Episode 2: Voices in the Hall

Lesson Title: Creating Meaningful Change: The Gang of 19 and a Blueprint for Social Justice

Author: Kurt Knierim

Episode Description

Voices in the Hall explores how diverse Coloradans fought for representation, civic participation and expanded civil rights across multiple generations. The story connects early struggles for inclusion with modern movements that reshaped Colorado's political and social landscape. Interviews with disability advocates, supported by accessibility subject matter experts, illuminate how Colorado became a focal point of disability justice.

Episode Inquiry Questions:

1. What strategies have people and communities used to influence change in Colorado? What were the outcomes of civic engagement?
2. Why is it important that diverse voices are heard by communities, as well as, local and state government officials?
3. Why is it important for those who are most impacted by an issue to be involved in creating solutions?

Lesson Description:

This lesson explores the methods and impact of the Gang of 19 in Denver primarily during the 1970s. Through the analysis of primary sources—including historical photos, articles, and newspaper archives—students will examine the factors that led to the activism of the Gang of 19 and the methods they used to foster systemic change for the disabled community. This inquiry-based lesson encourages students to evaluate historical narratives to uncover the agency and perseverance of an underrepresented group in Colorado's history.

Grade Level/Time Needed:

High School/90 Minutes

Lesson Inquiry Question:

1. What methods did Wade Blank and the Gang of 19 incorporate to work toward creating meaningful social change?

Supporting Questions:

1. Who was Wade Blank and the Gang of 19?
2. What were they fighting for?
3. What methods did the Gang of 19 use to achieve their goals?

Lesson Objectives:

Students will be able to:

1. Describe the living conditions and barriers associated with being a person with disabilities prior to the passage of the Americans with Disabilities Act in 1990.
2. Analyze the methods of civic action that Wade Blank and the Gang of 19 incorporated in fighting for disability rights before the Americans with Disabilities Act in 1990.
3. Evaluate the importance of the work of Wade Blank and the Gang of 19 in Disability Rights History.

Background Knowledge / Contextual Paragraph for Teachers:

Spearheaded by activist Wade Blank, the Gang of 19 were a group of persons with disabilities that led a movement to create meaningful change for persons with disabilities in Colorado and throughout the country. Watch this episode of the Colorado Experience: The Gang of 19 - ADA Movement that details this movement.

Building Background Knowledge for the Student

To get students thinking about accessibility for persons with disabilities, begin the lesson with a walk around the school with them. This is detailed in the "Lesson

Instruction" section of this lesson. This will allow students to begin thinking about not only the impact of the Americans with Disabilities Act, but also what work still needs to be done for their classmates with disabilities to truly live in a fully accommodated environment.

Lesson Sources:

1. Sarah Todd Hammer, Tic Tok videos.
2. Colorado Experience: The Gang of 19 - ADA Movement
3. "The Path Forward: Remembering Willowbrook" video clip.
4. Center For People with Disabilities article, "Intellectual and Developmental Disabilities and the Independent Living Movement"
5. National Museum of American History article, "8 ways in which the Americans with Disabilities Act changed everyone's lives."
6. Information about the Heritage House Nursing Home lawsuit (*Smith v. O'Halloran*), 1975.
7. Information about the Regional Transportation District lawsuit, 1977.
8. 

Image 1: members of the Gang of 19 protesting lack of accessibility to buses in July 1978.
9. 

Image 2: members of the Gang of 19 protesting lack of accessibility to buses in July, 1978.

10. Image 3: members of the Gang of 19 protesting lack of accessibility to buses in July 1978.
11. Image 4: George Roberts, left, and Les Hubbard pummel a curb in protest on July 1, 1980. Other members of the Atlantis Community surround them in a demonstration against an obstacle to their mobility.
12. *Smith v. O'Hallaran* court case.
13. Article discussing the Impact of the "Gang of 19: Fifty for 150: Gang of 19 in 1978 makes Colorado a Center of Disability Rights Activism."

Lesson Materials Needed:

1. Each student should have a laptop or similar and access to Wi-Fi.
2. A lined 8.5x11 sheet of paper for each student.

Lesson Instruction:

1. Begin the lesson by walking with your students around the school and having students create and keep a list of everything they see that are designed to make the school more accessible to persons with disabilities.
2. Observations may include, but are not limited to, handrails, ramps, accessible bathroom stalls or accessible restrooms, room numbers and other signage in braille, closed captioning for videos shown in classrooms, door width for wheelchair accessibility, sign language interpreters, paraprofessionals that accompany students to classes, handicapped accessible parking spaces, specially equipped resource rooms with specific

implements for accessibility, or teachers/departments in the school that assist students with their learning.

3. Return to the classroom and discuss with the class what they noticed. Speak to students about not only the things that they observed but also those things that they overlooked. Ask students if they were aware of all the accommodations in their school. Then tell students that much of this accommodation can be attributed to a group of students not much older than them in Denver in the 1970s and 1980s.
4. If there is not time for an ADA walk as described above, an alternate introduction would be to show students a couple videos by TikTok creator and activist Sarah Todd Hammer. After viewing, discuss the challenges that she talks about with students.
5. Once students have seen how ubiquitous the impact of the ADA has been, give them a sense of how persons with disabilities were treated prior to the ADA. To do this, show students the first 10 minutes of the video The Path Forward: Remembering Willowbrook.
6. Give students a warning that the video uses outdated language and is disturbing. If there are students who prefer not to view the film clip, they can read about it in another space using the Intellectual and Developmental Disabilities and the Independent Living Movement article.
7. After showing the video clip, have students get into pairs and reflect on what they have just seen. Then pull the class together and debrief with students what they have just learned.
8. Now have students click on this short 8 ways in which the Americans with Disabilities Act changed everyone's lives and have them read it. When most students are finished reading, pull the class together and ask the class what struck them about the information and what they did not know before reading the piece.
9. Tell students that there were two major ways that Wade Blank and the Gang of 19 worked to achieve their goals. Next, have students take out a piece of paper and fold it in half. Have them unfold it and write one the following words at the top of each column: “Judicial Action” and “Direct Action/Organizing.”

10. Have students turn to a student next to them and work together for this next part. Instruct one of the pair to read the summary of the court case *Smith v. O'Halloran*. After skimming the summary document, have students write a description of what they read in the "Judicial Action" section of their paper.
11. Next, instruct students to look at a series of pictures from the 1978 and 1980 protests in Denver (Image 1, Image 2, Image 3, Image 4). Have students turn to a partner and describe what they see to one another. Once they have looked at the photos, have them write a brief description of them in the "Direct Action/Organizing" section of their paper.
12. To conclude this part of the lesson, direct students to access and read the short article, "Gang of 19: Fifty for 150: Gang of 19 in 1978 makes Colorado a Center of Disability Rights Activism." Pull the class together and briefly discuss the impact of this movement.
13. Finish the lesson by having students complete the summative assessment described in the "Assessment" section of this lesson.

