

Disabled [2]

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May 4, 1976

TO: MARY KING
FROM: JAMES STEARNS
SUBJECT: DRAFT POSITION PAPER ON DISABILITY ISSUES

INTRODUCTION AND POLICY STATEMENT

This draft should focus thinking on the candidate's positions on issues affecting the physically or mentally disabled. I readily admit that other issues neglected here could have been included and suggest that this draft be circulated to other interested parties for comments. I would add the caveat, however, that one difficulty in achieving any action on problems facing the disabled is the non-cohesion among consumer and professional groups on what issues should receive priority treatment. At this time the candidate needs to talk in broad concepts and highlight the critical areas needing attention rather than bury his positions in a pile of carefully crafted position papers. I shall be happy to work with others in drafting more detailed papers on specific issues later. For now the candidate needs a position. My recommendation would be a statement such as:

The physically and mentally disabled are currently, legitimately seeking realization of their civil rights much as other minority groups did before them. Consistent with my support of other minority groups, I pledge that the disabled will have a high visibility in my administration and that I shall make every effort to assist in achieving their rights. At a minimum, those rights include an equal opportunity to secure an education, hold a job, have a home of their own, and be offered transportation accessible to them. Underlying

each of these rights is the fundamental right to move around in the society without architectural barriers hindering progress.

My party has done much over the opposition of the Nixon-Ford Administration to secure the rights of the disabled, especially in the area of education and employment. But the legislation the Democratic majority in Congress, aided by many perceptive Republicans, wrote and passed was fought tooth and nail by the Administration. Even after passage, the Administration consistently attempted to water down the rights and services mandated by the Congress by writing regulations in contravention of legislative intent.

In my Administration such practices will not continue. The legislation passed by the Congress will be implemented so that the disabled will achieve their goal of equal opportunity. Consumer and professional advice will be solicited in isolating areas where more study or legislation is needed. Adequate funding for current and future programs will be provided. States and localities will be encouraged to devise solutions to the problems facing the disabled. In those cases where a federal solution is seen as desirable, states will be supplied with federal assistance to enable them to implement the federal direction.

My support of the disabled's battle for their rights is based largely on my Christian belief that all person's should be treated equally and that those who through no fault of their own are not able to compete on an equal footing with their fellow man should be assisted by the government.

The above statement covers what should be said by a Presidential candidate on this subject. I have selected four priority areas for attention--education, employment, housing, and transportation--on which there is common agreement among consumers and professionals that something has to be done. There is not as much agreement on what should be done. The above statement also raises the important point that the Democrats in Congress have labored to make a start in Civil Rights areas. That work must be acknowledged if the candidate is to win sup-

port in professional circles. That is not to say, however, that more cannot or should not be done. The statement also recognizes the political fact that the regulation writers in the bureaucracy significantly undercut the intent of the Congress. To take one extreme example, the Department of HEW is now the defendant in a court suit because it has still not promulgated regulations which would implement the anti-discrimination section of the Vocational Rehabilitation Act of 1973 that relate to recipients of federal funds. The statement additionally deals with the problems state and local governments face in implementing federal programs mandated from Washington with often times an incomplete understanding of the particular problems certain states and localities face. Finally, the statement encourages assistance from consumers, a position that must be taken if the candidate is to be credible within the disabled community. The use of consumers is also necessary if the general public is to perceive them as intellectually and occupationally qualified to compete with the able-bodied.

The candidate's reasons for embracing the cause of the disabled can be couched in moral terms but the economic argument should not be ignored. The proposition that taking steps toward rehabilitating or otherwise assisting a disabled person to join the work force is cheaper than placing him on the welfare rolls was a compelling argument in beating back President Ford's 1974 veto of the Vocational Rehabilitation Act extension. The Administration never could answer consumer charges that veto of the Rehab Act amounted to "fiscal irresponsibility."

The proposition is self-evident but the candidate should be in possession of data to support the conclusion. As of the fall of 1974 such data did not exist in a formal sense but organizations dealing with the disabled could provide specific examples within their constituency that would support the economic feasibility of spending money to achieve equal opportunity.

For the candidate's statement to have credibility, he must be able to go far enough in depth so that he grasps the essentials of each problem area. What I have attempted in the next section is to outline the problems the disabled face, what legislation has been passed that the candidate should promise to effectively implement, what else is needed in terms of legislation, and, finally, what urgency is required and what success can be expected.

II SURVEY OF PROBLEMS FACED BY THE DISABLED

This section deals mostly with the difficulties faced by disabled individuals who have the intellect to compete in a non-institutionalized setting and whose physical problems are not so great as to require permanent institutionalization. A separate section will be devoted to the needs of the institutionalized population.

A. EDUCATION

The major fight here, bolstered by a number of court suits establishing the constitutional rights of school children to a public education regardless of disability, has been to mainstream children into the public school system so that they are receiving not only a free public education, but are being ed-

ucated, to the greatest degree possible, with their non-disabled peers. Statistics indicate that only 3.9 million of the eight million disabled children are receiving what could be termed an adequate education.

This fall the Congress passed, and President Ford reluctantly signed, the Education of All Handicapped Children Act, which established, effective in 1978, a spending formula that, complicated as it is, will greatly increase the federal share of monies spent for educating the handicapped. The amount of money expended will rise from \$387 million in FY 1978 to \$3.16 billion in FY 1982.

Because of the struggle to get this Act passed and because time must pass to evaluate its effectiveness and see what changes are necessary, the education area does not promise to be a hotbed of legislation, nor should it be a high priority during the campaign. Other areas deserve more attention. The candidate should be on record, however, as favoring the right of the disabled to a public education, since the Education of All Handicapped Children Act is a large arrow in the Congressional quiver.

B.

EMPLOYMENT

The problem here is immense; the outlook bleak. So much could be said here that it is hard to crystallize the salient issues. The Vocational Rehabilitation Act is the major funding source for assisting disabled persons who have vocational potential so that they obtain the necessary medical, training, and other services to enter the job market. The Act was a major point of controversy between the Nixon-Ford Administration

and the Congress. The bill was vetoed in 1973 and the veto almost overridden before a compromise was reached. In 1974 the Act was vetoed and overridden by a 90-1 margin in the Senate. The disagreement in 1973 and still the major policy issue is: to whom should the funds go under the Act. The 1972 version, which President Nixon vetoed in 1973, would have allowed funds to go to those who were capable of making "a substantial contribution to their homes and communities" if they received assistance, rather than limiting the program to vocational potential. The rationale here was that the severely disabled were most in need of assistance and that many of them could not meet the vocational standard. This language was dropped in the compromise 1973 version and was not reinstated. The 1974 Act did include a requirement that special emphasis be placed on aiding the severely disabled and required that the Secretary of HEW commission a study to isolate this population and identify their needs. The Urban Institute subsequently conducted that study, and its Executive Summary is now available to us. In my judgment the Urban Institute study still does not come to grips with the question of who should be served under VR, and that was not its scope.

My recommendation is that the candidate endorse a policy that would broaden the recipients of VR money beyond the vocationally able. That narrow restriction limits the persons who can be helped and also ignores those who may be in need of the most aid. Adoption of this approach does not mean that the vocationally able could not receive assistance. Rather, the case worker would be given discretion to decide to whom funds

would go.

The Act should also be amended to provide for attorney fees being recoverable in suits brought to enforce Sections 503 and 504 which require respectively that every recipient of a federal contract over \$2500 take affirmative action to employ the disabled and that a policy of non-discrimination apply with respect to any program of activity receiving federal financial assistance. Recovery of attorney fees would stimulate enforcement of these sections. In general, the candidate should follow the recommendations of the American Coalition of Citizens with Disabilities on amendments of the Act, but the above issues seem to be the most significant.

Other legislation that needs amendment to assist the disabled are the Civil Rights Act of 1957, 1964, 1968 and the Voting Rights Act of 1965. The purpose here is to put the disabled within the purview of those acts. Congressman Chris Dodd (Dem. Conn.) is set to hold hearings later in the year before the Constitutional Rights Subcommittee of the House Judiciary Committee. These amendments are common sense proposals but might arouse harsh opposition from foes of affirmative action. On balance, the attempt should be encouraged, because the disabled need so much assistance in the employment area. Without strong Presidential leadership the disabled can win every other battle but lose the war because they are not able to enter the work force in significant numbers.

C.

HOUSING

This area is considered a disaster by most professionals dealing with the disabled in Washington. There have been a

few innovative local housing authorities that have sweet-talked federal monies out of HUD and used it to aid the disabled. However, success stories are rare, and many consumers see no federal commitment to improving their housing needs.

Part of the problem is that the consumer and professional communities have not formulated a comprehensive plan of what they desire. The issue is whether money should be provided so that individuals can make their own facilities accessible or whether group living arrangements should be encouraged. However, while there is a divergence of opinion, the group living approach seems to be gathering increased converts. Moreover, it is not an overstatement to say that the disabled are looking for some movement out of HUD and that good faith action will be accepted even if that constituency disagrees over approach.

The Housing and Community Development Act of 1974 acts as a complement to general revenue sharing funds, and provides under Title I that housing authorities on the local level may fund special projects that remove architectural or other mobility barriers from housing.

Section 202 of Title II of the Act permits federal direct construction loans to non-profit developers to construct dwellings "suitable for use" by the elderly and disabled. The program is grossly underfunded and depicted by many as a joke.

So little has been done in this area that a new start is necessary. My readings of HUD's reputation indicate that it has been poorly administered in many areas and that a total reshuffling might be in order. If so, the disabled should be

challenged to assist in forming a national housing strategy. If the current structure remains the Housing Act should be adequately funded and local housing authorities encouraged to use their resources to aid the disabled.

The Internal Revenue Code should be amended to provide tax incentives to builders who construct architecturally accessible housing.

There is no reason why a national housing strategy cannot be developed and implemented. Separate housing for the elderly has grown over the last few years and perhaps that housing can also be employed by the disabled. The welding of these two minority groups will provide a political base for encouraging a response from the housing authorities.

D. TRANSPORTATION

The situation here is much the same as in the housing area. Little has been done by the Executive branch, but, unfortunately, the outlook is not as hopeful as it is in the housing area. The reason for the pessimism here is that the cost of making transportation accessible for all the disabled, who have wide disparities in their needs, will be extremely costly.

As in the housing area, there is a lack of a national strategy. Some consumer want individual grants given to the disabled so that they could plan their separate transportation methodology. Others argue for mass transit systems which are accessible to all. The candidate cannot be expected to decide on a national transportation scheme with so little having been done. What he must do is invite consumers to answer the Administration position that accessible mass transit systems are too costly. Serious study should be given to the individual trans-

portation system because this would serve localities without a mass transit system.

There is virtually a clean slate on which to write. The major pieces of federal legislation deal with eliminating architectural impediments to use by the disabled, such as curbs without cuts that make them usable by those in wheelchairs. There is also legislation in existence requiring mass transit systems receiving federal funds to charge reduced fares to the disabled during non-peak hours.

The Department of Transportation has also authorized about 30 pilot programs in the hope of developing a model, but DOT spokespersons admit that few achieved any meaningful results.

The Department has also been slow promulgating guidelines for mass transit and air travel by the disabled. One of the candidate's first jobs upon election should be to produce those regulations. Air travel guidelines are currently being drafted. The status of the mass transit regs is unknown.

The urgency here is high, but the problem is difficult. My judgment is that a transportation system can be devised but a major commitment is required.

The candidate's job will be to call for that commitment to be made. His administration will have to bring the drive to fruition.

E. ARCHITECTURAL BARRIERS

This issue overlaps all of the above. The person who cannot wheel into a classroom, an office, a house, or an airport, is not going to achieve his civil rights. And a barrier in just one of the above four places will vitiate any progress.

made to eradicate barriers in the other three.

Luckily the expertise exists to devise barrier-free buildings. The American Association of Architects has standards promulgated on accessibility. Expert testimony exists to demonstrate that accessibility does not entail prohibitive cost outlays.

Federal law, as well as state law in many places, mandates that all buildings receiving federal or state monies respectively must be accessible. This law is simply not enforced to any degree. I believe it also has a loophole allowing non-compliance if an undue burden would thereby be removed from the builder's shoulders.

The candidate should do whatever is necessary to strengthen this legislation and see that it is enforced. Loopholes should be removed and effective policing begun.

As noted above, the problems faced by the institutionalized population differs in large measure from those enumerated above although the reason behind institutionalization may be the lack of suitable housing or employment. When dealing with the disabled who are institutionalized, the candidate should be aware that the Democratic Congressional majority with prominent Republican help enacted in 1975 the Developmental Disabilities Assistance and Bill of Rights Act which established in Title II explicit rights for the population of institutions receiving DD money. Those rights include the right to a proper diet, the provision of sufficient and appropriate medical and dental services, and the prohibition of undue use of physical restraints. These minimum safeguards were imposed after





Jimmy Carter

Presidential Campaign

For America's third century, why not our best?

June 1, 1976

To: Mary King
From: Regina S. Giuliani
Subject: Briefing paper on consumer constituencies in field of disability and the handicapped.

The following reflects comments and considerations of several consumer groups which were contacted with regard to the development of a position paper on disability and the handicapped:

David Williamson

Mr. Williamson works for HUD in the enforcement division of the Architectural & Transportation Compliance Board and is handicapped himself. He stressed separation of problems of the handicapped from the elderly and focused on the necessity for more rigid enforcement of existing legislation covering handicapped individuals.

Linda Texeira

Ms. Texeira, a congressional aide who is blind, focused the issue as a question not of health or being unwell but as a problem of "accessibility". The environment needs to adapt and be made accessible for the handicapped who are looking for greater involvement in the society at large and in the planning, formulation, implementation and evaluation of programs servicing their needs.

Reese Robrahn

Mr. Robrahn, a former judge who is blind and an active spokesman in the American Coalition of citizens with Disabilities, favored amending the Civil Rights Act of 1964 to include the handicapped. He sees some of the problems facing handicapped individuals as dispersal and non-uniformity of services and lack of visibility as a consumer group. A possible solution to remedy the situation he thought would be the establishment of a Federal commission to oversee and coordinate programs.

2000 P. ST. N.W. SUITE 415 WASHINGTON, D.C. 20036 202/659-9610



Dr. Fred Fay

Dr. Fay, from the Rehabilitation Institute in Boston stressed greater participation of the handicapped in the state and federal governmental decisions affecting their lives. He saw the greatest need in the elimination of architectural barriers and the development of more engineering devices to help the disabled with their daily living.

Henry Beasley

Mr. Beasley, the director of Barrier-Free Design for the Paralyzed Veterans of America focussed on the need for the development of better, cheaper transportation systems for the handicapped and elimination of discrimination in housing.

James Seybold

Mr. Seybold, director of Research for the Paralyzed Veterans of America indicated that distribution of research money in the field was too politically controlled and that there were few incentives for young doctors to pursue research in the field.

Terry Brinckley

Mr. Brinckley, handicapped himself, focussed on what he termed the "federal disincentive" program. The present federal system of social security and SSI encourages the handicapped to remain dependent on the government by forcing ^{them} ~~him~~ to remain either unemployed or minimally employed in order to maintain health care benefits.

Charles Hodge

Mr. Hodge, an attorney for the Office of General Counsel, Equal Employment Commission, felt that there was a need to amend the present Civil Rights Act to include the handicapped. Encouraged supporting the present bill pending in Congress(S]3]] introduced by Senator Pell which includes the handicapped under Title VII of the Civil Rights Act. Mr. Hodge also stated that present equal employment programs for the handicapped are "paper programs" and need enforcement teeth.

Lex Freedan

Mr. Freedan recommended adopting a systems approach to improving programs serving the disabled. He felt that present bloc grant programs were inadequate for most of the money went to serving primary health care needs. The disabled do not have a strong lobby and cannot compete with able bodied individuals who need health care.

Eunice Fiorito

Ms. Fiorito is the present president of the American Coalition of Citizens with disabilities. She saw the priorities for presidential action as amending the Civil Rights Act; enforcing present affirmative action legislation; expansion of the SSI system so that it will be provided in accord with regional standards of living and involvement of the disabled in the planning, implementation and evaluation of policies and programs affecting them.

Judy Heuman

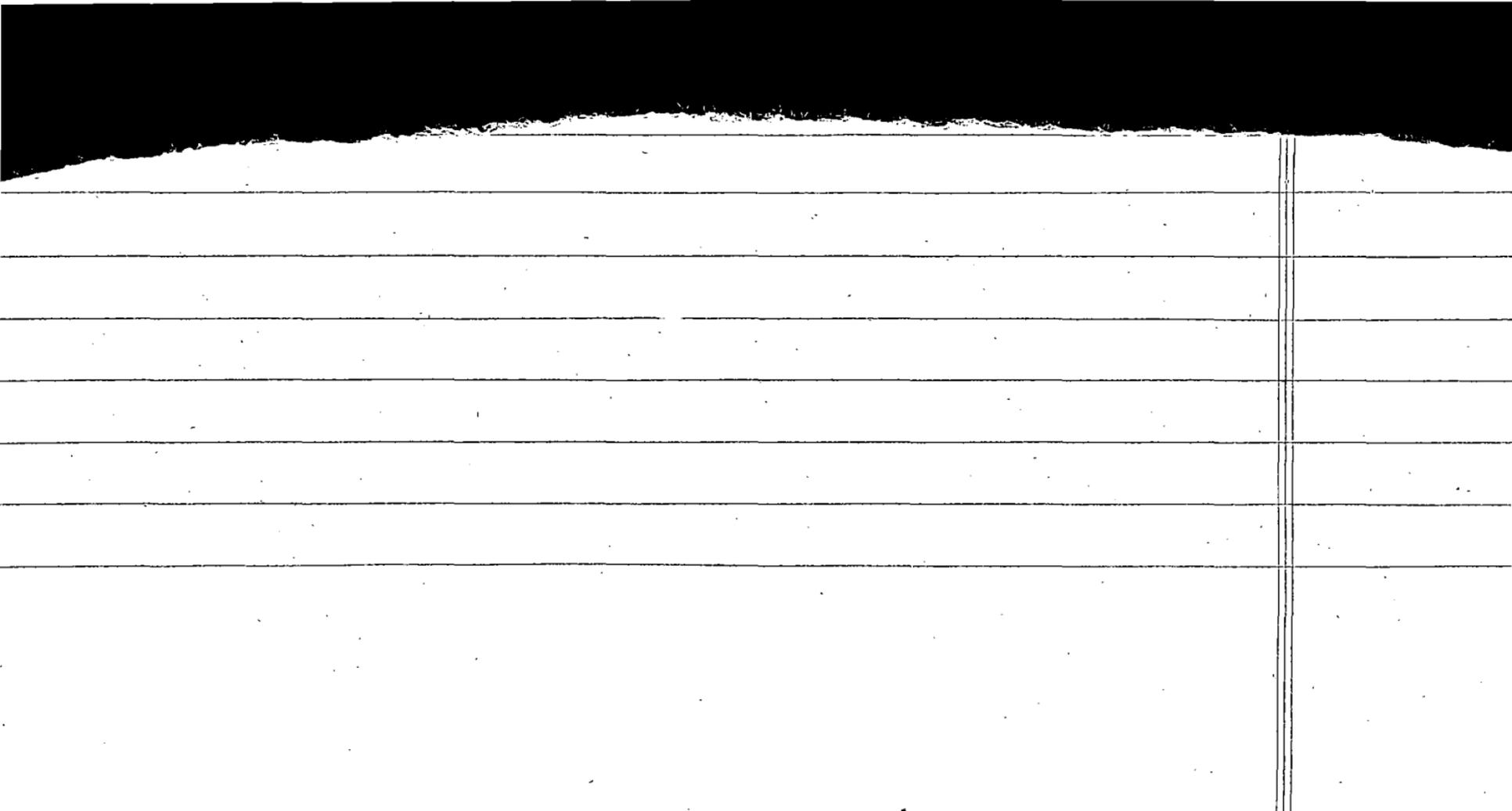
Ms. Heuman, director of the Center for Independent Living in California (rated no. 1 program for disabled by HEW) recommended the development of accessible public transportation systems, provision of cost free equipment for all disabled irrespective of income, improved educational services for disabled children, development of accessible integrated (non-disabled and disabled) housing and provision of a guaranteed income similar to that which is given veterans.

Dan Polling

Mr. Polling, the editor of Polling Magazine and himself severely disabled, stressed the need for removal of architectural barriers, development of accessible transportation systems and independent housing accommodations, improvement of public educational services and relevant vocational training programs. Mr. Polling is a strong advocate for the developmentally disabled.

I have with me the following things that you may have if you don't have them and would like copies:

- all issue papers written for the White House Conference on Hand. Individuals
- the 503 and 504 regs
- information about the Project on the Handicapped in Science and other concerns ~~about~~ of this group



SPINAL CORD INJURY

PAGE 53

PUBLISHED WORKS OF
PRESTIGIOUS GROUP OF
SCIENTISTS WHO SAY
"Go" "Now" -

© 1978

NO. 1000

FROM THE DESK OF

Lyle Taylor

P.S.

Mike is making

an - Believable program

with a program that

we have put together

ourselves. Where top

U. of W. doctors said

one (1) year ago that

he had all the wounds

ever have, we are

getting, arm, wrist,

hand, leg, leg, & ankle

movement - Mike says

he will work -

Please help! Mike

FROM THE DESK OF

Lyle Taylor

Center-Mondak

31780

Plain, Ga.

Mrs. Frances Curtiss
Dept. of Rehab. Med. (Center for Rehab. Med.)
Emory Univ. School of Medicine
1431 Clifton Rd.
Atlanta, Georgia 30322
404-329-5507

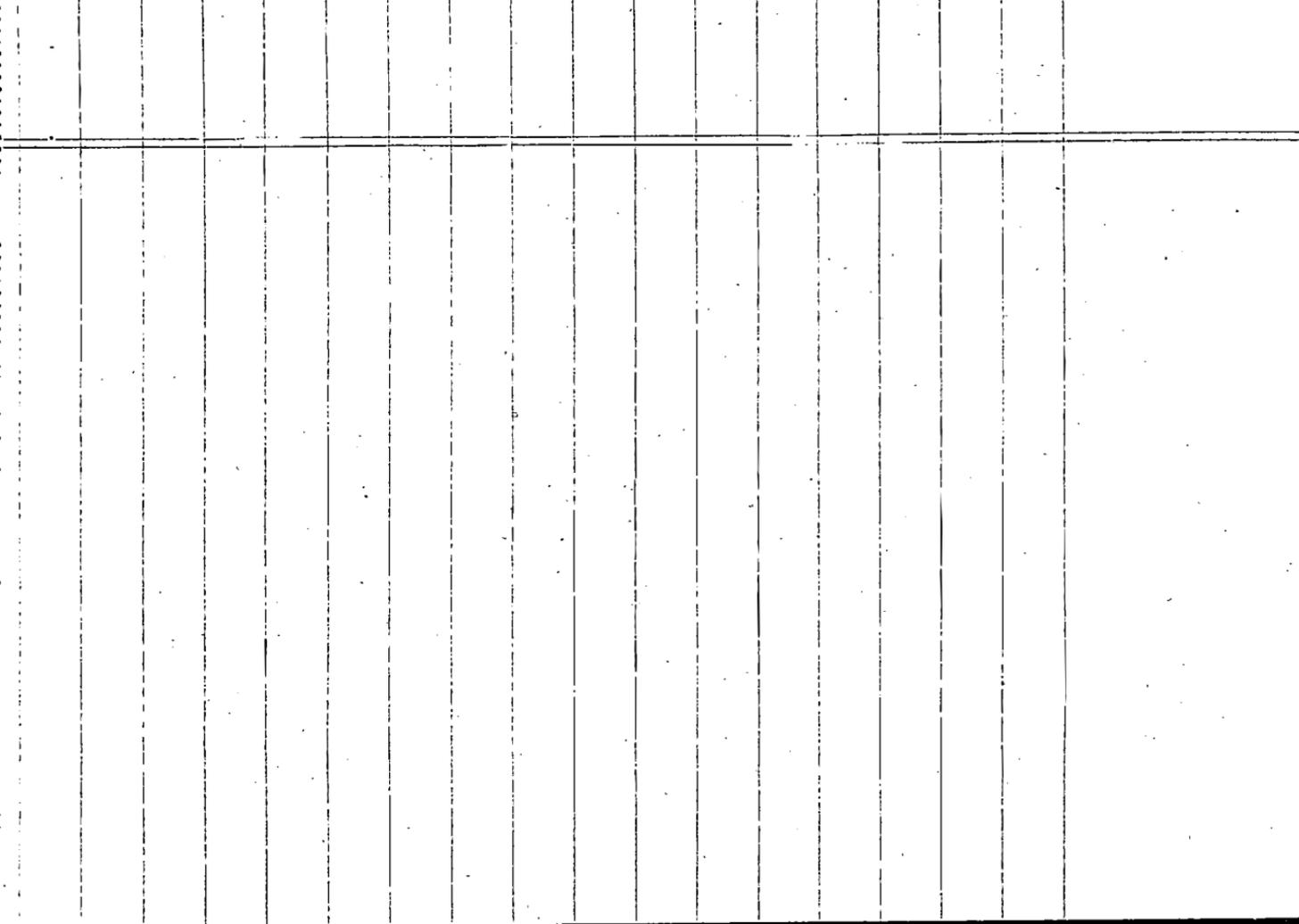
1. Support of the results of the White House Conference for the Handicapped is essential as it is the coordinated effort of many people concerned with handicapped people from all over the U.S.
2. There must be support for rehabilitation in its broadest sense, both public & private - medical, psychosocial, economic & independent living - in specific areas of emphasis:

obvly

a. research - to support medical & scientific research, both basic & applied, to prevent handicapping conditions from occurring & to ~~restore~~ restore the functional capacity of those who are or become handicapped. This support should include the integration of research & training centers.

programs - under RSA. & to support training of persons dealing with problems of handicapped people.

services - to support services to handicapped persons to aid them to



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beams independent to
the greatest extent possible,
in order to lead dignified
lives & play their role
as citizens of this country.

3. There must be support
of the Rehabilitation Act
of 1973 (PL 93-112) regarding
recognized directors of
the State/Federal program
with the authority & funds
to carry out the program.

4. It is necessary that
any national health
insurance bill include
adequate programs to
fund rehabilitation programs

4
to fund rehabilitation
of a large no. of handicapped
people.

5. Resources - human, financial,
facility & material - must
be adequate & properly
utilized to eliminate waste
& maximize services to
handicapped people of all
ages.

6. Consumers & consumer advocates
must be involved in any
policy development and
implementation affecting
handicapped people.

7. It is imperative that the general public be educated as to the needs of handicapped people & how they can be best utilized in our society today.

8. Coordination of architectural barriers efforts of various groups, funded by various Federal departments, with each other is needed. Exchange of information between various groups doing parts of this research is limited by the funding agency & each in many cases.

9. Include elderly people in any discussion of needs of handicapped people.

page 13332 in the second column, the second and third lines should be transferred to the end of the second paragraph in the first column.

Title 20—Employee Benefits

CHAPTER VI—EMPLOYMENT STANDARDS ADMINISTRATION, DEPARTMENT OF LABOR

PART 741—AFFIRMATIVE ACTION OBLIGATION OF CONTRACTORS AND SUBCONTRACTORS

Redesignation

Regulations formerly appearing in 20 CFR Part 741 are transferred to 41 CFR Chapter 60 and redesignated as Part 60-741 published elsewhere in this issue of that Chapter. Accordingly, Subchapter C of Chapter VI of Title 20 is hereby vacated. This redesignation shall become effective May 17, 1976.

Signed at Washington, D.C., this 9th day of April 1976.

ROBERT C. CHASE,
Deputy Assistant Secretary
for Employment Standards.

LAWRENCE Z. LORBER,
Director, OFCCP.

[FR Doc.76-11093 Filed 4-15-76; 8:45 am]

Title 24—Housing and Urban Development

CHAPTER X—FEDERAL INSURANCE ADMINISTRATION, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FI-1036]

PART 1916—CONSULTATION WITH LOCAL OFFICIALS

Changes Made in Determinations of the Borough of Lavallette, New Jersey, Base Flood Elevations

On January 8, 1976, at 41 FR 1475, the Federal Insurance Administrator published a list of communities with Special Flood Hazard Areas. The list included Flood Insurance Rate Maps for portions of the Borough of Lavallette, New Jersey.

The Federal Insurance Administration, after consultation with the Chief Executive Officer of the Community, has determined that it is appropriate to modify the base (100-year) flood elevations of some locations in the Borough of Lavallette. These modified elevations are currently in effect and amend the Flood Insurance Rate Map, which was in effect prior to this determination. A revised rate map will be published as soon as possible. The modifications are made pursuant to Section 206 of the Flood Disaster Protection Act of 1973 (P.L. 93-234) and are in accordance with the National Flood Insurance Act of 1968, as amended, (Title XIII of the Housing and Urban Development Act of 1968, P.L. 90-448) 42 U.S.C. 4001-4128, and 24 CFR Part 1916.

For rating purposes, the new community number is 340379C, and must be used for all new policies and renewals.

Under the above-mentioned Acts of 1968 and 1973, the Administrator must

develop criteria for flood plain management. In order for the community to continue participation in the National Flood Insurance Program, the community must use the modified elevations to carry out the flood plain management measures of the Program. These modified elevations will also be used to calculate the appropriate flood insurance premium rates for new buildings and their contents and for the second layer of insurance on existing buildings and contents.

From the date of this notice, any person has 90 days in which he can request through the community that the Federal Insurance Administrator reconsider the changes. Any request for reconsideration must be based on knowledge of changed conditions or new scientific or technical data. All interested parties are on notice that until the 90-day period elapses, the Administrator's new determination of elevations may itself be changed.

Any persons having knowledge or wishing to comment on these changes should immediately notify:

Mayor Roman J. Birchler, Borough Hall, Lavallette, New Jersey 08735.

Also, at this location is the map showing the new base flood elevations. This map is a copy of the one that will be printed. The numerous changes made in the base flood elevations on the Borough of Lavallette Flood Insurance Rate Map make it administratively infeasible to publish in this notice all of the base flood elevation changes contained on the Borough of Lavallette map.

(National Flood Insurance Act of 1968 (Title XIII of Housing and Urban Development Act of 1968), effective January 28, 1969 (33 F.R. 17804, November 28, 1968), as amended; 42 U.S.C. 4001-4128; and Secretary's delegation of authority to Federal Insurance Administrator 34 F.R. 2630, February 27, 1969, as amended by 39 F.R. 2787, January 24, 1974.)

Issued: March 25, 1976.

J. ROBERT HUNTER,
Acting Federal Insurance
Administrator.

[FR Doc.76-11046 Filed 4-15-76; 8:45 am]

Title 36—Parks, Forests and Public Property

CHAPTER I—NATIONAL PARK SERVICE, DEPARTMENT OF THE INTERIOR

PART 50—NATIONAL CAPITAL PARKS REGULATIONS

Demonstrations and Special Events; Permit Requirements

Correction

In FR Doc. 76-8889 appearing in the issue for Monday, March 29, 1976, on page 12881, in the left hand column, in paragraph 25, the sentence which reads as follows: "Because "special events" constitute "expressive volve the communication or expression of views or grievances, any reasonable limitation is proper." should be corrected to read as follows:

"Because special events do not by definition involve the communication or expression of views or grievances, any reasonable limitation is proper."

Title 37—Patents, Trademarks, and Copyrights

CHAPTER I—PATENT AND TRADEMARK OFFICE, DEPARTMENT OF COMMERCE

PART 2—RULES OF PRACTICE IN TRADEMARK CASES

Appeal to Court and Civil Action; Correction

Federal Register Document 75-35246, published beginning at page 756 in the issue dated Monday, January 5, 1976, is corrected by inserting matter which was inadvertently omitted. On page 761 (41 FR 761) in the first sentence of paragraph (a) of section 2.145 after the word "proceeding," the following wording is inserted: "or any party to an application to register as a concurrent user, hereinafter referred to as inter parties proceedings,".

Dated: April 5, 1976.

C. MARSHALL DANN,
Commissioner of Patents
and Trademarks.

Approved: April 9, 1976.

B. ANCKER-JOHNSON,
Assistant Secretary for
Science and Technology.

[FR Doc.76-11083 Filed 4-15-76; 8:45 am]

Title 41—Public Contracts and Property Management

CHAPTER 60—OFFICE OF FEDERAL CONTRACT COMPLIANCE, EQUAL EMPLOYMENT OPPORTUNITY, DEPARTMENT OF LABOR

PART 60-741—AFFIRMATIVE ACTION OBLIGATIONS OF CONTRACTORS AND SUBCONTRACTORS FOR HANDICAPPED WORKERS

Redesignation

On June 11, 1974, the Department of Labor published regulations (39 F.R. 20566) implementing section 503 of the Rehabilitation Act of 1973, Public Law 93-112, which requires government contractors and subcontractors to take affirmative action to employ and advance in employment qualified handicapped individuals. Although the regulations were effective on the date of publication, interested persons were encouraged to submit comments. Those comments have been reviewed and analyzed.

On December 7, 1974, the President signed Public Law 93-516, which amends Public Law 93-112. On August 29, 1975, the Department of Labor published proposed amendments (40 F.R. 39887) to 20 CFR Part 741 to incorporate the 1974 amendments to the Act, to make the regulations consistent with the Act, and to incorporate some of the suggestions submitted concerning the regulations published on June 11, 1974.

The purpose of the amendments published today is to incorporate the 1974

amendments to the Act into the regulations to make the regulations consistent with those amendments, and to incorporate some of the suggestions submitted by representatives of the concerned public during the comment period which ended on October 14, 1975. These amendments to the existing regulations are also necessary to improve administration and enforcement of the Act, and to give contractors more specific and detailed information regarding the extent of their obligation. The more significant amendments are as follows:

1. The definition of handicapped individual has been amended consistent with the amended definition in the Act, and the reference to the source of rehabilitation has been omitted. Under that definition, a handicap is any impairment which substantially limits one or more of a person's major life activities.

