

THE WHITE HOUSE
WASHINGTON

Here - ideas?
Pls. work w/

OCT 5 1993

Paul on this.

CSH

MEMORANDUM FOR CAROL RASCO

FROM: Paul Steven Miller
Room 198, OEOB
456-7026

DATE: October 5, 1993

RE: Job Opportunities in the Public Access Section (Americans with Disabilities) of the Department of Justice

I understand from John Wodatch, the Section Chief of the Public Access Section of the Department of Justice that there will soon be some entry-level career openings in his section. This is a good opportunity for persons interested in the Americans with Disabilities Act (ADA) and disability rights to come to Washington to work in the government. It is also relatively quick for persons with disabilities to be hired for these career position as Schedule As. The job duties involve giving ADA technical assistance over the telephone and some investigative work in response to ADA complaints. If you are aware of any talented persons who are interested in coming to Washington to work in the government on disability rights issues, I can forward the names and resumes to John Wodatch.



file: President's Committee on Employment
of People with Disabilities

February 17, 1993

MEMORANDUM

To: Employer Committee Members
From: Randee Chafkin *RC*
Subject: Reasonable Accommodation for People with Psychiatric
Disabilities

Recently, several employers have expressed that there is a lack of information concerning providing reasonable accommodations for employees with psychiatric disabilities.

The following provides a non-inclusive list of frequently used workplace accommodations for employees with disabilities.

I. Flexibility

- . Providing flexible leave for mental health problems
- . Self-paced workload and flexible hours
- . Allowing people to work at home, and providing needed equipment
- . Providing more job-sharing opportunities
- . Keeping the job open and providing a liberal leave policy (e.g., granting up to 2 months of unpaid leave, if it does not cause undue hardship on the employer)
- . Providing back-up coverage when the employee needs a special or extended leave
- . Providing the ability to move laterally, change jobs, or change supervisors within the same organization so that the person can find a good job
- . Providing time off for professional counseling
- . Providing flexible leave for mental health problems
- . Allowing exchange of work duties
- . Providing conflict resolution mechanisms

II. Supervision

- . Providing written job instructions
- . Providing significant levels of structure, one-to-one

supervision, dealing with both content and interpersonal skills

- . Easy access to supervisor
- . Providing guidelines for feedback on problem areas, and developing strategies to anticipate and deal with problems before they arise
- . Arranging for an individual to work under a supportive and understanding supervisor
- . Providing individualized agreements

III. Emotional Supports

- . Providing ongoing on-the-job peer counselling
- . Providing praise and positive reinforcement
- . Extra tolerance for unusual behavior
- . Making counselling/employee assistance programs available for all employees
- . Allowing telephone calls during work hours to friends or others for needed support
- . Providing substance abuse recovery support groups and one-to-one counselling.
- . Providing support for people in the hospital (e.g. visits, cards, telephone calls)
- . Providing an advocate to advise and support the employee
- . Identifying employees who are willing to help the employee with a psychiatric disability (mentors)
- . Providing on-site crisis intervention services
- . Providing a 24-hour hot-line for problems

IV. Physical Accommodations at the Workplace

- . Modifying work area to minimize distractions
- . Modifying work area for privacy
- . Providing an environment which is smoke-free, has reduced noise, has natural light, easy access to the outside, well ventilated, etc.

V. Wages and Benefits

- . Adequate wages and benefits
- . Health insurance coverage that does not exclude mental illness conditions
- . Permitting sick leave for emotional well being, in addition to physical well-being.
- . Assistance with child care, transportation, etc.
- . Provide specialized training opportunities

VI. Dealing with co-workers attitudes

- . Providing sensitivity training for coworkers
- . Facilitating open discussions with workers' both with and

without disabilities, to air feelings and develop strategies to deal with these issues

- . Developing a system of rewards and penalties for coworkers without disabilities, based on their acceptance and support for their co-workers with a disability

RESOURCES

President's Committee on Employment of People with Disabilities:
Job Accommodation Network
809 Allen Hall, WVU, P.O. Box 6123
Morgantown, WV 26506-6123. 1-800-526-7234
(Voice/TDD in the US), 1-800-526-2262
(Voice/TDD in Canada), 1-800-DIAL-JAN (for
computer bulletin board connection)

President's Committee on Employment of People
with Disabilities, 1311 F St., NW, Washington,
DC 20004-1107
202-376-2000 (Voice) 202-376-6205 (TDD)

Equal Employment Opportunity Commission
1801 L Street, N.W., Room 9021
Washington, DC 20590

1-800-USA-EEOC
National Alliance of the Mentally Ill
2102 Wilson Boulevard
Suite 302
Arlington, VA 22201
(703) 524-7606

Center for Mental Health Services
Community Support Program
5600 Fishers Lane
Rockville, MD 20857
(301) 443-3653



President's Committee on Employment
of People with Disabilities

February 17, 1993

MEMORANDUM

To: Employer Committee Members
From: Randee Chafkin *RCC*
Subject: Reasonable Accommodations for People with Cognitive Impairments

Recently, several employers have stated that there is a lack of information concerning reasonable accommodations for employees with cognitive impairments.

The following provides information on frequently used accommodations for employees with cognitive disabilities (learning disabilities, traumatic brain injuries, mental retardation, etc.)

Employees with cognitive impairments may have some of the following functional limitations:

- Reading
- Spelling
- Visual-Perception Problems
- Writing (Motor Function)
- Written Language (Composition)
- Mathematical Calculations
- Attention Deficit
- Auditory-Perception Problems
- Memory
- Task Sequencing/Organization
- Visual-Motor Integration
- Socialization
- Stress Intolerance
- Oral Communication Problems
- Hyperactivity

Workplace accommodations should compensate for the above-listed functional limitations. Accommodations could include: providing the name, address, and telephone number of an appropriate professional and/or service organization; providing such assistive devices as computer hardware/software, tape player or dictating machine, electronic dictionary, electronic scanner reader, calculator/adding machine, coding system, word processor, etc.; and providing private, quiet office space.

For additional information on accommodation for people with cognitive impairments contact:

- . President's Committee on Employment of People with Disabilities' Job Accommodation Network, (JAN), 809 Allen Hall, West Virginia University, P.O. Box 6123, 1 (800) 526-7234 (Voice/TDD-USA), 1 (800)-526-2262 (Voice/TDD-Canada), 1 (800) - DIAL-JAN (for computer built in board connection).
- . President's Committee on Employment of People with Disabilities, 1331 F Street, N.W., Washington, D.C. 20004-1107, (202) 376-6200 (Voice), (202) 376-6205-(TDD).
- . National Association for Retarded Citizens
Texas Association for Retarded Citizens
P.O. Box 5368
Austin, TX 78763-5368
Tel.: (512) 454-6694
- . National Head Injury Association
1776 Massachusetts Avenue, N.W.
Suite 100
Washington, D.C. 20036
Tel.: (202) 296-6443
(202) 296-8850 (FAX)
- . Learning Disabilities Association of America
4156 Library Road
Pittsburgh, PA 15234
(412) 341-1515
(412) 341-8077
- . Equal Employment Opportunity Commission
1801 L Street, N.W.
Room 9021
Washington, D.C. 20590
1-800-USA-EEOC

Refer to attached memoranda for additional information.

Attachment

ACCESS AND ACCOMMODATIONS FOR EMPLOYEES WHO ARE COGNITIVELY IMPAIRED (e.g. Learning Disabled, Mentally Retarded, Traumatcally Brain Injured).

People who have cognitive disabilities are confronted with some similar architectural and attitudinal barriers as people with other disabilities, and some unique problems. Some of their access needs are similar to people with different disabilities (e.g., the use of talking equipment; communication boards/aids; signage, and other cues to facilitate spatial orientation/directions; etc.). Other access needs for people who are cognitively impaired are unique (e.g., the use of a facilitator to assist a person who is mentally retarded; the use of augmented/facilitated communication for a person who is autistic; etc.).

People with cognitive disabilities may have difficulty reading, writing, spelling, listening, speaking, thinking, performing sequential tasks, doing arithmetical calculations, responding to directions/supervision, concentrating, with direction, coordination, distinguishing left from right, balance, spatial orientation, etc. Difficulties with receiving, processing, or expressing information is not necessarily linked to intelligence. People who have learning disabilities may have "above average" intelligence, but receive inaccurate sensory or perceptual information. People who are mentally retarded may require that work routine and task sequences be clearly and simply explained (perhaps in writing using symbols, pictures and/or cues), with complex tasks divided into series of simpler tasks. People with cognitive limitations may have behavioral problems which need to be addressed in the workplace and within the services delivery system.

In addition, all needs vary from individual to individual, and it is always most effective to discuss physical and program access needs and subsequent accommodations with the person who is disabled. Accommodations come in groups of one.

The following provides information, compiled from a variety of sources, which begins to address some issues of access and accommodation for people who are cognitively impaired, nonverbal, or multiply/severely disabled. This information is neither exhaustive nor comprehensive, and is only illustrative and should be used as a starting point.

EXAMPLES OF ASSISTIVE TECHNOLOGY/IDEAS THAT COULD BE USED TO FACILITATE ACCESS FOR PEOPLE WHO ARE COGNITIVELY-DISABLED

- o Voice recognition phones permit dialing by voice; up to 50 names and corresponding telephone numbers are stored in the phone's memory and recalled and dialed by speaking the name only. Automatic dialers might be used by people who have difficulty remembering a sequence of numbers.
- o The AT&T Accessible Communications Product Center provides an automatic four-number dialer for one-button dialing of four (4) different phone numbers; the dialer connects to any modular telephone. Its four (4) large buttons are marked with fire, police, medical and friend/relative symbols. The dialer can be useful in emergencies. The buttons may be covered with symbols for frequently called business numbers if the unit is not required as an emergency dialer. (1) (800) 233-1222.
- o Self-operated audio (or written) prompt systems can be used by people with cognitive impairments to cue themselves. An audio prompt system consists of a pre-recorded tape in a battery operated Walkman-type cassette player with headphones. A task analysis for a specific job task is completed and from this script is written, consisting of step by step instructions for performance, a tape recording. The tape recording contains a bell tone which signals when the machine should be turned off in order to allow time to complete each task, as per the tape recorded direction. At the end of each related group of steps, self-evaluation questions can be inserted. These require the employee/student/trainee to stop the activity and survey what was accomplished, and to ensure that all the steps up to that point had been successfully completed. The employee/student could call the supervisor/teacher/job coach/monitor or self-correct; verbal praise is inserted for the completion of a task and for self-correction. Either a stop/start tape which the employee controls or a continuous run tape, which would allow sufficient time for the employee/student to complete the step before the next instruction was given could be used. This is similar to the tapes used for learning a foreign language.
- o Telephone recorders might be used to take information, orders, etc. over the phone by workers who have cognitive impairments, do not write, or have difficulty writing.
- o Cassette recorders may be used for taking meeting notes, recording instructions, etc. for people who do not read, do not write, or have difficulty writing. Some recorders are voice activated, pausing during periods of silence.

- o Electronic spelling correction might be of assistance to people with cognitive or learning disabilities. Talking spelling correctors, which teach both spelling and pronunciation, might also be used for people for whom English is a second language.
- o People who have cognitive impairments may benefit from the use of memory aids (e.g., notebook, cue sheet, "post-its" notes, etc.) and cues (cue cards, alarm clocks, timers, with instructions).
- o The use of the natural design principle (using principles like visibility, feedback, and useability to create products that can be understood intuitively, without having to think about how they work) will assist people with cognitive impairments. For example, the "natural mapping" principle in design means arranging controls so it is clear what they do. Another component of the natural design principle is feedback. The following provides several examples:
 - The burners on kitchen stoves are arranged in a square, but the controls for the burners are in a straight line; if the controls were arranged in a square to match the layout of the burners, one would know the right control just by looking, rather than peering down and looking at a symbol or code letters next to the controls (LR, LF, RR, RF);
 - Designers should use cultural norms, such as in America, moving a switch up turns it on, but in Britain, it is the reverse. If designers do not incorporate such cultural conventions into the design of technology, there will be confusion for everyone, especially for people who are cognitively impaired;
 - Designers should consider that all people, including those with cognitive impairments, may become confused and disoriented if the physical layout and other design features of a structure do not include clearly marked exits, locations of office space, directional cues (e.g., color coded floor layouts/maps, prominently displayed on walls throughout the building), well lit signage, use of symbols/pictures, color coding, etc.;

- Feedback should be incorporated into the design of technology. For example, on some push button phones, a tone will be heard when the button is pushed. This provides positive feedback that a button was successfully pushed. However, on other phones, there is no feedback, so that the button may not have been pushed hard enough to successfully complete the required act;
- The issue of visibility, based on utility, not aesthetics, in designing technology aids is also important. For example, a camera having black buttons on a black background might be aesthetically appealing but will interfere with utility, due to poor visibility.
- o Computer equipment can produce synthesized speech for people who do not communicate verbally. In addition to computer access for people with disabilities, there are a range of alternative computer access devices, such as voice input/output devices for people with cognitive impairments, keyguards and expanded keyboards for people with limited coordination or difficulty fingering, touch screens, etc.
- o Caution, warning, emergency, and storage labels should be large, brightly colored, and portrayed in symbols, instead of or in addition to words, for workers who have visual or cognitive impairments, and for workers who do not read.
- o Timers might be used by workers who have cognitive impairments to establish the amount of time to be spent on a particular job, on break, or at lunch, and/or to alert workers when it is time to break, move to a different job, attend a meeting, keep an appointment, etc. Digital timers are most often recommended for people who have cognitive impairments or learning disabilities. Clocks should be talking or digital to best accommodate people with visual impairments, cognitive impairments, or learning disabilities.
- o In addition to clocks, other types of talking devices might be provided for people with visual impairments or learning disabilities, including talking calculators, tools (e.g., measuring tools, such as calipers, gauges, micrometers), food service scales, teller machines, cash registers, etc.

- o "Facilitation" refers to a service whereby one person aids another to understand policy issues/work responsibilities, to develop his/her own informed decisions concerning the issues, and to effectively express these decisions. Attendant service refers to assistance from others which compensates for an inability to perform activities of daily living.

A facilitator can assist a person who is cognitively impaired: with translating interpreted written or verbal information into a format that is more easily understood; to effectively communicate positions and questions on relevant issues; to provide support to accomplish other related tasks, such as travel arrangements, or scheduling; to provide an impartial analysis of relevant issues; to give the person knowledge necessary to make informed decisions.

People who are mentally retarded, cognitively impaired, etc. may need either a facilitator or attendant. The attendant may be able to direct a person if he/she needs coaching on the sequencing of certain job-related activities, or on how to access services/benefits/programs provided by the public sector (e.g., completion of eligibility forms).

- o People who are autistic may benefit from the use of augmented communication, which includes the use of interpreters, speaker boards, facilitated communication, using computers, symbols, etc. It is important to note that some assistance may be required in behavioral management issues, in addition to communication issues.
- o People with cognitive impairments may benefit from self-operated prompting strategies, such as the use of picture prompts and audio prompts.
- o People with learning disabilities and other disabilities which make it difficult or impossible to read can benefit from the Xerox Imaging Systems' Bookwise which scans any printed text and reads it out loud in its synthesized voice. It can sound out hard words, repeat difficult passages and explain unfamiliar terms using a built-in 3,000 word dictionary; it can be adjusted to read slower or faster. This device can help both people who cannot read, and also for those who have difficulty reading. Xerox Imaging bases much of its work on breakthroughs by Kurzweil, using a "talk card." This "talk card" is made by the Digital Equipment Corporation and contains synthesized speech codes for nine (9) different voices - female, male, old, young, etc.

- o The use of natural supports in the workplace (e.g., mentoring) is important to assist people with cognitive impairments to be effective employees by providing ongoing supports and supervision.

- o People who are cognitively impaired will benefit from the following:*

- SEATING

- o Provide clear instruction/assistance in adjusting seating to the worker

- STORAGE

- o Label clearly and simply (use familiar symbols in place of words)
 - o Place labels, instructions, as close as possible to the referred item
 - o Avoid frequent reorganization of storage areas

- WORK STATIONS

- o Provide digital scales for counting large amounts
 - o Avoid isolated work stations
 - o Avoid frequent changes in duties, schedules
 - o Minimize clutter, noise, and other distractions
 - o Provide adjacent space for instructor, job-share partner
 - o Provide fixtures/jigs for sorting, positioning, counting operations
 - o Arrange materials in order of use
 - o Define work routine and task sequences clearly (written if necessary); divide complex tasks into a series of simpler tasks

- COMPUTERS

- o Cover/shield unneeded keys
 - o Simplify input, (e.g., mouse, joystick, trackball, light pen, touch-screen, touch-pad; or scanning/optical character recognition; direct selection; or voice recognition.)
- o Provide voice output with optical character recognition to "read" documents
- o Provide editing software, (e.g., spell check, word prediction, macros)

* The Workshop Workbook: An Illustrated Guide to Job Accommodation and Assistive Technology, James Mueller, 1990, Dole Foundation, Washington, DC, page nos. 19-20, 55.

