

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\(^{136}\) Id.

\(^{137}\) See, e.g., Pamela Cohen, *Being "Reasonable": Defining and Implementing a Right to Community-Based Care for Older Adults with Mental Disabilities Under the Americans with Disabilities Act*, 24 INT'L J. L. & PSYCHIATRY 235 (2001).

\(^{138}\) See Perlin, *Promises of Paradise*, supra note 66, at 1053–54; see also Jennifer Mathis, *Community Integration of Individuals with Disabilities: An Update on Olmstead Litigation*, 25 MENTAL & PHYSICAL DISABILITY L. REP. 158, 158 (2001) (stating that "although the *Olmstead* decision was of tremendous significance to the disability rights community, only a handful of lower court decisions have interpreted its meaning").

integrated setting to fit their needs." Lower courts have also quoted the *Olmstead* language that the ADA provides "a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities." At least one circuit has read *Olmstead* extraordinarily narrowly in a case involving in-home safety monitoring for patients in need of personal-care services. But there are, as of yet, no cases that seriously examine the crucial attitudinal questions that are at the core of the *Olmstead* decision. Astonishingly few decisions even cite *Olmstead*.

2. Little Academic Literature—Even more surprising is the dearth of important literature in the law reviews critiquing and deconstructing *Olmstead*. The case is barely mentioned in Professor Bagenstos’ important recent article that urges what he characterizes as a "subordination-focused approach" as a means of resolving future ADA cases. Most optimistic of the early commentators has been John Parry, editor of the *MENTAL AND PHYSICAL DISABILITY LAW REPORTER*. Parry concluded:

Of all the ADA Supreme Court decisions this term, *Olmstead* is the most significant for several reasons. Fundamentally, it expands the possibilities for persons in state-run mental institutions. Until *Olmstead*, the Court was suspicious of any kind of constitutionally based right to services in the community or least restrictive setting. In the past, the foundation of deinstitutionalization was the absence of dangerousness to self

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Since the 1970s, Indiana law has strongly reflected policies to deinstitutionalize people with disabilities and integrate them into the least restrictive environment. National policy changes have led the way for some of Indiana’s enactments in that several federal acts either guarantee the civil rights of people with disabilities or condition state aid upon state compliance with desegregation and integrationist practices.


143. A simple Westlaw search reveals that *Olmstead* was cited twenty-nine times as of October 18, 2000, and forty-five times by September 1, 2001. By contrast, consider what happened in the eighteen months after the Supreme Court decided *Kansas v. Hendricks*, 521 U.S. 346 (1997), upholding that state’s sexually violent predator act. See Perlin, *Success*, supra note 7 (stating that there were 133 cites to *Hendricks* in the same time period). See generally Perlin, *Disability Law*, supra note 64, § 2A-3.3, at 75–92 (2d ed. 1998).


or others, not the appropriateness of treatment or essential services in non-institutional settings. . . . The ADA's integration of service mandate, however, presented a new opportunity for advocates to obtain appropriate community-based services from the states, but many states argued that Title II did not obligate them to provide such services. Now that obligation is beyond dispute. 146

Remarkably, there are only a handful of student notes published about Olmstead. 147 One student predicted that, as a result of Olmstead, "disabled individuals who have spent many years segregated from society and confined to institutions will finally be placed in community-based settings and will have the opportunity to live independent and productive lives." 148 In addition, a student commentator—writing generally about the relationship between mental disability and tort liability 149—noted how Olmstead brought into "sharp focus . . . the law's clear preference, in the civil rights context, for care in the least restrictive environment." 150 Another student expressed concern that "the Court was unable to arrive at a uniform resolution of the cost issue." He saw this failure "combined with the deference given to the States regarding which individuals are qualified for community-based treatment," as potentially resulting in "fewer mentally disabled individuals receiving proper treatment." 151

On the other hand, soon after the decision, Professor Paul Appelbaum speculated whether the initial "ecstatic" response of mental disability advocates was premature and concluded:

148. Scotellaro, supra note 96, at 782.
149. See PERLIN, DISABILITY LAW, supra note 64, § 7B-1 et seq. (2d ed. 2000); see also infra notes 150 and 151.
151. Neil S. Butler, Note, "In the Most Appropriate Setting": The Rights of Mentally Disabled Individuals Under the Americans with Disabilities Act in the Wake of Olmstead v. L.C., 49 CATH. U. L. REV. 1021, 1052 (2000) (stating that "only Congressional clarification of the broad scope of the ADA's integration mandate will resolve the Court's current cost dilemma and ensure that in future years the full range of treatment options will be available to the mentally disabled").
[I]t is unclear to what extent the U.S. Supreme Court will support lower courts in compelling states to create community alternatives that do not now exist. No bright line has been identified to separate states that can rely on the fundamental-alteration defense from those that cannot. The reluctance of the courts to trample on executive branch prerogatives has always been the bugaboo of the least restrictive alternative doctrine. Whatever else it may accomplish, the decision in *Olmstead v. L.C.* is unlikely to precipitate the widespread creation of community-based services for persons with mental disabilities.\(^{152}\)

As of the submission of this Article for publication, that is all there has been.

**C. Why the Surprises?**

I want to speculate a bit on both of these surprises (the lack of case law and the lack of literature). The first may be a bit easier. Ever since the Supreme Court's 1982 decision in *Youngberg v. Romeo*\(^{153}\)—establishing a pallid "substantial professional judgment" test as the benchmark for assessing constitutional questions about psychiatric institutionalization\(^{154}\)—the incidence of institutional law reform litigation has dropped dramatically.\(^{155}\) The fact that there is

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In *Youngberg*, the Court held that, in assessing the constitutionality of the use of restraints in mental institutions, the decision to use restraints, "if made by a professional, is presumptively valid; liability may be imposed only when the decision by the professional is such a substantial departure from accepted professional judgment, practice, or standards as to demonstrate that the person responsible actually did not base the decision on such a judgment." Although the Court in *Olmstead* avoided citing *Youngberg*, its deference to professional judgment seemed to invoke the spirit of *Youngberg*. In the wake of *Olmstead* and its explicit deference to professional judgment, institutions may simply avoid complying with the ADA by creating cultures in which recommendations for patient community treatment are few and far between.


but one reference to Youngberg in Olmstead\textsuperscript{156} is curious, and perhaps reflects this cessation of interest. Perhaps it should not be so surprising that post-Olmstead case law has been so scanty. Also, as Olmstead was decided just two years ago, it is certainly possible that cases currently in the pipeline have not yet percolated up to the appellate decision level.

The second is more perplexing. When the Supreme Court decides a mental disability law case, we have come to expect a cottage industry of commentary in the law reviews, both by professors and students. By way of contrast, within the first eighteen months of the Supreme Court's decision in Kansas v. Hendricks,\textsuperscript{157} there were thirty-one law review articles about Hendricks.\textsuperscript{158} Ironically, there has not been similar interest in the aftermath of the Olmstead case.

For years, I have bemoaned the lack of scholarly interest on the part of law professors about mental disability law.\textsuperscript{159} Perhaps the lack of Olmstead literature reflects this. But also, perhaps, it reflects a deeper and ironic level of sanism that says that the issues before the Court in Olmstead just are not "important" or "interesting." And maybe it is this level of pervasive and as-of-yet-non-dislodgeable sanism that also explains the lack of case law. Perhaps lawyers representing potential ADA plaintiffs simply do not believe that the Supreme Court really meant what it said in Olmstead.\textsuperscript{160} Perhaps lower courts are not convinced that the Supreme Court meant what it said.\textsuperscript{161} Perhaps these courts do not "buy" the critical aspects of Olmstead that I have discussed about how discrimination against persons with disabilities is like discrimination based on race or

\textsuperscript{156} See Olmstead, 527 U.S. at 605, stating:

For other individuals, no placement outside the institution may ever be appropriate. See ... Youngberg v. Romeo, 457 U.S. 307, 327 (1982) (Blackmun, J., concurring) ("For many mentally retarded people, the difference between the capacity to do things for themselves within an institution and total dependence on the institution for all of their needs is as much liberty as they ever will know.")