2. A definition of "substantially limited" is added to clarify the meaning of that phrase for the purposes of these regulations.

3. A definition of qualified handicapped individual is added to assure that persons who are protected under the Act are those qualified to work rather than those who qualify solely to meet the definition of handicapped.

4. The affirmative action clause is revised to eliminate the three-part structure based upon contract amount and/or length of performance, so that the same clause will be utilized in all covered contracts. Contractors have commented that the existing clause is confusing and imprecise, and creates confusion as to which portions are applicable to which subcontracts. The obligation to prepare an affirmative action program is removed from the contract clause and transferred to a separate section. The requirement for the submission of an annual report has been deleted. The recordkeeping requirement has been transferred to a separate section and the time for preserving records has been reduced to one year. Many comments pointed out that requiring maintenance of records for three years increased the contractor's recordkeeping burden without any apparent benefit to the program.

5. A new section is added obligating all non-exempt contractors holding contracts of \$50,000 or more with 50 or more employees to prepare and maintain at their places of business the affirmative action program. The dollar amount is reduced from \$500,000 to \$50,000 to make the amount consistent with the Office of Federal Contract Compliance Program's Revised Order No. 4 (41 CFR Part 60-2) since most contractors indicated that the programs, while separate, were prepared together, using much common data. The proposed requirement for disseminating a summary of the affirmative action program to applicants and employees has been deleted. It is considered sufficient to require that the affirmative action program be available for inspection by applicants and employees (see section 60-741.5(b)). Many comments pointed out that it was difficult to determine

which individuals were entitled to affirmative action. A new section 60-741.5(c) has been added to make clear to whom the affirmative action obligation runs.

6. The affirmative action policy section has been expanded to include more detailed explanation of the steps contractors may take to fulfill their affirmative action obligation. While no goals and timetables or utilization analyses are required, recruitment, outreach, internal administration and other duties similar to those required in OFCCP's Order No. 4 are added. The existing section which requires the Assistant Secretary to issue criteria for good faith efforts has been revoked. Provisions have been added which require that all job qualification requirements must be job-related and all information obtained from medical examinations or preemployment inquiries into an applicant's physical or mental condition must be used in accordance with job-related standards. The provisions in the proposal requiring written standards for every job and detailed recordkeeping of each employment transaction involving a handicapped individual have been deleted as being unnecessarily burdensome and unworkable for many contractors. Contractors will be required to conduct a review of all job qualification requirements to ensure that they are job-related, however, and will have the burden of proving job-relatedness when those qualification requirements become an issue in specific cases.

7. Because the new definition of handicapped individuals no longer relies on a connection with rehabilitation facilities under Title I and III of the Act, the certification section has been deleted. Complainants before the Department of Labor need submit only a signed statement of their impairment. However, if there is any reason to question that statement, complainants may be required to provide additional information. This section also permits contractors to require applicants or employees to document their claims of disability, and permits physical examinations at the contractor's expense. Any documentation required must be based on the American Medical Association Impairment.

8. The accommodation section has been amended to delete the requirement that contractors provide in the affirmative action program some examples of accommodations which may be necessary. The comments pointed out that it is very difficult for contractors to know in advance what accommodations may be required for specific employees. In addition, the accommodation section has been amended to delete the reference to "resulting personnel problems" as a factor to be considered in assessing whether an accommodation is required. This language was found confusing and misleading.

9. The provision requiring contractor certification, which was to have been inserted in all contracts after January 1, 1976, has been revoked.

10. The evaluation section authorizes investigations by the Director of OFCCP to determine compliance as well as evaluations of agency performance.

11. In view of the foregoing amendment regarding investigations, the Department will require compliance agencies to conduct investigations from time-to-time at the request of the Director to ensure that contractors in the agencies' assigned industries are fully cognizant of their obligations under the Act and this Part, and to report to the Director any information which comes to their attention that contractors are not in compliance therewith. Other modifications in the hearing procedures are made consistent with this amendment.

12. There is a new provision that contracts with sheltered workshops may not be deemed affirmative action unless the contractor uses the sheltered workshops as a source of trainees for its own workforce. The remaining amendments are primarily explanatory or correct inconsistencies in terminology or structure.

In view of the fact that responsibility for enforcement of section 503 of the Rehabilitation Act of 1973 has been placed in the Office of Federal Contract Compliance Programs and all other OFCCP regulations are contained in Title 41 CFR, Chapter 60, for administrative convenience and clarity the regulations governing the affirmative action obligations of contractors and subcontractors for handicapped workers formerly found in 20 CFR Part 741 are redesignated as Part 60-741 of 41 CFR, and are revised as follows:

Subpart A—Preliminary Matters, Affirmative Action Clause, Compliance	
Sec.	
60-741.1	Purpose and application.
60-741.2	Definitions.
60-741.3	Coverage and waivers.
60-741.4	Affirmative action clause.
60-741.5	Applicability of the affirmative action program requirement.
60-741.6	Affirmative action policy, practices and requirements.
60-741.7	Determination of handicap.
60-741.8	Listing of employment openings.
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Subpart B—General Enforcement and Compliance Procedure	
60-741.20	Subcontracts.
60-741.21	Adaptation of language.
60-741.22	Incorporation by reference.
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60-741.27	Noncompliance with the affirmative action clause.
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60-741.29	Formal hearings.
60-741.30	Notification of agencies.
60-741.31	Contractor ineligibility list.
60-741.32	Disputed matters related to the affirmative action program.
Subpart C—Ancillary Matters	
60-741.50	Reinstatement of ineligible contractors and subcontractors.
60-741.51	Intimidation and interference.
60-741.52	Recordkeeping.
60-741.53	Access to records of employment.
60-741.54	Rulings and interpretations.

Appendix A—Guidelines on the application of the definition "Handicapped Individual".

Appendix B
Appendix C

Authority: Sec. 502, Pub. Law 93-1112, 87 Stat. 393 (20 U.S.C. 793), as amended by Sec. 111, Pub. Law 93-516, 89 Stat. 1619 (29 U.S.C. 706) and Executive Order 11758.

**Subpart A—Preliminary Matters,
Affirmative Action Clause, Compliance**

§ 60-711.1 Purpose and application.

The purpose of the regulations in this Part is to assure compliance with section 503 of the Rehabilitation Act of 1973, which requires government contractors and subcontractors to take affirmative action to employ and advance in employment qualified handicapped individuals. The regulations in this Part apply to all government contracts and subcontracts for the furnishing of supplies or services or for the use of real or personal property (including construction) for \$2,500 or more. Compliance of a contractor with the provisions of this Part will not necessarily determine its compliance with the requirements of section 504 of the Rehabilitation Act of 1973 and compliance with section 504 will not necessarily determine compliance with section 503 and the regulations in this Part.

§ 60-711.2 Definitions.

"Act" means the Rehabilitation Act of 1973, Pub. L. 93-112, as amended by the Rehabilitation Act Amendments of 1974, Pub. L. 93-516.

"Affirmative action clause" means the contract provisions set forth in § 60-741.3.

"Agency" means any contracting and/or compliance agency of the government.

"Assistant Secretary" means the Assistant Secretary of Labor for Employment Standards or his or her designee.

"Compliance agency" means any agency which the Director requests to conduct investigations and such other responsibilities in connection with the administration of the Act as the Director may request, as appropriate, including the responsibility to ensure that contractors are fully cognizant of their obligations under the Act and this Part and to provide the Director with any information which comes to its attention that the contractor is not in compliance with the Act or this Part.

"Construction" means the construction, rehabilitation, alteration, conversion, extension, demolition, or repair of buildings, highways, or other changes or improvements to real property, including facilities providing utility services. The term also includes the supervision, inspection, and other onsite functions incidental to the actual construction.

"Contract" means any government contract.

"Contracting agency" means any department, agency, establishment or instrumentality of the United States, including any wholly owned government corporation, which enters into contracts.

"Contractor" means, unless otherwise indicated, a prime contractor or subcontractor.

"Director" means the Director of the Office of Federal Contract Compliance Programs of the United States Department of Labor.

"Government" means the government of the United States of America.

"Government contract" means any agreement or modification thereof between any contracting agency and any person for the furnishing of supplies or services or for the use of real or personal property including lease arrangements. The term "services", as used in this section includes, but is not limited to the following services: utility, construction, transportation, research, insurance, and fund depository, irrespective of whether the government is the purchaser or seller. The term "government contract" does not include (1) agreements in which the parties stand in the relationship of employer and employee, and (2) federally-assisted contracts.

"Handicapped individual" means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having such an impairment. For purposes of this Part, a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of a handicap. (See Note A attached for guidelines on the applications of this definition.)

"Modification" means any alteration in the terms and conditions of a contract, including supplemental agreements, amendments, and extensions.

"Person" means any natural person, corporation, partnership or joint venture, unincorporated association, state or local government, and any agency, instrumentality, or subdivision of such a government.

"Prime contractor" means any person holding a contract, and, for the purposes of Subpart B of this Part, includes any person who has held a contract subject to the Act.

"Qualified handicapped individual" means a handicapped individual as defined in § 60-741.2 who is capable of performing a particular job, with reasonable accommodation to his or her handicap.

"Recruiting and training agency" means any person who refers workers to any contractor or subcontractor, or who provides or supervises apprenticeship or training for employment by any contractor or subcontractor.

"Rules, regulations, and relevant orders of the Secretary of Labor" as used in paragraph (b) of the affirmative action clause means rules, regulations, and relevant orders of the Secretary of Labor or his or her designee issued pursuant to the Act.

"Secretary" means the Secretary of Labor, U.S. Department of Labor.

"Subcontract" means any agreement or arrangement between a contractor and any person (in which the parties do not stand in the relationship of an employer and an employee):

(1) For the furnishing of supplies or services or for the use of real or personal property, including lease arrangements,

which, in whole or in part, is necessary to the performance of any one or more contracts; or

(2) Under which any portion of the contractor's obligation under any one or more contracts is performed, undertaken, or assumed.

"Subcontractor" means any person holding a subcontract and, for the purpose of Subpart B of this Part, any person who has held a subcontract subject to the Act.

"United States" as used herein shall include the several States, the District of Columbia, the Virgin Islands, the Commonwealth of Puerto Rico, Guam, the Panama Canal Zone, American Samoa and the Trust Territory of the Pacific Islands.

§ 60-711.3 Coverage and waivers.

(a) General.—(1) Transactions for less than \$2,500. Contracts and subcontracts for less than \$2,500 are not covered by the Act. No agency, contractor or subcontractor shall procure supplies or services in less than usual quantities to avoid the applicability of the affirmative action clause.

(2) Contracts and subcontracts for indefinite quantities. With respect to indefinite delivery-type contracts and subcontracts (including, but not limited to, open end contracts, requirement-type contracts, Federal Supply Schedule contracts, "call-type" contracts, and purchase notice agreements), the affirmative action clause shall be included unless the contracting agency has reason to believe that the amount to be ordered in any year under such contract will be less than \$2,500. The applicability of the affirmative action clause shall be determined at the time of award for the first year, and annually thereafter for succeeding years, if any. Notwithstanding the above, the affirmative action clause shall be applied to such contract whenever the amount of a single order is \$2,500 or more. Once the affirmative action clause is determined to be applicable, the contract shall continue to be subject to such clause for its duration, regardless of the amounts ordered, or reasonably expected to be ordered in any year.

(3) Work outside the United States. The requirements of the affirmative action clause are waived with respect to contracts and subcontracts with regard to work performed outside the United States by employees who were not recruited within the United States.

(4) Contracts with state or local governments. The requirements of the affirmative action clause in any contract or subcontract with a state or local government (or any agency, instrumentality or subdivision thereof) shall not be applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract or subcontract.

(5) Facilities not connected with contracts. The Director may waive the requirements of the affirmative action clause with respect to any of a prime contractor's or subcontractor's facilities which he or she finds to be in all respects separate and distinct from activities of

the prime contractor or subcontractor related to the performance of the contract or subcontract, provided that he or she also finds that such a waiver will not interfere with or impede the effectuation of the Act. Such waivers shall be considered only upon the request of the contractor or subcontractor.

(b) **Waivers**—(1) Specific contracts and classes of contracts.

The head of an agency, with the concurrence of the Director, may waive the application to any contract or subcontract of any part of or all the affirmative action clause when he or she deems that special circumstances in the national interest so require. The agency head, with the concurrence of the Director, may also grant such waivers to groups or categories of contracts or subcontracts of the same type where it is (i) in the national interest, (ii) found impracticable to act upon each request individually, and (iii) where such waiver will substantially contribute to convenience in administration of section 503 of the Act.

(2) **National security.** Any requirement set forth in the regulations in this Part shall not apply to any contract or subcontract whenever the head of the contracting agency determines that such contract or subcontract is essential to the national security and that its award without complying with such requirements is necessary to the national security. Upon making such a determination the head of the agency will notify the Director in writing within 30 days.

(c) **Withdrawal of waiver.** When a waiver has been granted for any class of contracts or subcontracts under this section other than contracts granted waivers under paragraph (b)(2) of this section, the Director may withdraw the waiver for a specific contract or subcontract or group of contracts or subcontracts to be awarded, when in his or her judgment such action is necessary or appropriate to achieve the purposes of the Act. The withdrawal shall not apply to contracts or subcontracts awarded prior to the withdrawal, except that in procurements entered into by formal advertising, or the various forms of restricted formal advertising, such withdrawal shall not apply unless the withdrawal is made more than 10 calendar days before the date set for the opening of the bids.

§ 60-741.4 Affirmative action clause.

Each agency and each contractor and subcontractor shall include the following affirmative action clause in each of its covered government contracts or subcontracts (and modifications, renewals, or extensions thereof if not included in the original contract).

AFFIRMATIVE ACTION FOR HANDICAPPED WORKERS

(a) The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified handicapped individuals without discrimi-

nation based upon their physical or mental handicap in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

(b) The contractor agrees to comply with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Act.

(c) In the event of the contractor's non-compliance with the requirements of this clause, actions for noncompliance may be taken in accordance with the rules, regulations and relevant orders of the Secretary of Labor issued pursuant to the Act.

(d) The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the Director, provided by or through the contracting officer. Such notices shall state the contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.

(e) The contractor will notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of section 503 of the Rehabilitation Act of 1973, and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.

(f) The contractor will include the provisions of this clause in every subcontract or purchase order of \$2,500 or more unless exempted by rules, regulations, or orders of the Secretary issued pursuant to section 503 of the Act, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs may direct to enforce such provisions, including action for noncompliance.

§ 60-741.5 Applicability of the affirmative action program requirement.

(a) Within 120 days of the commencement of a contract every government contractor or subcontractor holding a contract of \$50,000 or more and having 50 or more employees shall prepare and maintain an affirmative action program at each establishment which shall set forth the contractor's policies, practices and procedures in accordance with § 60-741.5 of this Part. This program may be integrated into or kept separate from other affirmative action programs of the contractor. Contractors presently holding government contracts shall update their affirmative action programs within 120 days of the effective date of this Part.

(b) The affirmative action program shall be reviewed and updated annually. If there are any significant changes in procedures, rights or benefits as a result of the annual updating, those changes shall be communicated to employees and applicants for employment.

(c) (1) The contractor shall invite all applicants and employees who believe themselves covered by the Act and who wish to benefit under the affirmative action program to identify themselves to the contractor. The invitation shall

state that the information is voluntarily provided, that it will be kept confidential, that refusal to provide it will not subject the applicant or employee to any adverse treatment, and that it will be used only in accordance with the Act and the regulations in this Part. If an applicant or employee so identifies himself or herself the contractor should also seek the advice of the applicant or employee regarding proper placement and appropriate accommodation. (An acceptable form for such an invitation is set forth in Note B attached.)

(2) Nothing in this section shall preclude an employee from informing a contractor at any future time of his or her desire to benefit under the program.

(3) Nothing in this section shall relieve a contractor of its obligation to take affirmative action with respect to those applicants or employees of whose handicap the contractor has actual knowledge. *Provided*, that the contractor is not obligated to search the medical files of any applicant or employee to determine the existence of a handicap.

(4) Nothing in this section shall relieve a contractor from liability for discrimination under the Act.

(d) The full affirmative action program shall be available for inspection to any employee or applicant for employment upon request. The location and hours during which the program may be obtained shall be posted at each facility.

§ 60-741.6 Affirmative action policy, practices and procedures.

(a) **General requirements.** Under the affirmative action obligation imposed by section 503 of the Rehabilitation Act of 1973, contractors are required to take affirmative action to employ and advance in employment qualified handicapped individuals at all levels of employment, including the executive level. Such action shall apply to all employment practices, including, but not limited to, the following: hiring, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

(b) **Proper consideration of qualifications.** Contractors shall review their personnel processes to determine whether their present procedures assure careful, thorough and systematic consideration of the job qualifications of known handicapped applicants and employees for job vacancies filled either by hiring or promotion, and for all training opportunities offered or available. To the extent that it is necessary to modify their personnel procedures, contractors shall include the development of new procedures for this purpose in their affirmative action program required under this Part. These procedures must be designed so as to facilitate a review of the implementation of this requirement by the contractor or the government. (Note C attached is an example of an appropriate set of proce-

dures. The procedures in Note C are not required and contractors may develop other procedures which are appropriate to their circumstances.)

(c) Physical and mental qualifications.

(1) The contractor shall provide in its affirmative action program, and shall adhere to, a schedule for the review of all physical or mental job qualification requirements to ensure that, to the extent qualification requirements tend to screen out qualified handicapped individuals, they are job related and are consistent with business necessity and the safe performance of the job.

(2) Whenever a contractor applies physical or mental job qualification requirements in the selection of applicants or employees for employment or other change in employment status such as promotion, demotion or training, to the extent that qualification requirements tend to screen out qualified handicapped individuals, the requirements shall be related to the specific job or jobs for which the individual is being considered and shall be consistent with business necessity and the safe performance of the job. The contractor shall have the burden to demonstrate that it has complied with the requirements of this paragraph.

(3) Nothing in this section shall prohibit a contractor from conducting a comprehensive medical examination prior to employment provided that the results of such an examination shall be used only in accordance with the requirements of this section. Whenever a contractor inquires into an applicant's or employee's physical or mental condition or conducts a medical examination prior to employment or change in employment status information obtained in response to such inquiries or examination shall be kept confidential except that:

(i) Supervisors and managers may be informed regarding restrictions on the work or duties of handicapped individuals and regarding accommodations; and

(ii) First aid and safety personnel may be informed, where and to the extent appropriate, if the condition might require emergency treatment; and

(iii) Government officials investigating compliance with the Act shall be informed.

(d) **Accommodation to physical and mental limitations of employees.** A contractor must make a reasonable accommodation to the physical and mental limitations of an employee or applicant unless the contractor can demonstrate that such an accommodation would impose an undue hardship on the conduct of the contractor's business. In determining the extent of a contractor's accommodation obligations, the following factors among others may be considered: (1) business necessity and (2) financial cost and expenses.

(e) **Compensation.** In offering employment or promotions to handicapped individuals, the contractor may not reduce the amount of compensation offered because of any disability in the position

or other benefit the applicant or employee receives from another source.

(f) Outreach, positive recruitment, and external dissemination of policy.

Contractors shall review their employment practices to determine whether their personnel programs provide the required affirmative action for employment and advancement of qualified handicapped individuals. Based upon the findings of such reviews, contractors shall undertake appropriate outreach and positive recruitment activities, such as those listed below. It is not contemplated that contractors will necessarily undertake all the listed activities or that their activities will be limited to those listed. The scope of a contractor's efforts shall depend upon all the circumstances, including the contractor's size and resources and the extent to which existing employment practices are adequate.

(1) The contractor should develop internal communication of its obligation to engage in affirmative action efforts to employ qualified handicapped individuals in such a manner as to foster understanding, acceptance and support among the contractor's executive, management, supervisory and all other employees and to encourage such persons to take the necessary action to aid the contractor in meeting this obligation.

(2) The contractor should develop reasonable internal procedures to ensure that its obligation to engage in affirmative action to employ and promote qualified handicapped individuals is being fully implemented.

(3) The contractor should periodically inform all employees and prospective employees of its commitment to engage in affirmative action to increase employment opportunities for qualified handicapped individuals.

(4) The contractor should enlist the assistance and support of recruiting sources (including state employment security agencies, state vocational rehabilitation agencies or facilities, sheltered workshops, college placement officers, state education agencies, labor organizations and organizations of or for handicapped individuals) for the contractor's commitment to provide meaningful employment opportunities to qualified handicapped individuals. (A list of numerous national organizations serving the handicapped, many of which have state or local affiliates, is found in the "Directory of Organizations Interested in the Handicapped" published by the Committee for the Handicapped People-to-People Program, Washington, D.C.)

(5) The contractor should engage in recruitment activities at educational institutions which participate in training of the handicapped, such as schools for the blind, deaf, or retarded.

(6) The contractor should establish meaningful contacts with appropriate social service agencies, organizations of and for handicapped individuals, vocational rehabilitation agencies or facilities, for such purposes as advice, tech-

nical assistance and referral of potential employees. Technical assistance from the resources described in this paragraph may consist of advice on proper placement, recruitment, training and accommodations contractors may undertake, but no such resource providing technical assistance shall have the authority to approve or disapprove the acceptability of affirmative action programs.

(7) The contractor should review employment records to determine the availability of promotable and transferable qualified known handicapped individuals presently employed, and to determine whether their present and potential skills are being fully utilized or developed.

(8) The contractor should include handicapped workers when employees are pictured in consumer, promotional or help wanted advertising.

(9) The contractor should send written notification of company policy to all subcontractors, vendors and suppliers, requesting appropriate action on their part.

(10) The contractor should take positive steps to attract qualified handicapped persons not currently in the work force who have requisite skills and can be recruited through affirmative action measures. These persons may be located through the local chapters of organizations of and for handicapped individuals described in subsection (f) (4).

(g) **Internal dissemination of policy.** A strong outreach program will be ineffective without adequate internal support from supervisory and management personnel and other employees, who may have had limited contact with handicapped persons in the past. In order to assure greater employee cooperation and participation in the contractor's efforts, the contractor should adopt, implement and disseminate this policy internally as follows:

(1) Include it in the contractor's policy manual.

(2) Publicize it in the company newspaper, magazine, annual report and other media.

(3) Conduct special meetings with executive, management, and supervisory personnel to explain the intent of the policy and individual responsibility for effective implementation, making clear the chief executive officer's attitude.

(4) Schedule special meetings with all employees to discuss policy and explain individual employee responsibilities.

(5) Discuss the policy thoroughly in both employee orientation and management training programs.

(6) Meet with union officials to inform them of the contractor's policy, and request their cooperation.

(7) Include nondiscrimination clauses in all union agreements, and review all contractual provisions to ensure they are nondiscriminatory.

(8) Include articles on accomplishments of handicapped workers in company publications.

(9) Post the policy on company bulletin boards, including a statement that employees and applicants are protected from coercion, intimidation, interference or discrimination for filing a complaint or assisting in an investigation under the Act.

(10) When employees are featured in employee handbooks or similar publications for employees, include handicapped employees.

(h) *Responsibility for implementation.* An executive of the contractor should be designated as director or manager of company affirmative action activities under these regulations. His or her identity should appear on all internal and external communications regarding the company's affirmative action programs. This executive should be given necessary top management support and staff to manage the implementation of this program, including the following activities:

(1) Develop policy statements, affirmative action programs, and internal and external communication techniques. The latter techniques should include regular discussions with local managers, supervisors and employees to be certain the contractor's policies are being followed. In addition, supervisors should be advised that:

(i) Their work performance is being evaluated on the basis of their affirmative action efforts and results, as well as other criteria.

(ii) The contractor is obligated to prevent harassment of employees placed through affirmative action efforts, as set forth in § 60-741.51.

(2) Identify problem areas in conjunction with line management and known handicapped employees, in the implementation of the affirmative action programs, and develop solutions. This is particularly important for the accommodations requirements.

(3) Design and implement audit and reporting systems that will:

(i) Measure effectiveness of the contractor's programs.

(ii) Indicate need for remedial action.

(iii) Determine the degree to which the contractor's objectives have been attained.

(iv) Determine whether known handicapped employees have had the opportunity to participate in all company sponsored educational, training, recreational and social activities.

(v) Ensure that each location is in compliance with the Act and the regulations in this Part.

(4) Serve as liaison between the contractor and enforcement agencies.

(5) Serve as liaison between the contractor and organizations of and for handicapped persons, and arrange for the active involvement by company representatives in the community service programs of local organizations of and for the handicapped.

(6) Keep management informed of the latest developments in the entire affirmative action area.

(7) Arrange for career counseling for known handicapped employees.

(i) *Development and execution of affirmative action programs.* (1) Job qual-

ification requirements reviewed pursuant to subsection (c) of this section should be made available to all members of management involved in the recruitment, screening, selection, and promotion process.

(2) The contractor should evaluate the total selection process including training and promotion to ensure freedom from stereotyping handicapped persons in a manner which limits their access to all jobs for which they are qualified.

(3) All personnel involved in the recruitment, screening, selection, promotion, disciplinary, and related processes should be carefully selected and trained to ensure that the commitments in its affirmative action program are implemented.

(4) Formal briefing sessions should be held, preferably on company premises, with representatives from recruiting sources. Plant tours, clear and concise explanations of current and future job openings, position descriptions, worker specifications, explanations of the company's selection process, and recruiting literature should be an integral part of the briefings. Formal arrangements should be made for referral of applicants, follow up with sources, and feedback on disposition of applicants.

(5) A special effort should be made to include qualified handicapped persons on the personnel relations staff.

(6) Handicapped employees should be made available for participation in career days, youth motivation programs, and related activities in their communities.

(7) Recruiting efforts at all schools should incorporate special efforts to reach handicapped students.

(8) An effort should be made to participate in workstudy programs with rehabilitation facilities and schools which specialize in training or educating handicapped individuals.

(9) The contractor should use all available resources to continue or establish on the job training programs.

(j) *Sheltered workshops.* Contracts with sheltered workshops do not constitute affirmative action in lieu of employment and advancement of qualified handicapped individuals in the contractor's own workforce. Contracts with sheltered workshops may be included within an affirmative action program if the sheltered workshop trains employees for the contractor and the contractor is obligated to hire trainees at full compensation when such trainees become qualified as "qualified handicapped individual" as defined in § 60-741.2.

§ 60-741.7 Determination of handicap.

(a) Any handicapped individual filing a complaint with the Director under this Part shall submit with his or her complaint a signed statement specifying the handicapping impairment or situation (see Section 60-741.2 definition of "handicapped individual"). If the Director determines that further documentation is necessary, he or she may require the complainant to provide additional information.

(b) Any contractor requiring a determination of an applicant's or employee's handicap may require the applicant or employee to provide medical documentation of the impairment or, in the alternative, may require the applicant or employee to undergo a medical examination at the contractor's expense.

(c) Any determination of handicap required pursuant to paragraph (b) of this section must meet the requirements of § 60-741.5(c) and must be for the purpose of affirmative action and proper job placement. Information obtained therefrom shall not be used to exclude or otherwise limit the employment opportunities of qualified handicapped individuals.

(d) All medical documentation required under this section shall be based upon the American Medical Association Guides to the Evaluation of Permanent Impairment, provided that the Guides shall be used only to determine the existence of impairment without regard to the degree of impairment.

§ 60-741.8 Listing of employment openings.

Contractors should request state employment security agencies to refer qualified handicapped individuals for consideration under their affirmative action programs.

§ 60-741.9 Labor unions and recruiting and training agencies.

(a) Whenever performance in accordance with the affirmative action clause or any matter contained in the regulations in this Part may necessitate a revision of a collective bargaining agreement, the labor union or unions which are parties to such agreements shall be given an adequate opportunity to present their views to the agency, or to the Director.

(b) The Director shall use his or her best efforts, directly or through contractors, subcontractors, local officials, vocational rehabilitation facilities, and all other available instrumentalities, to cause any labor union, recruiting and training agency or other representative of workers who are or may be engaged in work under contracts and subcontracts to cooperate with, and to assist in, the implementation of the purposes of the Act.

Subpart B—General Enforcement and Complaint Procedure

§ 60-741.20 Subcontracts.

Each nonexempt prime contractor and subcontractor shall include the affirmative action clause prescribed in § 60-741.3 in each of their nonexempt subcontracts. The clause may be incorporated by reference in accordance with § 60-741.22.

§ 60-741.21 Adaptation of language.

Such necessary changes in language may be made to the affirmative action clause (see § 60-741.3) as shall be appropriate to identify properly the parties and their undertakings.

§ 60-741.22 Incorporation by reference.

The affirmative action clause and the regulations contained in this Part may be incorporated by reference in all contracts and subcontracts.

§ 60-741.23 Incorporation by operation of the Act and agency regulations.

By operation of the Act, the affirmative action clause shall be considered to be a part of every contract and subcontract required by the Act and the regulations in this Part to include such a clause, whether or not it is physically incorporated in such contracts and whether or not there is a written contract between the agency and the contractor.

§ 60-741.24 Duties of agencies.

(a) General responsibility. Each agency shall cooperate with the Director in the performance of his or her responsibilities under the Act. Such cooperation shall include the responsibility to ensure that contractors are fully cognizant of their obligations under the Act and this Part, to provide the Director with any information which comes to its attention that the contractor is not in compliance with the Act or this Part, and to take such actions for non-compliance as set forth in § 60-741.31 as may be ordered by the Director.

(b) Designation of agency official. The head of each agency, or his or her designee, shall identify and submit to the Director the name, address and telephone number of the official within the agency who is primarily responsible for implementation of this program within the agency.

§ 60-741.25 Evaluations by the Director.

The Director shall be primarily responsible for undertaking such investigations of complaints and other matters as well as evaluations of contractor and agency performance as may be necessary to assure that the purposes of section 503 of the Rehabilitation Act of 1973 are being effectively carried out.

§ 60-741.26 Complaint Procedures.

(a) Place and time of filing. Any applicant for employment with a contractor or any employee of a contractor may, personally or by an authorized representative, file a written complaint with the Director alleging a violation of the Act or the regulations in this Part. Such complaint must be filed within 180 days from the date of the alleged violation, unless the time for filing is extended by the Director for good cause shown.

(b) Referral to contractor. When a complaint is filed by an employee of a contractor and the contractor has an applicable internal review procedure, the complaint shall be referred to the contractor for processing under that procedure. The complaint and all actions taken thereunder shall be kept confidential by the contractor. If there has not been a resolution of the complaint under that procedure satisfactory to the complainant within 60 days of the referral, the Department of Labor or the

designated agency will proceed as provided in this section.

(c) Contents of complaints. Complaints must be signed by the complainants or their authorized representatives and must contain the following information: (1) Name and address (including telephone number) of the complainant, (2) name and address of the contractor or subcontractor who committed the alleged violation, (3) a description of the act or acts considered to be a violation, (4) a signed statement that the individual is handicapped or has a history of a handicap or other documentation of impairment or was regarded by the contractor as having an impairment, and (5) other pertinent information available which will assist in the investigation and resolution of the complaint, including the name of any known federal agency with which the employer has contracted.

(d) Incomplete information. Where a complaint contains incomplete information, the Director or the agency designated by the Director for investigation of the complaint shall seek the needed information from the complainant. If the information is not furnished to the agency or the Director within 60 days of the date of such request, the case may be closed.

(e) Investigations. The Department of Labor or the designated agency shall institute a prompt investigation of each complaint and shall be responsible for developing a complete case record. A complete case record consists of the following: (1) Name and address of each person interviewed, (2) a summary of his or her statement, (3) copies or summaries of pertinent documents, (4) a narrative summary of the evidence disclosed in the investigation as it related to each charge, and (5) recommended findings and resolution.

(f) Responsibilities of agencies. Agencies shall conduct investigations of complaints in accordance with specific requests of the Director.

(g) Resolution of matters. (1) If the complaint investigation shows no violation of the Act or regulations in this Part, or if the agency or the Director decides not to initiate administrative or legal proceedings against the contractor, the complainant shall be so notified. Within 30 days, the complainant may request review by the Director of such a finding or decision.

(2) Where an investigation indicates that the contractor has not complied with the requirements of the Act or this Part, efforts shall be made to secure compliance through conciliation and persuasion within a reasonable time. Before the contractor or subcontractor can be found to be in compliance, it must make a specific commitment, in writing, to take corrective action to meet the requirements of the Act and this Part. The commitment must indicate the precise action to be taken and dates for completion. The time period allowed should be no longer than the minimum period necessary to effect such changes. Upon approval of

such commitment by the Director or the agency, the contractor may be considered in compliance on condition that the commitments are kept. Where the matter has been referred to an agency for investigation and resolution, the contractor and the complainant shall be advised that the resolution is subject to review by the Director and may be disapproved if it is determined that such resolution is not sufficient to achieve compliance.

(3) Where the complaint investigation indicates a violation of the Act or regulations in this Part, (and the complaint has not been resolved by informal means) the Director, or the agency with the approval of the Director, shall afford the contractor an opportunity for a hearing in accordance with § 60-741.29.

§ 60-741.27 Noncompliance with the affirmative action clause.

Noncompliance with the prime contractor's or subcontractor's obligations under the affirmative action clause is a ground for taking appropriate action for noncompliance as set forth in § 60-741.29 by the agency, the Director, prime contractor, or subcontractor. Any such noncompliance shall be reported in writing to the Director by the agency as soon as practicable after it is identified.

§ 60-741.28 Actions for noncompliance.

(a) General. In every case where any complaint investigation indicates the existence of a violation of the affirmative action clause or these regulations, the matter should be resolved by informal means, including conciliation, and persuasion, whenever possible. This will also include establishing a corrective action program in accordance with § 60-741.26 (g) (2). Where the apparent violation is not resolved by informal means, the Director or the agency shall proceed in accordance with the enforcement procedures contained in this Part.