- o Provide menus, outlining, sorting software
- o Simplify output, (e.g., voice synthesis, clear graphics)

-- INFORMATION DISPLAYS

- o Reduce complex messages to clear, simple messages
(use pictures, numbers, and familiar symbols in place of words)
- o Locate labels, instructions, etc. as close as possible to the referred item

-- COMMUNICATION DEVICES

- o Provide a continuous loop tape recorder for short messages
- o Provide a telephone auto-dialer

-- CONTROLS

- o Avoid the need for a short reaction time
- o Avoid controls with complex/multiple functions
- o Place shields or lock-outs on controls not to be used

- o People who are cognitively impaired may have difficulty orienting themselves and navigating routes of travel, and therefore may benefit from an environment which is designed to make these tasks manageable. At all times, but especially during emergencies, people must be able to find their way to their destination with a minimum of assistance. To make it accessible to customers and employees who have cognitive disabilities, the environment should be designed or modified to the following principles:

- Use varying architectural materials and styles, so that spaces do not all look the same. This makes identifying landmarks easier for everyone, and is especially beneficial to people who have difficulty interpreting information.

- At points where a direction decision must be made, avoid similar-looking choices. Instead, provide changes in lighting, texture, color, and acoustics at transition points to differentiate direction options.

- Design spaces that "look like what they are," which are easier for everyone to identify. Built-in design and architectural elements that logically and clearly identify the use of a space and aid in decision-making are preferable to a reliance upon signage or graphics.

- Where needed, appropriate and accessible signage should be provided. Graphics, especially international or other standard symbols, should be used whenever possible, and accompanied by verbal description. Use clear, simple language, or familiar graphic symbols on signs, labels, and other written communication.
- Mark emergency equipment and evacuation routes conspicuously. Include plans and provisions for the evacuation of people with disabilities from high-rise buildings. Such plans include a "buddy system," practicing fire drills, using Evac-Chairs and other devices to assist getting a person with mobility-impairments down the stairs when the elevator is non-operational, etc.

CREATING INDIVIDUALIZED AND FLEXIBLE ENVIRONMENTS*

- o If it is possible to adapt a workstation to accommodate a person's unique needs, it should be done. An environment that is adapted to fit a particular person, whether that person has a cognitive disability, another disability, or no disability, is safer and more efficient. To accommodate individual strengths and preferences, it is necessary to provide communication, be flexible, and provide a range of work methods options. It is important to use ergonomics as a basis for the design of individualized work stations.

For example, a person who has difficulty sequencing may benefit from having frequently used forms color-coded, or having daily job tasks outlined on a single sheet of paper posted at the work station. Other people with cognitive disabilities may prefer to receive information orally, rather than in written form.

In addition:

- Minimize distractions such as noise and clutter
- Provide simple and logically arranged and labelled controls
- Label items clearly
- Provide telephone with large buttons and/or headsets
- Provide digital clocks
- Mark hazardous materials or areas with a yellow-and-black strip warning

* Achieving Physical and Communication Accessibility, National Center for Access Unlimited, ADA Access Fact Sheets, "Cognitive Disabilities," page nos. 28-31.

SUGGESTIONS

Employees or customers/clients who have cognitive disabilities will feel more comfortable if these suggestions are implemented:

- When speaking to someone who has a cognitive disability, try to be alert to their responses so that one can adjust the method of communication, if necessary. For example, some people may benefit from simple, direct sentences, or from supplementary visual forms of communication, such as gestures, diagrams, or demonstrations.
- Use language that is concrete, rather than abstract. Be specific.
- Repeat information using different wording or a different communication approach, if necessary. Allow time for the information to be fully understood.
- Do not pretend to understand the person if you do not. Ask the person to repeat what was said.
- In conversation, people with mental retardation may respond slowly, so give them time. Be patient, flexible, and supportive.
- Some people who have a cognitive disability may be easily distracted, or conversely may be quite attentive and concentrate very closely. Do not interpret these behaviors as rudeness; there are many possible explanations for them.
- Do not expect all people to read well. Some people may not read at all.
- Be selective in job placement. Match each person's strengths to work that best suits her/him.
- People with visual perception problems may prefer verbal directions, and may need extra time to complete an assignment. They may need their written work checked for grammar and word or number reversals.
- People with auditory or perceptual problems may need to have directions repeated and may take notes to help them remember directions or a sequence of tasks. They may benefit from watching a task demonstrated.
- People who have auditory or perceptual problems may require a longer training time than other employees.

-- Treat adults with cognitive disabilities as adults.

Prepared by Randee Chafkin, February, 1993.

THE WHITE HOUSE
WASHINGTON

file

MEMORANDUM TO JAN PIERCY, DEPUTY DIRECTOR OF PERSONNEL

From: Stanley S. Herr, Domestic Policy Council (x2372)

Subject: US Architectural & Transportation Barriers Compliance Board

September 27, 1993

I work with Carol Rasco and we are writing to bring to your attention four vacancies in the Public Board to the so-called Access Board whose full agency name is listed above.

These vacancies will open up on December 4, 1993. This Board has a pivotal federal role in ensuring the President's pledge of inclusion and integration for American with Disabilities. It is also charged with the duty of implementing the vital Act of that same name. To date, the Administration has not had the opportunity to make appointments to the Access Board.

Could you please keep us posted on progress in securing top-flight appointments to these posts so vital to the disability community? We hope to be able to reinvigorate this Board which has a crucial mission in upholding the President's pledge of ensuring a national disability policy based on "inclusion, not exclusion."

Carol and I will be happy to seek names if your Office needs additional ones.

Thank you for your help with this matter.

a:access
cc: Carol

MEMORANDUM FOR ANTONELLA PIANALTO

FROM: Paul Steven Miller

DATE: February 16, 1994

RE: President's Committee on Employment of Persons with Disabilities --
Background Information for Announcement of the President's Nominees

file

The following individuals are ready to be nominated to the President's Committee on Employment of Persons with Disabilities ("PCEPD"). The PCEPD consists of a chairperson and four (4) vice-chairpersons, each appointed by the President. All but one vice-chairperson is ready to be announced. Each nominee has a disability.

- ★ TONY COEHLO (NY) -- Chairperson
- MAX CLELAND (GA) -- Vice-Chairperson
- ★ NEIL JACOBSON (CA) -- Vice-Chairperson
- ★ KAREN MEYER (IL) -- Vice-Chairperson

Background on the PCEPD

The PCEPD is an independent federal agency created by Executive Order which provides advice and information regarding the development of employment policy and employment opportunities for persons with physical and mental disabilities. PCEPD is operated by the chairperson who reports directly to the President. The Chairperson and the Vice-Chairpersons serve at the pleasure of the President, and their nominations do not require Senate confirmation.

The Nominees

TONY COEHLO (NY) -- Former Member of the United States House of Representatives from the 15th District, California (January, 1979 - June, 1989). Former Majority Whip, United States House of Representatives (December, 1986 - June, 1989). Original sponsor of the Americans with Disabilities Act in Congress. Active member and board of director of various disability organizations. Presently, President and Chief Executive Officer of Wertheim Schroeder Investment Services, Inc.

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FROM US OFF. CONSUMER PROTECTION

003/003

MAX CLELAND (GA) -- Decorated Vietnam veteran who was injured in action. Former head of the Veterans Administration (Carter Administration). Presently, Secretary of State for Georgia (first elected in 1982).

NEIL JACOBSON (CA) -- Presently Vice-President Corporate System Architect, Wells Fargo Bank. Active advocate in the disability community. In 1989, named to the Governor's Hall of Fame for Persons with Disabilities (California).

KAREN MEYER (ILL) -- Presently and independent consultant and ABC Eyewitness News Weekly reporter on disability issues for WLS-TV in Chicago. Only deaf reporter at a local television.

THE WHITE HOUSE FEB 18 REC'D
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO
Assistant to the President for Domestic Policy

To: _____

Draft response for POTUS
and forward to CHR by: _____

Draft response for CHR by: _____

Please reply directly to the writer
(copy to CHR) by: _____

Please advise by: _____

Let's discuss: _____

For your information: _____

Reply using form code: _____

File: _____

Send copy to (original to CHR): _____

Schedule ? : Accept Pending Regret

Designee to attend: _____

Remarks: _____

FEB 18 REC'D

EXECUTIVE OFFICE OF THE PRESIDENT

18-Feb-1994 01:28pm

TO: Carol H. Rasco
FROM: Stanley S. Herr
Domestic Policy Council
SUBJECT: RE: Excellent memo!

Thank you so much for the feedback. It really helps!

I'll be delighted to brief you after the Tuesday meeting and can also get a little further guidance from you when we have our previously scheduled meeting at 11:15 on Tuesday.

Re:

On the separate topic of National Disability Policy Goals that we raised yesterday, the answers are:

- Congress has mandated a statement of National Disability Policy
- It was due from the National Council on Disability no later than October 31, 1993
- They have missed that timeline
- The subject of their taking steps to move forward on this came up at their meeting in San Diego
- The Council (all of whose members are still holdovers) delayed giving the go ahead for work on this project to the Acting Executive Director who had submitted a very preliminary 5-page discussion paper on this in January
- The somewhat lame explanation for this inertia is that the old council doesn't want to preempt the prerogatives of the Council to be.
- However, regardless of the political appointees' composition, the staff could -- wants and needs to -- move ahead!
- Ed Burke suggested that a letter or memo from you inquiring about this task could get them going
- I told Ed who is their Acting Director that he could regard this call as such an inquiry and not oblige us to send a written inquiry. He said he would contact the Acting Chair about this and seemed glad to have this reason to reopen the topic.

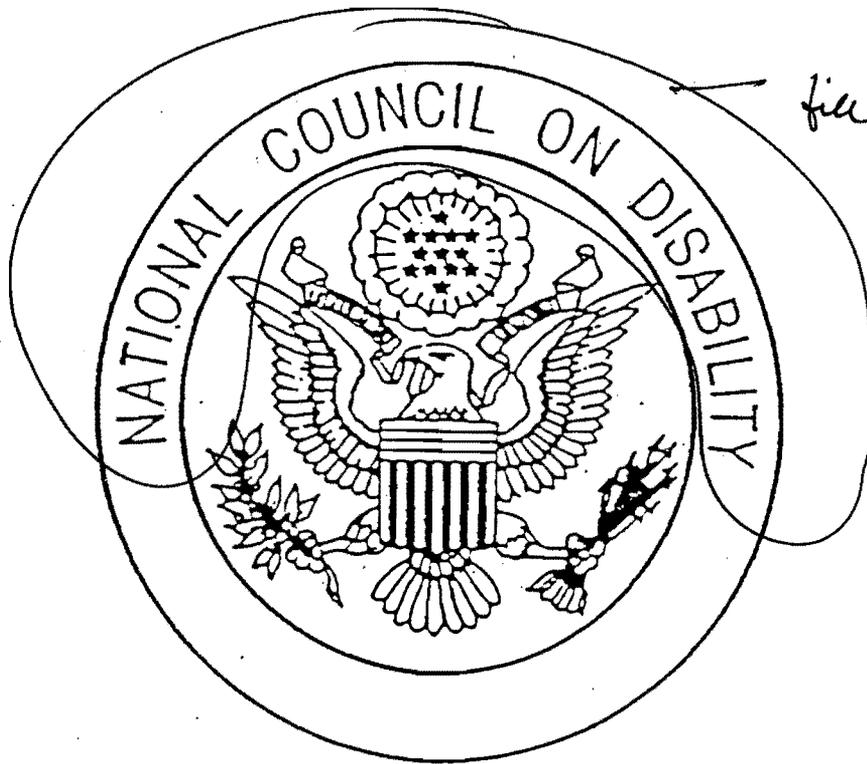
ACTION SUGGESTED:

- If we do not receive some response in a week, I could draft a memo from you to the Acting Chair and Acting Director asking about the status and timetable for fulfilling this legal obligation
- We need our new appointees in place who have more sense of urgency and energy
- I will send you over the discussion paper which contains the statutory language re the required report to the President and Congress. (copy attached)
- Other suggestions and advice?

DISCUSSION PAPER: JANUARY 1994

(dis)Ability 2001:

**National Disability Policy Goals
for the Twenty-First Century**



**Submitted by: Edward P. Burke
Acting Executive Director
January, 1994**

DISCUSSION PAPER: JANUARY 1994

The passage of the Americans with Disabilities Act synthesized two decades of incremental progress toward the development of a framework of opportunity for the equal participation of Americans with disabilities in all aspects of the life of our Nation. During this process we have begun to discover the tremendous potential of people with disabilities. We have also developed an appreciation for the key role of people with disabilities and their families in contributing to all aspects of both service delivery and policy making. As individuals with disabilities and their families have emerged as leaders and as partners in all areas of the field, we have come to value their contributions and recognize their strengths. Still, for the majority of people with disabilities and families, empowerment remains an elusive promise, or not a promise at all. In many segments of society, people with disabilities are still excluded or treated, at best, as "junior partners". In many places, families are treated not as valued partners, but with a "take it or leave it" attitude. Clearly, the agenda is far from finished.

Unfortunately, many government programs have yet to minimally embrace the values of consumer participation and control. For example, in the area of federal support for housing and housing-related services, three relatively recent major federal reports have underscored the need for fundamental changes in federal policy and funding of services for people with disabilities. *Toward Independence*, published late in 1986 by the National Council on the Handicapped (now the National Council on Disability), called for a major shift in the allocation of governmental resources away from institutional settings in favor of a national program that provided support for personal assistance services that were individually relevant and consumer controlled. *The Report from the Working Group on Improving Public Policy and Programs Affecting Persons with Mental Retardation and Other Developmental Disabilities*, published in 1988 by the Department of Health and Human Services, proposed moving the substantial portion of the Medicaid budget devoted to residential and support services for individuals with disabilities (most of which continues to be expended on institutional placements) out of the Health Care Financing Agency and into a separate entity that would be authorized to reallocate these resources to support individuals with disabilities in community settings. *Visions of Independence, Productivity, and Integration for People with Developmental Disabilities*, published in early 1991 by the Administration on Developmental Disabilities, reported on the largest survey of Americans with significant disabilities ever conducted across the Nation. In analyzing the responses of over 13,000 individually administered surveys of consumer satisfaction and service availability it was found that the overwhelming majority of those surveyed wanted to live independent and productive lives in their local communities, but were hampered by the inflexibility of current funding and bureaucratic schemes which have a considerable institutional bias.

Virtually all scientific research, both quantitative and qualitative, has concluded that people with disabilities --even people with the most severe disabilities-- are better served and much more satisfied in community versus institutional settings. Still, current federal funding presumes, in essence, that people with disabilities are "sick" and

dependent. Twenty years of experience have taught us that people with disabilities are not "sick" and that they can be significantly less dependent if they are provided with opportunities to live in typical communities and are empowered to provide direction to the services that they might require.

Nor is this "institutional" mentality limited to the area of housing and residential support. In spite of the passage of the Americans with Disabilities Act, unemployment among individuals with disabilities remains shockingly high: at approximately 67%. While the recent reauthorization of the Rehabilitation Act, a major vehicle for improving employment opportunities for people with disabilities, incorporated the wording of the Americans with Disabilities Act into its preambular language, little attention was focused on questioning whether the overriding service models utilized by programs funded under the Act were suitable to address the major unemployment problem faced by individuals with disabilities. In a similar manner, in spite of nearly two decades of an established "right" to an education in the "least restrictive environment", many students with disabilities have little hope at present of ever being included in the mainstream of public education. Indeed, there appears to be a growing reactionary movement against the inclusion of students with disabilities in settings in which they clearly have a legal right to be educated.

Thus, while we live in a time of unprecedented promise for Americans with disabilities to lead full and productive lives as citizens of their local towns, their States, and the Nation, it is painfully apparent that this promise will be a hollow one for millions of these people unless meaningful changes occur in the way in which services and supports are provided. The time has come to consider major changes in the ways in which we provide supports and services to Americans who live with a disability. In this age of governmental "reinvention", in which we seek improved methods to address our responsibilities in public service, we must move from the over-bureaucratization of services to a much more flexible and individually relevant approach. We must replace the paternalism of the past with an attitude of individual empowerment. And we must also develop a new trust for people receiving services, a new sense of partnership, of mutuality, of good faith.