Strategy Instruction Differentiation:

1. Use subtitles for video clips.
2. Use audio alternatives for the readings.
3. Use an alternative assignment with students who are uncomfortable with disturbing images or other video content (see "Lesson Instruction" section).

Assessment:

With 5 minutes left in the class period, have students write and turn in a paragraph that addresses the following questions:

1. What methods did Wade Blank and the Gang of 19 use to create change for persons with disabilities?
2. What were the results?

2022 Colorado Social Studies Standards:

1. SS.HS.1.1.EO b.: Gather and analyze historical information to address questions from a range of primary and secondary sources containing a

variety of perspectives. For example: Perspectives of historically underrepresented groups.

2. SS.HS.1.2.EO.a.: Analyze continuity and change over the course of United States history. Including but not limited to: The expansion and limitations of rights, the balance between liberty and security, shifts in internationalist and isolationist policies, debates over the role of government, and the impacts of expansionist policies.
3. SS.HS.1.2.EO.b.: Investigate causes and effects of significant events throughout United States history. For example: World and national conflicts, urbanization and suburbanization, economic cycles, and both popular and counterculture movements.
4. SS.HS.1.2.EO.c.: Analyze the complexity of events throughout United States history.
5. SS.HS.4.2.EO.g.: Understand the structure of the American judicial system, the process of judicial appointments and key court decisions, in both Colorado and the United States, that affect the system of checks and balances and interactions of the local, state, tribal, and federal systems.

Extension Activities:

1. Have students analyze the 1984 U.S. Tenth Circuit Court of Appeals decision *Estate of Smith v. Heckler* and discuss its ties to the *Smith v. O'Hallaran* case.

Additional Resources:

1. Colorado Experience: The Gang of 19 – ADA Movement
2. "Remembering Gang of 19 Forty Years After Denver Protests Changed Accessibility," (2018). Source: Westword
3. Atlantis Community website
4. ADAPT website
5. "Crip Camp" documentary on YouTube.

Intellectual and Developmental Disabilities and the Independent Living Movement

Blog Mar 30 - Written By Kyra Coates



Over the past several weeks, we have talked about disability rights, brain injury, and highlighted some key figures in the Independent Living Movement from history and today. In this last week of March 2023, we want to share about intellectual and developmental disabilities (IDD) - the dark history of how people with IDD have been treated in the past, some of the triumphs that have led to more human and equitable treatment, and where we are today when it comes to independence for people with IDD. In 1987, President Ronald Reagan declared March to be Intellectual and Developmental Disabilities Awareness month. Reagan urged people to provide individuals with developmental disabilities "the encouragement and opportunities they need to lead productive lives and to achieve their full potential." This was a great step forward for a population of people with disabilities that have had an extremely difficult history. There are more than 7 million people with IDD in the US. According to the Centers for

Disease Control and Prevention (CDC), developmental disabilities are defined as impairments in physical, learning, language, or behavior areas, and include:

- Autism spectrum disorders
- Cerebral palsy
- Attention deficit/hyperactivity disorder
- Learning or intellectual disabilities
- Hearing loss
- Vision impairment
- Other developmental delays

A Dark History

From the dark past, progress forward has been a series of forward and backward steps, not a straight line. It has only been in the last few decades that we have seen people with IDD receive the dignity and respect they deserve to lead happy lives as members of society. Historically, they have faced inhumane forms of ableism - a way of thinking about someone with a disability as different and inferior to self and others.



For much of recorded history, people with IDD, sadly, were abandoned, institutionalized, and even euthanized. Before the 17th century, babies with IDD were often abandoned and left to die and were considered less than human. Between the 17th and 19th centuries, people with IDD were called “idiots,” and handed over to the government which would place them with caregivers. In 1769, the Virginia legislature passed an “act to make provision for the support and maintenance of ideots, lunaticks, and

other persons of unsound minds," which supported the general sentiment of the time that people with IDD needed to be segregated and out of sight. Large institutions were built to house people with IDD, most spent their entire lives institutionalized, locked up, and living under horrid and inhumane conditions. It wasn't until the mid-19th century that the perception of people with IDD began to subtly shift from sub-human and outcast towards slightly more dignity and respect. In Europe, a growing philosophical interest in education and human nature emerged. One propagator of this movement was Jean Marc-Gaspard Itard, who developed a systematic training program for educating people with severe IDD. People suddenly recognized that people with IDD were capable of more than had been assumed. The success of his program was brought to the United States where it was adopted by many of the institutions that housed people with IDD. In 1849, the Massachusetts School for Idiotic Children and Youth was built. Early IDD education focused more on vocational training than academics and fostered a shift away from the less-than-human perspective of "idiocy" to a more humane perspective of people with IDD. However, the vocational skills they were taught were often used to maintain the institutions themselves, and not improve the lives of the people who lived in them. People with IDD continued to be segregated from society. Beginning in the mid-19th century, the U.S. experienced a great influx of immigrants. This immigration wave created a rapid shift in the population and economy, leading to political and social tensions. A loud voice among U.S. citizens proclaimed that society was in decay and that many immigrants were people who were "genetically unfit," such as people with IDD and people of other ethnicities. As a result, the politicians and lawmakers of the time simultaneously passed restrictive immigration laws and laws mandating forced sterilization. In 1911, Woodrow Wilson, then the governor of New Jersey, passed a law that permitted the sterilization of people deemed "unfit." People with IDD were specifically targeted. By 1927, 33 states had adopted forced sterilization laws. Though the laws remained, the philosophy of forced sterilization based on eugenics (the science of managing human reproduction to yield more favorable characteristics) began to lose popularity after World War II. The world had witnessed the horrors of the holocaust, that operated under the same philosophic principles of controlling generational genetics through sterilization practices. Even so, forced sterilization and other laws resulting in the discrimination of people with IDD remained in place until the early 2000s. For example, Colorado's healthcare system allowed for the unregulated practice of forced sterilization during much of the 20th century. Colorado passed a forced sterilization law in 1981. The Colorado Supreme Court decreed that a district court could authorize the sterilization of a "mentally retarded person" if enough evidence was given to deem it medically necessary. It wasn't until 2020 that the Colorado Revised Statutes stated that any person over the age of eighteen with an intellectual or developmental disability has to give informed consent before sterilization. It is estimated that 60,000 people were sterilized under these laws across the country between 1909 - 1960.