(b) Judicial enforcement. In addition to the administrative remedies set forth herein, the Director may, within the limitations of applicable law, seek appropriate judicial action to enforce the contractual provisions set forth in § 60-741.4 including appropriate injunctive relief.

(c) Withholding progress payments. With the prior approval of the Director so much of the accrued payment due on the contract or any other contract between the government prime contractor and the federal government may be withheld as necessary to correct any violations of the provisions of the affirmative action clause.

(d) Termination. A contract or subcontract may be cancelled or terminated, in whole or in part, for failure to comply with the provisions of the affirmative action clause.

(e) Debarment. A prime contractor or subcontractor or a prospective contractor or subcontractor may be debarred from receiving future contracts for failure to comply with the provisions of the affirmative action clause.

§ 60-741.29 Formal hearings.

(a) Hearing opportunity. An opportunity for a formal hearing shall be af-

forded to a prime contractor or a subcontractor or a prospective prime contractor or subcontractor by the agency or Director in any of the following circumstances:

(1) An apparent violation of the affirmative action clause by a contractor or subcontractor, as shown by any investigation, is not resolved by informal means and a hearing is requested; or

(2) The Director, or an agency upon prior notification to the Director, proposes to cancel or terminate the contract or withhold progress payments, or cause the contract to be canceled or terminated or progress payments to be withheld, in whole or in part, on a contract or contracts, or to require cancellation or termination of a contract or subcontract or withholding of progress payments; or

(3) The Director, or an agency with the approval of the Director, proposes to declare a prime contractor or subcontractor ineligible for further contracts or subcontracts under the Act.

(b) Hearing practice and procedure.

(1) Hearings conducted by the Office of Federal Contract Compliance Programs under this Part shall be governed by the rules of practice and procedure contained in 41 CFR Part 60-30 except that the Director shall perform all the duties and functions assigned to the Secretary by that Part.

(2) The practice and procedure for hearings conducted by agencies shall be consistent with the requirements of this section.

(A) Written notices of proposed action for noncompliance, signed by the appropriate agency official, shall be sent to the last known address of the prime contractor or subcontractor by certified mail, return receipt requested. If the contractor does not receive such notice, a copy of such notice shall be published in the FEDERAL REGISTER. The notice shall contain a precise jurisdictional statement, a short and plain statement of the matters furnishing a basis for the action for noncompliance, an enumeration of the actions being requested, and a citation of the provisions pursuant to which the requested action may be taken. The prime contractor or subcontractor shall be afforded at least 14 days from receipt of the notice of proposed action for noncompliance in which to file an answer to the notice and a request for a hearing with the agency and the contractor shall be so informed in the notice. The answer shall admit or deny specifically, and in detail, matters set forth in each allegation of the notice unless the prime contractor or subcontractor is without knowledge, in which case the answer shall so state, and the statement shall be deemed a denial. Matters not specifically denied shall be deemed admitted. Matters alleged as affirmative defenses shall be separately stated and numbered. The hearing request shall be included as a separate paragraph of the answer.

(B) Reasonable notice of the hearing shall be sent by certified mail, return receipt requested, to the last known address of the prime contractor or subcontractor complained against. Such

notice shall contain the time, place, and nature of the hearing and a statement of the legal authority pursuant to which the hearing is to be held. Hearings shall be before a hearing officer designated by or at the direction of the agency head. Each party shall have the right to counsel or other representative, a fair opportunity to present evidence and argument, and to cross-examine. Whenever a formal hearing is based in whole or in part on matters subject to the collective bargaining agreement and compliance may necessitate a revision of such agreement, any labor organization which is a signatory to the agreement shall have the right to participate as a party. Whenever a hearing is held on a complaint under § 60-741.27 any person or organization shall be permitted to participate upon a showing that such person or organization has an interest in the proceedings and may contribute materially to the proper disposition thereof. The hearing officer shall make his or her proposed findings and conclusions upon the basis of the record.

(C) If, at the end of the 14-day period referred to in this section, no answer including a hearing request has been filed or the answer does not raise issues of fact or law, the agency head may cancel or terminate or cause to be canceled or terminated, or withhold progress payments with respect to any one or more contracts or subcontracts, or parts thereof, held by the prime contractor or subcontractor complained against, or enter an order declaring such contractor or subcontractor ineligible for further contracts, subcontracts, or extensions or other modifications of existing contracts, until the contractor or subcontractor has satisfied the Director that it has established and will carry out personnel and employment policies and practices in compliance with the provisions of the Act, affirmative action clause, and the regulations.

(D) When the hearing is conducted by an agency, the hearing officer shall make recommendations to the head of the agency who shall make a decision whether action for noncompliance will be taken against the contractor or subcontractor. No decision by the head of the agency, or his or her representative, shall be final without the prior approval of the Director. Parties shall be furnished with copies of the hearing officer's recommendations, and shall be given an opportunity to submit their views.

§ 60-741.30 Notification of agencies.

The Director shall notify the heads of all agencies of any action for noncompliance taken against any contractor after such actions have been taken. No agency may issue a waiver under § 60-741.24(b) (1) to any contractor subject to such action without prior approval of the Director.

§ 60-741.31 Contractor ineligibility list.

The Director shall distribute periodically a list to all executive departments and agencies giving the names of prime contractors and subcontractors who have

been declared ineligible under the regulations in this Part and the Act.

§ 60-741.32 Disputed matters related to the affirmative action program.

The procedures set forth in the regulations in this Part govern all disputes relative to a contractor's compliance with the affirmative action clause and the requirements of this Part. Any disputes relating to issues other than compliance, including contract costs arising out of the contractor's efforts to comply, shall be determined by the disputes clause of the contract.

Subpart C—Ancillary Matters

§ 60-741.50 Reinstatement of ineligible contractors and subcontractors.

Any prime contractor or subcontractor debarred from further contracts or subcontracts under the Act may request reinstatement in a letter directed to the Director. In connection with the reinstatement proceeding, the prime contractor or subcontractor shall be required to show that it has established and will carry out employment policies and practices in compliance with the affirmative action clause.

§ 60-741.51 Intimidation and interference.

The sanctions and penalties contained in this regulation may be exercised by the agency or the Director against any prime contractor or subcontractor, who fails to take all necessary steps to ensure that no person intimidates, threatens, coerces, or discriminates against any individual for the purpose of interfering with the filing of a complaint, furnishing information, or assisting or participating in any manner in an investigation, compliance review, hearing, or any other activity related to the administration of the Act.

§ 60-741.52 Recordkeeping.

(a) Each contractor and subcontractor shall maintain for a period not less than one year records regarding complaints and actions taken thereunder, and such employment or other records as required by the Director or agency or by this Part and shall furnish such information in the form required by the Director or agency or by the Director deems necessary for the administration of the Act and regulations issued under this Part.

(b) Failure to maintain complete and accurate records as required under this section or failure to update annually the affirmative action program as required by § 60-741.5(b) constitutes noncompliance with the contractor's or subcontractor's obligations under the affirmative action clause and is a ground for the imposition of appropriate sanctions.

§ 60-741.53 Access to records of employment.

Each prime contractor and subcontractor shall permit access during normal business hours to its places of business, books, records and accounts pertinent to compliance with the Act, and all rules and regulations promulgated pursuant

thereto for the purposes of complaint investigations, and investigations of performance under the affirmative action clause of the contract or subcontract. Information obtained in this manner shall be used only in connection with the administration of the Act.

§ 60-741.51 Rulings and interpretations.

Rulings under or interpretations of the Act and the regulations contained in this Part 741 shall be made by the Secretary or his or her designee.

Effective date. The regulations in this Part shall become effective on May 17, 1976.

Signed at Washington, D.C. this 9th day of April, 1976.

W. J. USERY, Jr.,
Secretary of Labor.

R. C. CHASE,
Deputy Assistant Secretary
for Employment Standards.

LAWRENCE Z. LORBER,
Director, Office of Federal
Contract Compliance Programs.

APPENDIX A—GUIDELINES ON THE APPLICATION OF THE DEFINITION "HANDICAPPED INDIVIDUAL"

The Rehabilitation Act of 1973, as amended, defines a handicapped individual for the purposes of the program as any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such an impairment.

"Life activities" may be considered to include communication, ambulation, self-care, socialization, education, vocational training, employment, transportation, adapting to housing, etc. For the purpose of section 503 of the Act, primary attention is given to those life activities that affect employability.

The phrase "substantially limits" means the degree that the impairment affects employability. A handicapped individual who is likely to experience difficulty in securing, retaining or advancing in employment would be considered substantially limited.

"has a record of such an impairment" means that an individual may be completely recovered from a previous physical or mental impairment. It is included because the attitude of employers, supervisors, and coworkers toward that previous impairment may result in an individual experiencing difficulty in securing, retaining, or advancing in employment. The mentally restored, those who have had heart attacks or cancer often experience such difficulty. Also, this part of the definition would include individuals who may have been erroneously classified and may experience discrimination based on this misclassification. This group may include persons such as those who have been misclassified as mentally retarded or mentally restored.

"is regarded as having such an impairment" refers to those individuals who are perceived as having a handicap, whether an impairment exists or not, but who, because of attitudes or for any other reason, are regarded as handicapped by employers, or supervisors who have an effect on the individual securing, retaining or advancing in employment.

APPENDIX B

This employer is a government contractor subject to section 503 of the Rehabilitation Act of 1973, which requires government con-

tractors to take affirmative action to employ and advance in employment qualified handicapped individuals. If you have such a handicap and would like to be considered under the affirmative action program, please tell us. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of handicapped individuals, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) government officials investigating compliance with the Act shall be informed.

If you are handicapped, we would like to include you under the affirmative action program. It would assist us if you tell us about (1) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your handicap, so that you will be considered for any positions of that kind, and (2) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.

APPENDIX C

The following is a set of procedures which contractors may use to meet the requirements of § 60-741.6(b).

(1) The application or personnel form of each known handicapped applicant should be annotated to identify each vacancy for which the applicant was considered, and the form should be quickly retrievable for review by the agency, the Department of Labor and the contractor's personnel officials for use in investigations and internal compliance activities.

(2) The personnel or application records of each known handicapped employee should include (i) the identification of each promotion for which the handicapped employee was considered, and (ii) the identification of each training program for which the handicapped employee was considered.

(3) In each case where a handicapped employee or applicant is rejected for employment, promotion or training, a statement of the reasons should be appended to the personnel file or application form. This statement should include a comparison of the qualifications of the handicapped applicant or employee and the person(s) selected, as well as a description of the accommodations considered. This statement should be available to the applicant or employee concerned upon request.

(4) Where applicants or employees are selected for hire, promotion or training and the contractor undertakes any accommodation which makes it possible for him or her to place a handicapped individual on the job, the application form or personnel record should contain a description of that accommodation.

[FR Doc. 76-11094 Filed 4-15-76; 8:45 am]

Title 45—Public Welfare
CHAPTER VIII—CIVIL SERVICE
COMMISSION
PART 801—VOTING RIGHTS
PROGRAM

Adding the State of Texas to Appendices A, B, C, and D

Part 801 is amended by adding the 1975 amendments to the Voting Rights

Act of 1965 to § 801.101 and by adding the State of Texas to Appendices A, B, C, and D. These amendments appear below in English and Spanish.

(Secs. 7, 9, 79 Stat. 440; 42 U.S.C. 1973e, 1973g)

Effective date: April 16, 1976.

UNITED STATES CIVIL SERVICE COMMISSION,

[SEAL] JAMES C. SPRY,
Executive Assistant
to the Commissioners.

PART 801—VOTING RIGHTS PROGRAM

(1) § 811.101 is amended as set out below:

§ 801.10 Definitions.

In this part:

(a) "Act" means the Voting Rights Act of 1965, Public Law 89-110, as amended by Public Law 94-72, August 6, 1975.

(2) Appendix A is amended by adding Texas under the heading "Dates, Times, and Places for Filing" and the Texas Voting Rights Act Application under "Forms of Application".

APPENDIX A

DATES, TIMES, AND PLACES FOR FILING

TEXAS

County; Place for filing; Beginning date. (Dates, times, and places to be designated.)

FORMS OF APPLICATION

TEXAS

Front

Form approved
OMB No. 50R0592

Voting Rights Act Application

The information requested below is for the purpose of determining whether you are eligible to vote. If you are found eligible to vote, your name will be certified to appropriate state officials for addition to the official voting lists. The solicitation of this information for this purpose is authorized by the Voting Rights Act of 1965, as amended. While you are not required to respond, your cooperation is needed if you wish to be found eligible to vote.

Instructions to the Applicant: Please fill out this side of this form. If you need help in answering any question, the Examiner will help you.

1. Name: -----
(First) (Middle) (Last)
Maiden surname if married woman: -----
2. Sex: -----
3. Permanent residence address: -----
(Street and Apt. No., if any, or Route No. or location (Not P.O. Box))

(City) (ZIP code)
4. Election Precinct (if known): -----
5. Mailing address if different from above: -----
(Street or P.O. box)

(City)

performance

April 1976



PROJECT ON THE HANDICAPPED IN SCIENCE

AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE

There is a new focus at the American Association for the Advancement of Science (AAAS) on the concerns of handicapped scientists. The AAAS, the largest general scientific organization in the United States, recognizes its responsibility as a leader in science to enhance the status of the physically disabled and to accelerate their advancement in all the sciences and engineering. The AAAS obtained funding from the Rehabilitation Services Administration/HEW to launch an ongoing program to explore the barriers obstructing the entry and full participation of physically handicapped persons to employment opportunities in science. In its initial eight month phase, the program examined and evaluated ways in which the scientific professional associations could contribute to equal educational and occupational opportunity. Defining a role which these organizations can play, the Project now seeks to activate and implement such efforts.

OFFICE OF OPPORTUNITIES IN SCIENCE

THE PROBLEM

Many physically disabled individuals with interest and aptitude in science have difficulty obtaining an education, employment and promotion in the area of their interest. Science educators and employers are largely unaware of the needs of the handicapped and of their own responsibilities for overcoming the difficulties faced by disabled veterans, accident victims, persons disabled by severe illnesses and those suffering from birth defects. Physically disabled scientists working with the AAAS since 1973 have identified three aspects of the problem which they think the professional associations should address:

- Professional meeting inaccessibility
- Recognition of the problems faced by the handicapped in their field
- Barriers to the acquisition of training and jobs in science

OBJECTIVES

In order to overcome these three kinds of career-related problems the initial project:

- Developed and tested methods to overcome physical and communication barriers that prevent handicapped scientists from participating fully in professional meetings.
- Developed and tested methods of increasing the awareness of all U.S. scientific professional associations of the education and career-related needs of their handicapped members.
- Developed program ideas through which AAAS and other scientific societies may enhance educational and occupational opportunity and equality for the handicapped.

ACTIVITIES

To achieve the objectives, the staff of the Office of Opportunities in Science in consultation with the project Advisory Group undertook the following activities:

- Made the AAAS Annual Meeting in Boston, February 18-24, 1976, accessible to the physically handicapped and prepared a professional meetings accessibility guide for distribution to the 291 AAAS affiliate professional societies and academies and to hotels in major convention cities. This was made possible in part through contributions from the Exxon Corporation and the Du Pont Company.

- Arranged activities at the AAAS Annual Meeting to focus the attention of the science community on the handicapped: a symposium "Science, Technology and the Handicapped"; an information center and exhibits on the handicapped in science; a luncheon and press conference; and a reception for symposium participants, other scientists, local rehabilitation agency personnel and others.
- Identified 500 handicapped scientists to serve as a resource group to guide further program development, assist in dissemination of information and form a support system for handicapped students and peers.
- Surveyed the various organizations and government agencies of and for the handicapped, and the scientific professional associations for their suggestions as to the educational and occupational barriers.
- Disseminated information to the general public and scientific community on AAAS project activities and other issues of concern to the handicapped.

*FUTURE
DIRECTIONS*

The Project on the Handicapped in Science will direct itself to the following activities:

ADVOCACY: Heightened awareness of and appropriate response to the problems of the handicapped in science on the part of professional societies, their members and organizations of and for the handicapped.

CLEARINGHOUSE: Establishment of a network and information base that will link the science community, organizations and agencies of and for the handicapped and handicapped scientists in united efforts to remove educational and career barriers.

PROGRAMS: Development and/or facilitation of projects to achieve full educational and career opportunities for the handicapped in science.

PUBLICATIONS

BARRIER-FREE MEETING DESIGN: A GUIDE TO ACCESSIBILITY FOR PROFESSIONAL ASSOCIATIONS

PROCEEDINGS: SCIENCE, TECHNOLOGY AND THE HANDICAPPED

FOR INFORMATION OR INPUT, PLEASE CONTACT:

*DR. MARTHA ROSS REDDEN, DIRECTOR
PROJECT ON THE HANDICAPPED IN SCIENCE
AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE
1776 MASSACHUSETTS AVENUE, N. W.
WASHINGTON, D. C. 20036
(202) 467-4497*

Who disables the disabled?

Editor's Note: When Dr. Gavin wrote offering to prepare this manuscript, there was a good deal of enthusiasm at the CHEMTECH office. It led to our making an immediate phone call to Dr. Gavin. Halfway through the dialing it dawned—*He's totally deaf.* The following conversation ensued.

"Dr. Gavin's office."

"Uh, yes, Uh, hello. Uh, this is Dr. Luberoff at CHEMTECH. Uh, I've gotten Dr. Gavin's letter and, uh . . . well . . . I wanted to chat with him about it . . . but, . . . uh . . . Can Dr. Gavin talk on the phone?"

"Yes, I'll put him right on."

"Good morning, Gavin here, good of you to call."

"Yes, uh, I've got your letter and am intrigued by your proposal and thought perhaps we could chat about it . . ."

"Good! I guess you're wondering how I'm talking to you on the phone."

"I sure am."

"Well, my secretary is on the phone and she is repeating what you're saying and I'm lip reading that."

I would never have known.

John J. Gavin, Director of the Molecular Biology Department, Miles Laboratories, is a native of New Jersey who pursued his education at Rutgers. After World War II, he returned to finish his BS and MS in bacteriology and 14 years later, his PhD (in 1964). He worked with Smith, Kline and French, Food and Drug Research Laboratories, and Norwich Pharmacal before joining the Dome Division of Miles in 1966. There he has held positions of increasing responsibility and in 1971 moved to Elkhart and was promoted to his present position. To his credit are over 40 scientific publications and three patents. Father of nine children, he now somewhat reluctantly admits to having three grandchildren. His interests include swimming, handball, and pool. He is totally deaf.



If you as a manager had an opening and a professional with a record of accomplishment, intellectual ability, initiative, patience, and self-discipline, would you hire or promote him?

Would you if that individual were in a wheelchair? Blind? Deaf? Epileptic?

People so afflicted aren't so sure you would. Opinions among the disabled differ widely as to the extent of discrimination they suffer. Mobile amputees feel there is little discrimination; paraplegics and others confined to wheelchairs, and those with disorders that affect their abilities to communicate hold the opposite opinion. But for an objective appraisal, just look around. How many people with overt physical disability are employed in your organization? Their virtual absence may not make an impression until you realize the number of people in the United States who have physical disabilities approaches 20,000,000, about 10% of the total U.S. population (1). That number approximates the black population of this country! There should be many visible disabled professionals. Shouldn't there? But there aren't, despite the fact that scientific and technical work can be exclusively intellectual in nature, scope, and content. The *sine qua non* of such work is intellectual competence. One might logically assume that substance would take precedence over the form in which its packaged. This should be particularly true in a society that needs all the help it can get in resolving its significant problems. Alas, even though it can be demonstrated empirically that "brains" do come packaged in a variety of colors, shapes, and sizes, "objective" scientific types sometimes (often) exclude from their fraternity individuals whose package design may be different or faulty without regard to the quality of the contents . . . often, *despite* the quality of the contents.

Some progress has been made in cases where the package is "different", but much still remains to be done. However, the situation when the package is "faulty" is somewhat static. Progress has not yet started. It is possible that the problems of the physically disabled are due to inadequate discourse and resultant lack of understanding rather than conscious discrimination. The problem is not

AAAS Initiates Barrier-Free Meetings

This year in Boston the AAAS rolled out the welcome carpet for the physically disabled in the scientific community. More than 200 persons walked or wheeled over that carpet to attend the annual meeting with their colleagues. For many of this group, full participation in a professional meeting had previously been impossible. At this year's AAAS meeting the housing and meeting facilities selected were highly accessible to wheelchairs, interpreters were available to the deaf, and volunteers were on hand to help as requested. In addition, a resource center and 24-hour-a-day hot line offered on-the-spot assistance.

The AAAS Office of Opportunities in Science, with the cooperation of the Meetings Office, coordinated the activities. The university student volunteers and members of the Massachusetts Council of Organizations of the Handicapped served as the backbone of the accessibility effort. Also, the Boston Advisory Committee, hotel and convention bureau staff, and tour directors eagerly participated by adjusting their plans to accommodate the special needs of the disabled. The tour director, with the help of the Advisory Committee, even managed to have a ramp built at Symphony Hall and provided a van with hydraulic lift to transport people to the Boston Pop's Concert.

Close association with their disabled peers seemed to have had a profound effect on the able-bodied scientists who attended the Boston meeting. Many expressed regret that their colleagues had been unthinkingly excluded in the past. Plans are currently underway to ensure

that the Denver meeting and others in the future will be made as barrier-free as possible. Also, efforts will be made to provide whatever assistance is necessary to encourage and ensure the full meeting participation of all members of the scientific community.

Surprisingly, the AAAS staff responsible for the accessibility effort found that the tasks involved were much easier than they had expected. And they confirmed that the benefits received from tapping these valuable human resources far outweighed the efforts in their behalf.

In order to assist AAAS affiliates and other professional organizations to provide barrier-free meetings, the Office of Opportunities in Science is preparing a guide to making professional meetings accessible. The guide, based on the experiences in making the Boston meeting accessible and written with the guidance of a large number of the disabled scientists who attended, will be ready for distribution this summer. The Office also has offered its help to several scientific societies in planning for their future meetings. The American Physical Society at its recent meeting in Washington provided special information and assistance to the handicapped. The American Psychological Association is planning to expand its services to the handicapped at its meeting in Washington this fall.

One highlight of the AAAS meeting as it concerned the physically disabled was a symposium, "Science, Technology, and the Handicapped," which focused on technological innovations and research needs, as well as on the removal of physical, educational, and career bar-

riers for the handicapped. Featured were two computers, one that reads to the blind, the other that helps teach the deaf to speak, and communication devices for the nonvocal. Special attention was given to the implications for action by professional societies in the removal of barriers to the physically disabled. Proceedings of the symposium will be available by the end of the summer from AAAS.

Also, as part of the Science International exposition at the AAAS meeting, 14 booths demonstrated the work of rehabilitation research and training centers across the country; instructional methods for teaching science and art to blind students; the work of state agencies and local organizations serving the needs of the deaf, blind, and physically disabled; and some of the technological developments to aid the disabled.

AAAS began to actively consider the needs of its physically disabled members over 2 years ago, at the urging of one of its members, a deaf biologist. During the past year an all-out effort has been launched to facilitate the full participation of handicapped scientists in the activities of the Association. The steps taken thus far are intended to be only the beginning of activities to remove the barriers to the handicapped for education and careers in science. AAAS also is encouraging its affiliates to become involved in programs toward this end.

MARTHA ROSS REDDEN
Opportunities in Science



Fig. 1 (left). Martha Ross Redden (far right), director of the AAAS Project on the Handicapped in Science, discusses the program with several disabled scientists at the Boston meeting. Left to right, Frances Lowder, Phyllis Stearner, Cheryl Davis, and Robert Larsen. Fig. 2 (right). Robert Haushalter of American University explains some of the features of Laboratory Science and Art for the Blind to an exhibit visitor at the AAAS meeting. [Photos by Steven Brody]

THE RECORD FOR THE ADULT DISABLED

Further examination of this record brings more problems.

The eight year period of Republican power in this country saw the rise of a new minority group, and new issues of discrimination—against persons with disabilities. This period brought enactment of major legislation both at the State level and at the Federal level. It also brought Republican opposition every step of the way at the national level. Most

knowledgeable persons in the area cite two major laws: the Education of All Handicapped Children Act (discussed above) and the Rehabilitation Act of 1973.

Let us look at the Rehabilitation Act:

1. It contained in its earliest form: a major new Federal-State program which would have focussed resources on the most severely handicapped. A program which combined the benefits of SSI with real service delivery and development of support systems such as attendants and alternate employment sites for the most severely handicapped. Ancillary initiatives to provide Federal leadership in technological research and development to assist most severely physically disabled persons make fuller use of their faculties; and to develop a marketing and support system for such technology to reduce their cost. ALL LOST IN A POCKET VETO PRE-72 ELECTION, AND A NARROW FAILURE TO OVERRIDE A SECOND VETO EARLY THE NEXT SESSION. NOT ONLY DID FORD SUPPORT THIS POLICY IN THE HOUSE, BUT DOLE WAS ONE OF THE VOTES WHICH CAUSED THE FAILURE TO OVERRIDE IN THE SENATE (VOTE 60=36). DOLE WAS A KEY VOTE FOR REPUBLICANS--SUPPORTERS OF THE BILL FELT HE HAD MISLED THEM AND DEALT WITH THEM BADLY.
2. It also contained sections 501(affirmative action in Federal employment); 503(affirmative action under Federal contracts); and section 504(nondiscrimination on the basis of handicap)--the equivalent of title VI and much of title VII of the Civil Rights Act for disabled persons.
3. It contained an Architectural and Transportation Barriers Compliance Board, created to finally seek compliance with the Federal architectural barriers compliance law.

The vetoes in 1972 and 1973 meant that this law was not signed until September 1973. Yet enactment of the law only brought foot-dragging on implementation and an attempt to destroy the program from within by bureaucratic fiat. Causing enactment of a bill a year later transferring the program to another agency, another veto--this time a FORD VETO, BUT OVERRIDEN BY BOTH HOUSES.

WHAT DO WE HAVE TO SHOW FOR IT

1. Lax enforcement of sections 501 and 503(an overstatement if anything) only for HEW programs
2. Proposed regulations/to implement section 504(today, 3 full years later) no enforcement policy or complaint procedure, and an executive order for Government wide enforcement which makes clear that no one will call the shots and each agency can choose to do what it wants. (Considering that the biggest problems are

in transportation and housing, this executive order(CLEARED BY THE FORD WHITE HOUSE AND DOMESTIC COUNCIL) makes clear that they intend non-enforcement. The original executive order was fought over and changed in the White HOuse: the issue was whether to have a lead agency with enforcement authority (THEIR ANSWER: NO). The record of HUD and Transportation is awful--they have done nothing.

3. Little movement towards better service for the severely handicapped.

4. No action taken by the Architectural and Transportation Barriers Compliance Board whose individual members (the Dept of Defense, HUD, Transportation, HEW, DOL, Interior, General Services Administration, and the Postal Service) act as if their only function was to protect their individual agencies from active enforcement of any law.

SUMMARY: GOOD RESPONSIVE LEGISLATION PASSED BY CONGRESS AFTER HARD WORK AGAINST ADMINISTRATION OPPOSITION, TO BE DISPOSED OF BY THE ADMINISTRATION, BURIED AT THE BOTTOM OF ANY PRIORITY LIST, NOT EVEN GOOD FAITH ENFORCMENT.

Issues and Problems of Handicapped People

I TRANSPORTATION

A. Problems

1. Poor and/or non-existent models
2. Excessive cost to individual
3. lack of Regulatory response to needs

B. Reasons

1. persistent opposition by Transportation Industry
2. ineffectual leadership by Government
3. limited understanding of needs by designers
4. inflation of cost by 3rd Party payor systems
5. misuse of "safety concern" as prohibiting factor

C. Solutions

1. stronger legislation and regulations to mandate totally accessible Transportation
2. assumption of vigorous leadership role by Federals
3. uniform National standards on Transit design which reflect the need of all disability groups
4. enforcement of those standards by the Architectural and Transportation Barriers Compliance Board

II CIVIL RIGHTS

A. Problems

1. Discrimination in
 - a. - opportunity
 - b. public accomodations
 - c. housing
 - d. voting
 - e. education
 - f. mobility
 - g. services

B. Reasons

1. Historic attitudes
2. Superstition
3. lack of legislation
4. poorly enforced legislation
5. programs which foster dependency
6. no acceptable legal comprehensive definition of handicap or disability

C. Solutions

1. inclusion in 1964 Civil Rights Act
2. Full enforcement of sections 501, 502, 503, and 504 of ~~the~~ Rehab Act of 1973
3. Legal Representation (see legal services)

III. Environmental Design

AKA Barrier Free Environments

AKA Architectural Barriers

A. Problems

1. varying standards
2. poor enforcement
3. lack of research for specific disabilities
4. lack of professional cooperation

B. Reasons

1. Poor interface between disabled and non-disabled people
2. very limited understanding of problems by professionals and building industry
3. poor leadership by Government
4. poor leadership by providers
5. weak current legislation

C. Solutions

1. one uniform National Standard which reflects the need of all disability groups
2. strict enforcement of that code
3. specific curricula in Schools of Architecture and Design
4. apply Code to all Publically used Buildings
5. enforce above through '64 Civil Rights Acts and section 504 of '73 Rehab Act
6. make Architectual and Transportation Barriers Compliance Board a Regulatory Agency under an Administration on Handicapped Individuals in the Office of the Secy. of HEW

IV Housing

A. Problems

1. Accessibility
2. usability
3. lack of sufficient Housing programs
4. emphasis on institutionalization
5. entrance into existing programs are income related not disability related
6. "special" housing often placed in isolated areas

B. Reasons

1. lack of understanding of Housing needs
2. no consistent housing policy
3. no leadership in government
4. poor leadership by Providers
5. no comprehensive planning based on needs and interrelated with the service sector
6. societal reluctance to integrate disabled people

C. Solutions

1. Development of a clear National Housing Policy
2. expansion of Current Community and Housing Development Act for Housing units and Community services.
3. nationwide action plan for de-institutionalization
4. ~~Housing Policy based on disability needs~~
5. ~~provision for adequate mortgage financing~~
6. ~~linkage of Office of Housing for Handicapped and Elderly HUD with Administration on Handicapped Individuals HEW~~
7. make OHHE directly responsible to HUD Secy.

V. Education

A. Problems

1. poor quality
2. segregation
3. poor enforcement of Right to Education
4. poor transportation services
5. insufficient support services
6. inaccessible schools
7. limited post-secondary, trade school, and post graduate opportunities
8. questionable rehab services support practices

B. Reasons

1. resistance to mainstreaming by professionals
2. poor interaction between Rehab and Education
3. poor testing and evaluation policy
4. ignorance of problems by professionals
5. prejudice of general society
6. feeling that services belong in realm of charity

C. Solutions

1. national mainstreaming policy
2. funding for making schools accessible and usable
3. increased support services
4. a cogent and rational transportation policy

5. post-secondary, trade school, and post-graduate support
6. placement of all educational programs in HEM under
Administration on Handicapped Individuals

VI Employment

A. Problems

1. discrimination
2. limited training
3. non-inclusion in vital legislation
4. poor enforcement of affirmative action
5. architectural barriers
6. poor and costly transportation
7. poor rate of advancement on job
8. discriminatory civil service requirements
9. over-reliance on sheltered workshops
10. poor educational background
11. lack of initial workforce entry support services

B. Reasons

1. false "safety consideration" fears
2. general attitudes of society
3. poor government leadership in private sector
4. inadequate strategies on provider level

C. Solutions

1. mandated inclusion of handicapped and disabled in CETA
based on disability
 - a. comprehensive manpower programs
 - b. public service employment
 - c. apprenticeship
 - d. Job Corps
 - e. work incentive program
 - f. research, development, and evaluation
 - g. employment service
2. full enforcement of sections 503 and 504 of Rehab act of '73
3. tax relief for employment related transportation in absence
of accessible public transit
4. tax relief for private enterprise for barrier free work sites

VII. RECREATION

A. Problems

1. limited opportunities for independent enjoyment
2. inaccessible public facilities
3. inaccessible private facilities
4. poor and costly transportation
5. segregated participation
6. general attitudes

B. Reasons

1. poor leadership by government and professionals
2. little public recognition of problems
3. little funding support

C. Solutions

1. ~~legislation assisting recreation providers in creating barrier free environments~~
2. inclusion of protections under 64 Civil Rights Act.
3. increased support funding for transportation services for recreation providers

VIII. AIDS AND DEVICES

A. Problems

1. cost
2. quality control
3. repair
4. lack of information

B. Reasons

1. low production
2. captive market
3. lack of information for regulators
4. poor communication methods by producers
5. inflated prices

C. Solutions

1. ~~tax relief for consumers~~
2. increased support by rehabilitation services
3. regulations for consumer protection
4. increased consumer notifications of technology advancements

IX. ACCESS TO SERVICES

A. Problems

1. different systems fail to communicate with one another
2. service delivery systems frequently do not deal with the whole person
3. rivalry between systems and providers are detrimental to clients
4. too many layers of bureaucracy
5. gaps in service
6. overlap in service
7. different systems can and do impede other systems
8. either poor or no consumer input into systems/service decision making

B. Reasons

1. self-perpetuating bureaucracy growth
2. over reliance by private providers on government funds
3. services for disabled defined by non-disabled
4. services evolve in an uncoordinated context
5. services have refused to deal comprehensively with problems outside of their scope but having direct impact on their goals
6. limited success due to evaporation of funding through bureaucracy
7. self-imposed limitation of goals

C. Solutions

1. consolidation of services in administration on handicapped individuals in office of secretary of HEW
2. mandated consumer involvement in decision making
3. strictly enforced affirmative action programs at all levels of service delivery
4. mandated linkage and coordination between transportation, housing, employment, education rehabilitation and medical services etc.
5. analysis of current systems productivity
6. increased CILS
7. elimination of disincentives from various systems

X. LEGAL SERVICES

A. Problems

1. dearth of services
2. lack of expertise in areas of disability
3. current programs often tied to means test
4. architectural barriers

B. Reasons

1. lack of leadership by government and providers
2. lack of concern and leadership by legal profession especially civil liberties organizations
3. over dependency by consumers on provider organizations

C. Solutions

1. specific legislation mandating legal services
2. ~~presidential leadership vis a vis the legal profession~~

XI. COMMUNICATIONS

A. Problems

1. poor organization in presenting information
2. media concentration on "charity" aspect
3. service systems explain themselves inadequately
4. poor coordination of systems information

B. Reasons

1. poor understanding of population and their problems
2. definition of issues by nondisabled
3. little central coordination of information

C. Solutions

1. consolidation of information output by administration on handicapped individuals
2. output to media from consumers

OVERVIEW

The disabled population numbers some estimated 28 million (including 10-11 million severely disabled) in this country. Their needs are provided by a collection of service systems (health, rehabilitation, income maintenance, employment, recreation, housing, home support, transportation, education) which:

1. have limited objectives
2. promote dependency through disincentives
3. are uncoordinated
4. do not inter-communicate
5. have little consumer input into decision making
6. are inaccessible to client/consumer
7. are often defeated in reaching their goals by environmental realities

8. are promoted by non-disabled professionals
9. rarely attack discrimination and myths about disability
10. are under funded and under staffed
11. have few legal services available
12. do not deal with environmental realities
13. have been poor advocates and leaders
14. have "suspect" cost/benefit ratios
15. are riddled with excessive bureacracy
16. rarely translate research into action

I have not dealt with the problems involving health, research, advocacy, and income maintenance (SSI, SSDI) on purpose, since it would have meant a delay in this paper reaching you. This outline was put together in part with disabled people in a brainstorming session held last week. The items within may raise more questions than they answer. Nevertheless, they do represent a consensus of the status quo as it relates to the individual.