Within this context, the National Council on Disability has an historic opportunity at present to make a long-term and significant contribution to the fundamental nature of disability policy in America. During the most recent reauthorization of the Rehabilitation Act, the National Council was mandated to develop an annual report on the status of disability policy in America. The specific wording of the statute was as follows:

(b)(1) Not later than October 31, 1993, and annually thereafter, the National Council shall prepare and submit to the President and the appropriate committee of the Congress a report entitled National Disability Policy: A Progress Report.

(2) *The report shall assess the status of the nation in achieving the policies set forth in section 400(a)(2)¹, with particular focus on the new and emerging issues impacting on the lives of individuals with disabilities. The report shall present, as appropriate, available data on health, housing, employment, insurance, transportation, recreation, training, prevention, early intervention, and education. The report shall include recommendations for policy change.*

(3) *In determining the issues to focus on and the findings, conclusions, and recommendations to include in the report, the Council shall seek input from the public, particularly individuals with disabilities, representatives of organizations representing a broad range of individuals with disabilities, and organizations and agencies interested in individuals with disabilities.²*

This report, and the process utilized to develop its contents, could make a major difference in disability policy in America. With this in mind, I would propose the following for the consideration by members of the National Council on Disability:

1. That the overall approach utilized in response to the requirements of P.L. 102-569, Section 401(b)(1-3), regarding the report, *National Disability Policy: A Progress Report*, be a longitudinal one, i.e. one that assumes a multi-year, on-going production process.
2. That in light of the need to produce longitudinal guidance for disability policy, the Council consider the establishment of National Disability Policy Goals which would state the long-term vision of the Nation in terms of its citizens with disabilities.
3. That progress toward the achievement of the National Goals be the focus of the annual reports required by our enabling legislation, with particular attention focused on periodic or unique opportunities that will occur during the next year for impacting upon disability policy, e.g. the reauthorization of an important piece of legislation.
4. That work toward the achievement of the National Goals constitute the major portion of the Council's annual workplan.

¹ Which states: (2) *The purpose of the National Council is to promote policies, programs, practices, and procedures that--*

(A) *guarantee equal opportunity for all individuals with disabilities, regardless of the nature or severity of the disability; and*

(B) *empower individuals with disabilities to achieve economic self sufficiency, independent living, and inclusion and integration into all aspects of society.*

² P.L. 102-569, Sec. 401(b)(1-3).

5. That the process used to develop these National Disability Policy Goals be an inclusive one, based on the input of major stakeholders in disability policy: people with disabilities, organizations of and for people with disabilities, family members, service and support providers and interested citizens. This could involve the establishment of an informal³ "National Policy Associates" group by the Council, a group of perhaps 100-200 people from around the country who could share information with the Council, help develop ideas on issues, provide feedback to draft publications, etc. The consultative process between the Council and this group might actually exceed that contemplated in the legislation. However, given the need to increase the empowerment of people with disabilities and those associated with the advancement of equal opportunity, economic self-sufficiency, and community inclusion detailed above, the establishment of this group could prove to be a major milestone on the road to empowerment. *advocates*

A very preliminary example of what a National Goals Statement might look like is presented in Attachment A.

³ "Informal" in the sense that individuals serving as National Policy Associates would not receive compensation for their services (see P.L. 102-569 at Section 404(c). In addition, it is unlikely that there would ever be a meeting of the full group. Rather, groups might be formed around interest areas, with communication coordinated through the Council office via mailings, faxes, conference calls, etc.

**(dis)Ability 2001:
National Disability Policy Goals for the Twenty-First Century**

- Health:** By the year 2001, all Americans with disabilities will have full and ready access to comprehensive, individually appropriate health care services delivered in typical community environments.
- Housing:** By the year 2001, all Americans with disabilities (regardless of the severity of their disabilities will have full opportunity and support to live in the same community housing they would live in if they were not disabled.
- Employment:** By the year 2001, all working age Americans with disabilities will have the opportunity to work in the mainstream of the American economy at the same employment rate and wage and benefit structure as non-disabled Americans.
- Transportation:** By the year 2001, all Americans with disabilities will have access to mainstream transportation carriers such as buses and subways, railroads, airlines, and ships.
- Recreation:** By the year 2001, the full array of community recreational opportunities will be available to persons with disabilities in accessible, integrated sites.
- Training:** By the year 2001, all Americans with disabilities will receive the training they need in order to compete and advance successfully in the mainstream of the American economy.
- Education:** By the year 2001, all children and youth with disabilities will receive all necessary services and supports to reach their maximum potential within regular public school buildings.

file



President's Committee on Employment
of People with Disabilities



OPERATION PEOPLE FIRST:

TOWARD A NATIONAL DISABILITY POLICY

A REPORT OF

THE PRESIDENT'S COMMITTEE ON EMPLOYMENT OF

PEOPLE WITH DISABILITIES'

1993 TELECONFERENCE PROJECT

All public documents produced by the President's Committee on Employment of People with Disabilities are available in alternative formats.

March 1994



President's Committee on Employment
of People with Disabilities

28 March 1994

The President
The White House
Washington, DC 20500

Dear Mr. President:

Enclosed please find our report -- Operation People First: Toward a National Disability Policy. The project was undertaken in the spirit of your Presidency, that of bringing all of the American people, including people with disabilities, into the decision-making process of government and that of putting people first. It was conducted by the previous Chairman, Justin Dart, and the staff of the President's Committee on Employment of People with Disabilities.

This report provides you, and the nation, findings and recommendations toward the development of a national disability policy. It is based on over 60 teleconference meetings with more than 1,000 disability-community leaders in all states and territories. I concur with the report's findings and recommendations.

As a result of this project, we have determined the need for a cohesive national policy on disability. The nation lacks coordinated and comprehensive policy and law which are consistent with and supportive of the intent of the Americans with Disabilities Act and which bring people with disabilities into the political, economic and social mainstream of our culture.

The development of a national disability policy would come at a unique time in our nation's history. The ADA provides the legal framework for achieving equality and empowerment for America's 49 million citizens with physical and mental disabilities. Coordinated policy and programs consistent with the purposes of ADA would establish the foundation on which individuals with disabilities can build in reordering our society from one which fosters exclusion, dependence and paternalism to one which promotes inclusion, independence and empowerment.

Operation People First: Toward a National Disability Policy is an important step forward in this journey. It is important not just for the recommendations it provides and the national leadership network it creates, but also for the process through which it was developed. All factions of the disability community were invited to participate, including representatives from

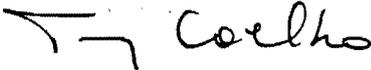
frequently excluded groups like psychiatric and head-injury survivors and people labelled mentally retarded. All were represented. All spoke. All were listened to with attention, consideration and respect. We did more in our teleconferences than talk about inclusion; we practiced it.

Operation People First: Toward a National Disability Policy provided a forum for over a 1,000 disability leaders in the 50 states and territories to meet. They identified and discussed key issues. They represented the views of their organizations and constituencies in a dialogue designed to shape public policy on matters of critical importance to them. Our teleconferences across the country created a national network which now numbers over 6,000 disability leaders.

The President's Committee activated this national network on the single most important issue facing people with disabilities -- health care reform -- by holding a nationwide teleconference call on November 22, 1993 to explain the implications for people with disabilities of your health care proposals. As with health care, we will continue to focus on issues and policy in a way that will build the bridge to financial independence through employment for people with disabilities.

Operation People First: Toward a National Disability Policy represents the beginning of what will be, and must be, an ongoing commitment to change. We have identified what we need to do: Now we need to do it.

Respectfully submitted,



Tony Coelho
Chairman

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OPERATION PEOPLE FIRST: TOWARD A NATIONAL DISABILITY POLICY

A REPORT OF THE PRESIDENT'S COMMITTEE ON EMPLOYMENT OF PEOPLE WITH DISABILITIES' 1993 TELECONFERENCE PROJECT

"This election is about putting power back in your hands and putting government back on your side. It's about putting people first." -- Bill Clinton, Democratic National Convention, 1992.

"We believe that all persons with disabilities must be fully integrated into mainstream society, so they can live fulfilling and rewarding lives. During our years in public office, we have compiled strong records of support for public and private initiatives to enhance the independence and productivity of persons with disabilities. We will bring that commitment to Americans with disabilities to the White House. And we will actively involve people with disabilities in developing a national policy that promotes equality and opportunity for all Americans. People with disabilities are among our nation's greatest untapped resources. We will make sure they have every opportunity to help all of us rebuild America." -- Clinton/Gore Campaign Position Paper on People with Disabilities 1992.

I. THE EMPOWERMENT PROCESS

According to the U.S. Census Bureau, of the nation's population of 48.9 million citizens with disabilities, an estimated 30.2 percent (14.8 million) are of working age and have a severe disability, one with a severe limitation in a functional activity or in a socially defined role or task. Of these 14.8 million people with severe disabilities over 76 percent (11.3 million) are unemployed. We believe this tremendous loss of human potential in the workplace is caused by the barriers and findings identified in this report.

Over the years members of the disability community have joined other citizens to protest their exclusion from the decision-making processes of a paternalistic and increasingly bureaucratic government. President Clinton has pledged to bring the American people, including people with disabilities, into the decision-making and action processes of government. This is not simply a good thing to do; it is the only way that human society can make the transition from millennia of authoritarian paternalism and labor intensive industry to an era of science and free enterprise democracy consistently utilized for the enhancement of each individual life. The magnificent life-quality potential of an age of information and technology, of increasingly complex interdependency, can only be achieved in a society that empowers each of its members to be a decision maker and a producer -- a society that puts individual people first.

President Clinton has significantly expanded pioneer policies of inclusion established in the

Carter, Reagan and Bush administrations. He has appointed disability rights leaders to significant positions. He and his cabinet members have met personally with disability community leaders to discuss policy. Representatives of major disability constituencies have been involved in the development of national policy such as health care reform and the implementation of the Americans with Disabilities Act. Some Governors and Mayors have provided similar leadership for inclusion. However, the vast majority of Americans with disabilities remain outside of the decision-making process.

This message has come to the President's Committee on Employment of People with Disabilities from representatives of Governors, Mayors, state and local agencies, service providers, parents, and especially from disability-rights organizations and individuals with disabilities. People labeled mentally retarded, people with psychiatric disabilities, people with multiple disabilities and very severe disabilities of all types have had problems even finding forums in which to voice their views.

After many years of well-intended but not entirely effective efforts to bridge the gap between the grass roots and government through existing mechanisms, the President's Committee undertook Operation People First: the development of an ongoing communications network that would enhance the power of state and national representatives of major disability community constituencies to engage in meaningful dialogue and cooperative action with the Presidency and the federal administration, with the Congress and with each other.

The final goal of these efforts, of course, is to systematically empower each person to take conscious, effective responsibility for society. Until that happens, the human dream -- the potential of science and democracy fulfilled -- cannot be achieved.

Following is a report of phase one of Operation People First.

In June 1992, after completing face-to-face meetings with disability community leaders in each of the 50 states, Chairman Justin Dart, Executive Director Rick Douglas and Executive Assistant John Lancaster launched Operation People First. Lancaster was designated to head the project team, assisted by Dart, Douglas, States Relations Executive, Maggie Roffee and Administrative Assistant to the Chair, Lori Pressley. In addition, a team of four special project associates with experience in outreach, communications, and political campaign operations were recruited in February 1993 to assist with the project.

Purpose and Goals

Chairman Justin Dart eloquently outlined the purpose of Operation People First in his introductory remarks to each of the teleconference calls with disability community leaders in

the 50 states and territories.

"Traditional liberalism and conservatism have reached the limits of their potential. Too many Americans are left out by systems that put political dogma ahead of people. Too many Americans are robbed of responsibility by the illusion of government and free market as magical sources of solutions.... The task of the nineties is to put people first, to put people before process and style.... The task of the nineties is empowerment.... We of the disability community cannot afford to stand apart ... to focus on disability issues only ... to wait for government to act.... We of the disability community must join with our fellow Americans to launch a revolution of empowerment.... We can, as we did with ADA, insist on firm commitments to a blueprint for definitive, comprehensive change...."

The initial goals of Operation People First were:

- * to identify 20-40 authentic representatives of the major disability community agencies and constituencies in every state -- a group small enough to engage in meaningful personal dialogue with each other and with federal leaders, but large enough to represent most of the major disability constituencies;
- * to hold at least one teleconference in every state to discuss the network process and issues of concern to the disability community at this time; and
- * to create a structure for national and intrastate leadership forums for the development of national disability policy recommendations.

The long-range goal of Operation People First is to create a communications network through which all who impact employment of people with disabilities can be represented in an economical, timely and democratic process of information sharing and decision making.

This will require participation by the disability community, the White House, relevant federal agencies, the Congress, state and local government, business, labor, service providers, educators, media representatives and others.

Because the President's Committee lacks the resources to accomplish the entire project at one time, and because empowerment must by its very nature start with those who would be empowered, the first phase of Operation People First included only representatives of the disability community. It represents a modest but significant movement away from paternalistic authority, and toward government that empowers. In addition, it has served as a forum for immediate, meaningful dialogue about historic policy decisions of the day such as the budget and health care reform.

Methodology of Project

1. The project team conducted a series of 60 telephone conference calls, each lasting between 90 and 120 minutes. During the period March-September, 1993, telephone meetings were held in every state, the District of Columbia, Puerto Rico, the Virgin Islands, Guam and the Pacific territories; two teleconferences were conducted in some of the larger states: New York, California, Texas, Florida, and Pennsylvania. Many persons not able to participate in the teleconferences were talked to separately. More than 1,200 disability constituency leaders participated in the process.

The teleconference agenda was designed to ensure people first participation. After brief introductions by Justin Dart and staff, each participant spoke for 2-3 minutes on issues of their choice. This was followed by free discussion of the issues. Finally, participants were asked to discuss ADA implementation in their states, cooperative action on the part of the disability community, and how the Presidency could better serve them.

Participants were not required to speak officially for their groups. This enabled them to communicate more frankly and to engage more freely in creative interaction.

2. On November 22, 1993 an expanded staff team held a national two hour teleconference on President Clinton's health care plan. Several thousand leaders of the disability community participated at 131 sites covering all 50 states. Questions were directed to a distinguished panel of experts gathered at studios of Atlantic Video in Washington, DC. Executive Director Rick Douglas acted as the moderator, and Chairman Justin Dart the keynoter. The panel featured former Ohio Governor Richard Celeste, Director of the President's Health Care Campaign, Sue Daniels of the Department of Health and Human Services, Gina McDonald of the National Council of Independent Living and Janet O'Keeffe, Marty Ford and Tony Young of the Consortium of Citizens with Disabilities. There was very substantial dialogue on the major health care concerns of the disability community. America's Disability Channel videotaped the meeting at the central Washington site; it was aired later.

The Network Participants

Participants for the Operation People First network were identified and contacted by the project team with the assistance of national constituency groups, representatives of state Governor's Committees and disability-community leaders. In all cases, a careful effort was made to identify and include persons who were democratically selected representatives of the major disability community constituencies, or who were recommended by their colleagues in their communities to be representatives at large. When designated representatives were unable to participate due to scheduling conflicts, they were encouraged to chose a proxy to participate

in their place. While the project team attempted to ensure representation of the major constituencies in each state, this was not possible in every instance due to technical and logistical problems.

However, more than 1,200 leaders of every major disability constituency in every state participated in Operation People First. Most participants were the democratically selected representatives of thousands of other people. Each person spoke. Unlike opinion polls that limit responses to one version of one issue, all participants expressed their opinions about issues of their choosing. All participants had the opportunity to advise and question their government on a wide range of policies. All had the benefit of immediate feedback from their state level colleagues, as well as national officials. Many leaders who were not able to participate in the scheduled call were interviewed separately by staff members of the project. An unprecedented sampling of informed opinion occurred. An unprecedented experiment in empowerment was begun.

Wherever possible, at least one representative from each of the following numbered groupings of major disability constituencies, agencies and organizations was included in every teleconference.

1. Governor's Committees on Disability (or equivalent entity)
2. AIDS community - AIDS Coalition, ACT-UP, other
3. American Council of the Blind affiliate, or equivalent representative of the community of persons with visual impairments
4. ADA state coordinating entity, Disability Rights Education and Defense Fund (DREDF) trainer, regional Disability and Business Technology Access Centers (DBTAC) and other entities related to ADA implementation.
5. AFL-CIO
6. American Disabled for Attendant Programs Today (ADAPT)
7. Consortium for Citizens with Disabilities (CCD) -- State liaison
8. Developmental Disabilities Planning Council
9. The Arc (formerly Association for Retarded Citizens), TASH, Parent Network, United Cerebral Palsy affiliates
10. Brain Injury Survivors, National Head Injury Foundation
11. Epilepsy, learning disabilities and other "hidden" disabilities
12. Independent Living
13. National Alliance for the Mentally Ill, Mental Health Association affiliates
14. National Association of the Deaf affiliate, or equivalent representative of persons who are deaf
15. National Association of Psychiatric Survivors, National Mental Health Consumers Association, National Mental Health Consumer Self-Help Clearing House (people with psychiatric disabilities advocating for themselves).