The Independent Living Movement



The tides truly began to turn for people with IDD with the birth of the Independent Living Movement. This began when Ed Roberts sued UC Berkeley in 1962 in order to be admitted to the school, as we spoke about in previous articles. He won the lawsuit and was admitted, and proceeded to launch the Disabled Students' Program (DSP), which fought for access for all people with disabilities to schools and society as a whole. The work of the DSP pushed back against the idea that people with disabilities had to live in institutions and be segregated from society. This included people with IDD, who had not yet been viewed as true members of society. This movement quickly rippled upward to the highest level of government. Just a few months after Ed Roberts won his suit, President John F. Kennedy, at the urging of his sister Eunice, launched a research panel to study IDD and educational programs called the President's Panel on Mental Retardation. This panel consisted of 26 leading scientists, physicians, psychologists, and educators. In 1962 they published a report outlining 95 recommendations to improve the lives of people with IDD. From this report, the Community Mental Health Act (CMHA) of 1963 was passed, which provided grants to states in order to build research facilities that could focus on issues related to IDD, establish community-based mental health centers and facilities, and train educators in effective methods for working with people with IDD.When President Kennedy signed the Act, he declared, "When carried out, reliance on the cold mercy of custodial isolation will be supplanted by the open warmth of community concern and capability. Emphasis on prevention, treatment, and rehabilitation will be substituted for desultory interest in confining patients in an institution to wither away."



In other words, this was the presidential declaration that the age of segregating people with IDD to institutions was over. Instead, smaller community programs would be created not only to care for people with IDD but also to help them live to their fullest potential as members of society. Though the initiatives of this act slowed significantly after President Kennedy's assassination, it marked the beginning of a process that has continued to flourish. At a peak in 1967, 228,843 people with disabilities were in county or state-run facilities. Thanks to the DSP, Kennedy's initiative, and other forward progress, by 1986 this number had more than halved to 103,296.In 1975, the Education for All Handicapped Children Act, which was later renamed the Individuals with Disabilities Education Act, or IDEA, was passed. This act finally mandated the free use of public education in nonrestrictive environments and the use of individual education plans for people with IDD. This was a monumental step, allowing people with IDD to access education opportunities that could be personalized to individual capabilities, and also eliminated historical segregation from other students. A far cry from the exploitative "education programs" of the 19th century that used people with IDD as institutional workers, the IDEA empowered individuals, their passions, interests, and capabilities, and their equal place in society. People with IDD were now being given respect, and the opportunity to live to their fullest potential. In 1990, former president George Bush, Sr. signed the Americans with Disabilities Act (ADA). This monumental piece of legislation provided even more access and equality for people with IDD. The ADA makes unlawful discrimination that is based on "(a) a physical or mental impairment that substantially limits one or more of the major life activities; (b) a record of such an impairment; or (c) being regarded as having such an impairment." This ensures that people with disabilities are no longer pushed to the margins of

society, and are given the same rights as all U.S. citizens should have. Equality was finally written into law and gave people with IDD the same equal rights as all US citizens.

Present Day

We have come a long way to ensure that people with IDD are given the same dignity, rights, and respect deserving of all people. Considering the past 100 years, people with IDD are no longer shuttered away in institutions, cast to the margins of society, and euthanized. Today, they have lawful rights to education, access, and public benefits to assist them in living independently. We celebrate this progress, and still, we still have room to grow. The IDEA lacks funding, which impacts the ability of schools and teachers to support people with IDD. According to a survey from National Public Radio, 82% of special educators across the nation report there are not enough professionals to meet the needs of students with disabilities. Additionally, roughly 11% of special education teachers do not meet the required standards.The transition from childhood to adulthood can be extremely difficult for people with IDD. Those up to 21 years of age are legally entitled to public education, while those who are 22 and older have 'aged out' of the school system. There is a tremendous lack of resources for transition services such as in-school preparatory programs, career services, and work-based learning experiences. This leads to high rates of poverty and unemployment for people with IDD. The 2018 National Core Indicators survey found only 20% of working-age adults supported by state IDD agencies were employed in a paid job in the community, and most of them worked limited hours with very low wages.Hand-in-hand with the issue of poverty is a housing crisis. Approximately 4.8 million non-institutionalized people with disabilities who rely on federal monthly Supplemental Security Income (SSI) have incomes averaging only about $9,156 per year – low enough to be priced out of every rental housing market in the nation. As affordable housing grows as an issue that is facing more than just people with IDD, people with IDD are made even more vulnerable. Other current issues people with IDD are facing are a shortage of physicians with skills and adequate training to care for individuals with intellectual and developmental disabilities, resulting in care focused on a particular disability rather than whole-person care. There is a lack of trained and culturally sensitive support staff in healthcare facilities, and there is a scarcity of medical practices willing or prepared to take the time to properly care for patients with intellectual and developmental disabilities. These are just a few of the present-day issues that we are working to resolve. Advocacy and education are essential to creating further policy and awareness to shift the social tide and make issues facing people with IDD a priority. CPWD is committed to supporting people with disabilities as part of our mission to provide resources, information, and advocacy to assist people with disabilities in overcoming barriers to independent living.

Kyra Coates

〈 Advocating for Limb Loss Awareness and New Legislation to Ensure Effective Support for Those with Limb Loss or Limb Difference

Jenn Ochs: Advocate and Inspiration as Ms. Wheelchair Colorado 〉

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8 ways in which the Americans with Disabilities Act changed everyone's lives

By Samantha Lombard, student, American Studies, University of Massachusetts Amherst

July 13, 2015



Feedback

Curator Dr. Katherine Ott invited students in Dr. Samuel J. Redman's Museum/Historic Site Interpretation Seminar to explore the museum's disability history collections and write blog posts

sharing their research.

The American Disabilities Act, signed in the White House on July 26, 1990, was groundbreaking for people with disabilities. But it was also groundbreaking for all American people, as it attempted to prevent the discrimination against people with disabilities that prevented them from having the full rights of citizenship. It gave people with disabilities rights for which many thousands had been fighting for decades. The disability-rights movement was a grassroots movement, and in many ways it culminated with the signing of this Act. It is the first comprehensive list of laws specifically addressing the rights of people with disabilities. It radically challenged old, discriminatory laws, and touched almost every area of society, as transportation and employment policies were updated. For the first time in history, the United States government officially defined the rights of people with disabilities. It ultimately changed the way America viewed people with disabilities as a whole.



This sign was created to indicate handicap accessible places, such as bathrooms. Wikimedia Commons.

Before the American Disabilities Act was signed:

1. People using wheelchairs who wanted to ride a bus or train would need to abandon their wheelchairs.
2. A restaurant could refuse to serve a person with disabilities.
3. A grocery store could prevent a disabled person from buying the goods there.
4. If a person in a wheelchair could actually physically enter a library, he or she might not be able to check out library books, because of the wheelchair.