Local 1108
10/6/76
Tom Tiede

TV for deaf? Possible, but . . .

NEW YORK — (NEA) — I am one of the 14 or 15 million Americans who are known to be deaf or hard of hearing. I have otosclerosis, a freezing of the tiny stapes bone in the middle ear.

I believe the condition formed over many years and became serious during the Vietnam War. One day I received shrapnel in the leg, but never heard the grenade explode, and I knew I wasn't quite right.

In any event, I'm fortunate. My disease has been surgically corrected. Well, almost. Occasionally in conversation someone will ask me how I am and I'll respond, yes, it does look like rain.

Still, sometimes I think I hear too much. For instance I am told that many people, including some medical people, believe hearing loss is associated with such matters as stupidity, paranoia and sexual impotency. Sexual impotency? I resent that.

All of this personal data is not by way of inviting you to send in pennies. Rather my wish is to identify myself with an important but generally unknown social issue of the moment: television captioning for the deaf, otherwise known as the Line 21 dispute. As it is now and always has been, TV for the deaf is something like eating without swallowing. If one can't hear as well as see what is going on, the crudity of the tube is, alas, incomplete. A solution is at hand, however, i.e., the Line 21 dispute.

Roughly speaking, Line 21 is the first nonvisual horizontal band above a TV picture. Screens are composed of 525 such lines; the top 21 of which are unseen and are used by the industry for technical matters. For example some of the lines are necessary for the synchronization of the picture. Others are used for test transmission. Line 21, however, is an open line, not vital to set requirements; and thus it has a potential that the others do not.

One potential is public service to the deaf. Line 21 can be used to relay caption television programs to any set fixed with a special decoding device. The meaning of this technology should not be minimized. Captioned TV would allow those with a hearing loss to read dialogue, the same as everyone used to read at the silent movies. Admittedly, much of what is said on television is not worth reading, much less hearing, witness the foggy chatter of Mary Hartman, but social progress is never without its objections.

The caption technology is not experimental. It is a present reality. Engineers at the Public Broadcasting Service perfected the methods, and affiliated stations in certain areas have tested the transmissions successfully. Any program can be captioned. Any television set can be adjusted for decoding. Those who want the service would have to spend about \$125 for a decoding device; all other television sets would receive the regular, noncaptioned, picture.

It is an amazingly simple answer to a complex problem. And yet, as of now, chances are slim to zero that it will soon become a reality. The Federal Communications Commission has the power to authorize caption use for Line 21, yet it is hesitating because of unanimous opposition from the four commercial networks.

Why the network disfavor? They give several reasons, all of which are lame. For example they say the captioning equipment is too expensive. In fact, here would be a one-time cost of about \$50,000 (the price of a 30-second commercial on prime time) and thereafter about \$1,000 for each 60-minute program captioned. Actually, the networks wouldn't have to buy anything if they choose not to; Line 21 captioning would not force caption, it would merely allow it.

The real reason for network opposition is that the executives want Line 21 reserved for more profitable use. Such as the transmission of printed commercials. To hell with the hard of hearing — unless one day they wish to read a nice captioned pitch about mou. wash.

Ah, capitalism. It is stronger than all forces except public contempt. I invite you to write your scorn to any or all of the networks. Address to: The People In Charge Of Keeping The Deaf In The Dark.

SEP 9 1976

President Ford Committee

1828 L STREET, N.W., SUITE 250, WASHINGTON, D.C. 20036 (202) 457-6400

September 2, 1976

Ms. Leslie Collins
System of Advocacy for the Retarded
175 Fifth Avenue
13th Floor
New York, New York 10010

Dear Ms. Collins:

Thank you for contacting the President Ford Committee.
Your interest in the campaign is appreciated.

The President is deeply concerned with the problems
facing handicapped Americans. I hope the enclosed material
will help make his position clear to you. Should you
need additional information, please feel free to call or
write us at any time.

Thanks again for your interest and concern.

Sincerely,


ROB QUARTEL
Answer Desk
Coordinator

RQ:tw
enclosure

interests of both parties. We support a plebiscite by the people of American Samoa on whether they wish to elect a territorial governor. We favor whatever action is necessary to permit American citizens resident in Guam, Puerto Rico and the Virgin Islands to vote for President and Vice President in national elections.

Responsibilities

Finally, the most basic principle of all: Achievement and preservation of human rights in our society is based on the willing acceptance by millions of Americans of their responsibilities as free citizens. Instead of viewing government programs with ever increasing expectations, we must readily assume the obligations of wage-earners, taxpayers and supporters of our government and laws. This is often forgotten, and so it is appropriate to remind ourselves in this Platform that this is why our society works.

SOURCE: REPUBLICAN PLATFORM

HANDICAPPED CITIZENS

Handicapped persons must be admitted into the mainstream of our society.

Too often the handicapped population of the nation—over 30 million men, women and children—has been denied the rights taken for granted by other citizens. Time after time, the paths are closed to the handicapped in education, employment, transportation, health care, housing, recreation, insurance, polling booths and due process of law. National involvement is necessary to correct discrimination in these areas. Individual incentive alone cannot do it.

We pledge continued attention to the problems caused by barriers in architecture, communication, transportation and attitudes. In addition, we realize that to deny education and employment simply because of an existing disability runs counter to our accepted belief in the free enterprise system and forces the handicapped to be overly dependent on others. Similarly, the denial of equal access to credit and to acquisition of venture capital on the basis of a handicap or other disability conflicts with Republican philosophy. We advocate the elimination of needless barriers for all handicapped persons.

NOVEMBER 22, 1975

(1) *Handicapped*

THE WHITE HOUSE

FACT SHEET

WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

The President announced today that the White House Conference on Handicapped Individuals will be held in December, 1976.

BACKGROUND

The White House Conference, established by Public Law 93-516, was signed into law by President Ford on December 6, 1974. Before the national meeting, a series of State conferences will be held to assist in determining the agenda and priorities of the national meeting. The Act authorizes a grant of up to \$25,000 for each State and territory for this conference. In addition, \$2 million is authorized for the national conference.

The Secretary of Health, Education, and Welfare has appointed a 28 member National Planning and Advisory Council to the conference. Council members include nationally known educators, rehabilitation specialists, medical personnel, social workers, government officials, families of handicapped individuals and consumers.

THE MISSION OF THE CONFERENCE

1. Stimulate a national assessment of problems faced by individuals with physical or mental handicaps,
2. Generate a national awareness of those problems,
3. Develop recommendations for legislative and administrative actions to allow individuals with handicaps to live their lives independently, with dignity, and with integration into community life.

MEMBERSHIP ON THE NATIONAL PLANNING AND ADVISORY COUNCIL

Dr. Henry Viscardi, Jr., of King's Point, Long Island, an internationally known rehabilitation specialist and author, has been appointed chairman of the Council and will direct the White House Conference. He, like many of the Council members, is handicapped.

Administrative responsibility for the conference rests with the Department of Health, Education, and Welfare. The Executive Director of the conference is Jack F. Smith, who before his appointment, was an Assistant Dean, Educational Extension, National Technical Institute for the Deaf, Rochester Institute of Technology. Mr. Smith is handicapped.

Handicapped citizens will be involved in all phases of the conference. Handicapped individuals are on the Advisory Council and have been hired to help plan and conduct the White House Conference and to serve as consultants in the development of issue papers. At least half of the delegates to the National Conference will be handicapped persons. Also, handicapped individuals are encouraged to participate in the State Conferences.

more

(OVER)

October 11, 1974

*Healthy -
mental
Retardation*

Office of the White House Press Secretary

THE WHITE HOUSE*P11/10*

STATEMENT BY THE PRESIDENT

Three years ago, America committed itself to cutting the rate of mental retardation in half by the end of the century. That is a notable goal, worthy of a great nation, and today in meeting with the President's Committee on Mental Retardation, I have renewed our commitment to that goal.

The problem of mental retardation deserves our attention not only for the sake of the more than six million afflicted Americans and their families, but for all of us. The majority of retarded citizens can become productive members of society.

There are three important points about mental retardation that must be understood:

One, with appropriate training, retarded people are capable of continuing development in normal community settings. Primarily through its housing agencies, the Federal Government will help retarded adults obtain suitable homes. But the real help must come from the local level.

Two, corrective measures in early childhood can reduce the severity of a handicap. Young children should be screened for handicaps and, when found, they should be corrected.

Three, since we know some of the causes of mental retardation, we know some ways to prevent it. Biomedical research may be helpful in extending this knowledge.

At present rates, some four million of our children expected to be born by the year 2000 will be retarded or become retarded. The members of the committee have advised me that it is realistic to believe that the number can be reduced by half, and I urge all segments of our society to do their part in achieving this objective.

To attain this goal, every prospective mother should have available to her good prenatal care, including the most current techniques of fetal diagnosis and genetic counseling where necessary. She should know the kind of diet which will promote proper growth of the fetus. Good care for mother and child should continue postnatally, with special attention for premature infants. Infants and young children should be screened at appropriate intervals for hearing, visual and other defects which could impede their learning ability, so that the defects may be corrected before the child falls far behind.

A healthy environment and an adequate, balanced diet are especially important throughout the younger years, as is vaccination against rubella and other diseases.

Our school systems must be strengthened, so that they can provide the appropriate education which both the law and our conscience say may not be denied to retarded or otherwise handicapped children. By appropriate education, I mean training in academic, vocational and social skills which will enable these children to live up to their highest potential. And let us never underestimate how high that potential is.

(MORE)

(OVER)

C

DISABILITY SPEECH

DRAFT No. 2

The disability of 28 million Americans constitutes an enormous unresolved problem. 26 million of these 28 million handicapped persons live outside of institutions, in our communities.

-- Over 6 million of them, 3 out of every one hundred Americans, are too impaired by illness to carry out their major responsibility in life. These are students who can't attend school: Breadwinners who are forced by illness to discontinue their jobs: Parents who are prevented from caring for their families by some chronic disease.

-- 13 million more of our neighbors, another 6.5% of our population must limit their major activities as the result of a disease or an injury.

-- Disability prevented still another 6 million Americans from actively pursuing recreational interests or from joining socially with their friends and families.

We must remind ourselves over and over again that over 12 percent of our people, are blocked from full enjoyment of America because of their physical or mental condition.

Moreover, other millions of our fellow citizens are sealed off from their communities in total-care institutions. ___ of our parents and grandparents are living in nursing homes. ___ are cared for in psychiatric and chronic disease hospitals. These people, too sick to be cared for at home, must seek care from institutions that are often unpleasant and costly.

Up until now the government has not provided adequately for our disabled neighbors. The existing programs are too small to be effective and the existing laws are not being enforced. I'd like to give you a sample of what I mean:

— The Vocational Rehabilitation Act, the major public vehicle

for providing supportive medical services and job training to the disabled is narrowly restricted. It covers only those disabled persons who are obviously employable. This peculiarly cold Republican Administration vetoed the 1973 Vocational Rehabilitation bill that would have opened up medical and training services to more of the severely disabled. The final version, passed in 1974 by a Democratic Congress over the reluctant signature of President Ford, first appointed President, allows some coverage of the severely disabled - - but still not enough.

--- This Fall the Congress passed the Education of All Handicapped Children Act. It establishes a spending formula that will greatly increase the federal share of monies spent for educating the handicapped. The amount of money will eventually rise from \$387 million in the 1st year of operation to 3.2 billion after seven years. Unfortunately this last amount is reached very slowly -- not until 1982. And, I am not sure that it will be enough for the 4.1 million disabled children who are currently being deprived of an adequate education.

Federal law states that all building that are either leased, or rented, or owned by the Federal government must be accessible to the handicapped. That is, no Federal building can present any physical barrier to a person in a wheelchair or on crutches. This law has simply not been adequately enforced. This really bothers me because barriers to crippled people in Federal buildings mean that a great many people are being cut off from their own government. In Georgia we eliminated architectural barriers to the handicapped in new and substantially renovated public buildings built with public money.

Physical barriers also hinder the disabled from a choice of housing and limit their use of public transportation. The Federal government has done little to encourage new architectural design or planning that would increase the accessibility of housing or transportation for the disabled.

DRAFT #2

The Carter Administration will be dedicated to the principles of citizen participation in an open society. I'd like to illustrate how this will be applied to the handicapped. In order to permit the disabled to participate in their government and in their society alongside of their fellow citizens the Carter Administration will:

1 -- Enforce the barrier free Federal laws that are already on the books and close the loopholes in these laws that permit abuses by builders and contractors.

2 -- Increase Federal housing and transportation subsidies for the disabled.

3 -- Push up the date to 1978 for reaching the 3 billion dollar level under the All Handicapped Children Act.

4 -- Open up Vocational Rehabilitation Act services to all those who could make a contribution to their homes and communities instead of serving only those who are obviously employable.

5 -- Establish an oversight board which will include the disabled, to monitor all activities of the Federal government that affect the lives of the disabled.

Citizen participation in an open society means that my Administration will seek the funds and methods to allow and encourage the disabled to rejoin American society. This means that the Carter Administration will provide a decent shelter and pleasant environment for those of us who are too disabled to join in. My Administration will provide all the necessary social, employment, and medical services to all of the disabled. We will go the full route because it makes good practical sense.

-- First of all, anyone can become the victim of a car accident or a maiming disease. It can happen to a man or a woman, the white or the black, the rich or the poor. By providing full services to the disabled while we are of sound body and mind, we can draw on those same restorative services if, God forbid, we become disabled. This is not charity to the crippled; this is a safety net for ourselves.

-- In the second place, it makes sense to restore a disabled person to an active contributing life. The more people who are able to care for themselves, the smaller will be the necessary public expenditure. A strategic expenditure early in the course of an impairment can prevent a lifetime to dependency.

-- In the third place, the chances of our becoming disabled increase as we grow older. A disproportionate number of the disabled are in fact elderly. It makes good sense then to provide for our own old age.

-- And last, I want to point out that what is extended ungrudgingly now to a person in need, gives us a right to call on help when we may need it in the future.

The provision of full services to the disabled is not just the decent thing to do. It makes sense.

This chance to go over a few of my thoughts on disability in America allows me to draw a general conclusion for all of our people. The problems of the physically and mentally disabled - most notably the struggle of the crippled for self-sufficiency -- and what we as a people and government do about them will also define what other groups can expect from the public. At sometime in our lives each of us seeks a service or a benefit from our government. We usually justify our claim to that service or benefit by believing that what is provided to us will also benefit the country.

Those of us who have children expect a decent educational system to be available in our communities. Those of us who are temporarily unemployed expect to be supported until our next job. Those of us who have worked and have reached old age expect a retirement -- toward which we have in part contributed. So then, why shouldn't those of us who become disabled expect to get the needed services to fix an impairment or expect to be cared for while we are unable to care for ourselves and our families.

I think that this is a reasonable expectation.

In these great United States, we have 28 million American citizens with various levels of handicapping disabilities. Under our constitution all Americans enjoy equal rights and have equal responsibilities as citizens. Citizens with disabilities want no less -- ask for no more. The mere fact of a disability should not exclude anyone from participating in whatever aspects of life may interest him or her. Unfortunately this is not the case in our country. There is too much focus on the disabilities of our citizens and not enough on the tremendous wealth of untapped abilities that these same people possess.

We need to assure that citizens with disabilities are able to develop their human potential to the fullest. Our nation needs to utilize everyone's resources. Moreover, no one wants to be denied an opportunity to participate in the mainstream of life or to be denied access to programs and activities that interest them. Our federal laws, each time they speak to the problem of discrimination specifically, need to include handicapped people in the anti-discrimination language.

By and large our nation has been quite negligent in its lack of programming, poor quality programming and poorly carried out delivery systems for handicapped Americans. We have thousands of good professional people serving handicapped Americans. Unfortunately we also have seen a paternalistic attitude among legislators, program administrators and professionals on the federal, state and local levels. Handicapped Americans are tired of having

DRAFT

laws passed, regulations developed and programs initiated without the direct and major involvement of handicapped citizens themselves in determining their own needs and designing their own programs. This nation can and needs to do better. It will do better under my administration with your direct input.

My interest in the human potential of handicapped Americans is not new. My record as Governor of Georgia speaks for itself. Those of you who are interested in statistics will discover that the State of Georgia was listed among the top five states in successful rehabilitations per 100,000 population during each year of my administration. I am aware, too, that ^{VOCATIONAL} rehabilitation programs that do not lead to a job are a sham. Clearly vocational rehabilitation without a job resulting from it is a cruel and devastating lie. During my administration I authorized the purchase of the Warm Springs Hospital made famous by President Franklin Delano Roosevelt. This was a private hospital serving an average daily patient attendance of 50.87 per year prior to our state purchase. In the first year of its operation as a state facility during my administration we increased the utilization of this excellent facility to an average public daily attendance of 88.82 clients. This was more than a 75% increase in facility usage. You and I, however, are not interested in dry statistics. We are interested in the development and enrichment of human potential. This is what we succeeded in doing using available resources on a one state basis. This is what we can do and need to do on a national level.

To further illustrate what we can be done once a problem is understood and addressed, I signed into law a bill in 1972 re-

DRAFT #1

quiring that all new and substantially renovated buildings built with any portion of public funds be made completely accessible for the handicapped. More importantly we did not rest on our laurels with a legislative victory. Over 100 public buildings were actually made accessible in the period of two years as a result of this law. I am well aware that handicapped Americans are tired of words. This country needs to stop talking about your equal rights and start delivering them.

In the reorganization of the Department of Human Resources in Georgia we were able to include a contractual arrangement to enable deaf citizens to have the benefit of interpreting services whenever they came in contact with a public agency in the state. This contract successfully bridged a frustrating communication gap. Again, this contractual arrangement was a follow up on earlier legislation I signed to assure deaf citizens the right to an interpreter both in the courts and for communication with any state agency when application for or provision of services were being discussed. I am proud of what was accomplished for handicapped citizens legislatively during my administration in Georgia. I am more proud that we were able to follow up with the direct involvement of handicapped citizens in making new legislation work the way it ought to work.

On the federal level I have no preconceived notions of current program priorities and reorganization of services needed for American citizens with various disabilities. You will be expected to advise me, to offer your services in analyzing the problems and to determine the direction of new action. I am acutely aware that this nation has largely failed to tap the

rich talent and skills of handicapped citizens at the policy-making and management levels in programs for the handicapped administered by the federal government. This will change. You will be welcome to examine the vocational rehabilitation program, the program for the education of handicapped children, the affirmative action program for private contractors, which I understand is not too affirmative, the architectural compliance board, the program for disabled veterans and the many other federal programs that have direct impact on the lives of handicapped citizens. You know better than I do where the flaws are, where reorganization is needed, and where injustices need to be righted. If America has anything it has great talent in its people. We too often do not use our talent well. In the case of handicapped citizens we have almost not used it at all where it could do the nation the most good. Let us work together and change this blight on the American scene.

In summary my program for the handicapped will be action oriented, concentrating on: assuring legislatively that handicapped people enjoy all the rights, privileges and responsibilities extended to all citizens; examining the current programs in several departments of the federal government to determine changes needed; and assuring utilization of handicapped American citizens with appropriate qualifications at the policy-making and program management levels to make our programs accountable and properly relevant.

The disability of 28 million Americans constitutes an enormous unresolved problem. 26 million of these 28 million handicapped persons live outside of institutions, in our communities.

-- Over 6 million of them, 3 out of every one hundred Americans, are too impaired by illness to carry out their major responsibility in life. These are students who can't attend school: Breadwinners who are forced by illness to discontinue their jobs: Parents who are prevented from caring for their families by some chronic disease.

-- 13 million more of our neighbors, another 6.5% of our population must limit their major activities as the result of a disease or an injury.

-- Disability prevented still another 6 million Americans from actively pursuing recreational interests or from joining socially with their friends and families.

We must remind ourselves over and over again that over 12 percent of our people, are blocked from full enjoyment of America because of their physical or mental condition.

Moreover, other millions of our fellow citizens are sealed off from their communities in total-care institutions. ___ of our parents and grandparents are living in nursing homes. ___ are cared for in psychiatric and chronic disease hospitals. These people, too sick to be cared for at home, must seek care from institutions that are often unpleasant and costly.

Up until now the government has not provided adequately for our disabled neighbors. The existing programs are too small to be effective and the existing laws are not being enforced. I'd like to give you a sample of what I mean:

— The Vocational Rehabilitation Act, the major public vehicle

DRAFT #12

for providing supportive medical services and job training to the disabled is narrowly restricted. It covers only those disabled persons who are obviously employable. This peculiarly cold Republican Administration vetoed the 1973 Vocational Rehabilitation bill that would have opened up medical and training services to more of the severely disabled. The final version, passed in 1974 by a Democratic Congress over the reluctant signature of President Ford, first appointed President, allows some coverage of the severely disabled - - but still not enough.

--- This Fall the Congress passed the Education of All Handicapped Children Act. It establishes a spending formula that will greatly increase the federal share of monies spent for educating the handicapped. The amount of money will eventually rise from \$387 million in the 1st year of operation to 3.2 billion after seven years. Unfortunately this last amount is reached very slowly -- not until 1982. And, I am not sure that it will be enough for the 4.1 million disabled children who are currently being deprived of an adequate education.

Federal law states that all building that are either leased, or rented, or owned by the Federal government must be accessible to the handicapped. That is, no Federal building can present any physical barrier to a person in a wheelchair or on crutches. This law has simply not been adequately enforced. This really bothers me because barriers to crippled people in Federal buildings mean that a great many people are being cut off from their own government. In Georgia we eliminated architectural barriers to the handicapped in new and substantially renovated public buildings built with public money.

Physical barriers also hinder the disabled from a choice of housing and limit their use of public transportation. The Federal government has done little to encourage new architectural design or planning that would increase the accessibility of housing or transportation for the disabled.

U.S. Dept. of " # 2

The Carter Administration will be dedicated to the principles of citizen participation in an open society. I'd like to illustrate how this will be applied to the handicapped. In order to permit the disabled to participate in their government and in their society alongside of their fellow citizens the Carter Administration will:

1 -- Enforce the barrier free Federal laws that are already on the books and close the loopholes in these laws that permit abuses by builders and contractors.

2 -- Increase Federal housing and transportation subsidies for the disabled.

3 -- Push up the date to 1978 for reaching the 3 billion dollar level under the All Handicapped Children Act.

4 -- Open up Vocational Rehabilitation Act services to all those who could make a contribution to their homes and communities instead of serving only those who are obviously employable.

5 -- Establish an oversight board which will include the disabled, to monitor all activities of the Federal government that affect the lives of the disabled.

Citizen participation in an open society means that my Administration will seek the funds and methods to allow and encourage the disabled to rejoin American society. This means that the Carter Administration will provide a decent shelter and pleasant environment for those of us who are too disabled to join in. My Administration will provide all the necessary social, employment, and medical services to all of the disabled. We will go the full route because it makes good practical sense.

-- First of all, anyone can become the victim of a car accident or a maiming disease. It can happen to a man or a woman, the white or the black, the rich or the poor. By providing full services to the disabled while we are of sound body and mind, we can draw on those same restorative services if, God forbid, we become disabled. This is not charity to the crippled; this is a safety net for ourselves.

-- In the second place, it makes sense to restore a disabled person to an active contributing life. The more people who are able to care for themselves, the smaller will be the necessary public expenditure. A strategic expenditure early in the course of an impairment can prevent a lifetime to dependency.

-- In the third place, the chances of our becoming disabled increase as we grow older. A disproportionate number of the disabled are in fact elderly. It makes good sense then to provide for our own old age.

-- And last, I want to point out that what is extended ungrudgingly now to a person in need, gives us a right to call on help when we may need it in the future.

The provision of full services to the disabled is not just the decent thing to do. It makes sense.

This chance to go over a few of my thoughts on disability in America allows me to draw a general conclusion for all of our people. The problems of the physically and mentally disabled - most notably the struggle of the crippled for self-sufficiency -- and what we as a people and government do about them will also define what other groups can expect from the public. At sometime in our lives each of us seeks a service or a benefit from our government. We usually justify our claim to that service or benefit by believing that what is provided to us will also benefit the country.

Those of us who have children expect a decent educational system to be available in our communities. Those of us who are temporarily unemployed expect to be supported until our next job. Those of us who have worked and have reached old age expect a retirement -- toward which we have in part contributed. So then, why shouldn't those of us who become disabled expect to get the needed services to fix an impairment or expect to be cared for while we are unable to care for ourselves and our families.

I think that this is a reasonable expectation.

Outline of Speech at Warm Springs on the Disabled

- I. Reminder to the nation of the human and historic significance of Warm Springs.
 - (anecdote about FDR at Warm Springs if possible)
 - Statement about the leadership of the Democrats under FDR in unifying the country, and his ability to move the country forward with the substantial mandate he received.
 - Similarity of JC's and FDR's moral and political commitment to help those in need of Government help. A pledge to a government neither aloof nor inept, but competent and compassionate.
 - FDR remembered more for his ability and programs than for his disability.
- II JC's record as Governor.
 - Georgia among top 5 states in successful rehabilitations.
 - Making over 100 buildings fully accessible to the disabled.
 - Provision of interpreting services to the deaf in contact with state courts and agencies.
- III Description and criticism of present federal programs
 - Piecemeal incoherent development
 - Gaps and programs working at crosspurposes.
 - The fault does not lie with the many good professionals in the programs but in bad administration and lack of leadership.
 - The lack of involvement of the disabled in the design and management of the programs.
- IV What is needed to meet the nations goals for the disabled is a threefold program
 - A) Coordinated and increased R&D in
 - 1 Prevention both before disability and after, to reduce additional problems and secondary complications.
 - 2 Cure
 - 3 Rehabilitation
 - 4 Care (so that the permanently disabled are treated with manifest concern and dignity).
 - B) Enlistment of the disabled in the criticism and restructuring of present federal programs as well as the design and administration of improvements
 - C) Proper executive leadership and actions (and additional legislation where needed) to see that the goals and purposes of the present laws and programs are made actual.
- V Conclusion - the care of the disabled and our ability to use thier talents without paternalism
 - a) demonstrates the nature of our own character.
 - b) given the chanciness of life, is a form of insurance.
 - c) broadens and deepens our commitments to the civil rights of all our citizens

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FROM
LARRY HAWKINS
MIAMI, FLA

✓
THE LAST MINORITY

It would appear that all of the various minority interests have been very politically visible, and have, been recognized.

However, there remains one large segment of our population who represent the last minority group, the make-up of which cuts across all minority and other interests, and their rights and needs will no longer go unheeded in this campaign or by a Carter Administration.

Mr. Carter is the first presidential candidate to recognize and openly and honestly, address the concerns of all people with physical and/or mental handicapping conditions. Because of social stigma, presidential candidates in the past, and presidents have chosen to hide their personal physical problems from the public.

Three factors are responsible: 1) people with handicapping conditions were perceived as few in number, which really was never the case. According to the 1970 census 15% of all Americans are afflicted with some form of Physical and/or mental handicaps; 2) people with disabilities have never been so united, and they now number along with their parents and relatives over 30 million registered voters, and represent the largest minority group in the United States; 3) the Federal government has been content to funnel billions of dollars into...fiscally irresponsible, bureaucratically overblown programs, best described as "catch 22's" that are supposed to be helping when in fact these programs prevent this minority from becoming an integral part of the mainstream of society. A Carter Administration will hold the Federal and State governments accountable, raise the level of public awareness, provide for the removal of physical and social barriers, and remove the

disincentives ~~and outlaw~~ ^{to prevent} discrimination, so that this minority population can partake of the fruits available to all citizens in these United States.

The largest minority population in the United States today is made up of children, adolescents, adults and senior citizens who have physically, developmental, mentally handicapping conditions, disabilities and impairments.

This population's needs and rights have been far too long overlooked and ignored. They are, to a very large extent, unserved, underserved and inappropriately served. Although entitled to the same human, civil and constitutional rights as all citizens of the United States, this has not been generally recognized. Their rights are constantly violated or honored more in the breach.

There exists fiscal, bureaucratic, regulatory and statutory inequities that create disincentives which prevent most of this population from becoming tax-paying citizens, and keep a large portion of this population on the public dole, in conditions of servitude, incarceration and wasteful institutionalization, examples abound; keeping people in lower paying positions than their ability calls for, forcing people on welfare; discouraging employment because of the loss of support service benefits. Federal monies made available for maintaining people in a hospital setting when, in fact, it would cost less money and be more beneficial to have people served in more normalizing settings.

There exists discrimination in education, housing, public accomodations, employment, transportation, voting rights.

There exists social and architectural barriers, and stigmas that prevent access to that which is available to other

segments of our society including other minorities.

SOLUTIONS

1. Governor Jimmy Carter in his 1976 platform, recognizes the right of this population to fulfill benefits of life, liberty, and the pursuit of happiness, to which all citizens in these United States are entitled, regardless of the nature or degree of physical and/or mental disability, handicapping condition or impairment.
2. The Carter Administration will address itself to this issue in an honest and forthright effort to raise the public's level of consciousness, debunk the distorted, devastating myths, and allow the 30 million citizens and their families to participate to the maximum extent possible, as an integral part of the mainstream of society.
3. The Carter Administration will identify and remove the existing fiscal and bureaucratic, statutory and regulatory disincentives which prevent most of this population from becoming productive, tax-paying citizens; disincentives (Catch 22's) that keep a large portion of this population on the public dole, in conditions of servitude, incarceration and wasteful institutionalization.
4. The Carter Administration will establish independent advocacy ombuds person and inspector-general systems, which will assist individuals and oversee and hold to account the human service delivery system, so that it will become more cost effective and fiscally responsible in both human and economic terms.

5. The Carter Administration will establish a program of removing architectural barriers in schools, libraries, post offices and other public buildings on streets; in public recreation and entertainment facilities and in public transportation, by funding a jobs program to hire unemployed construction and related trade workers to do such work, thereby dealing both the unemployment and architectural barrier problems at the same time.

6. President Carter will move to include in the Federal civil rights act specific language ^{that prevents} ~~outlawing~~ discrimination against this population in employment, housing and public accommodations, as is now provided for those discriminated against because of race, color, religion, age, sex, ^{and} national origin.

7. President Carter will affirmatively promote all viable normalizing, cost effective and fiscally responsible in-community alternatives to institutionalization in the large, isolated mental institutions which presently serve as despicable custodial warehouses.

whichever
8. President Carter will create, by consolidating the myriad of diverse categorical Presidential Committees created around narrow interests, a single Presidential Committee that will equitably address the needs and rights of all citizens with handicapping conditions, disabilities or impairments.

9. President Carter will maintain as a major priority, the delivery of human services, to all those in need of such services, and for the services to be based upon the needs of the individuals to be served and not upon the needs of the service providing system.

10. The Carter Administration will insure that maximum consumer involvement and concerned citizen participation will be affirmatively sought for input into the planning and policy making processes before decisions are reached, and in monitoring processes as well.

11. The Carter Administration is dedicated to the proposition that the highest right to be observed will be the right of every citizen to be respected for the dignity of his or her humanity, regardless of their station in life, nature or degree of physically and/or mentally handicapping condition, disability or impairment.

Issues

\$100⁰⁰ check

105 Oak Road
Warm Springs, Georgia 31830
April 29, 1976

The Honorable Jimmy Carter
Plains
Georgia 31780

Dear Governor Carter:

Congratulations! It is a pleasure to see that others throughout the United States have come to realize what we in Georgia have known from the beginning ... that Jimmy Carter is the man best suited to be in the White House.

At such time as you choose to speak in detail of your platform, there is one area you may wish to consider ... your interest in the handicapped.

During your term as Governor, you took action that provided Georgia with a rather unique program. The decision to accept the Georgia Warm Springs Hospital has resulted in the citizens of our state having available unequalled comprehensive rehabilitation services for the severely disabled. The full array of medical services of the Georgia Warm Springs Hospital, coupled with the vocational services of the Georgia Rehabilitation Center, resulted in the formation of the Rehabilitation Complex in Warm Springs. Not only are there medical and vocational services available but also the entire spectrum of support services, such as social/psychological/recreational services that contribute to our working with the total person in the rehabilitation process, all provided in one setting. For this you should take credit.