16. Paralyzed Veterans of America, Disabled American Veterans affiliates, other veterans groups.
17. People First, Self-Advocates, Speaking for Ourselves (people labeled mentally retarded advocating for themselves)
18. Protection and Advocacy entities
19. State Coalitions for People with Disabilities
20. State Vocational Rehabilitation Agency and other rehabilitation agencies for persons with blindness and deafness, where those exist
21. Representatives at large -- individuals whose historic contributions have qualified them for participation in meaningful policy dialogue

Representatives from many other groups were included in states where such groups were recommended as being particularly active in disability community affairs.

State representatives of the National Federation of the Blind participated in the early phase of the project. However, the leadership of the organization requested that President's Committee solicit input exclusively from their national office. This request was honored.

There is no illusion that this list includes all constituencies of the vast, diverse disability community, or that impact disability policy. It does reflect a sincere effort to include as many of the real players in the disability movement as could reasonably speak on one state teleconference, and that could reasonably be in ongoing personal contact with President's Committee staff at this time.

Staff will continue to update and expand the list of people and organizations active in the ongoing disability community network.

II. PRIMARY RECOMMENDATION

As a result of initiating Operation People First and conferring with the network of disability-community leaders identified, we have reached an overriding conclusion and recommendation beyond the more specific findings and recommendations enumerated below. The nation lacks a coordinated and comprehensive policy that is consistent with and supportive of the purposes of the Americans with Disabilities Act (ADA) so eloquently stated by Congress in Section 2. Findings and Purposes of the Act. The United States lacks coordinated, comprehensive programs and laws that empower people with disabilities in the political, economic and social mainstream of our culture.

Thus, we recommend the development of a coordinated, comprehensive national disability policy that is driven by and consistent with the ADA. This policy should be developed over the next several years, complete with legislative language, regulatory and programmatic change, and budget recommendations. Every government program, specific to individuals with disabilities and generic, should be considered -- from employment and training to income supports, rehabilitation, education, housing, transportation, health care, personal supports, recreation, etc. It should then be presented to the President and the Congress. This policy planning process should be undertaken with the complete cooperation of all federal government agencies, including financial and personnel resources as necessary, to complete the task in a timely manner.

The President's Committee on Employment of People with Disabilities advises the President and the federal government on policy and programs to develop maximum employment opportunities for people with disabilities, and provides the nation with public education and cooperation among organizations and agencies to achieve this end. Consistent with this role the President's Committee is prepared to work with the National Council on Disability and other government agencies in carrying out the primary recommendation of this report.

III. EXECUTIVE SUMMARY

The following 11 points represent the major findings of Operation People First. These points were repeatedly stressed by participants as the crucial building blocks for progress by people with disabilities. These issues are the principal remaining barriers to employment for people with disabilities.

For racial, ethnic, and Native American minorities with disabilities, these issues are even more problematic. Special initiatives need to be developed to ensure that minority groups, including African-Americans, Asian-Americans, Hispanics, and Native Americans, receive equal access to information, treatment and services for people with disabilities.

Among them, three stood out as top priority. Nearly unanimous support was expressed for (1) health care reform, (2) ADA enforcement, and (3) empowerment.

1. Health Care. Reform of the nation's health care system was cited as a major concern by almost all 1,200 teleconference participants. Fair, effective reform of the health care system is clearly the number-one priority of the disability community. For real empowerment to occur, a health care system must be established guaranteeing universal coverage, a comprehensive package of services to include long-term care, and affordable delivery of services in a manner that meets the needs of consumers.

2. ADA Enforcement and Implementation. The legal framework to assure full equality and equal opportunity for people with disabilities has been created with ADA's passage. A vigorous implementation and enforcement program must be pursued to ensure that the goals of ADA are met. Such a program should include broad educational measures for employers, government officials, media, and people with disabilities. It should also include effective enforcement tools and real sanctions for non-compliance.

3. Advocacy and Empowerment. The ADA is a means to an end, not an end in itself. To take advantage of the opportunities for change presented by the law, people with disabilities must become educated about their rights, must assume the responsibility of self-advocacy, and must seek ways to cooperate in order to make their presence felt at all levels of decision making.

4. Personal Assistance Services. The establishment of affordable, accessible and consumer-controlled personal assistance services for people with disabilities ranked among the groups' highest priorities. Access to such services represent to many the basic precondition of independence, equality and dignity.

5. Parity of Coverage for Mental Health. The stigma attached to mental, cognitive and

psychiatric disabilities needs to be overcome. A critical first step towards that goal would be to ensure that parity of health care coverage for people with mental-health disabilities is included as a component of any health care reform package.

6. Removal of Work Disincentives. Rules and regulations built into Social Security disability programs, Medicaid, Medicare, and other welfare programs often make work and independence difficult and often impossible for people with disabilities. The entire spectrum of programs for people with disabilities must be reviewed and such disincentives abolished.

7. Inclusive Education. The process of full and meaningful inclusion in the schools for all young people with disabilities is the starting point for real social change and integration in all walks of life. This effort must become a national priority. However, the transition to equal, integrated education must be accompanied by a thoughtful consideration of the special needs and requirements of all people with disabilities, and should not serve as an excuse to withhold necessary services for children who require them.

8. Effective Transition Programs. In order not to lose a vast number of potentially productive, contributing members of society to the trap of post-graduate dependence and isolation, effective transition programs, work-study programs, and vocational training must be made available in schools and after graduation to all young persons with disabilities who need them.

9. Housing. There is a tremendous need nationwide for affordable, accessible, integrated and safe housing for people with all sorts of disabilities. People with mental and physical disabilities account for a high percentage of the homeless.

10. Transportation. Employment, education, health care and many other opportunities are often not available without transportation. In urban areas, there is a tremendous need for additional transportation services for people with disabilities who are unable to use mainline systems. The need for effective paratransit services for people with disabilities is critical throughout rural America.

11. Attitudinal Change. A broad, society-wide effort to change attitudes about disability and about people with disabilities needs to be carried out. Responsibility for this effort extends from members of the electronic and print media, educators, health care professionals, textbook writers and program administrators to employers, and, not least significantly, people with disabilities themselves.

IV. PROJECT FINDINGS

Health Care

Health care reform clearly emerged from the teleconference discussions as the number one concern of people in the disability community. The implementation of a national health care plan with universal coverage for all Americans would do more to help people with disabilities enter the job market than perhaps any other measure. Many people with disabilities on Social Security Administration programs would be freed from worry that taking a job might endanger their Medicaid or Medicare benefits. At the same time, employers would be relieved of the burden of assuming higher health insurance payments for new employees with disabilities. As it currently exists, the employment-based health care system exerts subtle disincentives to businesses, particularly small businesses, to hire people with disabilities.

Many participants listed health care reform as their single greatest concern, and nearly all participants agreed that health care reform was a prerequisite for advancement on issues like employment, quality of life, and independent living. Without access to adequate, affordable care, people with disabilities will continue to face tremendous obstacles integrating into the mainstream of American life.

In general, Operation People First participants were highly supportive of the health care reform plan endorsed by the Consortium For Citizens With Disabilities (CCD). The CCD plan states that any ultimate solution to the health care crisis must be based on the principle of non-discrimination, ensuring that people with disabilities of all ages and their families have the opportunity to fully participate.

The CCD would define a successful health care system as one that offers a comprehensive array of health, personal and support services, a system that ensures that these services are appropriate in that they are provided on the basis of each individual's need, personal choice, and circumstances. Additionally, it holds that any truly effective solution must be equitable, ensuring that no group of people bears a disproportionate burden. Finally, the CCD asserts that an effective and accessible health care system must be efficient, ensuring that system resources are utilized to meet health care needs. The CCD strongly supports the right to health care for all persons regardless of income or health status.

Operation People First participants stressed that any health care reform package should include the following core set of features:

- * *Comprehensive, universal coverage*
- * *Long-term care*

- * *Coverage for catastrophic illness*
- * *Personal Assistance Services and assistive technology, including durable medical equipment*
- * *Ensured access to specialists, drugs, and new medical technologies*
- * *No pre-existing condition clauses and*
- * *Parity of coverage for treatment of mental and psychiatric illnesses.*

Members of the disability community disagree over the final form that a reformed health plan should take. However, participants expressed a noticeable preference for a single-payer system. "Managed Competition" as a reform model was greeted skeptically. They also detailed several related health maintenance issues.

- * *Recreation programs and preventative services* for people with disabilities are an often overlooked but important component of a well-rounded mental and physical health care program.
- * *Prevention efforts*, particularly in such fast-growing disability areas as brain injury and AIDS, need to be intensified. *Broad-based education efforts* can greatly decrease the rate of disability in these areas.
- * Participants repeatedly stressed the need to *break from the traditional "medical model"* of disability health care, which emphasizes the treatment of illness through institutional and technological systems dictated by health-care professionals. In its place they advocate the *adoption of a "social model" stressing community-based care, independent living, quality of life, and services which are in the control of people with disabilities* themselves.
- * Service and health care providers need to expand focus to encompass a *"continuum of care"* focus on individual needs *through better case management*, and incorporate new techniques for *"futures planning"* into services and programs.
- * *Training and education of doctors and medical professionals regarding treatment and care of people with disabilities*, particularly treatment of people with AIDS or people who are HIV positive, needs to be improved.

Personal Assistance Services

Personal assistance services are a high-priority concern of the disability community. Approximately 17 percent of teleconference participants cited personal assistance services as the single most significant issue facing people with disabilities. As one said, "Equal rights

don't mean much if you can't get out of bed."

- * Support is strong among participants for the proposal advocated by the disability rights group American Disabled for Attendant Programs Today (ADAPT). The ADAPT proposal advocates *shifting 25 percent of federal Medicaid funds that currently are spent on nursing homes to personal assistance and in-home care programs.*
- * Participants stressed that any system of *personal assistance services must be community based and consumer driven*, providing users of personal assistance services the greatest latitude to choose appropriate and effective programs.

ADA Implementation and Enforcement

An important outcome of the project involved the collection of impressions on the success and effectiveness of the Americans with Disabilities Act and the identification of areas of difficulty in its implementation and enforcement. The consensus among project participants was that not enough resources are being devoted at either state or federal levels to implement and enforce the ADA. A number of general issues related to ADA implementation and enforcement were identified.

- * There is an overwhelming need for *wider dissemination of information* about ADA to businesses, local and state governments, and individuals with disabilities. Practical and specific information must be provided to employers on how to make reasonable accommodations which address the needs of specific disabilities in a variety of work settings. Such information must be made available in bilingual and alternative formats accessible to non-English speaking Americans and people who are blind and those with cognitive and learning disabilities.
- * Methods need to be developed to identify and sanction *responsible and reputable providers of information* on ADA compliance. Currently, too much conflicting and inaccurate information is being provided by individuals seeking to make money from well-intentioned but uninformed employers.
- * Too many employers are not taking forceful, proactive steps to comply with ADA and instead are waiting to see if the law will be enforced. *Strong encouragement from the highest levels of government is critical* to ensure that everyone understands America is committed to the full, speedy implementation of ADA. Additionally, Americans need to be informed that compliance with the law is not only a duty but will deliver many benefits, including an expanded market of consumers and a more productive and higher quality workforce.

- * Across the nation, from New York City to southern Oregon, many small employers and places of public accommodations continue to ignore the law. *Special initiatives such as expanded tax credits and educational efforts* need to be targeted towards this sector. This is of critical importance in many rural states like Iowa and Vermont, where small businesses provide the vast majority of employment opportunities.
- * Many *state and local governments and elected officials have been slow to respond* to ADA obligations, essentially the same ones they have ignored since the passage of Section 504 of the Rehabilitation Act of 1973. Many disability leaders are frustrated and exasperated by what they perceive to be foot dragging on compliance with Title II of the ADA.
- * *Local governments, frequently strapped for resources, desire federal assistance* earmarked for barrier removal.
- * Greater efforts need to be made to educate employers on how to *accommodate people who have AIDS or are HIV positive and people who have mental, cognitive or psychiatric disabilities*. These groups remain among the most discriminated against in America. Often, simple measures such as the adoption of more flexible work schedules to accommodate particular needs are all reasonable-accommodation standards require.

Jobs and employment issues are at the heart of the ADA and are critical to all people with disabilities. In recognition of this, Title I of the ADA prohibits discrimination in employment against people with disabilities. Disability advocates made it clear that full equality for people with disabilities will not be possible until they are fully integrated in the workplace as equal partners, co-workers, government officials and independent business persons. Work guarantees income and provides the cornerstone of independence and dignity for all people with disabilities. Employment of people with disabilities, furthermore, represents a dramatic enrichment of society in general, as it supplies a new source of qualified, trained workers, enhances workplace diversity, and removes dependents from the welfare rolls and places them onto the tax rolls. Participants identified specific issues related to employment.

- * Employer, union, and the worker with a disability must engage in discussions to resolve conflicts between *ADA and collective bargaining agreements*. Occasionally, the union's responsibility to represent all of its members under collective bargaining procedures--on issues like job-sharing or seniority, for example--can infringe on the rights of individuals under the ADA.
- * States need to review their *workers' compensation laws* to ensure that they are in harmony with the ADA.

- * *Alternative methods of dispute resolution and mediation* need to be developed in order to speed the enforcement and implementation of ADA.
- * *DOJ and EEOC need larger staffs* devoted to ADA enforcement and claims investigation. Also needed: (1) screening mechanisms to quicken the response time for DOJ and EEOC to act on legitimate complaints, and (2) a reduction in paperwork required to file a claim under ADA.

Title II, Subpart B of the ADA requires that transportation programs and services of local, state and other nonfederal government agencies be accessible to people with disabilities. Despite the mandates included in Title II of the ADA, people with disabilities across the country still are finding transportation a significant obstacle to employment, socialization and the economic marketplace. More than 20 percent of Operation People First participants named transportation as one of the most significant issues facing people with disabilities.

- * *Transportation* issues rank particularly high in *rural areas* like Iowa, Wyoming, and upstate New York, where long distances and thin population concentrations make convenient and accessible public transportation scarce yet correspondingly critical. Though ADA mandates existing systems to be accessible, the real problem, particularly in rural areas, is that often no transportation systems exist at all.
- * *Paratransit systems are not complying with ADA* standards. One Tennessean noted that in her area of the state a 14-day lead time was required to schedule a simple ride to the grocery store.
- * As mainline urban transit systems are made accessible according to ADA standards and urban paratransit is only provided to those who cannot use the mainline system, *people with disabilities must accept their responsibility to transition from specialized paratransit systems to general mass transit.*

Title III of the ADA covers a broad spectrum of entities: places of business and commerce, educational institutions, recreational facilities and social service centers. It requires that readily achievable alterations to existing facilities be made, that all new construction of facilities and most alterations of existing facilities in public and commercial facilities be accessible to people with disabilities, and that places of public accommodation use auxiliary aids and services for effective communications.

- * *Compliance with the accessibility requirements for public accommodations* continues at a *slow, spotty pace*. A leader from the deaf community, for example, noted that more than 90 percent of the motel and hotel facilities he visited in Oregon have not provided auxiliary aids and services for people who are deaf.

- * Other participants noted that compliance in public accommodations might approach no better than 20 percent. And some participants indicated that in their states *major new construction projects are being erected that do not comply* with ADA accessibility guidelines.
- * Greater efforts need to be made to encourage builders and designers to *adopt universal design standards*.
- * Despite the clear language of ADA, people with disabilities continue to find *establishments refusing to allow entry of service animals and guide dogs*.
- * The *cost of interpreter services* was an often cited problem in providing access to public accommodations for people who are deaf.

One of the most significant barriers to the full inclusion of many people with disabilities is the lack of a fully responsive and easily accessible communications network. People with hearing and visual disabilities in particular often find access to information and communication a critical, though unnecessary, obstacle to employment, social interaction, and access to basic services like medical care.

- * While the deployment of a *high-technology fiberoptic telecommunications* system--featuring high-quality interactive information retrieval and communications, and enabling people to work, shop, socialize and learn at home--promises dramatic improvement for many persons, disabled and non-disabled alike, in the quality of living, the builders of these systems must take note of certain important principles. At minimum, any new interactive communications system must be accessible to people with all kinds of disabilities and must never be used to circumvent accommodation requirements or to keep people with disabilities segregated in their homes.
- * Because of ADA, the demand for *interpreter services* for people who are deaf or hearing-impaired has greatly increased. This has placed a tremendous strain on interpreter resources in many places, which already are stretched thin due to the scarcity of competent, trained interpreters. Steps need to be taken to resolve this problem. Suggestions include expanded funding for interpreter training, better certification standards to ensure the quality of interpreter services, and encouraging schools and universities to include ASL as a standard part of their language department curricula.
- * The responsibility to provide *interpreter services* to facilitate interactions between people with hearing disabilities and *doctors and other health care professionals* needs to be fully understood by the health care industry.