People with disabilities fighting for their rights. Courtesy of Tom Olin, photographer

<https://everybody.si.edu/citizens/civil-rights-disability-rights>

5. "Homosexuals" could be considered disabled. There was no previous legal definition of disability and homosexuality was considered a disease until 1973.
6. Any place of employment could refuse to hire a person just because of his/her disability.
7. A person with disabilities could legally be paid less just because of his/her disability, even if he or she was doing the same work as another person.
8. Because the restrooms on trains were not accessible, people often had to wear precautionary diapers when they traveled.



Surface changes underfoot, as a way to signal the need for caution, are now required in many environments. Division of Medicine & Science collections.

Want to learn more? Here's a short list of new laws initiated by the ADA:

- Section 12132 of this title and section 79 of title 29, it shall be considered discrimination for a public entity to fail to have at least 1 vehicle per train that is accessible to individuals with disabilities, including individuals who use wheelchairs, as soon as practicable but in no event later than the last day of the 5-year period beginning on the effective date of this section.

- General rule. No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any person who owns, leases (or leases to), or operates a place of public accommodation.
- Homosexuality and bisexuality. For purposes of the definition of "disability" in section 12102(2) of this title, homosexuality and bisexuality are not impairments and as such are not disabilities under this chapter.
- General rule. No covered entity shall discriminate against a qualified individual on the basis of disability in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment.
- General rule. No covered entity shall discriminate against a qualified individual on the basis of disability in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment.

You can find the full text of the ADA here

<http://www.ada.gov/pubs/adastatute08.htm>.

Samantha Lombard is an undergraduate History and Art History Major at the University of Massachusetts Amherst.

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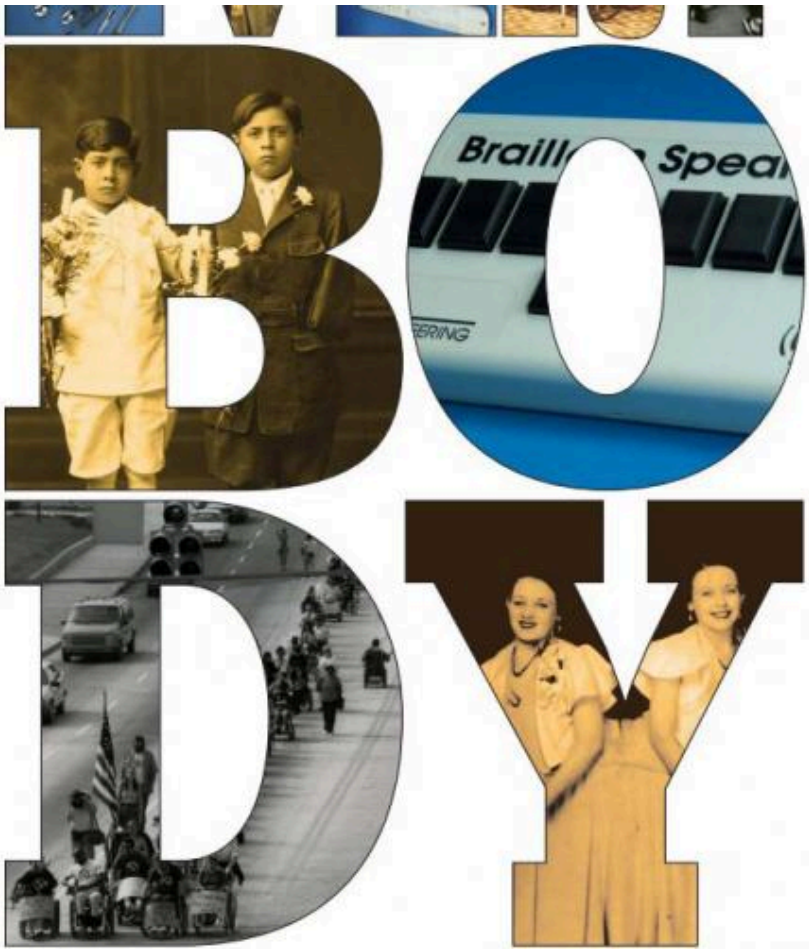
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Smith v. O'Halloran: Nursing Home Reform in the Courts

by John Robert Holland

This article reports on both the history and recent Tenth Circuit developments in *Smith v. O'Halloran*, which is a challenge by Colorado nursing home residents to the way in which Medicaid nursing homes are inspected and reimbursed nationwide. If upheld, this case will have a profound effect on the quality of care delivered to residents in virtually all of the nursing homes in this country.

The Commencement of Litigation

In 1975, Michael Patrick Smith was a severely disabled 21-year-old man living in a Lakewood, Colorado, nursing home. Michael had muscular dystrophy and was so gravely ill that he required hospitalization. While he was hospitalized, his $25 monthly Medicaid personal needs check was allegedly improperly endorsed and cashed by nursing home personnel without his permission. Also, Smith was a poet and complained that no one at the nursing home would take the time to write down the stanzas he composed in his head. These complaints, together with those of several other residents of the nursing home, led to the filing of a major class action lawsuit in May 1975.(fn1) Michael's contact with the Legal Aid Society resulted in the threat of immediate eviction from his nursing home.

Suit was instituted not only on Michael's behalf, but on behalf of all 18,000 persons residing in skilled or intermediate care nursing homes participating in the Medicaid program. Named as defendants were what was then HEW (now HHS), the Colorado Health and Social Services Departments and the nursing home and its owners. Damages were sought from the nursing home. Injunctive and *mandamus* relief were sought against the government agencies to compel them to develop an inspection system in which, as a condition of federal and state reimbursement, the nursing home would actually protect its residents and assure that their care needs would be identified and met. The federal government was spending, as of 1983, almost $8 billion on these nursing homes each year.

The earliest proceedings in the case sought and obtained injunctions against the nursing home based on a federal nursing home regulation Patients Bill of Rights and against eviction or other reprisals against Michael. Although he weighed only approximately ninety pounds at the time, Michael insisted on coming to court in a bed to tell Judge Matsch personally of his complaints.

His voice was so weak that it had to be amplified to be heard. At this hearing, plaintiffs' counsel obtained the right to unimpeded access to the clients and to meet alone with groups of them in the defendant nursing home.(fn2)

As a result of intense, often late night meetings, by the time of the first hearings, aides, orderlies, medical record-keepers and even a former nursing home administrator were disclosing observations of poor care in the facility and began swearing in a series of affidavits to a litany of horrors and abuses which, in open court, Judge Matsch said sent chills up his spine.

A few examples of the abuse and neglect allegations placed before the court were as follows. A blind woman had been kept on thorazine for years without an underlying psychiatric basis, despite highly unpleasant side effects. For social activity, this resident was sent with many others to a workshop where she separated fish hooks all day for a few pennies an hour. A number of residents requiring regular bowel assistance programs had none and repeatedly became severely impacted. A resident with a full body cast could not keep flies out of her face and was covered with them while being kept isolated in her room. A teenage girl developed such horrendous bed sores from not being turned that she was forced to lie face down on a pram full time for months. An elderly patient received such poor skin and hand care that his fingernails had grown into the skin of his hand. Patients perceived as disobedient were given cold showers or had their wheelchairs taken away. Numerous residents allegedly were kept tractable and quiescent through the overuse of tranquilizing medications. There was also evidence of cockroaches in patients' cereal and throughout the facility.