The rule of thumb is that approximately ten per cent of the country's total population are disabled and at some stage in their lives have need for rehabilitation services. In addition, there are millions of professionals and volunteers engaged in the process of rehabilitation who assist by serving on boards of directors, helping with fund-raising projects and working with patients.

This significantly large number of voters would be pleased to hear of your interest in the handicapped. They should know of your

effort to enhance services to the disabled by developing the Georgia Warm Springs Rehabilitation Complex. As you know the complex functions within the Division of Vocational Rehabilitation, a division of the Department of Human Resources, which is doing what you intended.

It has been many years since this country has had a President interested in the handicapped. The Republican administration of both President Ford and President Nixon has been indifferent to the needs of the disabled. The Vocational Rehabilitation Act was vetoed for the first time in the history of the program by the current Republican administration. Further evidence is that Mr. Nixon during his term reduced by \$85,000,000 appropriations for rehabilitation services, and it was only through the Gaiino Amendment that \$65,000,000 was restored.

The crippled and disabled of the United States would be most pleased to know that you, the next President of the United States, have their interest at heart. I am sure they will support your campaign to help in making programs for the handicapped continue and expand.

Please call on me if I can assist in this endeavor.

Most sincerely,


Albert R. Calli

APCdc

P.S. Enclosed is a report of the first year's activities of the Georgia Warm Springs Hospital.

Enclosure

GEORGIA WARM SPRINGS HOSPITAL

WARM SPRINGS, GEORGIA 31830

NOVEMBER 1973

Initial effort on my part was to become better acquainted with the facility and its staff. Considerable time was spent in touring every building, cottage, department, etc., and in meeting with each member of the Medical Staff and every department head. This gave me insight into history, the present activity and recommendations the staff had for improving and increasing services.

Exploratory meeting was held with staff of GRC/GWSH for discussion of coordination of present duplicating of efforts that can result in a more effective and efficient utilization of staff resulting in the reduction of expenditures and better delivery of patient care.

Appointment of Dr. Robert Bennett to Director of Professional Education and Medical Director Emeritus and Dr. Paul Reith as Acting Chief of Staff ... change in manner in which medical services are delivered after aforementioned consultations with various staff.

Negotiation of contract with the Department of Labor through the International Association of Rehabilitation Facilities to provide for the training of non-professional supportive staff. This contract consists of in-service training and provided \$24,000 to be used for the purpose of increasing wages and upgrading those employed by the Hospital upon completion of training.

Receipt of \$60,000 grant through efforts of Division of Vocational Rehabilitation to provide necessary changes needed as required by Fire Marshall's report.

DECEMBER 1974

Development of list of priorities -- with aid of Leon Meenach and after considerable time spent in reviewing the physical facilities -- pertaining to the expenditure of funds relative to bringing the Hospital, housing and all physical facilities up to standard for full utilization.

Increased efforts to communicate with the public on activities at the Hospital through the news media: newspaper, radio and television. Developed a general brochure.

Effort to improve lack of communication and cooperation between the various departments of the Hospital (needs as related to me by staff in individual interviews) and develop a more coordinated effort to enhance the effectiveness of the operation through creation of position on staff of Coordinator of All Patient Services, including therapies, nursing, social/psychological services, recreation, etc.

Volunteers were recruited and trained to assist patients throughout the Hospital.

Development of program to attain funds from private sources for Christmas party and gifts for patients in Hospital.

Movement of physician's offices to Hospital wings to be closer to patients.

Review and approval of contract between the Hospital and Veterans Administration.

Development of Consulting Medical and Courtesy Medical Staffs.

Development of Hospital security system.

Continued effort to identify areas for greater cooperation and coordination between GRC/GWSH.

Engagement of full-time psychologist and part-time psychiatrist to provide services to both facilities.

Formation of Chapel Committee.

Visit to Good Samaritan Rehabilitation Hospital, Phoenix, Arizona; Craig Rehabilitation Hospital in Denver, Colorado, and Rancho Los Amigos Hospital in Downey, California. Sent staff who would benefit from such exposure -- Dr. Reith, Dr. Higgins, Dr. Hill, Ms. Jean Meehan (Director of Nursing), H. G. Bowden (Chief Orthotist), Kathryn Phillips (Physical Therapy).

Continued involvement in routine of staff planning conferences, supervisory conferences, visits to all departments for administrative exposure.

JANUARY 1974

Constant objective is coordination of activity between GRC/GWSH. Some combining of services has taken place and others in transition.

Dr. Hill rejoined Medical Staff and serving as Coordinator of Medical Services at GRC.

Continued activity toward smooth transition into State structure.

Purchase of recreational equipment for patients with contributed monies.

Muscle Testing Program in cooperation with Georgia State University. Forty students from eleven states attended. All were registered Physical Therapists.

Continued work with Mr. Dan Sewell, architect of the project to bring about changes which will permit the Hospital to meet the deficiencies pointed out by the Fire Marshal.

Visit to Medical College of Georgia with Dr. Reith to begin negotiations toward affiliations with various services.

Contact from Department of Education for the providing of hospital care and academic experience for physically and multiply handicapped children through utilization of the Children's Wing and Schoolhouse.

Improvement and regular meetings established for Volunteer Fire Department.

Lab reopened at insistence of Medical Staff and availability of personnel. This was done with the knowledge and cooperation of James Smith, Administrator of Meriwether Memorial Hospital, where services had been obtained.

Contacts with public relations people: Dick Green, Atlanta Constitution; Irvin McBrayer, Atlanta Journal; Aubrey Morris, WSB Radio; Rusty Bruton, WSB/TV; Virgin Dominic, WXIA/TV; Neil Craig, WXIA/TV.

FEBRUARY 1974

Establishment of Supervisors Meetings, Administrative Staff Meetings and Medical Staff Meetings.

Team rounds initiated by Medical staff ... major step in coordinating services of all supportive staff with the Medical Staff in bringing about a more comprehensive approach to the delivery of services and a better utilization of personnel.

Assignment of Mr. Cole, GRC counselor, to the Hospital as a Division of Vocational REhabilitation counselor. Mr. Hugh Leavell, psychologist from GRC, working with patients in better understanding and accepting their handicap.

Emphasis on more effective discharge planning.

Began development of a training program for DVR counselors working with the severely disabled. The intent, to develop a workshop format that can be initiated in late April.

First interest shown in development of Patient/Family Education Program through Georgia Regional Medical Program.

Continue to work on smooth transition into State structure.

Close look at cost of operation food services at Hospital.

Contact with Mr. Howard Callaway, Secretary of the Army, regarding Military Assistance to Safety and Traffic (MAST) Program.

Patient changes - later bed check time and utilization of recreational activities available at GRC.

Continued inservice training for Housekeeping.

Acceptance of facility by National Historical Society.

MARCH 1974

Recreational swimming for patients in treatment pool in evenings on regularly scheduled basis.

Representative of Hospital named to Volunteer Services Advisory Council, Georgia Department of Human Resources (Mrs. Claude Bray, Jr.).

Distribution of new brochure ... 17,000 mailed to former patients, referring physicians from files, possible referring physicians from Physician's Registry, sponsoring agencies, OT and PT schools, Department of Human Resources Agencies throughout the state, DVR agencies within a surrounding ten state area, and individuals who have maintained interest in our facility over the years.

Future programming planning session under direction of Mr. Meenach, including staff of GRC/GWSH.

Personnel from Crippled Children's Services, Department of Human Resources, visited the Hospital with Mr. Crockett for the purpose of exploring the possibility of future use of our facility for care of children.

Organization of patient's charts; initiating discharge planning, patient conferences, staffing of patients, intake conferences and many other elementary steps necessary for a smooth running operation.

Arranged for donation of typewriters from IBM for patients' use at GRC and at the Hospital.

Expansion of GRC OJT Program at Hospital.

Meeting with Congressmen Brinkley, Flynt, Giaimo and Ginn around idea of the federal government's providing five million dollars for renovations, equipment, and staffing.

Submitted request for year-end funds for purchase of needed equipment. Received money for new beds, over-the-bed tables, etc.

APRIL 1974

Change of policy on patient charges has been enacted after consultation with Mr. Meenach and Dr. Craig Fletcher, Blue Cross of Columbus. As of April 1, 1974, patients permitted weekend leave will continue to be charged for their bed space without interrupted charges.

Continued contact with personnel from Medical College of Georgia regarding affiliations. These include: Chairman of Department of Orthopedic Surgery; Associate Dean for Clinical Sciences; Dean of the School of Nursing; Dean of the School of Allied Health.

Establishment of Medical Care Evaluation Committee under leadership of Dr. Bennett. It will concern itself with both quality of medical care and cost of medical care (utilization of beds and services) at this Hospital.

Establishment of new committees and members as dictated by Joint Committee on Accreditation of Hospitals.

Workshop on more meaningful hospital visitation attended by approximately twenty clergymen from surrounding area.

Initial contact with Epileptic Association of Georgia through Mr. Howard Phillips.

Further discussion of possibility of Children's Services.

Contact with Home Office Rehabilitation, Nurse, Fireman's Fund American Insurance Company as well as Medical Service Manager and Chief Examiner - REhabilitation from the Liberty Mutual Insurance Company.

MAY 1974

GRC/GWSH combined services as of May 1:

Medical
Fire Department
Counseling
Therapy
Water Supply

Laundry
Pharmacy
Lab
Nursing
Psychiatric/Psychological Services

Combined services to be implemented prior to July 1:

Personnel
Maintenance & Grounds
Security
Housekeeping

Under consideration for implementation during Fiscal '75:

Central Mail Service	Central Motor Pool
Food Services	Central Warehouse
Central Purchasing	Inservice Training Officer
Chaplain	Volunteer Services
Recreation Program	Social Service

Reorganization of Admissions Department and development of Standard Operating Procedures.

Establishment of Hospital Planning Committee composed of staff members, both professional and sub-professional who are working on recommendations and plans to upgrade services to our patient population.

Referral sources continue to send an increasing number of patients.

Receipt of outline for pilot program to be initiated for treatment of the epileptic.

Development of job descriptions for all positions.

JUNE 1975

Final work on phase-in to State structure with Personnel Department, purchasing, budget, fiscal policy, etc.

Memo up-date to all employees of status of phase-in.

Re-inspection approval by State Fire Marshal.

Agreement with William E. Bass, Jr. & Associates to conduct an Engineering Study on the Electrical System, specifying services to be provided for improved safety for Hospital patients due to location and functions of high voltage transformers on property.

Sub-committee on Children's Services Program continues to meet.

Possibility of Prosthetic Clinic at Hospital raised.

First helicopter evacuation of patient through Military Air Safety and Traffic (MAST) Program.

Meeting with Dr. Dan Cabaniss, Director of Medical Education at the Medical Center in Columbus, Ga., to explore the opportunities for exchange in medical education, Internal Medicine consultation, training of resident physicians in Rehabilitation Medicine, as well as specialist interpretation of chest films and EKG's. Interest shown in utilizing the Warm Springs Medical Complex for both training of third-year General Practice Residents in Rehabilitation Medicine by rotation of the phy-

sicians through this facility for a specific time period such as three months, and for regular Internal Medicine consultation by a member of his teaching staff on a weekly consultation basis in which the Internal Medicine consultant would act both as a consultant on inpatient medical problems as well as in our teaching programs.

Finalization of plans for July 7 ceremony.

AUGUST 1974

Conveyance Ceremony.

Smooth transition into State systems.

Emphasis on methods to be used by Medical Care Evaluation Committee in upgrading and improving the entire scope of patient care and recordkeeping. Establishment of screening entities and diagnostic categories.

Establishment by Professional Education Department of regular professional education programs on a monthly basis with individual departments within the facility responsible for the programs.

Establishment of Prosthetics Clinic at the Hospital with cooperation of J. E. Hanger Company, Inc. of Atlanta and Atlanta Artificial Limb Company. First clinic held August 1, 1974, and then to be held every other Thursday, rotating with the Urology Clinic.

Visit by Medical College of Georgia staff -- Dr. John Palmer, Physicians Assistants Program and Dr. Billy Pollard, Dental Hygienist Department; Doctors J. B. Matthews, Director of the Division of Systems and Computer Services and Dr. Richard Bramblett; Bella J. May, Ed.D., Professor and Chairman of the Department of Physical Therapy, School of Allied Health Sciences and Mr. Harold Smith, Clinical Education Coordinator for the Department.

Series of articles by Ms. Sandra Matthews, Public Information Section of Dept. of Human Resources, covering different phases of treatment process.

Recognition of 20,000th patient - Mr. Claude Pope.

Consultation acquired on need for changing heating system.

Disability Income Plan offered employees.

Formation of committee for structuring of the R & D Project for Evaluation of Impact of Family Acceptance and Involvement with the Seriously Disabled's Prognosis and Progress. Made up of both Hospital and Center staff.

AUGUST 1974

Letter of agreement for funding of GRMP request - Patient and Family Education Program.

Nursing Service Agreement with GRC.

Nursing consultation by Ms. Annie Lou Overton, R.N., Nursing Program Specialist, Quality Control Unit, Department of Human Resources.

Visit by representatives of Workmen's Compensation Board and Governor's Office of Planning and Budget to tour facility and learn about program and plans.

Referral sources visiting facility from Underwriters Adjusting Company and Continental Life Insurance Company.

Visit by representative of Bureau of Workmen's Compensation, State of Florida.

Consultation from Medical College of Georgia by C. H. Hall, radiologist.

Dr. Ray Bard and staff held faculty retreat on grounds. Dr. Bard is Dean of School of Allied Health Sciences, Medical College of Georgia.

SEPTEMBER 1974

Proposal by Planning Committee for discharge planning - patients to be dismissed and admitted on consecutive days. Better patient/family information given at time of intake - discharge date, home routines, after-care, etc.

Hospital Utilization Program for Rehabilitation Facilities out of Pittsburgh, Pennsylvania, effective October 1.

Continued work toward physical improvements: necessary work recommended by State Fire Marshal's office completed; operating room ready for use; consultation continues toward improvements of heating, electrical transformer system, shower room improvements with tubs being removed and stretcher showers installed. New lab equipment has been purchased, five new food carts have been purchased for transporting food to the patient wings, 45 electric hospital beds, 16 tilt beds and 100 over-the-bed tables received. New two-way radio system for use by staff has arrived and in use.

Employee of the Month Program initiated.

Group meetings on Monday nights on sexuality for the spinal cord patients as conducted by Dr. Bray. Implementation of new research program by psychology in mid-October which will measure anxiety levels at admission, during hospitalization and upon discharge and referral to GRC.

Contact with referring physicians assuring return of patient when services at Hospital have ended.

Presentation by staff of Course #100 (Modified) Comprehensive Care of Physical Impairment for 26 individuals from DVR, State of Georgia. In October 40 individuals from State of Florida will attend same course.

Establishment of priorities for improvement of the facility through the use of funds to be made available through a Hill-Burton grant.

First Annual Staff/Family Picnic held in coordination with GRC.

Visit by Sterling Brinkley, M.D., R.S.A., Washington, D.C., for consultation.

OCTOBER 1974

Standard operating procedures for Discharge Planning in completion stages, designating Tuesday for discharges and Wednesday for admission, thus eliminating three

days of empty beds each weekend. New organization for the Physical Therapy Department became effective October 16, 1974, eliminating two supervisors.

Final draft of Children's Program Proposal submitted and meeting arranged with representatives of the committee and Mr. Nolan with Mr. Parham.

Informed of availability of itinerant teacher through county school system. Will serve school age patients who are missing classes due to hospitalization.

REceived notification of approval of renovations made complying with the Fire Code.

Postgraduate program underway with students from various sections of the United States. Enrolled in the 12 month course are 4 physical therapists and 2 occupational therapists. Two Army resident physicians from Letterman General Hospital in San Francisco are at GWSH for three months.

Dr. Bray assumed responsibility for supervision of Psychological Services at both the Hospital and GRC. Now supervises Mr. Leavell, Dr. Laurence Bryan and will coordinate with the consulting research psychologist at GRC.

Concerted efforts at inservice training continue. Implementation of training program for new aides and orderlies instructing in techniques for handling of patients, i.e., lifting and transferring.

Department of Human Resources Development and Training team conducted two courses at Hospital. "Management - Level I" and "Employee Development - Series I" Total of 57 employees attended the courses.

Nearing completion of home routine booklet for distribution to patients upon discharge.

Nursing Care Plans begun under direction of Mrs. Martha Hill. This is requirement of Joint Commission for Accreditation of Hospitals. New Medication Administered form implemented.

Dr. Higgins presented Professional Education Program to staff on "Emergency Care of Convulsions, Shock and Cardiac Arrest."

Visit by Alex Vaughn, Associate Director/Alumni Affairs of Division of Institutional Relations, Medical College of Georgia, to gather material for article about the cooperative programs and efforts of the School of Allied Sciences of the Medical College and GWSH.

NOVEMBER 1974

Meeting in Atlanta to further Children's Program Proposal.

Reviewing blueprints for renovation of East Wing.

Efforts to establish a closer working relationship with County Public Health Services through Mr. Obie Bell, RPT, State Physical Therapy Consultant, for continuum of services after-care.

Committee established for development of Joint Administrative Duty Coverage for GWSH/GRC. Also Joint Committee on Affirmative Action established.

Bill Tomlin appointed In-Service Training Officer for GWSH/GRC.

New telephone switchboard installed. Personnel at Hospital handling calls for both the Hospital and GRC through a central switchboard.

Department of Professional Education attempting to receive certification of twelve month training of graduate physical therapists and occupational therapists through School of Allied Health Science, Medical College of Georgia. Also negotiating similarly with Georgia State University. Object is to have the courses acceptable to their School of Graduate Studies for certification.

Renewal of International Association of Rehabilitation Facilities OJT Grant -- inter-disciplinary manpower training for Nursing Service and Housekeeping.

Lab was inspected by State Inspector. Limited license received.

Sunshine Fund established for employees. Contributions by employees for use in purchase of flowers, gifts, etc., for illness, retirement, etc.

Occupational Therapy Consultant from Medical College of Georgia here - Ms. Bonnie Brooks.

Founders Day Program - Phillip Buchen (former patient and now counsel to the President of the United States of America) honored guest. Recognition of employees and volunteers.

DECEMBER 1974

Drug Identification Program presented select staff.

More liberal interpretation of visiting hours, particularly for long distance visitors on weekends.

Staff offered course through West Georgia College - "Seminar in Deviance" - for personnel working toward B.S. or M.S.

Art exhibit by former patient - Ms. Hazel Judah.

Name tags for all employees.

Speech Therapist received Georgia State Speech and Hearing License.

Emphasis on improvement of Hospital morale - "Operation Smile", Christmas cards, decorations on floors, party.

Discussion of utilization of personnel through Work Release Program, Department of Corrections.

JANUARY 1975

Preparation for Joint Commission for Accreditation of Hospitals inspection.

Follow-up media coverage by Sally Saunders, THE COLUMBUS LEDGER-ENQUIRER.

FEBRUARY 1975

Survey by Joint Commission for Accreditation of Hospitals.

Consultation by Sterling Brinkley, M.D., R.S.A., Washington, D.C. Visited Medical

College of Georgia and Emory Medical School to pursue establishment of residency programs, secure consultants for the Hospital, determine training available for medical staff of the Hospital and full medical school affiliations.

Submitted narrative for grant to Hill-Burton for construction.

Established small group therapy sessions to aid patients in dealing with problems.

Media coverage follow-up with Charles Seabrook of THE ATLANTA JOURNAL. Also radio interview with Ms. Sybil Dennis, WFDR RADio.

Consultation of Medical Records Department with personnel from Medical College of Georgia.

MARCH 1975

Working toward patient prevocational testing program in cooperation with GRC.

Contract with Medical College of Georgia for Physicians Assistant from June graduating class.

Visit to University of Florida Medical School to explore areas of mutual benefit. Currently have affiliation of paramedical personnel, specifically physical therapists, occupational therapists and rehabilitation counselors.

Established Dean's Council made up of Deans of the School of Medicine from the University of Florida, Medical College of Georgia, and Emory University.

Contact with School of Nursing, Medical College of Georgia, for student affiliation.

Implementation of County Ambulance Service through combined efforts of GWSH/GRC/Meriwether Memorial Hospital. Emergency Medical Treatment classes offered staff.

Inservice training continues for Housekeeping, Dietary, Nursing Service and clerical staff.

Community little theatre group meeting on grounds.

Attempts begun for establishment of affiliation with Mercer University School of Pharmacy and university of Georgia School of Pharmacy.

APRIL 1975

Results of inspections and survey by licensing and accrediting bodies:

- 1/ Joint Commission for Accreditation of Hospitals accreditation for two years.
- 2/ Certifies as being in compliance with Title VI of Civil Rights Act of 1964.
- 3/ Lab approved for licensure by State.
- 4/ Certified as meeting Medicare and/or Medicaid requirements as they pertain to Utilization Review.
- 5/ Full compliance with State Licensure Requirements and therefore licensed by State of Georgia to function as a hospital.

Visit by representatives of School of Nursing, Medical College of Georgia, toward possible affiliation.

Continue to work on details of Work Release Program.

Visit by Harold Russell, Chairman of the President's Committee on Employment of the Handicapped, Washington, D.C. Television filming by NBC News and Atlanta Channel 5 News. Filming of program by WGTV, University of Georgia at Athens.

Short course in orthotics and prosthetics presented to DVR counselors, Basic Course on the Severely Impaired, Regional Modified Course on the Severely Impaired, and second presentation of Basic Course on Severely Impaired.

Development of slide presentation re: irrigation of colostomy for patient/family education.

Bill Flannigan, R.S.A., Washington, D.C., visited relative to Family Intervention Grant request (R & D).

MAY 1975

Working with Director of Rehabilitation Services, State Board of Workmen's Compensation regarding discharge planning and patient follow-up in their home communities. Also contact for this purpose with Department of Family and Children's Services.

Grant request submitted to National Institute of Health for a comprehensive program for epileptics in central Georgia in conjunction with Epilepsy Association of Georgia and Medical College of Georgia.

Joint sponsorship of course "Comprehensive Services for Severely Handicapped Clients" by Rehabilitation Continuing Education Program Region IV, The University of Tennessee and the Georgia Warm Springs Rehabilitation Complex.

AFFILIATIONS

COLLEGES AND UNIVERSITIES

University of North Carolina	Physical Therapy
University of Florida	Occupational Therapy
University of South Carolina	Physical Therapy
Georgia State University	Physical Therapy
LaGrange College	Nursing
Medical College of Georgia	Occupational Therapy
University of Pennsylvania	Occupational Therapy
Medical College of Georgia	Physical Therapy
Columbus College	Mental Health Students
University of Florida	Physical Therapy
University of Pennsylvania	Physical Therapy
University of Pennsylvania	Medical Technology
Medical College of Georgia	Physician's Assistant
Georgia Southern College	Recreation
Duke University	Physical Therapy
University of Alabama	Physical Therapy
Louisiana State University	Physical Therapy
St. Petersburg Jr. College	Physical Therapy Assistant

THE PLIGHT OF THE DEAF

Schools are NOT preparing the deaf students to take an equitable part in the community when they are through with their schooling and with more and more hearing people chosen for positions in schools and programs, the incentive for the best qualified deaf students to pursue further study is damaged.

According to the tabular summary for the year 1955 contained in the April 1956 issue of the AMERICAN ANNALS OF THE DEAF, there were 20,394 hearing impaired pupils in publicly supported schools staffed by 3287 persons in the instructional department of which 410 or 12% were deaf themselves. For the year 1975, twenty years later, according to the tabular summary contained in the April 1976 issue of the AMERICAN ANNALS OF THE DEAF there were 48,276 hearing-impaired pupils in publicly supported schools, a gain of 213%. Personnel in the instructional department mushroomed to 14,672 of which 1076 or 7% were deaf instructors, a drop of 5% proportionately. The gain of instructors with normal hearing was 473% while the gain of deaf instructors was 262%, almost identical to the percentage gain of pupils. This suggests that hiring practices have favored the hearing in spite of the increase in the number of post-secondary programs with enrollments of the hearing-impaired.

Additionally, in 1955, for each person with normal hearing there were 7.26 pupils, while for every deaf instructor there were 50.96 pupils. In 1975, the ratio for hearing persons was 1 to 3.85 and for the deaf person the ratio was 1 to 44.86.

This does not imply that there were fewer pupils in a class taught by a teacher with normal hearing than that taught by a deaf teacher, however, it is common knowledge that students will seek companionship and assistance more often from someone who is similarly afflicted and is fluent in the mode of communication common to student and teacher, hence an unfair proportion of the responsibility is shifted to the deaf teacher.

It is farcical to expect the 13,596 personnel with normal hearing to become masters of the language of signs any more than for them to understand the deep-seated frustrations of the deaf in their quest for equality in society. These two shortcomings in the make-up of the average teacher of the deaf is the reason why the schools insist that the hearing-impaired SPEAK and HEAR and/or LIP-READ because the "outside" world is made up of people who speak and hear. The fact that the "outside" world is also made up of seeing people escapes them. The same analogy applies to the crippled: the world walks hence the crippled should walk. The blind get away with all this because, as I implied, people do not think in terms of visual application. They see color, shape, the beauty of a landscape, the sunset, etc., but they fail to see the importance of the printed word where the deaf are concerned.

Now, in order to equate things for the deaf, schools must teach the deaf to read and to read better than the hearing can hear. In order to utilize the deaf person's skills in reading and writing, he must have the equipment in order to communicate with those who can hear but are loath to read and

write. So, the telephone becomes the culprit which denies the deaf communication over distance with his hearing peers. The development of the teletypewriter with modems has made it possible for the deaf to communicate over the telephone lines with someone who has similar equipment. To expect everyone to purchase this equipment is out of the question as it is to expect every non-handicapped person to be concerned with the problems of the afflicted.

Without doubt, the electronics industry is able to come up with the answer to encoding typed messages so that the hearing will be able to receive the message in spoken form and vice-versa. In order to make this type of service available and reasonable in cost, a laboratory must be set up whereby engineers can experiment and develop equipment to overcome the communications barrier. For obvious reasons, this laboratory must be administered by a deaf person who, naturally, would be more concerned with the visual rather than the sound output so that the position of the deaf in this communications game will be assured.

This type of service must be permanent and nation-wide and a law must be passed which will require that every hearing-impaired student be taught to read and type at as early an age as may be feasible and taught to use the telephone much as any hearing youngster so that he will be accepted as just another member of society albeit he cannot hear. What it should be is not token business typing, but an in-depth training session in TTY typing since there is no other way

And the absence of captioning on TV deprive the unhearing of keeping abreast of events and deny them the opportunity to develop an appreciation of cultural events and of the arts.

Mainstreaming of the deaf in schools which are predominantly for the non-deaf has attempted to close the communication gap between the deaf and the hearing, however, mainstreaming does not guarantee equality and with more and more of the deaf resorting to SSI and SSDI for bare subsistence, it is evident that the batting average of the game of restoring the deaf to society is shamefully low.

F. A. Caligiuri

Los Angeles County Commission for the Handicapped

October 1976

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July 19, 1976

POLICY DIRECTIONS TOWARD THE HANDICAPPED

BACKGROUND

The problems of disabled persons in the United States are typical of all our needy and deprived citizens, but are dramatically intensified not only by the practical effects of disability, but by the additional burdens of discrimination and loss of fundamental constitutional rights. Specific policies to help the handicapped secure those rights and live as productive members of society must take full account of the basic, primary obstacles that currently exist for all handicapped persons. Handicapped persons, whether blind, deaf, mentally retarded or physically disabled, share the common goals and hopes of all Americans to live in human dignity, to achieve self-sufficiency and economic independence and to contribute to family and community life. These are not radical or outrageous goals and the fact that they are presently unattainable for most handicapped persons indicates the elementary level at which we must approach the problem.

In many ways, attitudes toward the handicapped have not progressed beyond the Middle Ages when such persons were routinely outcast from the rest of society. Most people are still more comfortable when the disabled are out of sight and out of mind, when services are provided in segregated rehabilitation facilities or in isolated institutional settings.

Traditionally, those who would help the handicapped have focused on specific, limited issues such as tax breaks for the blind or increasing the availability of guide dogs rather than confronting the far more basic issue of ensuring that the handicapped are afforded the same constitutional rights enjoyed by other citizens -- rights which include equal access to education, to housing, to travel via public accommodations, to public services, to due

process before commitment to an institution, and, most significantly, to opportunities for employment or pursuit of an occupation.

It is, of course, difficult to accept the fact that discrimination against the handicapped is so widespread and so vicious in its effects, despite all of our protestations of good intent. The usual attitude toward disabled persons, at least on the surface, is one of sympathy and concern, but it is sympathy which smothers under the guise of protection. This "tyranny of goodwill" which denies the disabled their rights ostensibly for their own good often masks ignorance, fear and prejudice. The first step in eradicating this long-standing tradition of discrimination is to firmly commit ourselves to affirmative policies which protect and insure the constitutional rights of the handicapped. At the same time, we must expand and improve our efforts to provide those special services which the handicapped must have if they are to fully exercise these rights.

A PROPOSED APPROACH

Different groups of disabled persons espouse differing philosophies regarding how best to accomplish equal rights and opportunities for the handicapped, but there is common agreement on the principles and these should form the basis of any future policies and program planning. Recent court decisions and statutes have made considerable progress in affirming the rights of the handicapped to education, due process, appropriate remedial treatment, transportation, physical access to public facilities, and employment. Federal policies must now be directed to fulfilling the promise of these court decisions and laws. The situation is not too different from the civil rights activities of the sixties which required an active federal role to insure the protection of constitutional and due process rights of racial minorities and an increased federal effort to provide services (e.g., training for employment) needed to enable these disadvantaged to meaningfully enjoy the rights now accorded them.

In 1973, Congress enacted Section 504 of the Rehabilitation Act which prohibits all federally assisted programs from discriminating against any individual on the basis of handicap (a provision directly analogous to federal statutes which prohibit discrimination on the basis of race, color, national origin and sex). Yet, three years since its enactment, the Federal Government has failed to publish implementing regulations or to develop a compliance-enforcement program for Section 504. Proposed regulations which have just been published in the Federal Register discuss many of the problems of enforcement, but do little to resolve these problems, or to offer specific courses of action. While this paper will not present a detailed implementation plan for Section 504 or a comprehensive program for meeting all of the needs of handicapped citizens, it will present two major areas for action which are critical if any headway is to be made in helping the handicapped live as active and equal United States citizens. These areas are:

A. Enforcement of the Civil Rights of the Handicapped

1. Nondiscrimination in Employment
2. Right to a Public Education
3. Right to physical access to public facilities

B. Provision of Services to Foster Independence for the Handicapped

1. Services for Disabled Children
2. Expanded Public Support of Rehabilitation Services
3. Provision of Treatment and Care in Least Restrictive Settings

A. Enforcement of Civil Rights of the Handicapped

While much remains to be done to provide a clear statutory basis for enforcing the civil rights of handicapped citizens, the nation can move immediately to enforce existing law in three crucial areas: employment, education, and physical access to publicly owned or subsidized facilities.

1. Nondiscrimination in Employment

In the past, efforts to decrease discrimination against the handicapped in employment have focused on periodic advertising campaigns to "hire the handicapped". Recent court cases have now reaffirmed the rights of handicapped to equal employment opportunities as have proposed regulations to implement Section 504 of the Rehabilitation Act which states that, "... no qualified handicapped person shall, on the basis of handicap, be subjected to discrimination in employment". However, the Department of Labor has employed two competing concepts in interpreting this provision: "reasonable accommodation to the handicapped person" and "undue hardship" to the employer. For example, it would not be considered discriminating to exclude individuals "who, despite reasonable accommodation, are unable to perform a necessary element of the job in question". (Federal Register, May 17, 1970, p. 20301). This would seemingly exclude a blind person from a job in which driving was an incidental part, yet "reasonable accommodation" would seem to indicate that he could be permitted to use alternate means of transportation or to hire a driver at his own expense. The point here is this: there is a potentially conflicting message conveyed by the terms "reasonable accommodation" and "necessary element". What kinds of components are "necessary" and what "accommodations" can an employer and employee be reasonably expected to make? More importantly, who decides?

"Reasonable accommodation" to the handicapped must be viewed in relation to common practice of reasonable accommodation to employee needs. For example, women's rights groups are properly making headway in getting employers to make "reasonable accommodations" to the needs of working mothers. The handicapped are only seeking equal treatment and it must be provided by flexible interpretations of job requirements and activities. What is needed are the mechanisms for helping both employers and potential employees to make the adjustments necessary to reduce the effects of employment discrimination against the handicapped. The federal focus should be on the admittedly

complicated task of matching individual abilities with redefined jobs. While this issue does not lend itself to solution by complex federal regulations, at a minimum the regulations to Section 504 should address alternative strategies for accommodation of the handicapped, and the development of additional strategies should be supported through federal research funds. We must seek to open the doors which are arbitrarily closed by a society that focuses on handicaps rather than on the positive capabilities of an individual. A handicapped worker should be considered a positive addition to the work force and not someone whom an employer feels is forced upon him, or for whom he feels sorry.

2. Right to a Public Education

Recent federal court cases have set forth the equal protection and due process rights of handicapped children in the context of testing, classification and educational placement. These cases established that every handicapped or allegedly handicapped child has a right to (a) a free appropriate public education, (b) an education which to the maximum extent possible is provided in a setting with non-handicapped children, (c) classification as handicapped on the basis of evaluation procedures that take into account adaptive behavior and which are not racially or culturally biased and (d) full due process rights with respect to placement in a special education program. The Education for the Handicapped Act (P.L. 94-142) seeks to insure these rights but will require a significant investment of funds. It is estimated that only one-half of the nation's more than 8 million handicapped children currently receive schooling at any level. P.L. 94-142 estimates that \$3.2 billion in federal funds is needed to meet only 20% of the additional costs associated with educating handicapped children this year; FY '76 expenditures will only be about \$300 million, falling far short of any estimates of need. These current inequities are so obvious, and the consequences to handicapped individuals are so appalling, that expansion of federal funding to provide equal educational opportunity to the handicapped can be justified even during a time of fiscal caution and retrenchment.