Removal of Barriers to Work from Social Services and Creation of Employment Opportunities

Unfortunately, people with disabilities continue to be unemployed at a shockingly high rate. According to the Census Bureau, 70 percent of all working-age persons with disabilities are unemployed. And the vast majority of those who do have jobs are underemployed. The reasons for this unacceptably high rate of unemployment are multiple and complex. Confusing rules, arcane procedures, and disincentives built into government programs and services like Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), Medicaid, and welfare create tremendous barriers for people with disabilities and must be addressed.

There are myriad regulations and rules built into the complex network of social services programs which have the perverse effect of discouraging otherwise qualified and eager job seekers with disabilities from obtaining employment. These rules must be changed so that people with disabilities can enter the workforce without fear of losing critical health care benefits or supplemental income.

For example, restrictions and regulations of programs such as Vocational Rehabilitation often have the adverse effect of discouraging people qualified and able to work part-time from seeking employment and training. A better understanding and a quicker implementation of the 1992 Amendments to the Vocational Rehabilitation Act would help to alleviate this problem.

Disincentives are a paramount reason behind the stubbornly high rate of unemployment of people with disabilities. Of those participants who indicated that jobs and employment were a primary concern, nearly 30 percent cited disincentives as the most significant obstacle preventing people with disabilities from entering the workforce. Because of their often substantial health care needs, people with disabilities are frequently reluctant to jeopardize their access to government-provided benefits or supplements. Those with mental disabilities are particularly sensitive to the problem, as the costs of necessary medication are high and the earnings threshold for losing Medicaid or Medicare benefits is low.

Disability advocates are united in the belief that by removing disincentives to work, people with disabilities can get off the welfare rolls and onto the tax rolls, and contribute their fair share to the enrichment of society.

- * *The fear of losing Medicaid and Medicare* benefits constitutes perhaps the single greatest barrier to employment for people with disabilities. Universal coverage for health care regardless of employment status would go a long way towards removing barriers to work and opportunities for career advancement.

- * With *SSI and SSDI* the regulations governing the proper dispensation of disability benefits under Social Security, especially its Work Incentives program, are so *complex and convoluted* that even persons working for the Social Security Administration do not understand how to properly administer them.
- * In some states, *access to vocational rehabilitation services is restricted* to persons capable of working a certain minimum number of hours per week. People with certain disabilities, such as psychiatric disabilities or AIDS, often are only able to work part-time and thus sometimes fail to meet this requirement. Because of their disability, they are unfairly closed out of programs that would make them more employable workers. These program restrictions need to be reviewed on a state-by-state basis.
- * *People with disabilities need assistance in all areas* of employment, including education and vocational training for proper job skills, increased supported employment opportunities, and a greater effort by employers to make reasonable accommodations for people with both physical and mental disabilities.
- * More focus must be placed on assuring *quality employment and real career opportunities* for people with disabilities, rather than simple make-work occupations.
- * There is a need for financial assistance for *independent businesses owned and operated by people with disabilities*. The Small Business Administration should ease access to business loans for people with disabilities under the Handicapped Assistance Loans program.
- * People with disabilities have a right to participate in business entrepreneurship, and must therefore have equal access to business loans and government contracts. An equal share of *government contracts* should be made available by amending existing minority contracting rules to include people with disabilities (*Section 8A Set-Asides*).
- * Any *government-sponsored jobs program*, such as a national job corps, or broad-based worker retraining program should specifically target people with disabilities.
- * The Clinton administration should continue to set an example for states and the private sector by *appointing qualified individuals with disabilities to high-ranking administration positions*.

Mental Health Issues

People with mental, cognitive, and psychiatric disabilities constitute perhaps the single most

persecuted and least understood group of individuals in the disability community. The stigma associated with mental illness remains an oppressive obstacle to employment and integration, hampering the efforts of people with mental disabilities to enter the workforce, attend schools and contribute their talents and energy to society.

The greatest programmatic concern of participants involved with mental health issues was establishing parity in the provision of health care services for treatment of mental and psychiatric illness. Currently, state Medicaid programs cap funding for mental health treatment at levels so low they do not come close to meeting the needs of most persons requiring such treatment. Levels of coverage for treatment of mental disorders are dramatically lower than those for comparable physical disorders. Participants in the project strongly support efforts by Vice President Al Gore's wife, Tipper Gore, and others serving on the White House Health Care Reform Task Force to expand coverage for mental disorders.

- * Many *attitudinal barriers towards people with mental disabilities* can be overcome by concerted efforts to educate employers and the community at large, and by better integrating people with mental disabilities into the community to increase society's comfort level with and understanding of them.
- * Greater efforts must be made to educate employers about their responsibilities under ADA to develop appropriate *reasonable accommodations for people with mental and psychiatric disabilities*. Often, this simply means encouraging employers to provide flexible and part-time work schedules for employees who need them.
- * People with all kinds of disabilities are at a disproportionately high risk of *alcohol and substance abuse problems*. Greater treatment and rehabilitation efforts are required to treat these problems. The frequently encountered bias against inclusion in these programs of persons with disabilities, such as those who have AIDS or are HIV positive, must be overcome.
- * Procedures involving the *involuntary institutionalization and treatment* of people with mental and psychiatric disabilities must be closely scrutinized, with the presumption that such action is almost always a violation of the civil rights of those persons.

Advocacy, Coalition Building, and Empowerment

Empowerment rests at the heart of the disability-rights movement. People with disabilities seek to free themselves from the chains of a paternalistic social service system and assume the full range of rights and responsibilities that accompany the status of equal citizenship. Participants repeatedly stressed a concern that people in the disability community were not

getting sufficient information about their rights under ADA, and thus were not taking proper advantage of the opportunities opened up to them by the law.

- * There is a powerful need to expand efforts to *educate and train people with disabilities about their rights* and responsibilities provided under ADA.
- * *Training and development of self-advocacy skills* is also critical to the further empowerment of people with disabilities. In many places across the country, particularly in many rural areas, self-advocacy groups are ineffective or non-existent.
- * *Coalition building and increased cooperative efforts* must be encouraged among different constituencies in the disability community. As one participant noted, "None of us have the Cadillac of disabilities."
- * Empowerment would be strongly bolstered by the *formation of a broad, national organization for people with disabilities*, similar to AARP, NOW and the NAACP, that would provide a focus for united advocacy efforts on a national basis and support full-time lobbyists in Washington to represent to Congress and the federal administration the needs of all people with disabilities.
- * *People with disabilities must be recruited to oversee and implement programs and services*, like state Vocational Rehabilitation agencies and special-education programs, targeted towards the disability community.
- * A greater emphasis must be placed on *consumer choice and satisfaction in the delivery of services* to people with disabilities. It was suggested that government undertake a nationwide research project designed to measure consumer satisfaction with disability programs and services.

Education and the Schools

High quality education and vocational training from pre-school to post-graduate levels is the best way to ensure that people with disabilities integrate effectively into the economic marketplace and become full citizens and active, productive members of society. This can be most effectively achieved through the inclusion of people with disabilities into mainstream education.

Currently, the national drop-out rate for children with disabilities hovers near 35 percent, and literacy rates for students with disabilities are well below their peers without disabilities. Aggressive measures must be developed and implemented by professional educators to reverse

the unacceptably high drop-out and illiteracy rates and prepare young adults with disabilities to enter the workforce, get post-graduate vocational training, or go to college.

The main aim of persons concerned with education issues and of parents, is to facilitate full integration of children with disabilities to the greatest extent possible into the classroom. Most participants stressed that integration, or "inclusion," is the best way to raise the self-esteem and self-expectations of children with disabilities, and to accustom their peers to work and live with them side by side throughout their lives.

- * *Efforts to achieve full inclusion* require a better understanding of the principles behind meaningful mainstreaming, and should be expanded beyond the traditional classroom to include participation in music and gym classes, recreation programs, and the whole range of extracurricular activities that are a fundamental part of a child's educational experience.
- * *Full inclusion requires the provision of trained specialists* to assist teachers in the classroom. As New York State has demonstrated, it is possible to take great strides towards integration of special education students into the mainstream by abolishing special education classes and reassigning special education teachers to provide schoolwide assistance, training, and consulting.
- * The *special concerns of particular disability constituencies*, such as people who are deaf and hearing-impaired, learning disabled, blind and sight impaired, and severely disabled, *must be taken into account as the mainstreaming process is carried forward*. Many representatives of the deaf community, for example, are concerned that education programs designed for persons with hearing will inevitably disadvantage those without hearing. In such circumstances, some fear, inclusion of children who are deaf in mainstream programs will result in a loss of the mastery of American Sign Language and of the unique culture in the deaf community.
- * Similarly, some participants were concerned that an overemphasis on mainstreaming will disadvantage *students with highly specialized needs*, like children with severe retardation, who may not receive the focused attention in the regular classroom that they would in specially designed programs.
- * *Transition programs* must be developed and implemented for graduating students with disabilities. Too often, these students graduate from a social environment in which they received a great deal of attention and counseling, only to be thrust into the world at age 18, unprepared to work and cut off from any vocational aid, counseling, or assistance.

- * High school students must be better prepared to enter the job market after graduation. *Internship programs, work-study programs, vocational training programs, and business partnerships with schools* have proven highly successful where they have been implemented and need to be expanded to serve all students with disabilities.
- * *Adult education and vocational training programs* need to be expanded to allow more persons with disabilities to acquire the skills necessary to take advantage of their right to compete for jobs as guaranteed by the ADA's employment provisions.

Attitudinal Change

Stigma and discrimination are being fought by all people with disabilities. This is the key to effecting a transformation of the role of people with disabilities in the community and society.

- * The *media* can become a powerful and effective tool to change attitudes towards people with disabilities. Coverage should emphasize the empowerment of individuals, rather than focus on the human-interest side of disability, or overstate the costs and problems of disability and the implementation of ADA. It is primarily the responsibility of activists and advocates in the disability community to lead the campaign for effective, truthful, and positive coverage of the issues affecting people with disabilities.
- * *Employers* must be educated that people with disabilities have skills and alternative methods of accomplishing job tasks effectively. For example, people who are blind can often work just as effectively as sighted persons by taking advantage of voice and braille communication techniques.
- * In discussions of *health care* reform, such as took place recently over Oregon's new health care plan, it is often assumed that people with disabilities are "unhealthy," and thus deserve a low-priority for treatment. However, people with disabilities are often perfectly healthy and have the same life expectancy as people without disabilities. The common correlation between disability and sickness must be replaced by an understanding that all people deserve equal care and attention to their particular needs.
- * *Efforts to overcome stigma* against people with disabilities must begin early and be pursued aggressively through such steps as school textbook reform, sensitivity training for elementary, junior high, and high school students, greater integration and assimilation of people with disabilities in all community activities, positive media coverage, and the positive representation of people with disabilities in advertising campaigns, movies and television programs.

- * *Attitudes of people with disabilities must also change.* People must recognize that *with rights also come responsibilities*, and people with disabilities must accept their responsibility to become fully equal citizens and contributors to a better America.

Minority Issues

For minority persons with disabilities, many of the problems faced by other persons with disabilities are doubly compounded. Minorities with disabilities are often discriminated against in the delivery of services. The dissemination of information to minority communities is even more inadequate than to the general disability community, and many minorities living in urban, inner city environments find even fewer resources are available to meet their needs.

Native Americans with disabilities also face distinctive obstacles. Because of the legal relationship between the Indian nations and the federal government, provisions of the ADA do not extend to many Native Americans. Special initiatives emphasizing cooperation with Native American leaders are needed to ensure that the benefits of ADA are extended to all persons with disabilities.

V. CONCLUSION AND RECOMMENDATIONS

Disability Action Plan

As a nation, we lack a coordinated and comprehensive policy towards disability that accords with the ADA. The ADA has been a major first step towards creating a structure of empowerment for people with disabilities to maximize their potential. But it is not by itself enough. America needs a comprehensive disability policy. Laws, regulations, programs, and services on both the federal and state level need to be revisited to ensure that they are philosophically and programmatically in tune with the spirit and letter of ADA. Everything should be put on the table: state workers' compensation laws; health care reform; Social Security Administration disability programs; housing services; transportation services; welfare programs; tax code provisions related to disability; vocational rehabilitation; developmental disability laws and programs, etc. They should all be reworked as needed to develop a coordinated, philosophically consistent national disability policy that empowers people with disabilities and puts them in control of their own destiny. The fragmented array of services now available need to be coordinated and made more easily accessible to people with disabilities. Government jurisdiction over disability needs to be rationalized and ordered to ensure clear communication of national priorities and goals.

The primary recommendation of this report is that the federal government undertake the development of a coordinated, comprehensive national disability policy that is driven by and consistent with the ADA. This policy should be developed over the next several years, complete with legislative language, regulatory and programmatic change, and budget recommendations. It should then be presented to the President and the Congress. This task is totally within the purpose, scope and charge of the President's Committee and the National Council on Disability. The President's Committee and the Council would need no additional authority and could commence work on the task immediately.

The President's Committee on Employment of People with Disabilities advises the President and the federal government on policy and programs to develop maximum employment opportunities for people with disabilities, and provides the nation with public education and cooperation among organizations and agencies to achieve this end. Consistent with this role the President's Committee is prepared to work cooperatively with the National Council on Disability in carrying out the primary recommendation of this report. The President's Committee will also play a role, as appropriate, in the implementation of recommendations enumerated below.

The following additional recommendations are based on the comments made by Operation People First participants and would support the formation of a national disability policy. To

assure continued progress for people with disabilities, these recommended actions should immediately be taken by government, business, media and the disability community. Only by pursuing an aggressive, forward-looking agenda for change will the most important goals of ADA and of people who support fairness, equality, increased productivity and full inclusion of all Americans be reached and the intent of Congress fulfilled. President Clinton has pledged to revolutionize American government by empowering individual citizens in the governmental process. The following steps represent an immediate agenda designed to put People First.

ADA Implementation

Though significant advances have been made in many areas due to ADA, participants in nearly every state complained of a slow response by state and local government officials to implement and enforce the law, and by the business community--particularly small business--to comply with its provisions.

Numerous states were specifically named by participants as taking a "wait-and-see" attitude towards ADA enforcement and implementation.

Following is a list of recommendations for the federal government to increase effectiveness and efficiency of the ADA:

1. Improve and increase efforts to educate employers and state and local government officials about ADA.
2. Provide strong leadership from White House on ADA enforcement.
3. Develop, refine and better communicate methods of "reasonable accommodation," in particular, the accommodation needs of people with mental health conditions, developmental disabilities, learning disabilities, brain injuries, chronic fatigue syndrome and multiple chemical sensitivity.
4. Develop and institute alternative methods of dispute resolution and mediation to speed the enforcement and implementation of ADA.
5. Provide larger staffs for DOJ and EEOC for ADA enforcement and claims investigation.

Recommendations to Government

Government should lead by forming partnerships with business, state and local governments, the schools, and the disability community to create integrated programs that meet the needs of everyone.

Government could also facilitate employment by establishing a national database or archive of job opportunities and training programs for people with disabilities.

The current administration should immediately take steps: to change Medicaid-waiver procedures to allow states to pursue innovative strategies for more community based services for people with disabilities, and to mandate the closing of inappropriate, dehumanizing institutions for people with developmental and psychiatric disabilities.

Special initiatives need to be designed to improve the whole spectrum of services available in rural areas. In particular, more transportation services should be established for people with disabilities.

Likewise, initiatives targeted at other underserved populations, including elderly persons and minorities with disabilities need to be developed.

Recommendations to Business

Business should take proactive steps to comply with the ADA and to recruit, hire, train, and retain people with disabilities.

Employers should seek out more information on ADA and become better informed about different kinds of "reasonable accommodations," particularly for people with cognitive and psychiatric disabilities. The Job Accommodation Network (JAN) sponsored by the President's Committee on Employment of People with Disabilities is a valuable resource which can play an important role in this educational process.

Recommendations to Media

The media should seek to cover people with disabilities in a responsible, dignified manner, and eschew coverage which condescends, pities, or demeans people with disabilities.

The media should focus coverage of people with disabilities on positive accomplishments, successful integration into the mainstream, and the civil rights struggle of ADA. People with

disabilities must be covered as people first, not as representative "disability types."

Film and television media should seek to include people with disabilities as real, central characters in programming. People with disabilities need to be seen as normal, capable, three-dimensional individuals with human needs and human problems, including involvement in romantic and sexual relationships.

The advertising community should include people with disabilities in advertising imagery and media. The 49 million Americans with disabilities represent an enormous potential market to which the advertising and business communities should appeal directly.