A 1976 state-conducted facility-wide audit of the residents' personal needs accounts, including Michael Smith's, disclosed that they had not been maintained in a manner which even provided a basis for determining the amounts due or what was put into the accounts of the individual residents.(fn3) A similar audit of patient care undertaken at the insistence of lay advocates for these clients led a physician working for the Colorado Department of Social Services to write a report on the nursing home youth wing.

It concluded that for the fifty-eight residents in this wing, care plans were either totally inadequate or nonexistent and that all of these residents had been diagnosed as having no, very poor, minimal, limited or guarded rehabilitative potential, although, in fact, many could have learned to live independently. The report concluded that these residents were being warehoused and deprived of their federal Medicaid entitlements to high quality medical, rehabilitative, nursing and psychosocial care.(fn4)

The Nature of Plaintiff's Attacks and Discovery

Plaintiff's stated sub-class damage claims against the nursing home defendants for (1) both individual and group negligence in the sense of a common disaster, such as an airplane crash; (2) maintenance of a private nuisance; (3) breach of fiduciary responsibilities; (4) a third-party beneficiary theory premised on the assertion that, as intended beneficiaries of the state/federal Medicaid provider agreements with the nursing homes, they were entitled to damages for the nonreceipt of the agreed upon entitlements; (5) an analagous implied cause of regulations under 28 U.S.C. § 1331; and (6) violation of their civil rights under 42 U.S.C. § 1983.

Those claims which were bifurcated from the government claims are still pending in the U.S. District Court for the District of Colorado. Jury trial has been requested. At least for the moment, the claims against the federal and state governments have been decided by the Tenth Circuit Court of Appeals entirely in favor of the statewide plaintiff class. Before discussing this recent decision, however, an outline of the case history which preceded it is necessary for an understanding of the result.

Against the government defendants, the plaintiffs' theory was that if the defendant nursing homes were providing inadequate care, it must be because, in significant part, government inspectors were not focusing on or judging the quality of the care actually being delivered to the residents. In short, the plaintiffs' claim was that nursing homes were being reimbursed without regard to the care they were providing. The plaintiffs' request was that the federally mandated inspection system in place in all fifty states be voided and that the court order the development of a new system of enforcement capable of ensuring actual delivery of adequate care to nursing home residents as a condition of Medicaid reimbursement.

The governments in question responded to this claim by waging a paper battle, which lasted several years, against federal court *mandamus* and injunction jurisdiction over the federal defendant Secretary's discretion to regulate however she sees fit. Finally, in April 1978, Judge Matsch decisively asserted jurisdiction, certified the statewide plaintiff class as requested and discovery began.

The plaintiffs' discovery concerned the question of the quality of care being delivered in nursing homes, not only in Colorado but nationwide. It also involved an inquiry into the nature and adequacy of the so-called survey and certification inspection system for Medicaid and Medicare nursing homes across the country. Teams of plaintiffs' lawyers made numerous trips to Washington, D.C. and other federal record depositories to review and obtain hundreds of thousands of federal nursing home memoranda documents. Moreover, plaintiffs' counsel deposed all responsible federal government program officials up through the Medicaid line of authority.

Resistance at a program level to documentary discovery was great. Despite repeated inquiries, program officials on whom counsel relied were told that documents counsel suspected were in existence did not exist. However, as in the investigation of the initial nursing home facilities, nameless friendly federal bureaucrats repeatedly turned over examples of the very documents requested, but not forthcoming from program officials. On the basis of these documents, plaintiffs' counsel was able to file compel motions which forced the government's lawyers to allow counsel to go through the individual office files of top federal nursing home program administrators.

What was learned was truly amazing. In 1974, the Senate Committee on Long Term Care of the Senate Special Committee on Aging issued its report, entitled *Nursing Home Care in the United States: Failure in Public Policy*.(fn5) This report, with its nine supporting papers, was based on hearings in twenty-five cities. It concluded that the federal Medicaid survey-certification system, which was challenged in this lawsuit, is a failure because it requires the states to focus on a "paper" review of nursing home facilities' theoretical capabilities for providing care, rather than on whether the care is actually being provided. It further found that 50 percent of the nation's Medicaid and Medicare nursing homes were and are providing substandard care with one or more life-threatening conditions.

Partially in response to these Senate committee reports in late 1974, President Nixon and then HEW Secretary Casper Weinberger launched the so-called "long-term care facility improvement campaign." The stated purposes of this multi-million dollar campaign were to train federal and state nursing home inspectors and to redesign the federal Medicaid/Medicare nursing home quality standards and survey-certification enforcement process. The new process would focus facility program participation decisions on the question of whether residents were actually receiving needed care of acceptable quality rather than on a facility's paper capacity of proving it. In HEW's own words, the time

had come "to put the patient first."(fn6)

As part of this campaign and in reaction to the committee reports, HEW decided to conduct its own survey of conditions in the nation's nursing homes. According to HEW, the survey conducted as part of its long-term care facility improvement campaign was the most extensive and scientifically valid study of nursing home conditions ever undertaken. Almost 300 facilities were surveyed nationwide. Enough facilities were reviewed to provide a reliable picture of conditions in all skilled nursing homes in the country.

HEW's statistically based national findings of poor care were essentially the same as those of the Senate's Special Committee on Aging reports. It was found that although the current inspection system includes numerous federal survey forms, inspection manuals, action transmittals, etc., and that all states participating in the Medicaid program must use these forms, they represent no more than a "paper" review. Some $60 million a year is being spent by the federal and state governments to inspect and certify nursing homes nationwide using this mandatory system. However, in discovery plaintiff's obtained overwhelming evidence that this system, by its very nature, was incapable of assuring that residents actually received high quality care.