3. Right to Access to Public Facilities

Architectural barriers to entrance into or use of buildings and public transportation facilities have effectively barred many handicapped persons from housing, employment, education and recreation. Regulations under Section 504 must clearly require the removal of architectural barriers in new and existing publicly owned or subsidized facilities in order to allow handicapped individuals to participate equally with non-handicapped persons. An absurd but actual example of insensitivity to the problems of the handicapped recently occurred in a major metropolitan area which sought public gratitude for reducing the fares for disabled persons using public transportation, despite the fact that there were no elevators which would allow the physically handicapped access to the rail system and the buses were not equipped to accommodate the physically handicapped. Efforts to reduce such physical barriers to freedom of movement must be accelerated; this is not only just, it is the law.

B. Provision of Services to Foster Independence for the Handicapped

If the civil rights of the handicapped were effectively enforced, many disabled persons would immediately be able to take advantage of the opportunities opened to them. Many others, however, will continue to require special services to prepare them for and maintain them in independent living to the maximum extent possible. As suggested above, the current efforts to help the handicapped have all too often been limited in scope, unduly restrictive of personal freedom, and have fostered dependency. A fresh approach to services to the handicapped would focus, at a minimum, on early and continued compensatory programs, expansion of Vocational Rehabilitation training and placement efforts, and a national policy of providing the least restrictive living arrangements for those who cannot achieve total self-sufficiency.

1. Services for Disabled Children and Youth

Disabled children are one of the neediest groups of Americans. The problems created by their disability are compounded by the fact that their age makes them totally dependent on adults and existing social institutions for their care. At the same time, as a group they afford opportunity for high social payoff from early intervention programs. Young children can escape a system which casts them aside, locks them up and forgets them if they receive early health care, basic skill training, and social experiences promoting self-confidence. Many of today's adult institutional population who have become permanent inmates might now be living productive lives had programs for early intervention existed when they were children.

This principle has been formally recognized by the Congress in its 1972 requirement that the Head Start Program include at least 10% handicapped preschool children regardless of family income. While the results of this effort have been uneven, it is inarguable that the program has significantly benefitted most of the handicapped children served, through the practice of integrating such children with their non-handicapped peers, provision of needed health care and specialized physical and educational activities, and assistance to parents in learning how to deal positively with their child's disability. Expansion of a program such as Head Start to permit inclusion of all handicapped preschool children and after-school services for older children is suggested as one useful strategy for preventing the debilitating effects on the handicapped person of lack of appropriate physical, educational and social experiences during the early developmental period.

An additional existing mechanism to prevent needless dependency among the handicapped by making more adequate provisions for their personal development during childhood is found in the 1972 Supplemental Security Income (SSI) amendments to the Social Security Act. Under SSI, for the first time in the nation's history, cash assistance is provided to low income disabled children from infancy through age 18 in recognition of their special needs;

prior to this time, the only federal cash assistance to disabled children was that which was provided for any child in a family meeting AFDC income eligibility requirements. At least as important as financial assistance, SSI eligibility brings with it eligibility for social services (e.g., family counseling, preschool programs) potential eligibility for Vocational Rehabilitation (VR) services and in some states automatic eligibility for Medicaid. A precedent has thus been established for the provision of early and continuous resources to help the disabled child achieve his or her maximum potential.

Unfortunately, the SSI program at present is more a precedent than a reality; the statute and regulations effectively limit eligibility only to the extremely poor. As is all too often the case with our social programs, the near poor and average income families are left out. Furthermore, in many areas of our nation there are no available services for handicapped children to be purchased with the additional income provided by SSI. With respect to implementation, the program has failed to enroll many potentially eligible children and VR programs have generally been reluctant to provide VR training and supportive services to this population. A concerted effort is needed to implement the current law in the short run; beyond this, consideration should be given to expanding the eligible population to provide cash and service assistance to all disabled children whose families would be otherwise unable to provide adequately for the child's special needs. Such a policy must be accompanied by an expansion of preventive and remedial services to disabled children as suggested above.

It is encouraging that the mechanisms for preventing needless dependency through early and continued services to the handicapped child are already established in law; it is imperative that we now make a commitment to building a better life for the handicapped from this foundation.

2. Expanded Public Support of Rehabilitation Services

The federal-state program of Vocational Rehabilitation offers the major public support for services designed to help handicapped individuals become self-supporting. Over the years, the VR program has proven itself capable of assisting many people to better and more productive lives through skill training purchase of supportive services (transportation, homemaker services, physical therapy, etc.), and, most significantly, through ensuring that VR clients in fact find employment at the highest level of which they are capable. Sometimes this means VR support of sheltered workshops; in other cases, it is merely a matter of matching a capable individual with a job in the private sector or a program of higher education. However, the program has never had sufficient resources to fully respond to the needs of potential adult clients; lengthy waiting lists for VR services are common.

Increased appropriations for the VR program are one solution, but many additional resources could be obtained through more enterprising use of Title XX social services, Medicaid and community mental health services for VR clients who are eligible for these programs.

Another way in which the VR program could be utilized to prevent dependency among the handicapped would be extension of VR skill training and job placement services for handicapped adolescents. Currently, the VR program services adults almost exclusively, although federal regulations and most state laws would permit at least part-time enrollment of children aged 14-18. At first glance, the suggested inclusion of youth in VR programs appears to duplicate federal and state special education efforts. However, as noted earlier, special education is underfunded and, at best, is typically confined to the development of basic reading and computational skills. Vocational training even for non-handicapped students is generally agreed to be a major problem in most school systems. Local education agencies make no systematic provision for supportive services or job preparation for the handicapped or for placement of handicapped students once they have passed through the educational system.

Inclusion of handicapped teenagers in VR training programs would thus meet an urgent need rather than duplicating regular schooling. Of equal importance, the VR system has the capacity to ensure that training is put to use in productive work, a capacity that the education system has hardly begun to build for any students. Expansion of the VR program to include all needy adults and adolescents, whether by increased appropriations or more creative use of other resources, would be a major step toward the achievement of independence and equality for the handicapped.

3. Provision of Treatment and Care in the
Least Restrictive Setting

Although some organized disabled groups think that treatment and care of the handicapped can best be provided in segregated facilities, this is a short-sighted approach which makes even more difficult the full integration of the handicapped in our society. Special services need to be provided in the least restrictive setting appropriate to individual needs, with residential-institutional care being seen as the least preferable situation. Where out-of-home placement is necessary, it should be made as close to an individual's home as possible in order to build on existing networks of family and community support.

At the same time, we must take care that this excellent principle does not produce a nightmare in practice. Many states have wholeheartedly embraced deinstitutionalization and closed their residential facilities only to place the handicapped in totally inadequate or even dangerous nursing facilities and foster homes. A balanced federal policy in this regard requires that funding of current programs for the handicapped be made neutral concerning the living arrangement of the recipient, so that the needs of handicapped individuals can best be met.

SUMMARY

In summary, public policies must actively redress the loss of constitutional rights suffered by handicapped persons and must try to provide services which will better enable the handicapped to participate in our society. This paper offers some suggested areas for immediate action to improve the lives of the handicapped.

Stu -

— More comments
we just received —



— - - ugh ———

Judy Lepkutz

8/9/76

P.S. send to Pat if you
think it's necessary —

Bill

STATEMENT ON HANDICAPPED INDIVIDUALS

Linda Teixeira
Writer, Issues Consultant, Congressional Aide

I. GENERAL OBSERVATIONS

For disabled individuals, it is not simply a question of receiving services. It is a matter of receiving those services that will lead to a productive and active life and participation in the mainstream of our society. For all the rhetoric spoken along these lines, delivering such services and bringing about a climate for such participation and living is not only difficult; it may be beyond the honest comprehensions of those with the highest intentions and commitments.

PATRONIZING

In one of the drafts shown to interested people in Candidate Carter's position on disabled concerns, there was mention of the patronizing attitudes expressed inadvertently perhaps, but expressed nevertheless, by legislators, providers of services, and others who deem themselves apart of the crusade. Such paternalistic attitudes stem from a basic disbelief that disabilities, if not cured, are simply unpalatable to mainstream considerations. In talking of "Rehabilitation," there is the dream that restoration of full means of living will be attained. That would not be the concept behind a word that actually has a vacant meaning in that respect. No disabled person whose handicapping condition is permanent is ever fully rehabilitated. What vocational guidance and development provides is the means of finding job opportunities that will be flexible enough to accommodate the special adjustments necessary by that permanent state. Consequently, the goal is to make life as independent and productive as possible. There is no "cure." To think in those terms is to be patronizing and to limit opportunities. And it may be why employment opportunities, despite over 50 years of Federal support of Vocational Rehabilitation programs, remains essentially dismally low. The money is spent on education and training. Then the clients are thrown out in the street to fend for their existence. It is that existence that is crucial; the education and training are means to that end.

CLIMATE

The climate in the disabled community is one of impatience and frustration. Consumers are trying to organize themselves in coalition form to combat prejudicial attitudes and to bring about better national results be it in legislation and implementation of laws or social systems such as education, health, welfare support, and employment.

But the frustration is also political in nature. Disabled individuals, whose constituency is not considered by the average politician as meaning anything at the ballot box, but is considered a large population to say kind things to and to assure adequate programs, believe that there must be a way to make themselves potent. Potency means that which women, the elderly, and

to know us in your administration by having us among you.

Among my suggestions are that disabled individuals should be sought out as you are seeking ethnic minorities and women in your talent banks. Ask disabled organizers and consumers who they would like to see in policy positions. Meet with disabled representatives before and after your election. Operate with the idea that accessibility for all includes disabled individuals. Include disabled individuals not only in affairs and areas where there is a handicapped concern, but throughout government. I can assure you more are educated when they encounter a disabled person on a day to day basis than if all disabled individuals are in special sections and offices.

Disabled individuals are going to come to the White House to see you. They will come to your Cabinet heads' offices and report back to growing more potent constituencies what they observe. They will be judging you and your administration the way senior citizens, women, and others do, and like those other groups, will in 1980 be more actively concerned about campaign positions than in the past.

It is to your credit that of all the Presidential candidates, you were candid enough to admit that you had not developed a position and that you wanted disabled participation and formulation of your position. That happened when you were in the thick of competition, not in June. You have so indicated that this will continue to be your policy. That is heartening. What will make that a reality is if you not only consult us but include us. To do the latter will be by far the more difficult to accomplish. But it will mean the most to all disabled and future disabled people. Keep us in mind.

many disabled individuals. This has got to change.

AN ISSUE ACROSS THE BOARDS

I could mention more issues, but the main ones, I believe have been covered. Still, it should be remembered that the concerns are universal in nature. Disabled individuals are interested in provisions in educational bills, Older Americans legislation, health proposals, Civil Rights laws, Housing and urban development policies, economic proposals, welfare and compensatory legislation, taxation, It is hoped that the task forces considering other issues such as economics, education, tax reform, etc. do not forget the disabled in their deliberations. As the interests of the elderly are being universally considered, so should those of disabled individuals whose needs are as broad as ethnic minorities, older people, women, and indeed all the population. That is the biggest issue of all, because it marks a broadening of approach, but in an age and atmosphere, where issues are accentuated in terms of subject instead of classes of people, handicapped individuals, customarily forgotten under general approaches, need their interests met at all levels. Bloc grants, broad issue examination, and universal allied application of services and proposals should not set off the handicapped population as so special that they in the end don't get half of what other gets. You can be sure that handicapped feminists, disabled elderly activists, handicapped ethnics, and others will be expressing more openly their concerns that in areas concerning sex, race, national origin, class, and social status, that they not be forgotten. No person is excluded from enlightenment here. All nondisabled individuals of every conceivable ideological persuasion need to be made aware and education is the best way to reach them. That is why an integrationist policy applied to handicapped individuals is a must goal. Again, services are the means. Handicapped individuals are impatient as more and more of them are eligible for the end that's now reachable. Are they going to be denied that end after all their time and energy obtaining and exercising the means?

IV CONCLUSION

I conclude, then, as I began. The needs are universal, the issues many, the goals oriented toward opportunity and access, and the climate is going to be more immediate and impatient. Recognizing those needs, we want more than a statement of services which your statement adequately provides. Your reference in the end that the interest in disabled individuals is an interest we all should have since disabling conditions could happen to any of us is empathetic and sound reasoning as a campaign tool. Use it in opening the eyes and ears of those who will otherwise neglect the handicapped population in their well-meaning deliberations. Handicapped individuals have not been present enough. A Festival for the Arts in Washington honoring handicapped performers could plan, though never implement thanks to handicapped intervention, a gala after-theater party at which a couple out of 200 of the invited guests were disabled. Members of Congress and government officials were to be the honored guests. Handicapped individuals don't want the charity-ball mentality existing in public policy and social obligations. Get

recipients, need work incentive programs. They are not forthcoming to the extent they should in those pieces of welfare and Social services legislation under Social Security that they should. Handicapped individuals too should not be under welfare unless they have to, and programs should take them into account. Those income maintenance proposals to help others that limit eligibility to those not receiving Federal assistance, discriminate against handicapped individuals since many receive such assistance for failure to find accessible employment opportunities. Consider the needs of handicapped individuals receiving income support as those of people who are there because they have no alternatives, and then consider the alternatives we know exist. We don't want a large population of us getting SSI. We want as many as possible to receive pay checks. If you want to reduce any welfare rolls, you are going to have to provide work incentives and stop thinking of welfare recipients as untrainable individuals, the mentality behind those giving income support. Work incentive programs should not be just dishwashing opportunities but should have built into them, skill identification, career development programs, special educational services, and alternative support for enhancement of personal development such as college education. In other words, welfare rehabilitation should be as vocational rehabilitation for handicapped individuals, and if for some reason a disabled individual cannot receive Rehabilitation, they should receive those services available under an innovative welfare rehabilitation program. Only through such upward mobility implied will there be any noticeable reduction in the welfare rolls.

Liberalization of disability insurance eligibility and work requirements for eligibility have to be worked into Social Security legislation, and the proper tax exemptions such as in transportation and housing costs, should be considered to provide more flexibility for limited incomes.

Jobs are often lost because people don't know where they are. Don't forget those who receive income supports. Include them and direct them out. They too, many of them, can yet work if given the break. Welfare supports, if not all right for others, shouldn't be excused for the handicapped, but no welfare policies that don't recognize the needs of recipients and admit to their own failure to respect the skills and needs of such people, will change the present system. It is the fault of those who will not be creative in their policies and administration, not those who receive the money which is all they can think to offer. The correction starts at top, not by punishing those who get. Consider mobility and work incentives as seriously as you do Vocational Rehabilitation. You might get somewhere then.

TAXATION

The blind and older people have a tax exemption, and some other disabled individuals want the same for themselves. This issue should be examined.

In addition, the question of tax credits or exemptions to help those who need special transportation for mobility to work and live independently is something of concern. Taxation without representation is the sad case of too

Preventive medicine is important concerning handicapping conditions. In educational legislation, there should be support or components to assure early ear and eye testing to detect developing disabilities. Oftentimes children who are not learning are suffering from handicapping conditions that if undetected could prove chronic and permanently impairing.

Further, the recognition of learning disabilities assures that these children get the proper special educational services they have. Such provisions, however, should be provided through education, not health legislation, since it is the educational community that must be made aware of this problem.

Disabled individuals in old age, as well as those, as you rightly mention, who among us will become increasingly more disabled with age, deserve special services to assure that they lead independent and productive lives for as long as possible. Disabled aged individuals often spend the last years of their lives cloistered in their rooms forgotten by home administrators. Institutionalized elderly individuals suffer from isolation and neglect. Imagine how it is for those with disabilities. There needs to be greater attention paid by elderly advocates to the problems of disabled older people. In the providing of health care, the support of nursing home facilities, etc. don't let the disabled aged be forgotten. Further, they too can receive educational and rehabilitation benefits and their interests should not be lost. Legislation for older people should consider the existing population of older disabled individuals.

Early detection of handicapping conditions in preschool-aged children would be a benefit of a comprehensive national health program and that should be encouraged as apart of an educational program for poor people particularly to take advantage of services they can now afford.

The encouragement of research and rehabilitative medicine with funds to support such programs is advisable and would be of great benefit to all society.

We must remember that sound health policies that deal with patient rights. Health is a universal issue. Disabled individuals have the same stake. But disabilities are not health-damaging except in certain instances. Special services should be available for those who need them. And they should reflect those needs. That is what disabled individuals will be looking for in terms of your health policies.

WELFARE SUPPORTS

When debating the Rehabilitation Act on the Senate floor, a Republican Senator wondered why all those new provisions were needed when there was the Supplementary Security Income program disabled individuals could receive funds under. The Senator was overlooking the need for independence, not the need for monetary support for worthless individuals who can't contribute anything, the mentality behind that argument. Disabled individuals, like welfare

employment of handicapped individuals. We should not neglect the severely handicapped adults who may be in workshops for the inability to get more and better rehabilitation services, and we must protect those workers from any sweatshop-type abuses that could occur where their rights to pay are denied or not encouraged.

There is also the question of underemployment, a sad statistical fact in the employment of handicapped individuals. We do not want to see individuals put to work making thousands less than their skills and brains deserve and demand, and we don't want to see the employment force consist of the lowest paid and least respectable jobs going to disabled individuals. That is a part of the rehabilitation process and goals. May it come apart of yours.

HEALTH

The Handicapped issue is not a health issue. Health is a concern of handicapped individuals as it is of other groups. In placing the concerns of disabled individuals primarily under your health section, please keep in mind, as this paper is illustrating, that health is only one, and perhaps not the main issue among handicapped individuals, certainly no more or less than all the population, and that handicapped individuals are not, as you said in your acceptance speech "afflicted," they are just disabled. Given that, I emphasize however that there are health concerns specific to handicapped individuals.

The assurance that catastrophic coverage under national health insurance legislation is liberal and fair and that handicapped individuals as a result of catastrophic stroke or accident are given the access to sound rehabilitation facilities and assistance is primary.

In addition, the proper delivery of services particularly at the scene of accidents is of primary concern to those who are concerned about preventing disabling effects from such accidents. Research has shown that in some instances, paralysis is brought about by poor handling at accident scenes. Proper training of ambulance personnel and those administering immediate aid would prevent that from happening.

The coverage of special "aides" hearing aids, wheelchair repair, etc. should be provided through Rehabilitation legislation, not health, but physical therapy and occupational therapy is necessary in some instances and should be covered in health services to disabled individuals.

Also, in terms of incubators that caused retrolento Fibro Plasia (back spelling but blindness caused from too much oxygen in incubators,) should be banned from use in hospitals, and any defecting machines that cause handicapping conditions should be examined. There is evidence, for instance that smaller rural hospitals, buying the incubators at fault, are contributing to a rise in RLF cases years after the discovery of the cause.

cases are closed or if they are duplicated, but nothing has been done. Clients clamor for more participation in the development and access to rehabilitation services, and only token gestures have been made in this area. The fact is, that from the clients' point of view, rehabilitation has not been given the thorough examination that it has from the providers' point of view. There needs to be more balance..

Certainly, a step in this direction, though not without resistance, was the emphasis on helping severely handicapped individuals as proposed in the new Rehabilitation legislation passed in 1974. The severely handicapped are the discriminated ones while those with mild handicaps such as limps and being hard of hearing though not too deaf, get the funds for advanced education and special training such as in the law and social work. Severely handicapped individuals may be as mentally alert as the nondisabled person, but their disability prevents them from pursuing their educations thanks to callousness on the part of administrative agencies that dread placement and other special aid they must provide. This is changing, and your addressing the needs of severely handicapped is, I think a good sign.

But surely, as you also say, Rehabilitation has to lead to a job. In considering the needs of elementary and secondary school students, the ESEA legislation devotes a title to providing equipment and guidance services. Where can disabled individuals, outside of attending schools receiving Federal funds, as more will under the new Education law, get that special guidance and equipment that will lead to their being placed in jobs when they are through with their educations? From my experience, Rehabilitation tends to be generous with the funds for education, but stingy and nonexistent

when it comes down to assisting in placement. Placement is the key area. Guaranteed Student Loan programs could help in providing basic educational opportunities. In fact, for some, it was a glorified and much more supportive guaranteed student loan program. The placement was nonexistent.

This must change, and steps in that direction started in the new legislation, but not being so openly pursued now must be addressed and strengthened. Let's not hope the atmosphere for change that Congress recognized in the early 1970s is not disappearing for the simply traditional approaches. We don't want to wait another 20 years for more innovative Rehabilitation legislation and governmental action.

Finally, not addressed in your paper is the plight of those who are in sheltered workshops, many of whom receive no wages at all or far less than the minimum wage supports. They are, in fact, continued welfare recipients, and though what's accomplished is an alternative to a sheltered life, they are not getting work opportunities, and in some instances may be inhibited from entering more conventional competitive markets.

I would hope, as the sister of one who works in such a workshop, you would address this issue. Studies have been circulating for years. The "study we know is oftentimes an excuse for inaction. This is the case here, I think. I hope we will begin to look at employment practices when it comes to actual

basis for stronger qualifications and need for vocational Rehabilitation, later on.

This is a personal view, and in part stems from personal experience, being a blind individual who went through a special education and Rehabilitation program. It would be worth looking at closer relationships between Special Education interests and the Rehabilitation people. The latter have been more resistant to this than the former, but in both instances, the lobbying interests tend to work separately and without much interaction. yet, a strong special education training, and I for one got a good education, can be dashed to bits by inadequate Vocational Rehabilitation counseling and poorly administered programs that don't lead to a job. The question is, what good is all that learning without something supportive and capable of independence and freedom at the end? I had a bad Rehabilitation experience. My educational one was not. This suggests that strong commitments to special education will lead to a high payoff. The staffs, capabilities, and commitments are there working to the higher educational level. One wonders if that is equally the case in Rehabilitation. Bringing education and Rehabilitation people closer together in legislative initiatives and interests might be an approach that will lead to a sharing of information and better assistance for handicapped individuals moving from the educational process as children to the rehabilitation process as young adults.

With greater emphasis, particularly in residential schools for disabled individuals, on vocational rehabilitation posthighschool training and education and the general trend in education toward vocational and trade education, this linking could become more important.

Finally, more emphasis on career development and career education should be examined. How can the programs under Title IV of the Elementary And Secondary Education Act, specifically provisions for Community Education, Career Education, and Women's Educational Equity, be applied to the special needs of disabled individuals. As one deeply involved in career development for women, particularly older women, I don't find similar give-and-take with the disabled educational community and employment community. Again, as in the relationship between training and employment, career development leads to greater opportunity. This component must be addressed in considering the educational and vocational needs of disabled individuals. This is happening to other groups in other areas when it comes to educational and vocational development. Disabled individuals probably need this type of assistance most.

REHABILITATION

The Rehabilitation program is the largest Handicapped program, outside of welfare supporting SSI, that disabled individuals have access to on the Federal level. There has long been dissatisfaction, particularly among clients, with Rehabilitation program administration, access, and performance.

For years, it has been implied that closures would be examined--how

CVIL RIGHTS

Disabled individuals will be pressing for implementation of those sections of the Rehabilitation Act that get at discrimination in Federally-funded contracting as well as within the Federal Government itself. The Carter Administration should be aware of those provisions under Title V of the Rehabilitation Act, specifically Section 504, where handicapped groups are working hard on getting implementation.

Disabled individuals are very dissatisfied with HEW, DOL, and DOT, for their complacency in terms of Civil Rights and strong commitments to their interests, and they will expect that the leadership of these agencies be strongly committed to expanding the rights and opportunities within their own departments as well as in the programs they administer. This is especially true in the concerns under Title V and attention must be given to this as a priority issue to come.

Many disabled individuals want inclusion under Title VII of the 1964 Civil Rights Act and want serious dialogue to begin openly in Congress and in the Administration about this question. Right now, such discussion is nonexistent, legislative proposals being buried and not even mentioned by leading Congressional advocates. But disabled individuals, themselves, are talking about it and will talk more openly to you if you get elected. They are counting on the Democratic Administration to be more attentive to their needs and this is one sensitive but important area where much discussion and negotiation will have to be made.

Also, there is much discrimination in transportation services. Amtrak likes to think blind individuals need attendants, or that those in wheelchairs can't ride on their trains. Airlines are notorious for not permitting wheelchair travelers, and in one case, a Senate employee was denied access to a plane when she tried to get back to Washington from New York.

Civil Rights for the handicapped means, as I did say earlier, access. And that is what they will be going after when the administration takes office.

EDUCATION

As one who worked on the development of the Educational legislation that became law in the Fall of 1975, I am pleased that you do express interest and strong support for its implementation, faster increase of money, and thus we can expect a strong commitment from your office of Education's Bureau Of The Education of The Handicapped.

But disabled advocates of handicapped children realize that this is just a start. We recognize that only about 40% of handicapped children receive access to education, and many of them receive poor quality training and teaching. Special education should be a priority item, for there is the

in terms of Presidential recognition and participation. The President's Committee On Employment Of The Handicapped's annual Washington meeting has not seen a Presidential appearance since John Kennedy. Is that what will happen with the White House Conference? Disabled individuals are tired of being given secondclass responses, if any, to invitations on their behalf. To assure that isn't the prevailing opinion in the disabled community of a kind of rubber stamp and little recognized Conference, given the millions of dollars appropriated for it, they will want in the early days of the Administration, the kind of interest and commitment that will assure that top officials are not only there but are actively promoting it and participating in it. That way, it will be successful in that it will make a mark on the key people who decide what can be done in the Government and can bring to bear the right pressures on private industry. Let it be remembered that strong Presidential commitment raises the prestige of the Conference, and for once, disabled individuals, in their own right, want to be considered prestigious enough to deserve time and emphasis. It should be an innovative conference.

It should also be remembered President Ford was no enthusiast for the White House Conference, a concept first introduced by New Jersey Senator Harrison Williams, chairman of the Senate Labor And Public Welfare Committee, which in the initial introduction of the legislation, also established a Senate Subcommittee On The Handicapped chaired by West Virginia Senator Jennings Randolph and whose membership includes Senator Walter Mondale the Vice-Presidential candidate. This Senatorial response and effort was a sign that disabled individuals were ready for visible consideration in Congress. The White House Conference was intended by the creators of the bill to broaden that recognition to a national scale. This should be borne in mind as the Carter Administration deals with the Conference already being planned and it should examine its operations closely to see if, under a Democratic administration, it might be more creative, productive and innovative than I dare say it is likely to be the way things are going now.

ENVIRONMENTAL ACCESSIBILITY

There is a consortium of groups and individuals concerned with the "environmental barriers," although their interest, it might appear, is concerned with architectural barriers. This is because architectural barriers become environmental barriers since they serve to block cultural, recreational, employment, and integrational opportunities.

Disabled individuals want strengthened implementation of architectural or environmental barriers legislation. Not only the existing public law, and the Architectural And Transportation Barriers Compliance Board established under the Rehabilitation Act, but they want more legislation with broader coverage so that the private sector is expected by law to make its buildings and grounds accessible. Federal money shouldn't go into barriered structures. You do mention that intention in your speech drafts. The disabled will want specifics on what your approach will be.

CIVIL RIGHTS THRUST

The issue that the constituency will be pushing is the concept of Civil Rights. The reason is, as Blacks discovered in the 60s, it was the exclusion that kept them out, the inaccessibility of public accommodations, education, employment, etc. Disabled individuals realize theirs is a similar problem. It is a question of systematic exclusion. Publically run and operated facilities and transportation systems that will not take in disabled individuals deny jobs, travel opportunities, exposure, and experience. They deny opportunities to be integrated on a day to day basis with nonhandicapped individuals. Similarly, denial of public educational opportunities and educational aides and assistance to those in here ~~the~~ higher education, denies access to jobs, exposure, experience, and access to special Fellowships and other programs that so often lead to great success in later life.

Disabled individuals want inclusion in Civil Rights laws because they know that then their cases are strengthened. They cannot afford to be told to bring their charges on existing covered grounds because they know that discrimination is as likely among the liberal as conservative; the so-called "progressives" and traditionalists. Disability is a grounds in itself for exclusion, denial of rights and opportunities, and nonacceptance. It is the cause of inaccessibility for the most able among us.

The Civil Rights move will mean a different emphasis in the techniques and testimony to be heard. No longer will people be just talking about services. They will be talking about action and they will be asking you to bend, not for themselves to have to bend.

The question is, is this society really ready to accept disabled individuals, an increasingly better-educated and sophisticated group of people, into everyday society on the same grounds as others such as women and the elderly are demanding? The answer lies with the nondisabled among us, not with the disabled. And it is, upon reflection, a very painful question to answer. Still, it must be, and that has to be the guiding force behind future programs and developments not to forget opportunities for disabled individuals. A commitment to the Civil Rights of disabled individuals is such an answer. And many will now openly begin to demand just that as a basis for support or compatibility in the goals to be reached. It will not be easier to deal with disabled individuals as they become apart of society. The record of minority and female integration proves that well. But none can deny we are better off for more feminine and minority opportunity in this society. I suggest such will be the result here.

III. ISSUES AND PROGRAMS

So, for the issues and programs disabled individuals I have been in contact want to see in the years ahead in in your administration.

A SUCCESSFUL CONFERENCE

The White House Conference ^Un ⁿDhandicapped ⁿI ⁿdividuals must be a priority

she is qualified to have. I, for one, will be informing and encouraging disabled individuals of great qualification to aspire to talent banks established for minorities and women, not only to work with your handicapped people or aides concerned with that issue.

The issue is accessibility and opportunity. And that has got to be the underlying thrust of any approach taken in the future. Services are a means, not an end.

II.

THE NEW CONSTITUENCY

Handicapped individuals are beginning to realize that despite their representative organizations in Washington, that they are not a potent lobby or interest group. Their concerns are mainly expressed in hearings and in the creation or perpetuation of special legislation necessary on their behalf. In fact they are "they" to the power structure, never "one of us." Therefore there are efforts underway to increasingly strengthen disabled individuals as a constituency to be contended with. It may be that four or eight years from now, the Presidential candidate will find himself or herself meeting with representatives of disabled groups as he or she would now meet with women and ethnic minority individuals. The fact is that no leader of the disabled community is yet to meet with you, our Democratic leader should he become President. That is a sign of weakness, not of strength. Disabled individuals realize that and they will be working to change that.

MILITANCY

That does not mean there is a new militancy. There has perhaps always been a kind of militancy, often mistaken for arrogance, among those striving to be independent of patronizing restrictions so readily placed upon their lives. Still, it has never been expressed in political terms, the language our national leaders in the end understand best.

This is the reason there was strong distaste and protest among those present at a Candidate presentation of positions in May April, 1976 in Washington, that there seemed to prevail, whether justified or not, a kind of "they are afflicted" attitude. "We are not afflicted," disabled individuals say. "We are not diminished as individuals." That has not come through enough even in the draft statements.

Perhaps what disabled individuals are asking whether it be for a right to an education or better vocational rehabilitation services, is that you join with them. That they not be "theys," but be apart of "us." And if this cannot be achieved from within, it will be politically from without. There will be numbers drawn not only from the disabled but from those with disabled children or spouses. They will be the handicapped constituency. Given the number of us with disabled people in our families, that is not to be sneezed at, and since the majority of disabled individuals are mentally alert they will be vocal, present, and visibly around.

ethnic minorities have, to varying degrees, achieved. Disabled people know that they mean nothing in political terms. They know too that only when they do, will their needs be considered as essential and indeed as useful as other groups. Thus, the push for Civil Rights, which I warn here, will become a larger issue in the years ahead and will trouble politicians in a way they never have among the disabled in the past. For the quiescent atmosphere that they anticipate when meeting with those people will no longer exist. There are many qualified individuals on welfare designed to help disabled individuals. When I say qualified, I mean people with college degrees, professional capability, or clerical adequacy--if only the society would bend a little in its environment to allow for necessary adjustments, such as accessibility to buildings and adapted machinery so, for instance, a blind switchboard operator-trained person could act as a receptionist with the use of an adapted phone the telephone company can provide so one knows when calls are coming in on the various lines. The denial of even access to low-paying and minimal or temporary employment means that years can go by and precious ones too, when perfectly able individuals, except for one disability, are not working at all and are leading useless lives at government expense.

Thus, disabled individuals, never very confident in the nonhandicapped community and never asked to confide, are turning inwards even more to try and discover their potential. The White House Conference On (it should have been ~~xx~~ of,) Handicapped individuals, to take place in the Spring of 1977, and not at all referred to in the speech statements, could serve as a mechanism for developing innovative approaches to handicapped problems. But more importantly, more human and realistic approaches to existing programs, along with the establishment of new ones that would reflect the concerns raised in the Conference itself. It should be remembered that it was out of the White House Conference on The Aging, that the Nutrition For the Elderly program was born. It will be an important conference. But if it is isolating, or confined to the interests of disabled community sympathizers and members, it will not strengthen the handicapped as a constituency. The goals of disabled activists, who can be expected to grow in numbers in the years ahead, will be to strengthen that constituency and that means becoming potent as a force to be reckoned with by politicians and the Governing institutions of our society.

APPROACH

Thus, the approach of your administration should be not only concerned with services to disabled individuals and bringing them into the programmatic decisionmaking process effecting them, but bringing them into your lives. Disabled individuals, like women, want to be hired on their merit and anywhere their qualifications are needed. It is just as important to have a press Assistant who happens to be disabled, as a Commissioner for RSA who also happens to be disabled. Don't underestimate or confine the qualifications of disabled individuals in a humiliating segregationist way. Disabled individuals have the same broad array of interests and aspirations as others and they want to be just as involved. But it is harder. The disabled feminist is limited in her participation in the women's movement she feels her first obligation to as a woman if she can't be considered along with other women for a position

AUG 6 1976

① Judy
② HPTF (Disabled Draft)

Comments on Disability draft from Harold Russell

1) It is a mistake to include the aged and handicapped in the same category. There is a growing population of handicapped young people who are very vocal & politically outspoken. They are the constituency that is pressing for reform and change and will prevent being tied to the elderly.