\textsuperscript{158} Westlaw search (Oct. 18, 2000).

\textsuperscript{159} Perlin, Sanism, supra note 4, at 406. See also Perlin et al., Therapeutic Jurisprudence, supra note 155, at 116. Although Hendricks may be classified as a "mental disability law case," its focus on sexual predator law is the reason for the extensive attention paid to it.

\textsuperscript{160} This eerily tracks the fear I expressed several years ago that the Supreme Court, when confronted with an Olmstead-type case, might have said that Congress really did not mean what it said in enacting the ADA. Perlin, Make Promises, supra note 42, at 955, and accompanying text. Mercifully, I was wrong.

\textsuperscript{161} Cf. Perlin, Make Promises, supra note 42, at 955 (anticipating a negative reaction by the Supreme Court to an Olmstead-like claim).
Nor have they "bought" how the psychological, social, and economic costs of institutionalization are much greater and graver than just (though my use of the word "just" here makes me wince) a loss of physical freedom. Perhaps all of this is simply another indication of the reality that, in the long run, sanist attitudes have really not changed that much.

CONCLUSION

In August 2000, I was asked by this journal's editors to participate in this Symposium. At the time, I still basked in the afterglow of Olmstead. When I agreed to participate, I expected that I would write a piece celebrating Olmstead. I expected to look at yet another area of mental disability law that might be transformed by Olmstead—as I had done for several law school symposiums.

So what tempered my enthusiasm in the intervening months? There have been no vivid, memorable, "negative" cases—the ADA version of John Hinckley shooting Ronald Reagan—that resulted in the type of saturation publicity that would be sure to bring ADA repeal to the forefront of the next Congressional agenda. Perhaps what happened is that I sat down and studied the entire post-Olmstead universe, what little there is of it. What is depressing is not so much what was said, but what wasn't said.

It is true that very few of the post-Olmstead cases are overtly hostile to persons with mental disabilities. Moreover, none of them engage in the "I-can't-believe-he-said-that" level of stereotyping about such persons that has been reflected in other areas of mental disability law. That is a good thing. On the other hand, however,
very few of the cases are bold. Or visionary. Or reflect the type of quantum leap that we have come to experience, not infrequently, in other areas of mental disability law, both civil and criminal.  

The reality is that the post-Olmstead universe of cases is pretty palpid and uninspired. My sad conclusion is that, a decade after the passage of the ADA and in spite of Olmstead, many sanist attitudes still need to be undone. While Olmstead was a first major step, the path is still a long and winding one.

In Idiot Wind, Dylan sings, “What’s good is bad, what’s bad is good, you’ll find out when you reach the top, You’re on the bottom.” I chose this Dylan line to begin the title of this paper very specifically and carefully, because I believe it mirrors, almost perfectly, my frustration over the way the ADA continues to be read in post-Olmstead times. Hopefully, what’s “good” does not turn out to be “bad,” and we are not “on the bottom.” Unfortunately, I am just not sure. Because I am not sure, I cannot yet say with confidence that the Americans with Disabilities Act is anything more than “Idiot Wind,” . . . “blowing through the flowers on your tomb.” I truly hope that subsequent developments answer these questions in a positive way, and that, to conclude from the same song, “in the final end [we win] the wars/After losin’ every battle.”

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*in one parental rights termination case, In re McDonald, 201 N.W.2d 447, 450 (Iowa 1972), expert testimony that persons with disabilities cannot show love and affection as well as persons of normal intelligence was relied upon to support termination findings*).


169. DYLAN, supra note 38, at 367.

170. Id.

171. Id.