By the time of trial, in literally hundreds of documents obtained by plaintiffs' counsel, it was admitted by the federal government that its system can only measure the theoretical paper capacity of a facility to render care, but cannot evaluate the care actually given. As the government put it as early as February 1976:

Federal regulations focus on facilities not patients. A facility's capacity to deliver a given level of care has been more important than whether the patients actually receive this care or, in fact, whether the care meets minimum requirements.(fn7) Indeed, the government stated that the poor quality of care it found in the nation's nursing homes in its survey is:

fundamentally traceable to the fact that federal regulations, the method of reimbursement, and the survey/ certification process focus on the institutional framework within which care is provided rather than on the patients.(fn8)

Even as late as 1980, the federal government admitted in the Federal Register that in the conduct of federal survey/certification inspection, "state surveyors rely almost totally on records, documentation and written policies on the assessment of care provided."(fn9)

The case discovery also established that from 1974 to 1980 the government had spent millions of dollars developing the so-called "PACE" program for long-term care. This was a patient classification system which the government ignored in 1974 when it promulgated the current inspection system. The PACE program, therefore, was never implemented, even though it was described to Congress as follows:

PACE is systematic, continuous, objective, practical and effective. It is a base for measure of the patients' status, the care given and the outcome of care. PACE, therefore provides an excellent opportunity to change the survey and certification process from one of paper compliance to one in which determination of compliance is on the basis of outcomes of care and thus the quality of care.(fn10)

The State Switches Sides

As this evidence was developing in discovery, plaintiff's began meeting with top state officials who administer the federal survey-certification system in Colorado. Fed up with administering a system they were powerless to change, that could not be waived if the state wanted to remain part of the Medicaid program and which, in a powerful disincentive for states to develop their own separate systems, was 100 percent federally funded at the time, in April 1978 the state of Colorado switched sides.

The state of Colorado sought leave to file a complaint in intervention. In support of this motion, granted by Judge Matsch, the state asserted in the first sentence of its complaint that it agreed with the plaintiff's that the challenged federal survey-certification system in use in Colorado is "a national disgrace," and incapable of insuring that Medicaid recipients receive the appropriate, high quality care to which they are entitled under the Medicaid Act and regulations. Indeed, former Colorado health director Anthony Robbins stated in a court affidavit at the time that, in his opinion, based on extensive experience, the current system is "an open invitation to mistreat patients while ostensibly operating within the law."(fn11)

After years of discovery, negotiations with the federal defendant led to the publication by HHS of proposed regulations so much in keeping with the plaintiffs' and the state of Colorado's demands that a conditional stay of the case was agreed to in mid-1980. The stay broke down in January 1981 when the Reagan administration withdrew the proposed changes and announced that, rather than reforming the system as had been publicly promised since 1976, it was time for nursing homes to be deregulated and to "police themselves."(fn12)

The Trial and the Ruling of the District court

Thus, trial was finally commenced in mid-1982. Gruesome state and national evidence of poor care, the defective nature of the challenged inspection system and the existence of a clear patient-oriented survey assessment

system which could replace the one at issue, was presented. State surveyors from Colorado and other states testified to their experience and frustrations with the mandatory federal system.

Colorado state nursing home inspectors charged with implementing the federal survey-certification system unanimously testified that, based on their extensive hands-on experience, 80 percent of the approximately 18,000 patients living in Colorado nursing homes were and are receiving only custodial care. According to these inspectors, these patients receive "bed and board and an occasional wash up," rather than medical care and rehabilitative services appropriate to their needs, as required by the Medicaid Act. They further testified that only from 20 to 25 percent of the services required to be delivered under the Medicaid Act and regulations were actually being provided to the plaintiff class.

After trial, Judge Matsch found that plaintiff's had shown that many Medicaid-certified nursing homes provide so little care that they are really not more than "orphanages for the elderly." He also concluded that plaintiff's had shown that the challenged survey system is inherently incapable of assuring that nursing home residents actually receive their benefits. Specifically, he found that the system is defective because it is "facility-oriented" rather than "patient-oriented" and that not only was this "characterization appropriate," but "HHS has admitted it repeatedly." Most important to the subsequent appeal, the judge found:

It is clear from the evidence in this case that it is feasible for the Secretary to require the use of a patient care management system which would control the assessment of patient needs, facilitate the development of an appropriate patient care plan, provide the mechanism for monitoring the delivery of care by the facility itself and by the state review teams, give HHS the means for validating the state reports, and probably improve the quality of health care services provided for all Medicaid recipients.

Therefore, according to the judge, the problem with the plaintiffs' case was not the proof, but the law. Plaintiff's case had to be dismissed because the court found that the tapestry of federal Medicaid provisions plaintiff's relied on created no duty on the part of the defendant Secretary to promulgate a system of enforcement which assures that Medicaid residents actually receive their Medicaid benefits under federal laws.

In Judge Matsch's view, "Medicaid is not a program for the federal government to provide medical services. Rather, it is a system of federal funding of state plans to furnish health care to needy persons...." Having found that the current system was defective in its orientation and that a remedy could be feasibly devised which would "probably improve the quality of health care services provided for all Medicaid recipients," Judge Matsch held that feasibility and desirability were not the issue. The question, said the judge, "is whether the failure to introduce and require the use of such a system is a violation of the statutory duty. The answer is no."

The court held that, despite contradictory language, the Medicaid Act and implementing regulations do "not provide a substantive standard for the medical care to be provided." Further, consistent with its perception of the Medicaid program as nothing more than a funding mechanism, it held that granting *mandamus* to compel development of an effective enforcement system which could assure delivery of high quality care was utterly inappropriate. Since the court believed that the Medicaid Act created no entitlements to any particular level of care, the Secretary had no duty to force the states to inspect in such a way that would insure the delivery of any particular level of care. The court also found that the states were free to erect their own separate systems of enforcement on top of the challenged mandatory federal one. Thus, Judge Matsch concluded:

In sum, the plaintiffs' position is a distortion of the statutory scheme of the Medicaid Act. The primary planner and the initial actor in this welfare program is the state. The national government, acting through the Secretary, provides financial assistance for the provision of services under the state plan and for its administration. The federal enforcement mechanism lies in the reduction of the amount of payments or termination of payments through a disapproval of a plan which no longer is meeting the statutory requirements for participation. Accordingly, even if it is assumed that the members of the plaintiff class have some statutory entitlement to a certain standard of "quality care" and that there has been a denial of that entitlement, the enforcement remedy could not be a writ of mandamus against the Secretary to impose additional requirements on the state. The limit of the mandamus remedy would be an order for the Secretary to terminate all payments by a disapproval of a plan gone awry. This is not the relief sought in this case.

The court went on to state that granting the relief requested by plaintiff's would be to "substitute feudalism for federalism ... transform Medicaid into a national health care program ... [and] rewrite the statute." In so holding, the court again noted that it too believed "there is a manifest need for improvement in the condition of nursing homes and the care which is provided to welfare patients who are housed in them." However, it concluded that providing the requested remedies would offend "constitutional restrictions on the separation of powers among the branches of government."

The Tenth Circuit Reverses the District Court

On October 29, 1984, the Tenth Circuit Court of Appeals reversed and remanded the ruling of the district court. In so doing, the Tenth Circuit set out a carefully written exegesis of the history and purpose of the various federal laws which comprise the Medicaid Act and reaffirmed a number of points fundamental to the rights of Medicaid and Medicare nursing home residents nationwide.