Like every other sector of the employment community, the media should provide opportunities for qualified people with disabilities to work as reporters, anchors, editors and correspondents.

Recommendations to the Disability Community

People with disabilities should empower themselves by becoming fully educated about their rights and responsibilities under ADA, and seek actively to defend those rights and advocate on behalf of themselves in all public forums, including in the media and in governmental arenas.

People with disabilities should consider greatly expanding an existing national organization, or creating a new one, to advocate their civil and social rights. Although various disability constituencies have excellent advocacy representatives in Washington, there is no organization with the staff and the responsibility to represent the disability community as a whole.

All disability constituencies and organizations should work together, building effective coalitions and presenting a united front in order to be maximally effective in political struggles at all levels of government, particularly the state and local levels.

VI. APPENDICES

Appendix A: Statistical Summary

<u>Top Priority Issue Areas:</u>	<u>No. of Times Listed First</u>	<u>Percentage</u>
ADA Enforcement and Implementation	403	38.5%
Health Care *	354	33.8%
Empowerment and Advocacy	281	26.8%
Employment	280	26.7%
Education	221	21.1%
Personal Assistance Services	179	17.1%
Transportation	147	14.0%
Housing	145	13.8%
Mental Health	103	9.8%
Attitudes	101	9.6%
Work Disincentives	94	9.0%
Assistive Technology	83	7.9%

* While health care was not the issue most often identified first by the participants, it was the single most often mentioned issue in all of the teleconference calls. Over 80 percent of the participants mentioned health care for people with disabilities as one of their issues of concern.

Appendix B: Comments on the Teleconference Format and Methodology

1. Teleconference format refinement: As the project proceeded, some refinements were made in the teleconference format in order to improve the quality of discussion and enhance the effectiveness of the calls. In the first few teleconferences, the President's Committee attempted to conduct an informal poll of six important issues affecting people with disabilities, including health care, personal assistance services, new telecommunications technology, and the federal budget deficit. However, in response to a sense of unease among participants in casting simple yes-no votes on highly complex issues like health care, the poll was dropped from the teleconference format.

2. Inclusion of people who are deaf: Including people with deafness provided a particular challenge for participation in the telephone conference format. In general, such individuals used the services of an interpreter to facilitate their participation in the teleconference. The President's Committee paid the costs of the interpreter when it was requested. However, due to the scarcity of qualified interpreters and short time-frames, individuals often found it impossible to arrange for interpreter services in time. In these cases, the President's Committee interviewed individuals with deafness separately by TDD or through a relay service. The President's Committee recognized that this was a sub-optimal solution to the problem of full inclusion of persons who are deaf, and is seeking better ways to ensure full participation.

3. Inclusion of people with visual disabilities: While the telephone conference call format presented no problems for people with blindness or limited visual abilities, the speedy exchange of background materials in alternative format did create certain difficulties. While the President's Committee possesses the technology to create materials in alternative format, because of equipment breakdown and fast turnaround time, such materials were not always available in a timely manner. The President's Committee will continue to seek better ways to accomplish these tasks in the future.

Appendix C: The People of Operation People First

The Operation People First project was initiated by the immediate-past Chairman of the President's Committee on Employment of People With Disabilities, Justin Dart.

The following President's Committee staff were assigned to the project:

Rick Douglas -	Executive Director
John Lancaster -	Executive Assistant to the Chairman
Maggie Roffee -	States Relations Executive
Lori Peterson -	Administrative Assistant to Chairman Dart
Russell Covey -	Project Coordinator
Jill Gathmann -	Project Coordinator
Allen Gray -	Project Coordinator
Robin Hershman -	Project Coordinator

The following is a list of the some 1,200 leaders from the disability community that participated in the Operation People First teleconference calls. Our apologies to anyone we may have inadvertently missed or left out. These leaders have become the core of the President's Committee's ongoing Disability Leaders Network.

OPERATION PEOPLE FIRST TELECONFERENCE PARTICIPANTS

ALABAMA

David Cannon, Executive Director, Mental Health Consumers of Alabama
Barry Cavin, Executive Director, Easter Seal of Alabama
Margaret Coley, Executive Director, United Cerebral Palsy of Alabama
Rueben W. Cook, Director, Alabama Disabilities Advocacy Program, The University of Alabama
Robert Cothren, President, Alabama Council of the Blind
Michael Davis, Executive Director, Independent Living Center of Mobile
Gary Edwards, Director, United Cerebral Palsy of Birmingham
Mary Garrett, President of Alumni, Alabama School of the Blind
Judith M. Gilliam, President, Alabama State Association of the Deaf
Larry Johnson, Assistant Director, Alabama Vocational Rehabilitation
Dan Kessler, Executive Director, Independent Living Center in Birmingham
Lisa Landers, Director, AIDS Action Coalition
Lamona H. Lucas, Vice-Chairman, Governor's Committee, Division of Rehabilitative Services
Ann Nelson-Marshall, Director, Alabama Disabilities Advocacy Program, University of Alabama
Pat Orr, President, Learning Disabilities Association of Alabama

Angeline Pinckard, Executive Director, Governor's Committee on Employment of People with Disabilities
Charles D. Priest, Executive Director, Alabama Head Injury Foundation
Annie Saylor, President, Alabama Alliance of the Mentally Ill
Joel Slack, Director, Department of Mental Health and Mental Retardation, Division of Mental Illness
Gary Tonks, Executive Director, The ARC of Alabama

ALASKA

Albert Berke, Past President, Alaska Association of the Deaf
Don Brandon, Chairman, Governor's Committee on Employment of People with Disabilities
Duane French, Executive Director, Access Alaska Inc.
Mavis Hancock, President, Learning Disabilities Association of Alaska
Yvonne Jacobson, Executive Director, Alaska Alliance for the Mentally Ill
Tim Kruse, Administrative Aide, Governor's Committee on Employment of People with Disabilities
David Maltman, Director, Governor's Council for Handicapped and Gifted
Mary Jane Micheals, Executive Director, The ARC of Alaska
Rodd Moline, Executive Director, REACH
Carolyn Morris, Administrative Coordinator, Governor's Committee on Employment of People with Disabilities
Stan Ridgeway, Staff, Division of Vocational Rehabilitation
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Jerry Shack, Executive Director, ASSETS of Alaska
Rick Tessandore, Executive Director, Advocacy Services for the Disabled

ARIZONA

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Patricia Brown, Executive Director, The ARC of Arizona, Inc.
Jim Bruzewski, Executive Director, Arizona Governor's Committee on Employment of People with Disabilities
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Ruth Druding, Past President, Arizona Council of the Blind
James Goodson, Executive Director, Arizona Association of the Deaf
Randy Howe, Assistant Attorney General, Attorney General's Office
Frank Kells, Past President, Disability Network of Phoenix
Denise LaBrequé, Program Coordinator, Disability Resource Center, Arizona State University West
Sue Lehew, Executive Director, Arizona Easter Seal Society
Richard Mahoney, Secretary of State, Office of the Secretary of State
Frank Maurer, Executive Director, Empowerment Inc.
Donna Noland, Publisher/Editor, National Focus
Steve Palevitz, Staff Attorney, Arizona Center for Law in the Public Interest
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Mike Shea, Director, AFL-CIO COPE
Diane Skay, Director, Governor's Council on Developmental Disabilities
Bob Swing, Consortium Representative
Carol Ulrich, Pueblo RV Resort
Sam Vagenas, Assistant Secretary of State, Office of the Secretary of State
Susan A. Webb, Executive Director, Arizona Bridge to Independent Living

ARKANSAS

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Bonnie Johnson, Executive Director, Arkansas Disabilities Coalition
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Danielle Strickman, TRNER Director, Sources for Community Independent Living
Mary Anne Sullivan, Head Injury Survivor
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CALIFORNIA

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Catherine Baird, Chairperson, Governor's Committee for Employment of People with Disabilities
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Kim Bartlett, Manager, Independent Living Program Access Center
Blain Beckwith, Representative, California ADAPT
Mark Beckwith, Representative, California ADAPT
Jenna Blue, Self Help and Policy Coordinator, California Network of Mental Health Clients
Mike Boyd, Director, American Brain Injury Association
Steven E. Brown, Training Director, RTC/PPIL, World Institute on Disability
Bill Brucker, Disability Consultant
Bill Campagna, ADA Consultant, California Department of Rehabilitation
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Bill Davis, President, California Alliance for the Mentally Ill
Dan Delgado, Chief Executive Officer, Ability Access Incorporated
Chuck Elliot, Mind*Star
Doug Fisher, Representative, Interwork Institute, San Diego State University
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Rick Horn, Representative, United Cerebral Palsy
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COLORADO

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Pat Going, Representative, ADA Technical Assistance Center
Lynn Grosso, Coordinator, Colorado Protection and Advocacy
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Karen Litz, Director, ACL-Foothills Association
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Bryant Moore, President, American Council of the Blind of Colorado
Jane Pemberton, Executive Director, Colorado Head Injury Foundation
Robert Roggow, President, Colorado Association for Persons with Severe Handicaps
Mark Simon, ADA Trainer
Carol Staples, Executive Director, Colorado Alliance for the Mentally Ill
Bill Stricklen, President, Colorado Association of the Deaf
Gary Tober, Director, Hospital Services, Colorado Division of Mental Health
Allen Welch, President, Colorado Head Injury Survivors

CONNECTICUT

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Barbara Britton, President, Connecticut Traumatic Brain Injury Citizens Council
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Peg Dignoti, Executive Director, The ARC of Connecticut
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Kathleen Ryan, Executive Director, Connecticut Traumatic Brain Injury Association
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DELAWARE

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Rosy Cassidy, Executive Director, Easter Seal Society
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FLORIDA

Robert L. Billingslea, Director & CEO, The Walt Disney Company
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GEORGIA

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GUAM

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IDAHO

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ILLINOIS

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Gene Smail, President, Iowa Coalition
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KANSAS

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Jack Markham, President, Positive Action Coalition
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KENTUCKY

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LOUISIANA

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MARYLAND

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MASSACHUSETTS

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MICHIGAN

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MINNESOTA

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MISSISSIPPI

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Neil Fowler, AFL-CIO
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Jim Zipperer, Mississippi Alliance for the Mentally Ill

MISSOURI

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MONTANA

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Gary George, Executive Director, Nebraska AIDS Project
Peg Goeschel, Field Representative, Nebraska Commission for the Hearing Impaired
Margaret Hoffmann, Director, Vocational Rehabilitation

J. Rock Johnson, President, Nebraska Depressive and Manic Depressive Association
Jeanine Martin, President, Learning Disabilities Association, Lincoln Chapter
Gordon L. McDonald, President, Nebraska AFL-CIO
Rose Meiley, Chairperson, Nebraska Developmental Disabilities Council
William Orester, President, American Council for the Blind of Nebraska
Marlene Orton, Vice Chairperson, Governor's Committee on Employment of People with Disabilities
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Jerry Siders, President, Nebraska Association of the Deaf
Marleene Snyder, National CHAD
Dean Vantor, Consultant, Private Rehabilitation Sector
Tom Verkler, President, People First of Nebraska
Nancy Ward, Coordinator, People First of Nebraska
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NEVADA

Jim Boscacci, Chair, Northern Nevada Center for Independent Living
John Butterworth, President, Nevada Technologies, Inc.
John Chambers, Chairman, Governor's Planning Committee on Developmental Disabilities
William Couey, President, Northern Nevada Alliance for the Mentally Ill
Diana Dowling, Director, Reach Out Learning Center
Anthony Farris, Advocate
Merv Flander, Director, Bureau of Service for the Blind
Paul Hagan, Planning Director, Planning Committee on Developmental Disabilities
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Mack Johnson, Advisory Council Representative, Native Americans with Disabilities Campaign
Bernard Kaufman, Chairman, Governor's Committee on Employment of People with Disabilities
David Krause, President, Nevada Council of the Blind
Brian Lahren, Executive Director, Washoe ARC
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Kathleen E. Olson, Executive Director, Governor's Committee on Employment of People with Disabilities
Loralie Schaus, President, Head Injury Association of Nevada
Ronald Ray Smith, Consultant, Complaints Under the ADA
Dick Squires, State Commander, Nevada Disabled American Veterans
Suzanne Thomas, Regional Representative, Governor's Committee on Employment of People with Disabilities
Frank Weinrauch, The ARC of Nevada

NEW HAMPSHIRE

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Michael Jenkins, Executive Director, Governor's Commission on Disability
Mike Malloy, Executive Director, Alliance for the Mentally Ill of New Hampshire
Lee Perselay, Director, Disability Rights Center of New Hampshire

Thomas E. Pryor, Director, New Hampshire Developmental Disabilities Council
Judith Raskin, Parent Information Center
Kathy Reilly, President, Learning Disabilities Association of New Hampshire
Larry Robinson, Co-Executive Director, Granite State Independent Living Foundation
Mathew Sochalski, Advocate
George Tetler, Director, Employment Services
Donna Woodfin, Director, Disability Rights Center
Diane E. Woods, Director, International Exchange of Experts & Information in Rehabilitation Institute on Disability

NEW JERSEY

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Howard Kley, Associate Executive Director, Mental Health Association of New Jersey
Howard Luckeet, Chairman, New Jersey's Governor's Committee
Karen Melzer, President, New Jersey Association for Persons with Severe Handicaps
Jeanne Sanders, President, New Jersey Council of the Blind
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NEW MEXICO

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Linda Tonsing-Gonzales, Advocate
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Sallie Van Curen, Executive Director, Parents Reaching Out to Help
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NEW YORK

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Rena Button, Executive Director, New York State Head Injury Association
Marcel Chaine, Director of Advocacy Services, Commission on Quality of Care

George Ebert, Project Coordinator, Mental Patients Liberation Alliance
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 Susan Finisdore, Rockland Independent Living Center
 Christopher Fortune, Administrative Vice President, Center for the Disabled
 Michael Fox, Executive Director, NYSARF
 Dick Gelman, Director, Consumer Information Network
 John Heimerdinger, President, Jewish Guild for the Blind
 Gwen Hubbard, ADAPT
 Sally Johnston, Vice President, Disabled in Action
 Edward Knight, Program Coordinator, Mental Health Association in New York State
 Rosemary Lamb, Liaison to the President's Committee, State Advocate for the Disabled
 Michael Losow, Director of Government Affairs, National Multiple Sclerosis Society
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 Michael Parker, Executive Director, United Cerebral Palsy of New York State
 Michael Pehuso, Director, New York Client Assistant Program, New York State Commission on Quality of Care
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 Janet Susin, President, Alliance for the Mentally Ill
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 Joel Ziev, Executive Director, New York Society for the Deaf
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NORTH CAROLINA

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 Chester Helms, Director, Programs for Accessible Living
 Terry Ingram, President, People First of North Carolina
 Sherman Lewis, President, North Carolina Council of the Blind
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NORTH DAKOTA

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Betty Sugarman, Program Director, Ohio Easter Seal Society
Anna Ward, AIDS Advocate

OKLAHOMA

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Sharon Tonseth, President, Oklahoma Head Injury Foundation
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OREGON

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 Gelitza Falero, Director, Puerto Rico Epilepsy Foundation
 Gloria Fragoso, President, Asociacion Puertorriquena Por Ciegos Louisa Station
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RHODE ISLAND

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Bob Geller, DRIVE
Sue Hamilton, President, Rhode Island Regional Council of the Blind and Visually Impaired
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Paul Pickens, President, Vocational Resources
Gregory Solas, Advocate
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SOUTH CAROLINA

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Charles McLafferty, Executive Director, South Carolina Head Injury Foundation
Rebecca Miles, Executive Director, Mental Health Association of South Carolina
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SOUTH DAKOTA

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Ben Soukup, President, National Association of the Deaf
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TENNESSEE

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Catherine Fletcher, Program Development Manager, Siskin Hospital
Michael Gibson, Executive Director, TRAC and TRAIL
Jerry Goley, Service Officer, Paralyzed Veterans of America
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TEXAS

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Sherry Hurst, Chair, Lubboch Mayor's Committee
James L. Jackson, Executive Deputy Commissioner, Texas Rehabilitation Commission
David Leiker, Executive Director, Texas Mental Health Consumers
Stella Mullins, Executive Director, Mental Health Association of Texas
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Carolyn Parker, Executive Director, Texas AIDS Network
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Angel Ramos, President, National Hispanic Council of the Deaf and Hard of Hearing
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UTAH

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VERMONT

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VIRGINIA

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WASHINGTON

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Dona Lawrey, Executive Director, People First of Washington

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Tony Screws, Executive Director, Washington State Head Injury Foundation
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WEST VIRGINIA

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Jan Lilly, Huntington Center for Independent Living
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Tom Hlavacek, Director, Wisconsin Coalition for Advocacy
Patrick Irick, Advocate
Dan C. Johnson, Director, Office for Persons with Physical Disabilities, Department of Health and Human Services
Tim Murray, Service Officer, Paralyzed Veterans of America
Jon A. Nelson, Executive Director, The ARC of Wisconsin
Judy Norman-Nunnery, Administrator, Division of Vocational Rehabilitation, Division of Health & Social Services
John Nousaine, Director, North County Independent Living
Jennifer Ondrejka, Executive Director, Alliance for the Mentally Ill of Wisconsin
Dick Pomo, Disabilities Rights Coordinator, Department of Administration
Gus Sorenson, Director, Paralyzed Veterans of America of Wisconsin
Jayn Wittenmyer, Executive Director, Wisconsin Council on Developmental Disabilities

Paul A. Yochum, Executive Director, Governor's Committee on Employment of People with Disabilities

WYOMING

Woody Absber, Program Manager, Governor's Committee on Employment of the Handicapped

Scott Bergey, Executive Director, The ARC of Wyoming

Bob Bricher, Chairman, Cody Mayor's Committee

Barbara Bumgardner, Chair, National Association of the Deaf

Tammy Carney, Chair, National Federation of the Blind of Wyoming

Gary W. Child, Administrator, Wyoming Department of Vocational Rehabilitation

Marion Cotterman, Director, Division of Vocational Rehabilitation

Dennis Fransted, Executive Director, Wyoming Alliance for the Mentally Ill

Jeanne Kawcak-Phobro, Executive Director, Protection and Advocacy System, Inc.