2) You must take into consideration that to date the Government has done a lot in the field. Don't be overly critical. Legislation is not lacking. The problem is in organization and coordination.

You can emphasize that the Democratic Congress passed the Affirmative Action legislation covering the handicapped over the President's veto. The need now is for enforcement and compliance with existing regulations. There is also a need for education in the field of the handicapped.

3) Stress that with proper government organization of existing structures there can be a significant change.

4) Speech should include both physically and mentally handicapped.

5) *Georgia's record is not consistent in the field. It was the last state to enact laws on architectural barriers. Don't emphasize it.

6) Do not use the term crippled. Use "physically impaired."

integrating people into the community.

- 8) Handicapped people need to be brought into the policy level making level of government. Government should not plan for them - They know what they need.
- 9) Many handicapped people are underemployed. They are often lost to employment services and therefore cannot be put into the labor force. This situation needs to be corrected.
- 10) The White House Conference on the Handicapped will take place in April 1977. Information, suggestions, recommendations etc. coming out of this conference need to be implemented.

Important - We have the machinery to improve the situation with the Vocational Rehabilitation Act and other legislation what it needs is to be properly used.

MEMORANDUM

TO: Pat Anderson ✓
Stu Eisenstat ✓
Vicki Rogers

FROM: Mary King *M King*

SUBJECT: Speech/Position Paper on Disabilities and the Handicapped

DATE: June 4, 1976

I represented the Carter Campaign and gave a speech at Atlanta's request to the American Coalition of Citizens with Disabilities, Inc., in late April. They requested a position paper or speech from Governor Carter by May 25.

The Center for Independent Living in Berkeley invited him to speak and I forwarded their material to Vicki's office.

We have contacted virtually every constituency of disabled citizens in putting together these two drafts. Max Cleland has been very much involved -- something the Governor will want to know -- as well as the people described in the enclosed memo.

I think this is ready for presentation and can be given before the convention. After the nomination Max and another disabled Atlantan, Lew Rigdon, would like to put together a press conference announcing support of the disabled community publicly.

To STU EISENSTAT FROM MARY KING
DRAFT DISABILITY DRAFT No. 1

Max Ciclano was a great help in draft #1. 6/4/76

In these great United States we have 28 million American citizens with various levels of handicapping disabilities. Under our constitution all Americans enjoy equal rights and have equal responsibilities as citizens. Citizens with disabilities want no less -- ask for no more. The mere fact of a disability should not exclude anyone from participating in whatever aspects of life may interest him or her. Unfortunately this is not the case in our country. There is too much focus on the disabilities of our citizens and not enough on the tremendous wealth of untapped abilities that these same people possess.

We need to assure that citizens with disabilities are able to develop their human potential to the fullest. Our nation needs to utilize everyone's resources. Moreover, no one wants to be denied an opportunity to participate in the mainstream of life or to be denied access to programs and activities that interest them. Our federal laws, each time they speak to the problem of discrimination specifically, need to include handicapped people in the anti-discrimination language.

By and large our nation has been quite negligent in its lack of programming, poor quality programming and poorly carried out delivery systems for handicapped Americans. We have thousands of good professional people serving handicapped Americans. Unfortunately we also have seen a paternalistic attitude among legislators, program administrators and professionals on the federal, state and local levels. Handicapped Americans are tired of having

laws passed, regulations developed and programs initiated without the direct and major involvement of handicapped citizens themselves in determining their own needs and designing their own programs. This nation can and needs to do better. It will do better under my administration with your direct input.

My interest in the human potential of handicapped Americans is not new. My record as Governor of Georgia speaks for itself. Those of you who are interested in statistics will discover that the State of Georgia was listed among the top five states in successful rehabilitations per 100,000 population during each year of my administration. I am aware, too, that rehabilitation programs that do not lead to a job are a sham. Clearly vocational rehabilitation without a job resulting from it is a cruel and devastating lie. During my administration I authorized the purchase of the Warm Springs Hospital made famous by President Franklin Delano Roosevelt. This was a private hospital serving an average daily patient attendance of 50.87 per year prior to our state purchase. In the first year of its operation as a state facility during my administration we increased the utilization of this excellent facility to an average public daily attendance of 88.82 clients. This was more than a 75% increase in facility usage. You and I, however, are not interested in dry statistics. We are interested in the development and enrichment of human potential. This is what we succeeded in doing using available resources on a one state basis. This is what we can do and need to do on a national level.

To further illustrate what we can be done once a problem is understood and addressed, I signed into law a bill in 1972 re-

DRAFT #1

quiring that all new and substantially renovated buildings built with any portion of public funds be made completely accessible for the handicapped. More importantly we did not rest on our laurels with a legislative victory. Over 100 public buildings were actually made accessible in the period of two years as a result of this law. I am well aware that handicapped Americans are tired of words. This country needs to stop talking about your equal rights and start delivering them.

In the reorganization of the Department of Human Resources in Georgia we were able to include a contractual arrangement to enable deaf citizens to have the benefit of interpreting services whenever they came in contact with a public agency in the state. This contract successfully bridged a frustrating communication gap. Again, this contractual arrangement was a follow up on earlier legislation I signed to assure deaf citizens the right to an interpreter both in the courts and for communication with any state agency when application for or provision of services were being discussed. I am proud of what was accomplished for handicapped citizens legislatively during my administration in Georgia. I am more proud that we were able to follow up with the direct involvement of handicapped citizens in making new legislation work the way it ought to work.

On the federal level I have no preconceived notions of current program priorities and reorganization of services needed for American citizens with various disabilities. You will be expected to advise me, to offer your services in analyzing the problems and to determine the direction of new action. I am acutely aware that this nation has largely failed to tap the

rich talent and skills of handicapped citizens at the policy-making and management levels in programs for the handicapped administered by the federal government. This will change. You will be welcome to examine the vocational rehabilitation program, the program for the education of handicapped children, the affirmative action program for private contractors, which I understand is not too affirmative, the architectural compliance board, the program for disabled veterans and the many other federal programs that have direct impact on the lives of handicapped citizens. You know better than I do where the flaws are, where reorganization is needed, and where injustices need to be righted. If America has anything it has great talent in its people. We too often do not use our talent well. In the case of handicapped citizens we have almost not used it at all where it could do the nation the most good. Let us work together and change this blight on the American scene.

In summary my program for the handicapped will be action oriented, concentrating on: assuring legislatively that handicapped people enjoy all the rights, privileges and responsibilities extended to all citizens; examining the current programs in several departments of the federal government to determine changes needed; and assuring utilization of handicapped American citizens with appropriate qualifications at the policy-making and program management levels to make our programs accountable and properly relevant.

DISABILITY SPEECH

DRAFT No. 2

The disability of 28 million Americans constitutes an enormous unresolved problem. 26 million of these 28 million handicapped persons live outside of institutions, in our communities.

-- Over 6 million of them, 3 out of every one hundred Americans, are too impaired by illness to carry out their major responsibility in life. These are students who can't attend school: Breadwinners who are forced by illness to discontinue their jobs: Parents who are prevented from caring for their families by some chronic disease.

-- 13 million more of our neighbors, another 6.5% of our population must limit their major activities as the result of a disease or an injury.

-- Disability prevented still another 6 million Americans from actively pursuing recreational interests or from joining socially with their friends and families.

We must remind ourselves over and over again that over 12 percent of our people, are blocked from full enjoyment of America because of their physical or mental condition.

Moreover, other millions of our fellow citizens are sealed off from their communities in total-care institutions. ___ of our parents and grandparents are living in nursing homes. ___ are cared for in psychiatric and chronic disease hospitals. These people, too sick to be cared for at home, must seek care from institutions that are often unpleasant and costly.

Up until now the government has not provided adequately for our disabled neighbors. The existing programs are too small to be effective and the existing laws are not being enforced. I'd like to give you a sample of what I mean:

— The Vocational Rehabilitation Act, the major public vehicle

for providing supportive medical services and job training to the disabled is narrowly restricted. It covers only those disabled persons who are obviously employable. This peculiarly cold Republican Administration vetoed the 1973 Vocational Rehabilitation bill that would have opened up medical and training services to more of the severely disabled. The final version, passed in 1974 by a Democratic Congress over the reluctant signature of President Ford, first appointed President, allows some coverage of the severely disabled - - but still not enough.

--- This Fall the Congress passed the Education of All Handicapped Children Act. It establishes a spending formula that will greatly increase the federal share of monies spent for educating the handicapped. The amount of money will eventually rise from \$387 million in the 1st year of operation to 3.2 billion after seven years. Unfortunately this last amount is reached very slowly -- not until 1982. And, I am not sure that it will be enough for the 4.1 million disabled children who are currently being deprived of an adequate education.

Federal law states that all building that are either leased, or rented, or owned by the Federal government must be accessible to the handicapped. That is, no Federal building can present any physical barrier to a person in a wheelchair or on crutches. This law has simply not been adequately enforced. This really bothers me because barriers to crippled people in Federal buildings mean that a great many people are being cut off from their own government. In Georgia we eliminated architectural barriers to the handicapped in new and substantially renovated public buildings built with public money.

Physical barriers also hinder the disabled from a choice of housing and limit their use of public transportation. The Federal government has done little to encourage new architectural design or planning that would increase the accessibility of housing or transportation for the disabled.

DRAFT #2

The Carter Administration will be dedicated to the principles of citizen participation in an open society. I'd like to illustrate how this will be applied to the handicapped. In order to permit the disabled to participate in their government and in their society alongside of their fellow citizens the Carter Administration will:

1 -- Enforce the barrier free Federal laws that are already on the books and close the loopholes in these laws that permit abuses by builders and contractors.

2 -- Increase Federal housing and transportation subsidies for the disabled.

3 -- Push up the date to 1978 for reaching the 3 billion dollar level under the All Handicapped Children Act.

4 -- Open up Vocational Rehabilitation Act services to all those who could make a contribution to their homes and communities instead of serving only those who are obviously employable.

5 -- Establish an oversight board which will include the disabled, to monitor all activities of the Federal government that affect the lives of the disabled.

Citizen participation in an open society means that my Administration will seek the funds and methods to allow and encourage the disabled to rejoin American society. This means that the Carter Administration will provide a decent shelter and pleasant environment for those of us who are too disabled to join in. My Administration will provide all the necessary social, employment, and medical services to all of the disabled. We will go the full route because it makes good practical sense.

-- First of all, anyone can become the victim of a car accident or a maiming disease. It can happen to a man or a woman, the white or the black, the rich or the poor. By providing full services to the disabled while we are of sound body and mind, we can draw on those same restorative services if, God forbid, we become disabled. This is not charity to the crippled; this is a safety net for ourselves.

-- In the second place, it makes sense to restore a disabled person to an active contributing life. The more people who are able to care for themselves, the smaller will be the necessary public expenditure. A strategic expenditure early in the course of an impairment can prevent a lifetime to dependency.

-- In the third place, the chances of our becoming disabled increase as we grow older. A disproportionate number of the disabled are in fact elderly. It makes good sense then to provide for our own old age.

-- And last, I want to point out that what is extended ungrudgingly now to a person in need, gives us a right to call on help when we may need it in the future.

The provision of full services to the disabled is not just the decent thing to do. It makes sense.

This chance to go over a few of my thoughts on disability in America allows me to draw a general conclusion for all of our people. The problems of the physically and mentally disabled - most notably the struggle of the crippled for self-sufficiency -- and what we as a people and government do about them will also define what other groups can expect from the public. At sometime in our lives each of us seeks a service or a benefit from our government. We usually justify our claim to that service or benefit by believing that what is provided to us will also benefit the country.

Those of us who have children expect a decent educational system to be available in our communities. Those of us who are temporarily unemployed expect to be supported until our next job. Those of us who have worked and have reached old age expect a retirement -- toward which we have in part contributed. So then, why shouldn't those of us who become disabled expect to get the needed services to fix an impairment or expect to be cared for while we are unable to care for ourselves and our families.

I think that this is a reasonable expectation.



Jimmy Carter Presidential Campaign

For America's third century, why not our best?

June 1, 1976

To: Mary King
From: Regina S. Giuliani
Subject: Briefing paper on consumer constituencies in field of disability and the handicapped.

The following reflects comments and considerations of several consumer groups which were contacted with regard to the development of a position paper on disability and the handicapped:

David Williamson

Mr. Williamson works for HUD in the enforcement division of the Architectural & Transportation Compliance Board and is handicapped himself. He stressed separation of problems of the handicapped from the elderly and focused on the necessity for more rigid enforcement of existing legislation covering handicapped individuals.

Linda Texeira

Ms. Texeira, a congressional aide who is blind, focused the issue as a question not of health or being unwell but as a problem of "accessibility". The environment needs to adapt and be made accessible for the handicapped who are looking for greater involvement in the society at large and in the planning, formulation, implementation and evaluation of programs servicing their needs.

Reese Robrahn

Mr. Robrahn, a former judge who is blind and an active spokesman in the American Coalition of citizens with Disabilities, favored amending the Civil Rights Act of 1964 to include the handicapped. He sees some of the problems facing handicapped individuals as dispersal and non-uniformity of services and lack of visibility as a consumer group. A possible solution to remedy the situation he thought would be the establishment of a Federal commission to oversee and coordinate programs.

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Dr. Fred Fay

Dr. Fay, from the Rehabilitation Institute in Boston stressed greater participation of the handicapped in the state and federal governmental decisions affecting their lives. He saw the greatest need in the elimination of architectural barriers and the development of more engineering devices to help the disabled with their daily living.

Henry Beasley

Mr. Beasley, the director of Barrier-Free Design for the Paralyzed Veterans of America focussed on the need for the development of better, cheaper transportation systems for the handicapped and elimination of discrimination in housing.

James Seybold

Mr. Seybold, director of Research for the Paralyzed Veterans of America indicated that distribution of research money in the field was too politically controlled and that there were few incentives for young doctors to pursue research in the field.

Terry Brinckley

Mr. Brinckley, handicapped himself, focussed on what he termed the "federal disincentive" program. The present federal system of social security and SSI encourages the handicapped to remain dependent on the government by forcing ^{them} ~~him~~ to remain either unemployed or minimally employed in order to maintain health care benefits.

Charles Hodge

Mr. Hodge, an attorney for the Office of General Counsel, Equal Employment Commission, felt that there was a need to amend the present Civil Rights Act to include the handicapped. Encouraged supporting the present bill pending in Congress (S]3]] introduced by Senator Pell which includes the handicapped under Title VII of the Civil Rights Act. Mr. Hodge also stated that present equal employment programs for the handicapped are "paper programs" and need enforcement teeth.

Lex Freedan

Mr. Freedan recommended adopting a systems approach to improving programs serving the disabled. He felt that present bloc grant programs were inadequate for most of the money went to serving primary health care needs. The disabled do not have a strong lobby and cannot compete with able bodied individuals who need health care.

Eunice Fiorito

Ms. Fiorito is the present president of the American Coalition of Citizens with disabilities. She saw the priorities for presidential action as amending the Civil Rights Act; enforcing present affirmative action legislation; expansion of the SSI system so that it will be provided in accord with regional standards of living and involvement of the disabled in the planning, implementation and evaluation of policies and programs affecting them.

Judy Heuman

Ms. Heuman, director of the Center for Independent Living in California (rated no. 1 program for disabled by HEW) recommended the development of accessible public transportation systems, provision of cost free equipment for all disabled irrespective of income, improved educational services for disabled children, development of accessible integrated (non-disabled and disabled) housing and provision of a guaranteed income similar to that which is given veterans.

Dan Polling

Mr. Polling, the editor of Polling Magazine and himself severely disabled, stressed the need for removal of architectural barriers, development of accessible transportation systems and independent housing accommodations, improvement of public educational services and relevant vocational training programs. Mr. Polling is a strong advocate for the developmentally disabled.

Larry Allison

NYC Mayor's Rep. for

Handicapped

SUGGESTED REMARKS THAT GOVERNOR CARTER COULD MAKE

Transportation

. . . We expect an underfunded and under manned system of rehabilitation services to somehow produce effectively when their clients in many instances can't use mass transit to get to work. . .

. . . It's not even a question of being in the back of the bus . . . it's being on the bus at all . . .

. . . The FAA recently promulgated an advisory for the airlines to use for handicapped passengers and then withdrew it . . . I guess the wings of man and the friendly skies don't encompass handicapped people. . .

. . . I always thought public transportation meant that everybody pays for it and everybody can use it when they please. Now I know that for millions of citizens with disabilities they're paying for a product they can't use . . . with no chance of asking for a refund . . .

Transportation is the hub and housing, employment, independence, and recreation are spokes of a wheel . . .

. . . UMTA tells the localities to institute a reduced fare program for the handicapped before they [the localities] can receive subsidies for mass transit. UMTA issues no guide lines . . . no definitions and the localities go ahead and make the people who can't use the system the most eligible. This is supposed to be enlightened leadership. What it is, is the kind of hypocrisy the Nixon-Ford administration has been employing all along . . .

Civil Rights

. . . The real question is can this nation afford to have any segment of its citizenry perpetually dependent and isolated . . . The answer in 1976 is the same as it was in 1776 NO - NEVER!! . . .

. . . If I can't get into a restaurant, or a courtroom, or a beauty parlor, or a church or synagogue . . . its the same as being turned away. If I can't get a job because someone thinks I look funny or am incapable its the same as being turned down because of color or sex their all wrong, all excess baggage from a sadder era and all must go . . .

. . . I propose the inclusion of handicapped and disabled people into the 1964 Civil Rights Act . . . and when I'm president I will lead the way to that end . . .

. . . We're two hundred years old and innocent people are still being incarcerated into warehouses of despair . . .

. . . That is going to change because its wrong and this country is sick unto death of this kind of tacitly approved atrocity . . .

. . . Every Civil Rights movement needs indigenous leadership and a president willing and committed to doing his or her duty . . . We've got the indigenous leadership now and after November you'll have the president . . .

. . . I'm sending a telegram to National Chairman, Robert Strauss today asking him to ascertain whether the National Convention site in New York is totally accessible. If it is not I am requesting that it be made barrier free before the convention . . .

. . . I'm announcing today the formation of a National TAsk Force made up of handicapped people and their advocates to guide me in the formulation of solutions to their problems. . .

Housing

. . . Where do we house disabled people today . . . in institutions state hospitals, and nursing homes . . . Where they are isolated - segregated from society. . . the recipients of charity and pity . . . We'll I don't pity them I want to help them become as independent and integrated as possible . . . and part of the solution is a national housing program which meets their needs . . .

. . . We've got to mandate that a certain percentage of public housing be made accessible to disable people . . . and that tax incentives be available for private developers . . .

I TRANSPORTATION

A. Problems

1. Poor and/or non-existent models
2. Excessive cost to individual
3. lack of Regulatory response to needs

B. Reasons

1. persistent opposition by Transportation Industry
2. ineffectual leadership by Government
3. limited understanding of needs by designers
4. inflation of cost by 3rd Party payor systems
5. misuse of "safety concern" as prohibiting factor

C. Solutions

1. stronger legislation and regulations to mandate totally accessible Transportation
2. assumption of vigorous leadership role by Federals
3. uniform National standards on Transit design which reflect the need of all disability groups
4. enforcement of those standards by the Architectural and Transportation Barriers Compliance Board

II CIVIL RIGHTS

A. Problems

1. Discrimination in
 - a. = opportunity
 - b. public accomodations
 - c. housing
 - d. voting
 - e. education
 - f. mobility
 - g. services

B. Reasons

1. Historic attitudes
2. Superstition
3. lack of legislation
4. poorly enforced legislation
5. programs which foster dependency
6. no acceptable legal comprehensive definition of handicap or disability

C. Solutions

1. inclusion in 1964 Civil Rights Act
2. Full enforcement of sections 501, 502, 503, and 504 of the Rehab Act of 1973
3. Legal Representation (see legal services)

III. Environmental Design

AKA Barrier Free Environments

AKA Architectural Barriers

A. Problems

1. varying standards
2. poor enforcement
3. lack of research for specific disabilities
4. lack of professional cooperation

B. Reasons

1. Poor interface between disabled and non-disabled people
2. very limited understanding of problems by professionals and building industry
3. poor leadership by Government
4. poor leadership by providers
5. weak current legislation

C. Solutions

1. one uniform National Standard which reflects the need of all disability groups
2. strict enforcement of that code
3. specific curricula in Schools of Architecture and Design
4. apply Code to all Publically used Buildings
5. enforce above through '64 Civil Rights Acts and section 504 of '73 Rehab Act
6. make Architectural and Transportation Barriers Compliance Board a Regulatory Agency under an Administration on Handicapped Individuals in the Office of the Secy. of HEW

IV Housing

A. Problems

1. Accessibility
2. usability
3. lack of sufficient Housing programs
4. emphasis on institutionalization
5. entrance into existing programs are income related not disability related
6. "special" housing often placed in isolated areas

B. Reasons

1. lack of understanding of Housing needs
2. no consistent housing policy
3. no leadership in government
4. poor leadership by Providers
5. no comprehensive planning based on needs and interrelated with the service sector
6. societal reluctance to integrate disabled people

C. Solutions

1. Development of a clear National Housing Policy
2. expansion of Current Community and Housing Development Act for Housing units and Community services
3. nationwide action plan for de-institutionalization
4. Housing Policy based on disability needs
5. provision for adequate mortgage financing
6. linkage of Office of Housing for Handicapped and Elderly HUD with Administration on Handicapped Individuals HEW
7. make OHHE directly responsible to HUD Secy.

V. Education

A. Problems

1. poor quality
2. segregation
3. poor enforcement of Right to Education
4. poor transportation services
5. insufficient support services
6. inaccessible schools
7. limited post-secondary, trade school, and post graduate opportunities
8. questionable rehab services support practices

B. Reasons

1. resistance to mainstreaming by professionals
2. poor interaction between Rehab and Education
3. poor testing and evaluation policy
4. ignorance of problems by professionals
5. prejudice of general society
6. feeling that services belong in realm of charity

C. Solutions

1. national mainstreaming policy
2. funding for making schools accessible and usable
3. increased support services
4. a cogent and rational transportation policy

5. post-secondary, trade school, and post-graduate support
6. placement of all educational programs in HEW under
Administration on Handicapped Individuals

VI Employment

A. Problems

1. discrimination
2. limited training
3. non-inclusion in vital legislation
4. poor enforcement of affirmative action
5. architectural barriers
6. poor and costly transportation
7. poor rate of advancement on job
8. discriminatory civil service requirements
9. over-reliance on sheltered workshops
10. poor educational background
11. lack of initial workforce entry support services

B. Reasons

1. false "safety consideration" fears
2. general attitudes of society
3. poor government leadership in private sector
4. inadequate strategies on provider level

C. Solutions

1. mandated inclusion of handicapped and disabled in CETA
based on disability
 - a. comprehensive manpower programs
 - b. public service employment
 - c. apprenticeship
 - d. Job Corps
 - e. work incentive program
 - f. research, development, and evaluation
 - g. employment service
2. full enforcement of sections 503 and 504 of Rehab act of '73
3. tax relief for employment related transportation in absence
of accessible public transit
4. tax relief for private enterprise for barrier free work sites

VII. RECREATION

A. Problems

1. limited opportunities for independent enjoyment
2. inaccessible public facilities
3. inaccessible private facilities
4. poor and costly transportation
5. segregated participation
6. general attitudes

B. Reasons

1. poor leadership by government and professionals
2. little public recognition of problems
3. little funding support

C. Solutions

1. legislation assisting recreation providers in creating barrier free environments
2. inclusion of protections under 64 Civil Rights Act.
3. increased support funding for transportation services for recreation providers

VIII. AIDS AND DEVICES

A. Problems

1. cost
2. quality control
3. repair
4. lack of information

B. Reasons

1. low production
2. captive market
3. lack of information for regulators
4. poor communication methods by producers
5. inflated prices

C. Solutions

1. tax relief for consumers
2. increased support by rehabilitation services
3. regulations for consumer protection
4. increased consumer notifications of technology advancements

IX. ACCESS TO SERVICES

A. Problems

1. different systems fail to communicate with one another
2. service delivery systems frequently do not deal with the whole person
3. rivalry between systems and providers are detrimental to clients
4. too many layers of bureacracy
5. gaps in service
6. overlap in service
7. different systems can and do impede other systems
8. either por or no consumer input into systems/service decision making

B. Reasons

1. self-perpetuating bureacracy growth
2. over reliance by private providers on government funds
3. services for disabled defined by non-disabled
4. services evolve in an uncoordinated context
5. services have refused to deal comprehensively with problems outside of their scope but having direct impact on their goals
6. limited success due to evaporation of funding through bureacracy
7. self-imposed limitation of goals

C. Solutions

1. consolidation of services in administration on handicapped individuals in office of secretary of HEW
2. mandated consumer involvement in decision making
3. strictly enforced affirmative action programs at all levels of service delivery
4. mandated linkage and coordination between transportation, housing, employment, education rehabilitation and medical services etc.
5. analysis of current systems productivity
6. increased CILS
7. elimination of disincentives from various systems

X. LEGAL SERVICES

A. Problems

1. dearth of services
2. lack of expertise in areas of disability
3. current programs often tied to means test
4. architectural barriers

B. Reasons

1. lack of leadership by government and providers
2. lack of concern and leadership by legal profession especially civil liberties organizations
3. over dependency by consumers on provider organizations

C. Solutions

1. specific legislation mandating legal services
2. presidential leadership vis a vis the legal profession

XI. COMMUNICATIONS

A. Problems

1. poor organization in presenting information
2. media concentration on "charity" aspect
3. service systems explain themselves inadequately
4. poor coordination of systems information

B. Reasons

1. poor understanding of population and their problems
2. definition of issues by nondisabled
3. little central coordination of information

C. Solutions

1. consolidation of information output by administration on handicapped individuals
2. output to media from consumers

OVERVIEW

The disabled population numbers some estimated 28 million (including 10-11 million severely disabled) in this country. Their needs are provided by a collection of service systems (health, rehabilitation, income maintenance, employment, recreation, housing, home support, transportation, education) which:

1. have limited objectives
2. promote dependency through disincentives
3. are uncoordinated
4. do not inter-communicate
5. have little consumer input into decision making
6. are inaccessible to client/consumer
7. are often defeated in reaching their goals by environmental realities

8. are promoted by non-disabled professionals
9. rarely attack discrimination and myths about disability
10. are under funded and under staffed
11. have few legal services available
12. do not deal with environmental realities
13. have been poor advocates and leaders
14. have "suspect" cost/benefit ratios
15. are riddled with excessive bureaucracy
16. rarely translate research into action

I have not dealt with the problems involving health, research, advocacy, and income maintenance (SSI, SSDI) on purpose, since it would have meant a delay in this paper reaching you. This outline was put together in part with disabled people in a brainstorming session held last week. The items within may raise more questions than they answer. Nevertheless, they do represent a consensus of the status quo as it relates to the individual.

May 4, 1976

TO: MARY KING
FROM: JAMES STEARNS
SUBJECT: DRAFT POSITION PAPER ON DISABILITY ISSUES

INTRODUCTION AND POLICY STATEMENT

This draft should focus thinking on the candidate's positions on issues affecting the physically or mentally disabled. I readily admit that other issues neglected here could have been included and suggest that this draft be circulated to other interested parties for comments. I would add the caveat, however, that one difficulty in achieving any action on problems facing the disabled is the non-cohesion among consumer and professional groups on what issues should receive priority treatment. At this time the candidate needs to talk in broad concepts and highlight the critical areas needing attention rather than bury his positions in a pile of carefully crafted position papers. I shall be happy to work with others in drafting more detailed papers on specific issues later. For now the candidate needs a position. My recommendation would be a statement such as:

The physically and mentally disabled are currently, legitimately seeking realization of their civil rights much as other minority groups did before them. Consistent with my support of other minority groups, I pledge that the disabled will have a high visibility in my administration and that I shall make every effort to assist in achieving their rights. At a minimum, those rights include an equal opportunity to secure an education, hold a job, have a home of their own, and be offered transportation accessible to them. Underlying

each of these rights is the fundamental right to move around in the society without architectural barriers hindering progress.

My party has done much over the opposition of the Nixon-Ford Administration to secure the rights of the disabled, especially in the area of education and employment. But the legislation the Democratic majority in Congress, aided by many perceptive Republicans, wrote and passed was fought tooth and nail by the Administration. Even after passage, the Administration consistently attempted to water down the rights and services mandated by the Congress by writing regulations in contravention of legislative intent.

In my Administration such practices will not continue. The legislation passed by the Congress will be implemented so that the disabled will achieve their goal of equal opportunity. Consumer and professional advice will be solicited in isolating areas where more study or legislation is needed. Adequate funding for current and future programs will be provided. States and localities will be encouraged to devise solutions to the problems facing the disabled. In those cases where a federal solution is seen as desirable, states will be supplied with federal assistance to enable them to implement the federal direction.

My support of the disabled's battle for their rights is based largely on my Christian belief that all person's should be treated equally and that those who through no fault of their own are not able to compete on an equal footing with their fellow man should be assisted by the government.

The above statement covers what should be said by a Presidential candidate on this subject. I have selected four priority areas for attention--education, employment, housing, and transportation--on which there is common agreement among consumers and professionals that something has to be done. There is not as much agreement on what should be done. The above statement also raises the important point that the Democrats in Congress have labored to make a start in Civil Rights areas. That work must be acknowledged if the candidate is to win sup-

port in professional circles. That is not to say, however, that more cannot or should not be done. The statement also recognizes the political fact that the regulation writers in the bureaucracy significantly undercut the intent of the Congress. To take one extreme example, the Department of HEW is now the defendant in a court suit because it has still not promulgated regulations which would implement the anti-discrimination section of the Vocational Rehabilitation Act of 1973 that relate to recipients of federal funds. The statement additionally deals with the problems state and local governments face in implementing federal programs mandated from Washington with often times an incomplete understanding of the particular problems certain states and localities face. Finally, the statement encourages assistance from consumers, a position that must be taken if the candidate is to be credible within the disabled community. The use of consumers is also necessary if the general public is to perceive them as intellectually and occupationally qualified to compete with the able-bodied.

The candidate's reasons for embracing the cause of the disabled can be couched in moral terms but the economic argument should not be ignored. The proposition that taking steps toward rehabilitating or otherwise assisting a disabled person to join the work force is cheaper than placing him on the welfare rolls was a compelling argument in beating back President Ford's 1974 veto of the Vocational Rehabilitation Act extension. The Administration never could answer consumer charges that veto of the Rehab Act amounted to "fiscal irresponsibility."

The proposition is self-evident but the candidate should be in possession of data to support the conclusion. As of the fall of 1974 such data did not exist in a formal sense but organizations dealing with the disabled could provide specific examples within their constituency that would support the economic feasibility of spending money to achieve equal opportunity.

For the candidate's statement to have credibility, he must be able to go far enough in depth so that he grasps the essentials of each problem area. What I have attempted in the next section is to outline the problems the disabled face, what legislation has been passed that the candidate should promise to effectively implement, what else is needed in terms of legislation, and, finally, what urgency is required and what success can be expected.

II SURVEY OF PROBLEMS FACED BY THE DISABLED

This section deals mostly with the difficulties faced by disabled individuals who have the intellect to compete in a non-institutionalized setting and whose physical problems are not so great as to require permanent institutionalization. A separate section will be devoted to the needs of the institutionalized population.

A. EDUCATION

The major fight here, bolstered by a number of court suits establishing the constitutional rights of school children to a public education regardless of disability, has been to mainstream children into the public school system so that they are receiving not only a free public education, but are being ed-

ucated, to the greatest degree possible, with their non-disabled peers. Statistics indicate that only 3.9 million of the eight million disabled children are receiving what could be termed an adequate education.

This fall the Congress passed, and President Ford reluctantly signed, the Education of All Handicapped Children Act, which established, effective in 1978, a spending formula that, complicated as it is, will greatly increase the federal share of monies spent for educating the handicapped. The amount of money expended will rise from \$387 million in FY 1978 to \$3.16 billion in FY 1982.

Because of the struggle to get this Act passed and because time must pass to evaluate its effectiveness and see what changes are necessary, the education area does not promise to be a hotbed of legislation, nor should it be a high priority during the campaign. Other areas deserve more attention. The candidate should be on record, however, as favoring the right of the disabled to a public education, since the Education of All Handicapped Children Act is a large arrow in the Congressional quiver.

B.

EMPLOYMENT

The problem here is immense; the outlook bleak. So much could be said here that it is hard to crystallize the salient issues. The Vocational Rehabilitation Act is the major funding source for assisting disabled persons who have vocational potential so that they obtain the necessary medical, training, and other services to enter the job market. The Act was a major point of controversy between the Nixon-Ford Administration

and the Congress. The bill was vetoed in 1973 and the veto almost overridden before a compromise was reached. In 1974 the Act was vetoed and overridden by a 90-1 margin in the Senate. The disagreement in 1973 and still the major policy issue is: to whom should the funds go under the Act. The 1972 version, which President Nixon vetoed in 1973, would have allowed funds to go to those who were capable of making "a substantial contribution to their homes and communities" if they received assistance, rather than limiting the program to vocational potential. The rationale here was that the severely disabled were most in need of assistance and that many of them could not meet the vocational standard. This language was dropped in the compromise 1973 version and was not reinstated. The 1974 Act did include a requirement that special emphasis be placed on aiding the severely disabled and required that the Secretary of HEW commission a study to isolate this population and identify their needs. The Urban Institute subsequently conducted that study, and its Executive Summary is now available to us. In my judgment the Urban Institute study still does not come to grips with the question of who should be served under VR, and that was not its scope.

My recommendation is that the candidate endorse a policy that would broaden the recipients of VR money beyond the vocationally able. That narrow restriction limits the persons who can be helped and also ignores those who may be in need of the most aid. Adoption of this approach does not mean that the vocationally able could not receive assistance. Rather, the case worker would be given discretion to decide to whom funds

would go.