The court noted that (1) plaintiff's had presented widespread evidence of "deplorable conditions in many nursing homes"; (2) the district court correctly found and the record amply supports the conclusion that the current enforcement system is "facility-oriented and not patient-oriented"; and (3) the court concurred with Judge Matsch that the development of a patient-oriented inspection system is "clearly feasible."

The court then turned its attention to the Secretary's duty and stated that, rather than the passive funding mechanism described by Judge Matsch, the Medicaid Act is to:

> provide both medical assistance to aged, blind or disabled individuals whose means and resources are insufficient to meet the costs of necessary medical services to help such individuals attain or retain capabilities for independence or self-care. The court noted that the Act repeatedly talks about meeting the "current health needs," "promoting the maximum physical well-being of our patients," and assuring the "appropriateness and high quality of the care and services furnished to Medicaid recipients." Moreover, the existing implementing federal regulations require that:
>
> each patient receives rehabilitative nursing care as needed, [and a facility has a] comprehensive program of care directed towards each patient achieving the optimal level of self care and independence, [which provides for] meeting the social and emotional needs of recipients.

Regarding the district court's ruling, the Tenth Circuit held:

> The district court erred in finding that the burden of enforcing the substantive provisions of the Medicaid Act is on the states. [Rather,] The Secretary of Health and Human Services has a duty to establish a system to adequately inform herself as to whether the facilities receiving federal money are satisfying the requirements of the act, including providing high quality patient care. The duty to be adequately informed is not only a duty to be informed at the time a facility is originally certified but also a duty of contingent supervision. Nothing in the Medicaid Act indicated Congress intended the physical facilities to be the end product. Rather the purpose of the act is to provide medical assistance and rehabilitative services.

Having concluded that "in fact the quality of care provided to the aged is the focus of the Act," Judge McKay wrote:

> We must conclude that a failure to promulgate regulations that allow the Secretary to remain informed, on a continuing basis, as to whether the facilities receiving federal monies are meeting the requirements of the Act, is an abdication of the Secretary's duty. [And because] the purpose and focus of the Act is to provide high quality care ... by promulgating a facility oriented system, the Secretary has failed to follow that focus and such failure is arbitrary and capricious.

In researching its conclusions, the court also noted that shortly after Judge Matsch's decision and "directly in response to the District Court's ruling in this case," Congress amended the Medicaid Act to reaffirm "the Secretary's duty under existing law because Congress believed the district court misinterpreted the statute."

The Tenth Circuit was careful to recognize the Secretary's discretion in the performance of her statutory duty, but nevertheless ordered the district court to oversee development of a mandamus remedy. The remedy would compel the Secretary to promulgate regulations which both "ensure that states comply with the congressional mandate to provide high quality medical care and rehabilitative services," and ensure that the Secretary is herself continuously informed "as to whether the nursing home facilities receiving Medicaid funds are actually providing high quality medical care."

Conclusion

At this writing, plaintiff's are awaiting the Secretary's decision as to whether a petition for certiorari will be filed with the U.S. Supreme Court. Plaintiff's are also beginning preparations for the remedy stage at the district court level and shortly intend to file appropriate motions, including a request for certification of a national class.

It is hoped that as a result of this litigation, all states will be required to certify that nursing home program beneficiaries are being continuously provided with appropriate high-quality, rehabilitative nursing, psychosocial and medical care. This is care residents of nursing homes are entitled to receive and which is essential to their ability to attain and retain independence and self-care.

In the final analysis, it has been proven that the current system is incapable of assuring that resident care needs are being competently assessed by the facilities involved in the Medicaid program. Plaintiff's in this litigation only seek to make nursing home regulation focus on the program's intended benefits by implementing an individual resident care needs evaluation assessment system which is well developed and fully field tested. The current "paper" system

has permitted the appearance of legality while unintentionally sanctioning abuse, neglect and mistreatment. It is hoped that a new patient-oriented system will protect this most frail and vulnerable segment of this nation's population.

NOTES

Footnotes:

1. The original civil filing number of this case was 75M539. The published district court opinion, *In re the Estate of Michael Patrick Smith v. Thomas J. O'Halloran,* appears at 557 F.Supp. 289 (D. Colo. 1983). The slip opinion numbers of the soon-to-be-published Tenth Circuit opinion in the case are 83-1442 and 83-1466. The Tenth Circuit's opinion and final judgment were issued October 29, 1984.

2. It should be noted that the pressures and responsibilities placed on counsel taking on a single client residing in a nursing home can be very great. It can involve calls from clients requiring immediate action day or night. Moreover, residents of nursing homes who muster the courage to complain against their keepers are often subjected to severe pressures from both the institution and relatives to retract their complaints. Sometimes poor care may further deteriorate as a result of airing complaints in any form. Such pressures are difficult to combat and may require judicial and other intervention. Counsel may have to request numerous restraining orders to protect a client from retaliation that could be life-threatening. Although it may also require finding a client a new place to live, the impact of a sudden transfer to new living quarters could be life-threatening in itself. Counsel may be able to alleviate such problems by holding pre-litigation meetings with top nursing home staff and administrators, backed up by the Health Department nursing home inspection division. In the course of the litigation described herein, nursing staff members who talked to plaintiffs' counsel also took their complaints about the nursing home to a public hearing at the state legislature. This led to the wholesale firing of the persons on whom the initial clients were most dependent for protection. As a result, over time, quite a number of these clients were moved out of the facilities being sued.

3. Colorado Department of Social Services audit of the records of Heritage House Nursing Home for the period of August 1970 through January 1976, respecting the handling of residents' personal needs and other monies.

4. *Medical Nursing Care Review of Patients at Heritage House Nursing Home Youth Wing Report,* prepared by Division of Medical Assistance, Colorado Department of Social Services, March 10, 1975.

5. Subcommittee on Long Term Care of the Senate Special Committee on Aging, S. Rep. No. 93-1400 and nine supporting papers, 93rd Congress, 2d Session, 1974.

6. HEW news release announcing Phase II of the Long Term Care Facility Improvement Campaign, February 12, 1976.

7. *Id.*

8. Proposal for Phase II of the Long Term Care Facility Improvement Campaign by Faye G. Abdellah, Assistant Surgeon General and Director of the Office of Nursing Home Affairs, HEW, February 4, 1976.

9. 45 Fed. Reg. 473, 68 (1980).

10. The PACE Program for Long Term Care, HFCA, paper first prepared June 1977.

11. Affidavit of Dr. Anthony Robbins, April 1978, on file in the federal district court.

12. Written text of speech by HHS HCFA Administrator Carolyn Davis, to the American Health Care Association, given on October 31, 1981.

The author wishes to state that over the many years of this litigation he has been assisted at various stages by a number of dedicated co-counsel whose joint efforts have brought the case to its current posture. In no particular order, the valuable contributions of the following persons must be acknowledged: Kathleen Mullens, Kristie Hansen, Patricia Butler, Maurice Knalzer, Joseph deRaismes, Michael Huotarl, Viji Kemanis, Debbie Eisenberg, Dennis Sousa, Jon Nicholls, George Hacker and Tucker Trautman.