Judi Kluever, Director, Wyoming Easter Seal Society

Darlo Koldenhoven, Program Consultant, Independent Living Center

Leslie Lanham, Executive Director, Wyoming Head Injury Association

Dick Patterson, Chairman, Mayor's Council

Margaret Salisbury, Executive Director, National Multiple Sclerosis Society, Wyoming Chapter

Dan Shatto, ADA Coordinator, Town of Lander Wyoming

Carolyn B. Simkins, Director, Wyoming Polio Survivors Network

MAR 25 REC'D

14625 Dodie Terrace
Darnestown, MD 20878
March 25, 1994

The Honorable Tony Coelho, Chairman
~~The President's Committee on Employment of~~
~~People with Disabilities~~
c/o 763 Battery Place
Alexandria, VA 22314

file

Dear Chairman Coelho:

It is with deep regret that I inform you that the representatives of the veteran service organizations (VSOs), who are members of the Committee On Disabled Veterans (CODV), have elected not to participate in the meeting with the Secretary of Labor on April 13, 1994. The reasons for our decision are as follows.

Traditionally, CODV has met, when appropriate, with the secretaries of various cabinet level agencies to share our concerns and to explore ways of working together to promote employment and training opportunities for disabled veterans. In January we met with the Secretary of Veterans Affairs, Jesse Brown, and key members of his staff.

One of the objectives included in CODV's FY 1994 work plan reads (in part) as follows:

Public Policy. CODV will continue to pursue public policy questions regarding the employment of disabled veterans by meeting with Federal agency officials.

Another portion states that the one of CODV's strategic plan priorities will be to, "Educate and support the new Administration on disability employment issues and policy." I must point out that these objectives, as well as the others contained in CODV's current work plan, were reviewed and approved by the Executive Committee of the President's Committee.

Several months ago, the Clinton Administration introduced a proposal that called for the elimination of the Department of Labor's (DoL's) Office of the Assistant Secretary of Veterans Employment and Training. Under that proposal, responsibility for all veterans' employment and training programs would have been transferred to the agency's Employment and Training Administration.

Because the members of CODV believed that implementation of that proposal would have had a very

negative impact on DoL's ability to provide quality employment services to disabled veterans, we felt it was imperative that CODV meet with Secretary Reich as soon as possible.

On September 15, 1993, several VSO representatives met with the executive director of the President's Committee to discuss implementation of CODV's FY 1994 work plan. During that meeting the executive director forbade CODV from seeking a meeting with Secretary Reich. The reason for his decision was because he wanted to include representatives from all of the standing committees in any meetings with the secretary. When we took exception with his decision, the executive director told us that the conversation was closed.

In reviewing the proposed agenda for the April 13th meeting with Secretary Reich, we note that with the exception of Disabled Transition Assistance Program (DTAP), all of CODV's other concerns have been completely ignored.

As the VSOs understand the operation of the President's Committee, policy is set by the individual standing committees and that that policy is subject to the approval of the Executive Committee. Because our work plan has been approved, we believe that CODV should be allowed to pursue its objectives.

As a result of the executive director's dictate, it is now more than six months later and CODV still is not allowed to meet with the secretary to discuss the very serious questions we have about DoL's future roll in providing employment services to disabled veterans. As veterans' advocates, we find this situation to be totally intolerable!

It is also our understanding that as a paid employee of the President's Committee, the executive director's role is not to dictate policy, but rather, to provide the standing committees with whatever support, guidance and administrative assistance they might need to accomplish their work plan objectives.

If our beliefs about the role of the executive director are incorrect, I want to know. If we are incorrect then we will reconsider our continued affiliation with the President's Committee. Let me be very clear about this: If the VSOs cannot continue our advocacy for this country's 2.2 million disabled veterans through our work with the President's Committee, then we will find a more appropriate venue for meeting our mission.

In closing, I would like to point out that CODV is the oldest and most active of the standing committees. In

fact, the President's Committee is an outgrowth of the committee that was established by President Truman to serve the employment needs of disabled World War II veterans. We are extremely proud of our past accomplishments and we look forward to continuing our role as one of this country's leading advocates for the disabled.

Chairman Coelho, I wish that this letter had not been necessary. If you would like to meet with us to discuss this matter, and our other grievances with the executive director, we will be happy to make ourselves available to you.

We look forward to a prompt response.

Sincerely,



Emil W. Naschinski, Chairman
Committee On Disabled Veterans



The Deputy Secretary of
Veterans Affairs
Washington DC 20420

3-25-94

Carol - Please see the
attached. I did not know
who should get this but I
know you do.

We should address this issue
quickly. We must not let this
Veterans group withdraw from
Committee. It will be bad
politically & we will receive
much negative media.

Hershel

Put in folder
for me to
check in w/
Stan 4/4.

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY



CAROL H. RASCO
Assistant to the President for Domestic Policy

To: Stan

Draft response for POTUS
and forward to CHR by: _____

Draft response for CHR by: _____

Please reply directly to the writer
(copy to CHR) by: _____

Please advise by: _____

Let's discuss: on 3/28/94 3/28 I sent him Email.

For your information: _____

Reply using form code: _____

File: _____

Send copy to (original to CHR): _____

Schedule ? : Accept Pending Regret

Designee to attend: _____

Remarks: This is Hershel Grober (originally
from Arkansas). Please me on
Monday to discuss the attached.

JUN 27 1995

TO: Carol H. Rasco

FROM: Jean Martin (for Diana Fortuna)

file ← SUBJECT: COMMENTS ON PROPOSED EXECUTIVE ORDER ENTITLED "THE PRESIDENT'S COMMITTEE ON EMPLOYMENT OF PEOPLE WITH DISABILITIES"

DATE: June 19, 1995

You had asked us to follow up with OMB regarding the proposed Executive Order to reorganize the President's Committee on Employment of People with Disabilities.

OMB indicated that they feel the draft order is problematic in two areas:

1) Section 1.(c): calls for the President to create an independent federal agency. However, it is against the law for the President to create an independent federal agency by Executive Order; creation of an independent federal agency must involve both Congress and the President.

2) The changes result in a substantial expansion of the role and responsibilities of the committee that may infringe on other agencies' authority.

On this second point, OMB was not able to explain their specific concerns, but will send us a draft with suggested changes as soon as possible and before it is circulated.

ATTACHMENTS

Memo from Robert Damus and
Draft of Proposed Executive Order



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

April 17, 1995

MEMORANDUM FOR DESIGNATED AGENCY HEADS
(SEE ATTACHED DISTRIBUTION LIST)

FROM: Robert G. Damus *RGD*
General Counsel

SUBJECT: Proposed Executive Order Entitled "The President's
Committee on Employment of People with
Disabilities"

Attached is a proposed Executive order entitled "The
President's Committee on Employment of People with Disabilities."

It was prepared by the President's Committee on Employment
of People with Disabilities, in accordance with the provisions of
Executive Order No. 11030, as amended.

On behalf of the Director of the Office of Management and
Budget, I would appreciate receiving any comments you may have
concerning this proposal. If you have any comments or
objections, they should be received no later than close of
business Thursday, April 26, 1995. Please be advised that
agencies that do not respond by the April 26, 1995 deadline will
be recorded as not objecting to the proposal.

Comments or inquiries may be submitted by telephone to Mr.
Mac Reed of this office (Phone: 395-3563; Fax: 395-7294).

Thank you.

Attachments - Distribution List
Proposed Executive Order

cc: Alice Rivlin
Bob Litan
Gordon Adams
T.J. Glauthier
Joe Minarik
Ken Apfel
Nancy-Ann Min
Sally Katzen
Steve Kelman
Bill Halter

*Diana - Eee-gad!
This has just
appeared in my
box... if I got a
duplicate of it back
in April I would
have sent to you but
I can't imagine why
I would have
gotten a dup.*

*Can you see
what
happened
to this?
Tony
Cuehlo
mentioned
this
concept
to me months
ago but I
had heard
nothing further.
Thanks,
CR*

DISTRIBUTION LIST

Honorable Janet Reno
United States Attorney General

Honorable Robert Reich
Secretary
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Honorable Jesse Brown
Secretary
Department of Veterans Affairs

Honorable Carol Rasco
Assistant to the President for
Domestic Policy

Honorable Abner Mikva
Counsel to the President

Honorable John Podesta
Assistant to the President
and Staff Secretary

Honorable Jack Quinn
Chief of Staff to the Vice President

FINAL DRAFT- suggested technical changes.

Copy in (BOLD) is suggested new copy.

Copy in ~~strikeout~~ is current copy to be deleted.

Title 3 Executive Order ~~12640~~ of ~~May 10, 1988~~

The President The President's Committee on Employment of People With Disabilities

By virtue of the authority vested in me as President by the Constitution and laws of the United States of America, and in order to provide for the carrying out of the provisions of the Joint Resolution approved July 11, 1949, ch. 302, 63 Stat. 409, as amended, ~~and~~ the provisions of the Rehabilitation Act of 1973, P.L. 93-112, Section 501 (a)-(f), as amended, ~~(and the Americans with Disabilities Act, P.L. 101-336, section 506,)~~ it is ordered as follows:

Section 1. Establishment and Composition of the President's Committee.

(a) There is hereby established the President's Committee on Employment of People with Disabilities (hereinafter referred to as the Committee or as the President's Committee).

(b) The Committee shall be composed of a Chairman and not more than ~~(six) four~~ Vice Chairmen(s), who shall be appointed by and serve at the pleasure of the President, and of so many other members ~~(from both the federal and private sectors)~~ as may be appointed thereto from time to time by the ~~(President or)~~

Chairman of the President's Committee from among persons (including representatives of organizations) who can contribute to the achievement of the objectives of the Committee. (In addition to the Chair and six Vice Chairs, the President shall appoint the federal agency heads listed in Section 4 (a), and may choose to appoint individual members. The Chair of the Committee appoints all other members.) Members appointed by the Chairman shall be appointed for a term of 3 years and may be reappointed. The Chairman of the President's Committee may at any time terminate the service of any member of the President's Committee, except any member appointed by the President.

~~(c) The Chairman of the President's Committee, upon the advice of the Executive Committee (Board) (hereinafter provided for), may designate as, or invite to be, associate members of the President's Committee any heads of Federal departments or agencies that have responsibility for training and rehabilitation services or advocate activities touching the field of interest of the Committee or that are leading employers of individuals with disabilities.~~

(c) (The President's Committee is an independent federal agency, under the authority of the Domestic Policy Office of the White House.)

(d) (The membership of the President's Committee consists of the Chair of the Committee, its six Vice Chairs, the appointed

members of the Executive Board, provided for in Section 4 (a), the appointed members of the Committee's subcommittees and the Chairs and Executive Directors of the state committees who are in affiliation with the President's Committee. The purpose of membership is to involve representatives from the public and private sector in activities which advance the agency's mission. Members are expected to increase the employment of people with disabilities; to advance training and retraining workers with disabilities; to help empower individuals with disabilities to actively pursue their employment responsibilities; to help educate or teach others about the employment of people with disabilities and the objectives of this Committee; to share information which will assist others towards these objectives; to assist in the dissemination of the Committee's technical assistance information; and to continually learn more about the employment challenges facing individuals with disabilities.

(e) Representatives of business, industry, labor, private organizations, public agencies, other concerned organizations, and individuals with disabilities who are not members may be invited to attend meetings of the Committee. All Committee meetings are open to the public.)

Sec. 2. Functions (Mission) of the Committee. (The President's Committee represents the President, and therefore the people of the United States. Enabling all Americans with disabilities to

enter and remain in the work force will dramatically increase the productivity, the prosperity and the quality of life of the Nation. This can only be accomplished through strong partnerships at the national and state levels and in every community. Thus, the mission of the President's Committee is to facilitate the communication, coordination and promotion of public and private efforts to empower Americans with disabilities through employment.)

Sec. 3 Functions of the Committee. (The President's Committee shall advance the employment of people with either physical or mental disabilities. To this end,) the President's Committee shall provide (technical assistance,) advice and information (and help to enhance the federal role in) the development of employment opportunities for people who (have disabilities.)—~~are physically disabled,~~ (The President's Committee shall engage in an active program designed to inform employers, organized labor, education and training professionals, people with disabilities and others on ways to ensure equal employment opportunities for persons with disabilities. The Committee shall review and advise the federal government on its role and responsibilities towards the employment of people with disabilities.) These efforts shall complement the implementation of Title 5, of the Rehab Act of 1973, and Title I of the Americans with Disabilities Act and other relevant legislation supporting the employment of people with disabilities and shall promote the disability related

employment policies of the President of the United States.)
~~mentally retarded, and mentally ill. To this end (As a result of~~
~~the Committee's efforts,)~~ the Committee ~~shall~~ (may) advise the
 President and the Congress as to information, (issues and
 programs) that can be used by employers, labor unions and
 national and international organizations, suggest programs for
 public education, and suggest methods of enlisting cooperation
 among organizations and agencies, Federal, State, and local
 officials, Governors' and local Committees on Employment of
 People with Disabilities, professional organizations, organized
 labor, and appropriate international organizations. In carrying
 out these functions vested in it by the Rehabilitation Act, as
 amended, (and the Americans with Disabilities Act) the Committee
~~shall be guided by the general policies of the National Council~~
~~on Handicapped and shall work closely with the Department of~~
~~Labor, the Department of Education, the Department of Health and~~
~~Human Services, the Veterans' Administration~~ affiliated State
 committees, State employment security agencies, State vocational
 rehabilitation agencies and other State level agencies and
 partners.

Sec. 4. Executive Committee (Board).

(a) There is hereby established the Executive Committee (Board)
 of the President's Committee on Employment of People with
 Disabilities. The Executive Committee (Board) shall be composed
 of the Chairman of the President's Committee, who shall also be

the Chairman of the Executive ~~Committee~~ (Board), the six Vice Chairman(s) of the President's Committee, and so many additional members as will provide an Executive ~~Committee~~ (Board) of not less than 15 and not more than 30 public members. The said additional members shall be appointed for a term of 3 years by the Chairman of the President's Committee from among the members of the President's Committee or ~~otherwise~~ (elsewhere). (In addition, the agency heads of the Department of Justice, Equal Employment Opportunity Commission, National Council on Disability, Social Security Administration, Department of Labor, Department of Education, Department of Health and Human Services, the Department of Veterans Affairs and the Office of Personnel Management shall hold membership on the Executive Board. The heads of these agencies shall appoint a high level alternate to represent them in the meetings and work of the Executive Board and Committee. These alternates shall be executive level IV (SES-4) or higher.) The Chairman of the President's Committee may at any time terminate the service of any public member of the Executive ~~Committee~~ (Board). (The Federal members on the Executive Board may serve as long as they remain in office, or when no longer in office, as appointed by the Chair of the Committee.)

(b) The Executive ~~Committee~~ (Board) shall advise and assist the Chairman of the President's Committee in the conduct of the business of the President's Committee and, as authorized by the

President's Committee or the Chairman thereof (with due regard for the responsibilities of other Federal agencies), (review and recommend to the Chair the priorities and projects of the Committee which both embrace the mission of the Committee and involve the talents of the membership in specific activities or programs. In pursuit of these initiatives, the Executive Board) shall study the ~~problems~~ barriers facing people with disabilities in obtaining and retaining suitable employment, invite authorities in the various professional, technical, and other pertinent fields to advise it in the exploration of those problems, and review (the effectiveness of various) plans and projects for advocating the employment of people with disabilities.