The Act should also be amended to provide for attorney fees being recoverable in suits brought to enforce Sections 503 and 504 which require respectively that every recipient of a federal contract over \$2500 take affirmative action to employ the disabled and that a policy of non-discrimination apply with respect to any program of activity receiving federal financial assistance. Recovery of attorney fees would stimulate enforcement of these sections. In general, the candidate should follow the recommendations of the American Coalition of Citizens with Disabilities on amendments of the Act, but the above issues seem to be the most significant.

Other legislation that needs amendment to assist the disabled are the Civil Rights Act of 1957, 1964, 1968 and the Voting Rights Act of 1965. The purpose here is to put the disabled within the purview of those acts. Congressman Chris Dodd (Dem. Conn.) is set to hold hearings later in the year before the Constitutional Rights Subcommittee of the House Judiciary Committee. These amendments are common sense proposals but might arouse harsh opposition from foes of affirmative action. On balance, the attempt should be encouraged, because the disabled need so much assistance in the employment area. Without strong Presidential leadership the disabled can win every other battle but lose the war because they are not able to enter the work force in significant numbers.

C

HOUSING

This area is considered a disaster by most professionals dealing with the disabled in Washington. There have been a

few innovative local housing authorities that have sweet-talked federal monies out of HUD and used it to aid the disabled. However, success stories are rare, and many consumers see no federal commitment to improving their housing needs.

Part of the problem is that the consumer and professional communities have not formulated a comprehensive plan of what they desire. The issue is whether money should be provided so that individuals can make their own facilities accessible or whether group living arrangements should be encouraged. However, while there is a divergence of opinion, the group living approach seems to be gathering increased converts. Moreover, it is not an overstatement to say that the disabled are looking for some movement out of HUD and that good faith action will be accepted even if that constituency disagrees over approach.

The Housing and Community Development Act of 1974 acts as a complement to general revenue sharing funds, and provides under Title I that housing authorities on the local level may fund special projects that remove architectural or other mobility barriers from housing.

Section 202 of Title II of the Act permits federal direct construction loans to non-profit developers to construct dwellings "suitable for use" by the elderly and disabled. The program is grossly underfunded and depicted by many as a joke.

So little has been done in this area that a new start is necessary. My readings of HUD's reputation indicate that it has been poorly administered in many areas and that a total reshuffling might be in order. If so, the disabled should be

challenged to assist in forming a national housing strategy. If the current structure remains the Housing Act should be adequately funded and local housing authorities encouraged to use their resources to aid the disabled.

The Internal Revenue Code should be amended to provide tax incentives to builders who construct architecturally accessible housing.

There is no reason why a national housing strategy cannot be developed and implemented. Separate housing for the elderly has grown over the last few years and perhaps that housing can also be employed by the disabled. The welding of these two minority groups will provide a political base for encouraging a response from the housing authorities.

D. TRANSPORTATION

The situation here is much the same as in the housing area. Little has been done by the Executive branch, but, unfortunately, the outlook is not as hopeful as it is in the housing area. The reason for the pessimism here is that the cost of making transportation accessible for all the disabled, who have wide disparities in their needs, will be extremely costly.

As in the housing area, there is a lack of a national strategy. Some consumer want individual grants given to the disabled so that they could plan their separate transportation methodology. Others argue for mass transit systems which are accessible to all. The candidate cannot be expected to decide on a national transportation scheme with so little having been done. What he must do is invite consumers to answer the Administration position that accessible mass transit systems are too costly. Serious study should be given to the individual trans-

portation system because this would serve localities without a mass transit system.

There is virtually a clean slate on which to write. The major pieces of federal legislation deal with eliminating architectural impediments to use by the disabled, such as curbs without cuts that make them usable by those in wheelchairs: There is also legislation in existence requiring mass transit systems receiving federal funds to charge reduced fares to the disabled during non-peak hours.

The Department of Transportation has also authorized about 30 pilot programs in the hope of developing a model, but DOT spokespersons admit that few achieved any meaningful results.

The Department has also been slow promulgating guidelines for mass transit and air travel by the disabled. One of the candidate's first jobs upon election should be to produce those regulations. Air travel guidelines are currently being drafted. The status of the mass transit regs is unknown.

The urgency here is high, but the problem is difficult. My judgment is that a transportation system can be devised but a major commitment is required.

The candidate's job will be to call for that commitment to be made. His administration will have to bring the drive to fruition.

E. ARCHITECTURAL BARRIERS

This issue overlaps all of the above. The person who cannot wheel into a classroom, an office, a house, or an airport, is not going to achieve his civil rights. And a barrier in just one of the above four places will vitiate any progress.

MEMORANDUM

TO: Bob Havelly
FROM: Tom Joe
DATE: September 21, 1976

Must have Carter state strong position on medical rehabilitation. The attached will be a series of five articles beginning October 4. Please call when you receive, and transmit to Carter. This is the final version even though not polished.

Monday,
Oct. 4

REHABILITATION'S AWESOME RETURN

For every \$1,000 our nation invests in rehabilitation of the disabled, our economy gets back \$9,000 - an awesome 9 to 1 return, reflecting the taxes paid by ^{that} rehabilitated individual to the Federal, state and local governments when he gets a job; the halt of social welfare payments ~~to this person~~ when he or she is able to subsist without ~~welfare~~ ^{this aid} and the funds that flow with multiplying force from this worker as he spends his earned dollars.

~~good example~~
For every individual who is rehabilitated from a spinal cord injury - once leading to death within a year or a life merely waiting for ~~death~~ ^{death - \$60,000} is saved in reduced medical and nursing home care alone. A Dept. of ~~Health~~ ^{Health,} Education & Welfare (HEW) study shows that after ~~a comprehensive~~ ^{completing} a comprehensive rehabilitation program, the ability of a patient severely disabled by stroke, arthritic or spinal cord injuries to function productively in society is improved an astounding 100 per cent.

Right now, an estimated 50,000,000 Americans have some physical impairment; about 12,000,000 in the 16 to 64 age groups (one out of 11 ~~adults~~ ^{adults}) have total or partial work disabilities; about 444,000 new cases of stroke are detected each year.

^{just} The loss to society in terms of production, taxes paid, creativity, ~~not to mention the loss of the individual's ability to contribute to society~~ runs into tens of billions a year.

The loss to the individual - in terms of a paycheck earned, the ~~ability to~~ ^{ability to} participate with dignity in the activities of everyday living, the "inalienable rights" to "life, liberty, and the pursuit of happiness" - is beyond statistical computation.

It is through rehabilitation medicine - a major medical and vocational program designed to eliminate or substantially reduce the physical disability of these individuals - that the disabled "are able to attain self sufficiency, return to competitive employment, and achieve maximum functional independence," says Dr. Howard A. Rusk, world renowned pioneer in this field, and founder-chief of the Institute of Rehabilitation Medicine at New York University Medical Center.

It is under the dedicated leadership of Rusk that rehabilitation medicine has been lifted from an all but unknown specialty before World War II to an internationally accepted, fundamental aspect of medicine. From zero ^{at the end of World War II, comprehensive} rehabilitation medical centers have grown to ⁷⁵⁰ ~~500~~ in the U.S. alone and to ^{some 2000} ~~1000~~ in ~~abroad~~ foreign countries.

And it is because of rehabilitation medicine that the disabled now receive services that remove them from the living dead and restore them to productive, tax-paying members of our economy.

Yet, despite the fact that Federal rehabilitation laws have been on our statute books for more than a half-century, the record on rehabilitation under both the Nixon and Ford Administrations has been ^{almost unbelievable} unqualified one of ~~negativism~~ negativism.

In the face of a Congress virtually united in favor of the legislation, President Nixon vetoed the Rehabilitation Act of 1973 TWICE finally signing a third version ~~of the act~~. ^{This is} before ~~the act was passed~~ (the nation's basic rehabilitation law, known as the disabled's "bill of rights." Among other provisions, it establishes a Rehabilitation Services Administration (RSA) within HEW and mandates the states to give top priority to serving the most severely handicapped. Nixon's objections: the minor step-up in appropriations; and the priority given to helping the severely handicapped become employable. Recent amendments extending the law ^{by Ford and overridden by the largest Congressional majority in} ~~history~~ history. ~~in the House and Senate~~ (398 to 7 in the House, 90 to 1 in the Senate.)

(more)

Under President Ford, Nixon's non-support has become non-execution of the nation's law.

Regulations essential to translate programs from paper to reality have ^{been} ~~been~~ inexcusably delayed. Only a few weeks ago - an appalling three ~~years~~ years after the law's passage - were regulations ^{never} ~~proposed and released for public comment. The regulations to~~ ~~proposed~~ establishing the rights of handicapped individuals not to be discriminated against in employment, education, other areas of Federal support. Every year since 1973, appropriations for rehabilitation have been vetoed.

Every Presidential budget for these years has tried to reduce ~~the program~~ phase out or wipe out training-research ^{program}

"All these outrages by the White House have come on top of the fact that there are only 2,000 physicians trained and qualified in rehabilitation medicine," accuses Dr. Edward W. Lowman, professor of Rehabilitation Medicine at New York University School of Medicine. There is ^{a devastating} ~~a~~ ~~destructive~~ shortage of 7,000 in medical schools, communities and rehabilitation centers."

Tomorrow: Political Aimlessness vs. Rehabilitation Payoff

Tuesday
Oct. 5

POLITICAL AIMLESSNESS vs. ~~REHABILITATION~~ PAYOFF

His name is Juan Irigoyen Yopez, he is 30 years old, married, has three children, a well-paying job in La Paz, Bolivia, is making payments on a house, is generally a self-reliant man.

Doesn't sound so special - not until you know that Juan was born with four-fingered hands that grew directly from his shoulders and feet attached directly to his hips. Juan was the pet "adopted child" at a Bolivian hospital when at the age of eight, voluntary doctors sent him to Dr. Howard A. Rusk, director of the Institute of Rehabilitation Medicine in New York City. After 17 months, a special body socket was designed to go around Juan's body up to the waist with attached legs that ~~could~~ ^{could} be locked or unlocked by his feet for walking or sitting. Special crutches with handles slipped over his fingers and shoulders. Within hours, Juan could "walk!" He studied, finished a two-year college course in California, became a champion chess player, an excellent swimmer, eventually was trained for computer-training with IBM, then passed technical training courses with honors. The Bolivian Mining Corp. offered him a job. He holds it to this day ...

Her name is Helen Rynack and after years of working as a switchboard operator at Bellevue Hospital in Manhattan - never missing a day, never late - she has a job on Long Island near her home.

Nothing special either - except that polio when she was an infant partially paralyzed her arms, abdominal and back muscles and totally paralyzed her legs. By studying at home, she had graduated from high school with honors, could even type 60 words a minute with her crippled hands. But 26 years later, she was still inside her home because she could not manage steps or curbs. more

Then she was sent to physicians specializing in rehabilitation medicine at Bellevue Hospital who taught her how to redevelop every muscle trace she had left and gave her special exercises to strengthen her arms and legs. She struggled for 11 weeks and achieved it - stepping up and down curbs. She was discharged on a ~~Friday~~ Friday, ~~back~~ back Monday to work on Bellevue's switchboard.

His name is Steve Kalkandis, he ^{is} a World War II hero and no. one man in rehabilitation work in Greece. Kalkandis had been a flier in the Greek air force until he suffered complete, permanent paralysis while pulling his plane out of a dive. When he ^{came} ~~came~~ to Dr. Rusk, his limbs were so spastic that it took four men to stretch ~~out his legs~~ ~~so~~ so he could be fitted with braces. But a mere eight months later, he walked out of the hospital with two short leg braces and two canes and now, he has discarded even these.

This is only a random sampling of ^{hundreds of thousands of} rehabilitation case histories. ~~I tell them not to tug your heart but to emphasize that each individual~~ I tell them not to tug ^{at} your heart but to emphasize that each ^{is an} individual ~~turned from a costly burden, on~~ turned from a costly burden, on ~~into a productive contributor~~ into a productive ^{to society.} contributor ~~to society.~~

Yet, despite the documented proof of spectacular economic return, former President Nixon repeatedly vetoed Federal rehabilitation programs during his aborted tenure and President Ford - in the name of budget control - has followed ~~Nixon's non-support~~ Nixon's non-support with the extra "minus" of non-execution of ^{the nation's} ~~the nation's~~ mandate.

Only a few weeks ago was 1976's appropriation for research in rehabilitation medicine set at \$29 million - a full \$3 million ^{this, only because bi-} ~~LESS~~ LESS than the appropriation four years ago and ~~partisan Congressional support boosted the funding from the skimpy~~ ~~partisan Congressional support boosted the funding from the skimpy~~ \$18 million recommended in the ~~1972~~ 1972 budget.

"Both as President and as congressman, Gerald Ford has a record of continued opposition to efforts to meet the needs of America's handicapped," says John Brademas (D.-Ind.), ^{chairman} ~~chairman~~ of the House subcommittee on Select Education, which has jurisdiction over

rehabilitation

"He has vetoed ~~legislation~~ legislation and been over-
ridden by ^{an} historic majority in Congress. He has opposed education
for handicapped children ^{but Congress has} ~~and also been~~ overwhelmingly ^{rejected his} ~~overwhelmingly~~

position.

~~Congress~~. He has vetoed appropriations and rescinded funds for the
handicapped. ^{As President,} His budget requests have reflected the same lack of con-
cern for the handicapped as his Congressional record."

Was it not for our

in Congress

~~guardians~~ guardians ^{would have been emasculated} of the rehab-
ilitation programs ~~and the~~ ^{But} ~~total~~ ^{They are non-political projects} ~~total~~

accuses Dr. Rusk. "These are not political p

~~been~~

"No coherent research and evaluation strategy is being fol-
lowed by the Health, Education & Welfare Dept.," warn the American Co-
gress of Rehabilitation Medicine and the American Academy of Physical
Medicine & Rehabilitation. "There is a ^{total} failure of commitment."

Goodwill Industries: Its Accomplishments
Tomorrow: ~~Rehabilitation~~

##

Wednesday
Oct.

GOODWILL INDUSTRIES: ITS ACCOMPLISHMENTS

Cheryl Abney was born without arms. When she was six, she underwent surgery to her shoulders so she could use an electric arm prosthesis. But Cheryl already had learned to do almost everything for herself with her feet and had made the physical adjustment to her severe handicap without prosthetic aid.

The psychological adjustment was more difficult. She was shy, withdrawn, self-conscious, unsure of her vocational future (if any). Then in 1973, Cheryl came to Goodwill Industries of Central Indiana where vocational evaluation led to her enrollment in Goodwill's bookkeeping-office-clerical training course. As her vocational skills increased, so did her confidence in herself. During the next two years, spurred on by Goodwill, she learned to drive a car, began to wear cosmetics, was awarded a high school equivalency diploma - and became an expert typist (with her toes.)

Cheryl was selected National Goodwill Worker of the Year in 1975 and early this year, was hired to work in the Indianapolis offices of the U.S. Civil Service Commission.

Such success stories as Cheryl's are recorded thousands of times each year within the State Federal vocational rehabilitation programs as well as at the 161 Goodwills across the nation (and similar rehabilitation-oriented organizations such as United Cerebral Palsy, National Assn. for Jewish Vocational Services, National Easter Seal Society, National Assn. Retired Persons, American Foundation for the Blind, Salvation Army.)

In the words of Dr. Howard A. Rusk, pioneering director of the Institute of Medical Rehabilitation in New York City

"There just isn't enough money earmarked for vocational rehabilitation activities. For example, there are no rehabilitation services for long-term 'sheltered employment' and workshops are picking up the tab for services that the government rightly should buy."

"It amazes me that the Administration seems not to realize that rehabilitation programs and education-training programs for the handicapped are an ALTERNATIVE to welfare," ~~Senator Jennings~~ Senator Jennings

Randolph (D-W.Va.) chairman of the Senate Subcommittee on the Handicapped, told Brooke Shearer, my research associate in Washington.

"Apparently, Administration officials cannot realize the humanitarian impact and I regret they have failed even to realize the economic benefits involved in rehabilitation efforts at all levels."

Tomorrow: "Projects With Industry"

##

Thursday
Oct. 14

PROJECTS WITH INDUSTRY

IBM is training men and women severely disabled by spinal cord injuries for jobs in data processing and computer technology. Trainees are selected with the assistance of state ~~rehabilitation~~ vocational rehabilitation departments and private rehabilitation organizations - and in some cases, home bound facilities are used as training sites.

duPont, our nation's 16th largest employer is enthusiastic about the rehabilitated ~~hand~~ handicapped it employs. Its own studies show that on safety, 96 per cent of its handicapped employees rate average-or-better on and off the job; on job performance, 91 per cent rate average or better; on job stability, it's 93 per cent; on attendance, it's 79 per cent. Moreover, the disabled neither want nor need special privileges; necessitate little or no special work arrangements; involve no increase in compensation costs, or in lost-time injuries.

The Florida Restaurant Assn., a private organization representing 20,000 eating places in the state, is working with the emotionally and mentally disturbed to place them in hotel and restaurant related jobs.

Arkansas Enterprises for the Blind, a private, non-profit agency, is training the blind as information specialists for the Civil Service Commission and other agencies.

And ~~the Vocational Guidance & Rehabilitation Services of~~ a non-profit ~~agency~~ Services of Cleveland, ~~is~~ agency, is instructing the handicapped to become optical technicians with the National Cole Co., the firm which serves the optical departments of Sears Roebuck.

This is only
~~the~~ a sampling of projects in which about 500 industries

Increasing numbers of self-enlightened corporations are finding that the handicapped turn into superior employes, are informing vocational rehabilitation organizations of their specific work needs and are providing equipment-training assistance. HEW helps with the financing, but only because it is mandated to do so by Congress in its legislation and appropriations.

The advantages of Projects With Industry are many. The handicapped person receives training for a particular job that industry needs filled. He is given access to a large variety of major companies and thus has more opportunities for career development and advancement. He's exposed to advanced technology that enables him to demonstrate he has the capacity to accomplish tasks not ordinarily considered suitable for the disabled. Industry benefits too by gaining a highly motivated employe with skills matched to a particular job and with a superior record on safety, loyalty, absenteeism, etc.

As for costs vs. return, in 1975, roughly 2,000 disabled workers in the programs out of about 2,500 were placed. They earned more than \$10 million, paid about \$2 million in Federal taxes alone. The cost per placement amounted to about \$1,000 - so, the programs actually pay themselves.

In 1974, about 75 per cent of the participants in the programs found jobs and last year, nearly three out of four in the programs were placed. The job retention rate is high because, in addition to specialized training, the programs provide for a period of trial employment and adjustment.

In spite of the name Projects with Industry, other non-profit and profit-oriented organizations, labor unions or community trade associations or training-rehabilitation facilities may participate if they have the capacity to arrange or conduct training-employment programs in a realistic work setting. more.

One illustration of a particularly successful project is the Human Resources Center, a private, non-profit organization in Albertson, Long Island. Its efforts are directed at placing the severely disabled in white collar jobs in the local business community. It worked with a business advisory group to select and develop specialized training equipment and a technical skills program to match closely ~~each~~ each company's own on-the-jobs training ~~program~~ ^{program}.

~~representative of the~~
~~available in the area of income.~~

In four years, the Center has ^{sewed} ~~placed~~ 300 handicapped individuals ranging from age 18 to 64 - including ~~paraplegics,~~ ^{paraplegics,} quadriplegics, ^{suffering from} ~~those with~~ cerebral palsy, cancer and blindness. Of these 300, 220 have been placed in jobs. ~~_____~~

None of these workers ~~is~~ ^{are} dependent on welfare, none is a drain on ~~the~~ economy. Their salaries range from \$5,000 to \$10,000 a year and they pay their own way with taxes, just as you and I.

Tomorrow: Politics vs. Economics of Rehabilitation

##

Porter - 1 - Oct. 8

Friday
Oct. 8

POLITICS vs. ECONOMICS of REHABILITATION

There is no politics as such in the horrifying fact that more than 22,000,000 handicapped persons are pleading for (but not getting) rehabilitation so they can become productive contributors to our economy rather than a destructive burden on all of us. No poll ever has been taken to determine whether the 12,000,000 Americans in the 16-64 age group who are severely handicapped - one in every 11 ^{adults!} - are Republicans or Democrats. No one can pin the label of a political party on the statistic that 440,000 new cases of stroke are detected in the U.S. every year.

But there is plenty of hard economics in the above non-political facts. For documentation has been piled on documentation to prove that every \$1,000 invested in rehabilitation of our disabled returns \$9,000 to our economy. The total increase in the lifetime earnings of rehabilitated persons ranges from six to 20 times each \$1 spent for their rehabilitation.

After rehabilitation more than 80 per cent of spinal injury patients are able to do some type of gainful work and with proper care, their life expectancy is within two years of normal. If these years were spent in a nursing home, costs ^{per case.} would well top \$500,000. A terrible waste of dollars, a worst waste in terms of human beings.

And there also is plenty of hard business judgment in ~~the~~ ^{corporations to employ} ~~the~~ ^{handicapped} programs of ~~the~~ ^{U.S.} ~~corporations~~ the handicapped because they surpass by whopping percentages the records of the average worker on safety, job performance, loyalty, absenteeism, etc.

Porter - 3 - Oct. 55

Delayed

22

Ford announced the conference ~~on~~ on Nov. 22, 1975, set the date for this December, 1976. It won't be held, though. It has been delayed again. Now the date is May, 1977.

Research is being neglected. Sheer inertia is burying essential programs. Priorities are being shifted constantly, *and* depend more on whim than scientific merit.

What can you do? A mere individual? Let your Congressmen know that you realize the meaning of the defaults. Tell the White House in unmistakable terms that you want the handicapped to have all the opportunities of first-class citizenship, *in* education, jobs and *travel*. Demand that our laws be administered by effective leaders.

"Ours was once the greatest rehabilitation program in the world," ~~Dr. Edward A. Lowman,~~ *W.* professor of Rehabilitation Medicine at New York University Medical Center. "We must make it so again."

~~in human and social terms, there will be cries of anguish and demands for change.~~

"The waste in economic terms is as *incredible* as ~~in~~ *pioneering* in human and social terms," insists Dr. Howard A. Rusk, ~~former~~ chief of the Institute of Rehabilitation Medicine in New York. "When the public realizes it, ~~there~~ there will be ~~cries of anguish and demands for change.~~ cries of anguish and demands for change."

##

Draft

WARM SPRINGS SPEECH

We meet today in a place of great human and historic significance.

Fifty two years ago, a young ^{Governor (?)} ~~man~~ from New York came here full of fear and desperation. He had been told that polio would end his political career. Eight years later, he was elected President. And Franklin D. Roosevelt led this nation as no other man in this century has.

Warm Springs represents the determination and ability of brave men and women to lead themselves back to productive, satisfying lives.

It represents the ability of a great, and powerful, and kind, and humane man to bridge a gap in our own society, and commit the government to care for those who need its help.

It represents the commitment I make to you today. In the next administration, the disabled will be active partners in our attempts to achieve our common goals--full civil rights, full personal dignity, and full human happiness for the 28 million Americans who are physically or mentally disabled.

In a time of national turmoil, Franklin Roosevelt proved that our nation, like our people, is often strongest ^{at mending broken dreams} ~~in the broken~~ ~~places~~. He proved it as a President. He proved it as a man.

The programs he proposed are now such a familiar part of our

social landscape that only those who can remember what it was like to live without them can fully appreciate their presence.

But in eight years of aloofness and insensitivity, that agenda has been left unfinished. A government that was competent and concerned would not leave 28 million people outside the mainstream of our national life. Warm Springs reminds us that we had a competent and compassionate government once before. We can have one again.

We all realize that the problems we face are not simple ones. There are many different kinds of disabilities, and many competing interests among the disabled. There are sometimes disagreements between consumers and professional groups about the most desirable approach.

As we have learned in this last decade when other groups have asserted their inalienable rights, it takes time for the general public to develop the capacity and the understanding to do justice to these claims. It has already taken time to do justice to disabled people. It will take more.

But we will do it. In the next administration, our partnership with the disabled will address the problems that concern you most--rehabilitation, employment, education, and basic civil rights.

I promise that in our partnership you will not be smothered under what Jacobus TenBroek, the great blind ^{leader} ~~leader~~, called the "tyranny of good will." Our nation was founded as a haven for those who prized independence. We have never idolized dependence in this country. We will care, in dignity and compassion and respect, for those unable to care for themselves. But we will never

forget that our goal is confidence, self-respect, and true rehabilitation for all our people. Rehabilitation means social, economic, and vocational independence. We can be satisfied with nothing less.

Our people are our most precious possession, and we cannot afford to waste the talents and abilities given by God to one single American. None of us has every ability; the story of Franklin Roosevelt is the clearest example that we must concentrate on the skills that each of us has, and not on the ones that are missing.

My commitment to this cause is not new. Two years ago I met with you here, at the Warm Springs Conveyance Ceremony. Under my administration, the state of Georgia took over management of *Warm Springs, and* this wonderful facility. I was pleased then to see the faces of people who had been treated here 20 or 25 years ago and had led themselves to fulfilling, happy lives.

I am pleased that, since then, we have been able to make the benefits of Warm Springs available to an even larger number of people. Under state management, average daily patient attendance *was the factor* here rose by nearly 75 per cent during the first year. Warm Springs became a facility not just of statewide, but of truly national significance. Because of our efforts here and elsewhere *the* in the state, Georgia stood, during every year of my administration, among the top five states in the nation in its proportion of successful rehabilitations.

We passed a building-access law here in Georgia too. I see my friend Max Cleland here today. Max is a veteran of Vietnam, who was serving in the State Senate when I was governor. We thought

that, whenever public money went to the construction or renovation of a building, every member of the public ought to be able to use that building, whether they walked in, or came on crutches, or rode a wheelchair, or were led by a guidedog. If you cannot get into a courtroom, or a polling place, or the office of a state official, it is the same as being turned away. We fought the battle against this kind of discrimination and won. More than 100 new buildings have come into compliance with the law here in Georgia. I do not propose to allow this type of discrimination to continue past January, 1977.

We did our best in Georgia to prevent disabling birth defects, with extensive programs of pre-natal nutrition and care. The state network of daycare centers for mentally-handicapped children was greatly expanded. We made sure that, whenever a deaf person came into contact with a state agency or the courts, he would have an interpreter there. It was the only way to be sure his rights were protected. Only by determined federal action can we be sure that the rights of all Americans are protected. We will take that action next year.

My experience in Georgia makes me all the more determined that our present federal programs must be overhauled. For eight years you have dealt with an administration that is incompetent and aloof. Many thousands of dedicated professionals, both inside and outside the government, have been hamstrung by uncoordinated, overlapping federal programs.

There are at least 18 types of federal programs designed to assist the disabled. Often they work at cross purposes. A disabled person must deal with one agency when he is school-aged, another

if he takes vocational training, and several more when he is an adult. In one department alone there are three different agencies trying to do the same job.

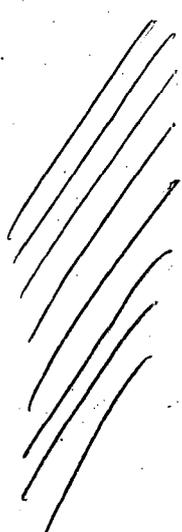
With a weak political will and a lack of coordination, three agencies is not enough. Neither is 18. Neither would a hundred. But with a deep moral and political commitment, with a sense of sound management, and with a willingness to involve those who are affected by a program in its design and application, then one administration's determination to do the job simply and efficiently can make the difference.

This Republican administration has given you no housing policy. It has given you no transportation policy. It has given you education without rehabilitation, and rehabilitation without jobs.

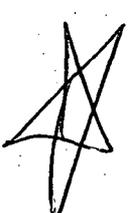
The administration has conceived of programs in the narrowest, rather than the most inclusive sense. The Vocational Rehabilitation Act covers too few of the disabled. It neglects those who, though they may never be able to enter the job market, still have the potential to lead independent lives and contribute to their communities and homes. We have neglected this potential long enough.

But the Republican administration has not even enforced the laws we now have. No administration that really cared about the disabled would spend two years trying to avoid enforcing section 504 of the Rehabilitation Act. No compassionate administration would force consumers to take it to court before it would enforce the law.

In the next administration, the disabled will not meet the Secretary of HEW in a courtroom, but around a conference table to jointly plan policy.



✓ II
explain



I do not blame those of you who no longer trust the federal government. I only ask you to believe that this sorry condition can be changed--and that, working together, we will make it happen. We will work for rehabilitation wherever possible--and a job at the end. We will work for full educational, and social, and civil rights. We will learn to prevent these disabilities. And we will work together. There will be three parts to my program.

First, we need an increased, and much better-coordinated, program of research and development--and we must be sure to apply the results of our knowledge.

As an engineer and manager, I am always struck by how much we lose when our technical ingenuity is not applied to our most pressing human needs. We often hear comparisons between sending a man to the moon and failing to meet our mundane responsibilities, but here the contrast is especially sharp. We should be able to build busses easily accessible to those in wheelchairs. We should be able to develop better reading machines for the blind, instead of relying on the century-old system of Braille. We should devise telephones that can signal deaf people when they are ringing. We should have escalators that will handle wheelchairs and crutches.

All it takes is a dash of imagination--and the conviction of the federal government that this research is one of the very best investments of our limited funds.

This Republican administration does not agree with the need for investment. The Senate has passed a bill this year to spend \$49 million on research of the kind I have described. This is an investment that would pay for itself many times over. But the administration is trying hard to reduce it. That will not happen

IV

next year.

Research and applied technology should also help us to prevent many of our worst disabilities, especially those which come from birth defects, degenerative diseases, and automobile and industrial accidents. With the same urgency that led us to become an arsenal of democracy in the nineteen forties and to improve our schools in the fifties, we should turn our ingenuity toward finding the best systems of prevention, care, and rehabilitation.

We must ~~also be concerned with~~ ^{work harder on the problems of} the severely disabled, and those who are permanently institutionalized. ~~We all pray for the day~~ ^{we must strive to help the return to} when ~~this segment of the disabled population will be able to~~ join the productive mainstream, but until that day the civil rights of those in institutions must be protected. I promise to enforce the guidelines laid down for institutional care in the Developmental Disabilities ~~Act~~ ^{ASSISTANCE & BILL OF RIGHTS ACT} of 1975.

My second proposal is to involve the disabled in the criticism and restructuring of our federal programs. Government starts going wrong when it stops listening to those who are affected by it. Unfortunately, this administration never started listening at all. Paternalism, inefficiency, and neglect have been the results.

It requires a conscious and sustained effort to bridge the gap between those who make decisions and the families who are most directly affected by those decisions. Few leaders make this kind of sustained effort because it is so easy to do otherwise, but it is a necessary ingredient of effective government.

We need to secure top-flight representation from the disabled community. In a civilized democracy, people have access to their government and their leaders. In my administration, you will

have access to the president. In my administration, disabled people will become part of the leadership.

Third, you can count on my administration to do more than make ~~vague~~ promises and pass weak laws. The laws must be enforced, and the full resources of the Presidency will be enlisted toward that goal.

IV You know that is not happening today. We have a federal architectural barriers law, but it is not being adequately enforced. ✓ IV The Education Amendments of 1972 are designed to prevent discrimination against the blind. But the Department of Health, Education, and Welfare, has flatly refused to enforce them. Section 502 of the Rehabilitation Act requires each department of the federal government to develop an affirmative action program for hiring the disabled. Section 503 requires affirmative action from government contractors. These are fine in theory, but they will mean very little until an administration in full accord with their spirit stands behind the law.

In the next administration, we will enforce the laws. We will coordinate programs, so that disabled people are not shunted from agency to agency. We will streamline functions. With all the political and moral resources at our disposal, we will make the strides toward our common goals that we have been waiting for for years.

My experience in government, and as a businessman, has taught me the importance of efficiency. You will see an efficient government in this next administration. We are going to reorganize the federal government, and the programs affecting the disabled are a good place to start.

But a wise government recognizes that efficiency requires investment as well as savings. The programs we want in education and rehabilitation are expensive. Some of them may be beyond our reach in the short run. But a wise and efficient government recognizes that there is no better use for our money than to ensure that every one of our people is able to reach his full potential.

A compassionate government recognizes that attitudes are important as well. It disturbs me that official attitudes toward disabled people are so often pity when you are present, and neglect when you are away. You should not be neglected, but no one should ever pity you.

You have to join in the struggle for your own rights. You cannot be idle spectators. No one else can do this job for you. You must be responsible and willing to work with the public officials of this country to redress your grievances. I especially want you to work with me.

If you agree, then we can begin now, for we have a long agenda to address. I need your help. Our nation needs your help. If we neglect the ability of even one person, it does not just hurt that person. It hurts us all.

Fifty two years ago, Franklin Roosevelt first came to Warm Springs. It was privately owned then, by his friend George Foster Peabody. But news of Roosevelt's improvement soon brought other patients. When regular guests at the local boardinghouse complained about sharing their inn with the "happy cripples," Franklin Roosevelt built housing near the springs. In 1927 he spent nearly \$200,000 of his own money to buy the estate, vesting

title to the Warm Springs Foundation, and dedicating its facilities to the cause of independence and recovery.

For the rest of his life, Franklin Roosevelt made this his second home. In the years of war and depression, it was his second White House. He called Warm Springs his "miracle." For many thousands of disabled people, in those years and afterwards, Warm Springs has been a turning point on the road to rehabilitation and self-sufficiency.

In his dedication to Warm Springs, in his compassion for the nation, in his determination to prevail over his own disabilities, Franklin Roosevelt displayed the strength of character for which he will always be remembered.

We have a chance to demonstrate our national character in these next few years. We have been injured as a nation. We have doubted our character. But in our partnership, you and I, we can take a long step toward full equality for all our citizens. We can demonstrate the character that will make us all proud again to be Americans.