This column is prepared by the CBA Disability Law Committee to acquaint lawyers with new developments in the area of disability law. This month's column was written by John Robert Holland, formerly director of litigation for the Legal Aid Society of Metropolitan Denver. Since 1979, he has been in private practice with the firm of John Robert Holland, P.C.

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Rosarium Health

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1978: How 19 Denver Protesters Stopped Traffic and Started ADAPT

accessibility-pioneers

Frequent public transportation riders across the United States are familiar with the layouts and accommodations of their cities' buses, trains, and shuttles. Outfitted in each mode of transport is a large area specifically reserved for people with differing abilities. These offerings have been in circulation for nearly four decades thanks to the bold work of 19 men and women who brought attention to this issue in the summer of 1978. Known as the

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In 1977, attorney John Holland issued a lawsuit that put Denver's Regional Transportation District (RTD) in the spotlight for its inequities to residents who needed wheelchair accessibility. At that time, the RTD only had ten wheelchair accessible buses for the city. Holland's lawsuit stated that Denver needed approximately 213 buses, or one-third of the total fleet, to meet the needs of its residents. This injustice also caught the attention of Wade Blank who was a prominent member of the Atlantis Community, a southwest Denver-based independent living community whose goal was to create a community inclusive to those of all abilities. The Atlantis apartments gave people of differing abilities their first home and, with that, a level of autonomy they had not experienced. For many, they could choose when to go to bed, when to eat, what to eat, who came in their doors—and who did not. Wade organized with others to lead one of the most heated protests the following summer.

On July 5th and 6th, 1978, disability rights activism took center stage in the Mile High City. Later known as the Gang of 19, a group of disability rights activists staged a protest at one of the busiest intersections in Denver, Broadway and Colfax Avenue. These individuals got out of their wheelchairs and laid down in the street to stop a Denver bus to protest the inaccessibility of the city's public transit system and the need for transportation equity. As the first bus stopped, another bus on that same route pulled up behind the first bus. More protestors surrounded both buses. These buses stayed in place for the next 24 hours and throughout those hours the Gang of 19 chanted "*We will ride!*" ushering in a movement that catalyzed transportation equity into the next century.

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(Glen Martin, The Denver Post) -- Four demonstrators slept in the street the morning of July 6, 1978, after spending the night blocking two Regional Transportation District buses near the corner of East Colfax Avenue and Lincoln Street. They were among about 30 persons who maintained an overnight vigil to dramatize the need for greater accessibility to public transportation for the disabled. The buses stopped and barricaded by about 30 persons early Wednesday, were freed Thursday morning. The barricade has served its purpose, said Wade Blank.

After the two-day protest and months of litigation, Holland and Atlantis appealed and settled with the city of Denver's transportation leaders. The primary legal victory resulted in Denver RTD retrofitting all 213 buses with wheelchair lifts. The victory spawned a legal avenue for provisions to the rarely enforced disability equality rights acts. The outcome of the protest by the Gang of 19 assisted the creation of the American Disability Rights Act,

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(Kenn Bisio, The Denver Post) -- Two disabled demonstrators sat near RTD buses on July 5, 1978, near Colfax Avenue and Broadway in Denver. They were among more than 30 persons who barricaded two buses to demand accessibility to transportation

Today, these accommodations have created space for people with permanent, temporary, and unseen needs for accessible transportation. According to the CDC, one in seven U.S. adults live with a mobility disability, and that experience can become more common across our population with age. Disabilities don't always occur at birth and can progress over time. Not all mobile disabilities are visible or require constant use of commonly associated tools such as walkers or wheelchairs. Reliable transportation can improve individual health and

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strengthens the need for accessibility and universal design to be prioritized in everyday living.

For more information on the Gang of 19, we recommend checking out the PBS documentary Colorado Experience: The Gang of 19 - ADA Movement.

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COLORADO NEWSLINE

Fifty for 150: Gang of 19 in 1978 makes Colorado a center of disability rights activism

Major Denver intersection shut down as part of demand for accessible public transit

BY **QUENTIN YOUNG** - JUNE 22, 2026 4:00 AM



A group of protesters known as the Gang of 19 stops traffic in Denver in July 1978 as part of their demand for more accessible transportation. (Donated to the Denver Public Library by the Rocky Mountain News/Dick Davis)

Not long ago American society relegated people with disabilities to broad forms of segregation. It wasn't until the 1960s that U.S. universities began to admit students with significant disabilities. The first federal program for people with disabilities was enacted less than 100 years ago, with the Social Security Act, and many were institutionalized well into the mid-20th century.

Disability rights have come a long way since then. A major turning point was the summer of 1978, when a bold group of Colorado activists took to the streets of Denver.

For two days starting July 5 of that year, 19 activists who used wheelchairs blocked the central Denver intersection of Broadway and Colfax and demanded

more accessible transportation, which was virtually nonexistent at the time.

"Most buses did not have wheelchair lifts and were not convenient," Denver's Regional Transportation District says today about the event. "A single trip could take many hours and would cost more due to the lack of buses with proper accommodations."

The group – known as the Gang of 19 and comprising members of what was later called American Disabled for Attendant Programs Today, or ADAPT – chanted "we will ride" and railed against "taxation without transportation." The action was spearheaded by Rev. Wade Blank, who had been spurred to activism while working at a Denver nursing home, where he observed mistreatment of disabled residents.

The protest worked. RTD updated much of its bus fleet with accessible features, and Denver became one of the first major U.S. cities to offer accessible public transit. In the mid-1980s the RTD service area became the first such region in the country with wheelchair accessibility on all local buses.



*This story is part of **Colorado at 150**. Each Fifty for 150 story focuses on an event that helped define Colorado over 150 years of statehood. Newsline is publishing one Fifty for 150 story every weekday in reverse chronological order until the sesquicentennial, Aug. 1, when the final of 50 stories, about the declaration of statehood, will appear.*

The protest is also credited with helping to make possible the landmark federal Americans with Disabilities Act of 1990, which guarantees civil rights for people with disabilities.

"Denver became the national center of disability rights activism," said Chris Hinds, a Denver City Council member who uses a wheelchair and represents the district that includes the site of the Gang of 19 action.

That spirit continues to result in progress.

In 2021, with the enactment of House Bill 21-1110, Colorado became the first state to require that state and local public entities meet website accessibility standards. The bill was sponsored by former Rep. David Ortiz, who was the first person who uses a wheelchair to serve in the state Legislature.

In 2024, Ortiz also sponsored House Bill 24-1360, creating the Colorado Disability Opportunity Office, which serves people with disabilities throughout the state.