~~Sec. 4. Advisory Council. There is hereby established the Advisory Council on Employment of People with Disabilities, which shall advise the President's Committee with respect to the responsibilities of the Committee. The Council shall be composed of the Chairman of the President's Committee, who shall also be the Chairman of the Council, and of the following named officers, or their respective alternates: Secretary of State, Secretary of the Treasury, Secretary of Defense, The Attorney General, Secretary of the Interior, Secretary of Agriculture, Secretary of Commerce, Secretary of Labor, Secretary of Health and Human Services, Secretary of Housing and Urban Development, Secretary of Transportation, (Secretary of Energy,) Secretary of Education,~~

~~(Secretary of Veterans' Affairs,) Chairman, Equal Employment Opportunity Commission, Administrator of General Services, Director, Office of Personnel Management, Director, United States Information Agency, Administrator of Veterans' Affairs, the Postmaster General, (and the Chairperson of the National Council on Disability.)~~

Sec. 5. Administrative and Incidental Matters.

(a) The President's Committee, (and) the Executive Committee (Board), and the Advisory Council shall each meet on call of the Chairman of the President's Committee at a time and place designated by the Chairman. In the case of the President's Committee, and the Executive Committee (Board), the Chairman shall call at least one meeting and two meetings, respectively, to be held during each calendar year.

(b) In the absence of designation by the President, the Chairman of the President's Committee may from time to time designate a Vice Chairman of the President's Committee to be one or more of the following-named in the absence of the Chairman: Acting Chairman of the President's Committee, (and) Acting Chairman of the Executive Committee (Board). and Acting Chairman of the Advisory Council. The Chairman of the President's Committee shall from time to time assign other duties to the Vice Chairmen(s) thereof.

(c) The Chairman of the President's Committee shall on behalf of the President direct the President's Committee and its functions.

(d) The Chairman may from time to time prescribe such necessary rules, procedures, and policies relating to the President's Committee, and the Executive ~~Committee~~ (Board), ~~and the Advisory Council,~~ and to their affairs, as are not inconsistent with law or with the provisions of this Order.

(e) The Vice Chairmen(s) shall advise and counsel the Committee and shall represent the Committee on appropriate occasions.

(f) All members (including the Chairman and Vice Chairmen(s)) of the President's Committee, and the Executive ~~Committee~~ (Board), ~~and the Advisory Council~~ shall serve without compensation. The Chairman and the Vice Chairmen(s) of the President's Committee may receive transportation and per diem allowances as authorized by law for persons serving without compensation. Persons with disabilities serving as Chairman or Vice Chairmen(s) may be compensated for attendant expenses, consistent with government procedures and practices.

(g) The President's Committee is an independent federal agency. Employees of the President's Committee shall be appointed (or hired,) subject to law, and shall be directed by the Chairman of the Committee. To such extent as may be mutually arranged by the

Chairman of the Committee and the Secretary of Labor, employees of the Committee shall be subject to the administrative rules, regulations and procedures of the Department of Labor.

(h) The Department of Labor is requested to make available to the President's Committee necessary office space and to furnish the Committee, under such arrangements respecting financing as may be appropriate, necessary equipment, supplies, and services. The estimates of appropriations for the operations of the Committee shall be included within the framework of the appropriations structure of the Department of Labor, in such manner as the Director of the Office of Management and Budget may prescribe.

Chairman of the Committee, in cooperation with the Assistant Secretary for Administration and Management of the Department of Labor, shall be responsible for the preparation and justification of the estimates of appropriations for the Committee.

~~Sec. 6. Reporting. The President's Committee shall report annually to the President, who may apprise the Congress, and other interested organizations and individuals on the progress and problems of maximizing employment opportunities for people with disabilities.~~

Sec. 7 (6). Prior Orders; Transition.

(a) To the extent that this Order is inconsistent with any provision of any prior order, or with any provisions of any

regulation or other measure or disposition, heretofore issued, made, or taken by the President or by any other officer of the Executive branch of the Government, this Order shall control Executive Order No. ~~11480~~ (12640) of ~~September 9, 1969~~, as ~~amended~~, (May 10, 1988) is hereby superseded.

(b) Without further action by the President or the Chairman of the Committee, all members, employees, records, property, funds, and pending business of the President's Committee on Employment of ~~the Handicapped~~ (People with Disabilities) provided for in Executive order No. ~~11480~~ (12640) of (May 10, 1988) ~~September 9, 1969~~, as ~~amended~~, shall on the date of this Order become members, employees, records, property, funds, and pending business of the Committee established by this Order.

(c) The tenure of persons as members of the Committee in pursuance of the provisions of Section 7(b) of this Order, (i), in the case of persons appointed to the predecessor Committee by the President, shall be at the pleasure of the President, and (ii), in the case of other members, shall be for periods equal to their respective unexpired terms under Executive order No. ~~11480~~ (12640) as amended, but shall also be subject to the provisions of the last sentence of Section 1(b) of this Order.

THE WHITE HOUSE

~~(RONALD REAGAN'S SIGNATURE)~~

~~May 10, 1988~~

cc Carol Fleming - Bill Diana

The Disabilities Act's Parade of Absurdities

By JAMES BOVARD

Gilbert Casellas, chairman of the Equal Employment Opportunity Commission, declared last month that most of the tens of thousands of lawsuits and complaints filed under the Americans With Disabilities Act have merit. The EEOC, the lead federal agency in setting ADA policy, is desperately trying to shore up the law's public image. Unfortunately, the act is producing even more absurd results than most Washington policy makers realize.

• Dwayne "Fishbone" Richardson, a 410-pound Bronx subway cleaner, is suing the New York City Transit Authority for refusing to promote him to a subway train operator. The Transit Authority stated that an operator has to be able to climb under a stalled train to make minor adjustments, among other duties. And with his 60-inch waistline, the Transit Authority doubted Mr. Richardson's ability to fit the niche.

• Last month, the city of Bellevue, Wash., threatened to levy a \$4,500 fine on Papagayo's, a strip club, because it did not have a wheelchair lift attached to the stage for performers. An exasperated representative of the company that hires the strippers condemned the government policy: "It's just asinine. If you can't dance, why should you even be on stage?" (A similar ADA complaint last year shut down a shower stall on the stage of the Odd Ball Cabaret, a Los Angeles strip club.)

• A motorist who was ticketed by a Topeka, Kan., police officer for not wearing a seat belt claimed that he could not wear the belt because of his claustrophobia and sued the city for violating the ADA.

• A deaf woman in Santa Monica, Calif., sued Burger King, claiming that its drive-through windows illegally discriminated against deaf people. Burger King settled the lawsuit by agreeing to install visual electronic ordering devices at 10 restaurants.

• Aryeh Motzkin, a 60-year-old philosophy professor, is suing Boston University after he was fired for allegedly sexually assaulting a female professor and for sexually harassing three students. Mr. Motzkin denies the charges but claims the tranquilizers and antidepressants he was taking "loosened his inhibitions." Mr. Motzkin sued BU for violating the ADA, claiming that he is mentally handicapped. The Boston Globe reported on April 4, "Once students complained about his behavior, Motzkin alleges, the university was aware of his handicap and had an obligation to help him deal with it."

• Jon Westling, president-elect of Boston University, commented last month that ADA lawsuits and threats have resulted in demands "to keep learning disabled philosophy students safe from the perplexities of Aristotle, to accommodate foreign-language majors who have foreign-language phobias, and to comfort physics students who suffer from dyscalculia, which is, of course, the particular learning disablement that prevents one from learning math." One Tufts University student invoked the ADA to claim that the university was obliged to "accommodate" her aversion to taking tests.

• A government clerk in Howard County, Md., was fired after repeated rude outbursts and loud denunciations of her supervisors. She claimed in a lawsuit last year that the firing violated her civil rights because she was a manic depressive and

her narcolepsy. The woman was routinely late for work, and sought permission to continue arriving late because of her "disability." Numerous "chronic lateness syndrome" disability complaints have been filed across the country.

• A group of older female Delta Airlines flight attendants sued the airline this April claiming that the company's weight restrictions illegally discriminated against them. The Equal Employment Opportunity Commission issued a determination last December that the airline's policy was biased against female flight attendants. The EEOC did not explain how women "of a certain size" could slide around a drinks cart in scandalously narrow airplane aisles.

• A guidance counselor at Stafford High School in Hartford, Conn., sued under the ADA after he was fired following his arrest for cocaine possession. The counselor's lawyer said that since his client's cocaine dependence was a disability, the school

discriminated against him, the Hartford Courant reported. What better role model for teenagers than a guidance counselor with experienced nostrils?

• A man who had repeatedly been hospitalized for heart failure and who had a serious risk of losing consciousness from his uncontrolled diabetes invoked the ADA to sue Frederick County, Md., for refusing to retain him as a bus driver. (He was discharged after failing federal and state health examinations required for commercial bus drivers.) A federal appeals court spikled the ex-bus driver's suit on March 29, concluding that the driver would be a risk to himself, his passengers, pedestrians and other motorists.

The ADA, with its "accommodate almost everything" mandate, can pose threats to nondisabled workers. Crain's Chicago Business reported the following case last year: "A factory crane operator was diagnosed with bipolar personality

disorder (also called manic depression). He took lithium to control it, and had never exhibited any aberrant behavior on the job. Still, co-workers feared that a manic episode would occur while he was operating the crane, resulting in serious injury to others. . . . However, in this case, the crane operator was protected by the ADA because of his excellent track record on lithium." But a crane operator who forgets his medicine can do far more damage with a 500-pound wrecking ball than a government file clerk with the same condition who goes over the edge and shreds a memo.

Some judges are beginning to lose patience with bogus ADA suits. On March 8, federal Judge Samuel Kent denounced an ADA suit as "a blatant attempt to extort money" after a man who, eight days earlier, had been awarded damages for permanent disability status from the Santa Fe Railroad sued the railroad for refusing to rehire him because of his disability. The judge condemned the suit as "either blatantly fraudulent or utterly ridiculous."

Unfortunately, the ADA parade of absurdities practically promises to get worse. This March, the EEOC issued a ruling expanding the definition of mental disability to include an inability to perform functions such as "thinking, concentrating, and interacting with other people." Under this definition, perhaps a third of the members of the House of Representatives now qualify as disabled.

Mr. Bovard is the author of "Shakedown: How Government Screws You From A to Z," due out from Viking Penguin in September. This article is adapted from the current issue of the American Spectator.

A Rye Look at ADA

By MAX BOOT

If the editing on this page seems a little sloppy after today, blame the Americans With Disabilities Act.

Well, OK, maybe that's an exaggeration—but only a slight one. Consider this:

Every morning, I take a train from my residence in suburban Westchester County to Grand Central Station, where I catch the subway to the Journal's office in downtown New York City. The commuter trains are run by the Metro-North Commuter Railroad Co., a state-funded agency that faced a crippling strike as soon as 12:01 a.m. today (though it appeared at press time that any labor action would be postponed until mid-July). If the

been busy sawing and welding and hammering for months to construct an ADA-mandated overpass complete with elevator. Estimated cost: \$7 million. Never mind that another overpass already sits a few hundred feet away, or that handicapped people can reach either side of the station without using any overpass at all. ADA isn't logical, but it is the law.

Similar work is under way at 12 other Metro-North stations in New York and 12 in Connecticut. All have to be made accessible for the "mobility impaired," "vision impaired," and "hearing impaired." "Many of these stations are already wheelchair accessible, but not to ADA specifications," says Klin Smith, who

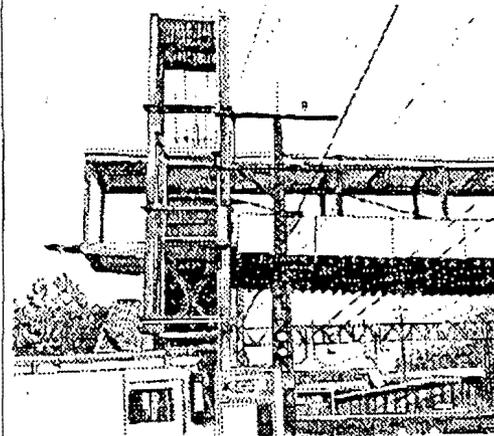
runs Metro-North's compliance program. "ADA has very specific requirements for elevator widths, railings and stair treads."

At the New Rochelle, N.Y., station, Metro-North is spending \$3.5 million to build ADA facilities, even though they will all have to be torn down and redone in a few years when Amtrak expands its operations at the station.

Other railroads across the country face similar problems—and unlike Metro-North many of them have stagnant or declining riderships, so they have even less revenue to finance improvements. And of

course ADA's reach doesn't stop with railroads. Its burden falls on every City Hall in America. The National Association of Counties estimates that county governments alone will be forced to spend almost \$3 billion by 1998 to comply with ADA mandates.

We all have sympathy for the disabled, but this weary commuter is forced to ask: Why don't Ted Kennedy and George Bush pay for the cost of complying with ADA mandates? It's because of them that ADA became law. If these blue-blood millionaires feel so strongly about helping the handicapped, perhaps they should whip out their own wallets to revamp Metro-North stations. The railroad has other, more pressing priorities. Like hiring



A bridge too far

unions walk out, I—along with 106,999 other commuters—will find it difficult, if not impossible, to get to work on time. I hope I'm not flattering myself too much to think that my absence will somehow be felt on this page. Maybe a few commas will be misplaced, at least.

Ah, but where does the ADA come in? Glad you asked.

The primary reason the unions are determined to strike is that they want a bigger pay raise than Metro-North is willing to give—roughly 10%. Metro-North officials protest that, in a year of federal and state budget cutting, they can't afford to give that much. But maybe they could afford it, if they weren't forced to spend \$45 million—or almost 10% of their annual budget—

of all its inherent stress.
• A Madison, Wis., telephone operator
sued her employer in April after it refused
to provide reasonable accommodation for

just one expenditure that's totally be-
yond their control. You guessed it: the
Americans With Disabilities Act.
At my station, Rye, N.Y., workers have
during a strike.
*Mr. Boot is assistant features editor of
the Journal editorial page.*

Wall Street Journal
6/22/95

THE WHITE HOUSE
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO
Assistant to the President for Domestic Policy

To: _____

Draft response for POTUS
and forward to CHR by: _____

Draft response for CHR by: _____

Please reply directly to the writer
(copy to CHR) by: _____

Please advise by: _____

Let's discuss: _____

For your information: _____

Reply using form code: _____

File: _____

Send copy to (original to CHR): _____

Schedule ? : Accept Pending Regret

Designee to attend: _____

Remarks: _____

Dina Dorich
P C E P D
1331 B St NW

Suite 300

WDC 20004
(sent final speech 10/13)

I realize it is a
long time away
but Tony has said
I ~~will~~ will do it! We do

not ask these folks
to pay.

Dina Dorich
PC EPD
1331 B St NW

Suite 300

WDC 20004
(sent final speech 10/13)



AUG 26 REC'D

President's Committee on Employment
of People with Disabilities

August 22, 1994

Ms. Carol Rasco
Assistant to the President for Domestic Policy
The White House
Washington, DC 20500

Dear Ms. ~~Rasco~~, *Carol* -

It is an honor for me to invite you to represent the Administration as a keynote speaker at the plenary session of the 48th Annual National Conference of the President's Committee on Employment of People with Disabilities, on May 19, 1995 at the Oregon Convention Center in Portland, Oregon. *(17, Wednesday)*

The President's Committee's Annual Conference is the largest meeting in the nation on issues related to the employment and empowerment of people with disabilities, attracting over 3,000 attendees last year. Representatives of business, labor, government and education will gather with disability rights leaders, veterans' organizations and rehabilitation professionals to discuss the full range of subjects that impact employment opportunities for people with disabilities, including the implementation of the Americans with Disabilities Act (ADA), job creation, training and education, health care, personal assistance and other independent living services, technology and telecommunications, and economic policy.

The strong commitment of the Administration to supporting real civil rights for people with disabilities is reflected in your own staunch dedication to this vital issue. Our Conference attendees would be eager to hear you outline and discuss the challenges of a national disability policy for the future. The approximate length of your remarks would be 25 minutes.

correct date according to Betty Friedman Conf, Co-ord. 9/1/94 phone call PV

3rd Fl.

I hope you can accept this invitation to be with us and to demonstrate President Clinton's conviction that, in his words, "We do not have a single person to waste." Please confirm your availability by November 1, 1994 so that we can include this information in our Conference materials. I look forward to a favorable reply.

Sincerely,



Tony Coelho
Chairman

As per our conversation
there are 4000 who attend
- I really want you there
so I can introduce you

TC:bk