

AMERICAN REHABILITATION



“It’s not what
you have lost
that matters,
but what you
have left that
counts.” —
Mary E. Switzer

CELEBRATING 90 YEARS: CREATING OUR VISION FOR 2020

SPECIAL EDITION — SUMMER 2010

Celebrating 90 Years: Creating Our Vision for 2020

Dear Colleagues:

Welcome to this Special Edition of *American Rehabilitation*. “Celebrating 90 Years: Creating Our Vision for 2020” is a collaborative publication that celebrates the public vocational rehabilitation program from the perspectives of the many different partners that have contributed to our enduring success. Central to this celebration is the opportunity to honor the legacy of Mary E. Switzer.

2010 is a key milestone for three historic federal legislative actions: It marks the 20th Anniversary of the *ADA (Americans with Disabilities Act)*, the 25th Anniversary of *IDEA (Individuals with Disabilities Education Act)* and the 90th Anniversary of the *Smith-Fess Act* – considered the starting point of the public vocational rehabilitation program. It is an excellent time to reflect on and honor the partnerships that have created the public vocational rehabilitation program and look ahead to 2020.

Today, the public vocational rehabilitation program serves approximately 1,000,000 individuals a year through a system of individually provided, comprehensive services with an ever growing network of partners at the local, state, regional and national level. Our focus continues to be on assisting individuals with significant disabilities to maximize their potential and reach their vocational and independent living goals. Through the partnerships reflected in this Special Edition of *American Rehabilitation*, we want to assure that, by 2020, individuals with significant disabilities are truly an integral part of America’s global competitiveness.

The partners that have contributed to this publication:

- CSAVR: Council of State Administrators of Vocational Rehabilitation
- NRA: National Rehabilitation Association
- CANAR: Consortium of Administrators of Native American Rehabilitation
- NCSRC: National Consortium of State Rehabilitation Councils
- NCIL: National Council on Independent Living
- NIDRR: National Institute on Disability Rehabilitation and Research and DBTAC: Disability and Business Technical Assistance Centers



As a 2001 Switzer Scholar through the National Rehabilitation Association, I am honored to provide this introduction to our collaborative Special Edition of *American Rehabilitation*. Many thanks to our colleagues in the Council of State Administrators of Vocational Rehabilitation (CSAVR) and the National Rehabilitation Association for helping to disseminate this publication.

Lynnae M. Rutledge, Commissioner
Rehabilitation Services Administration
Summer, 2010

AMERICAN REHABILITATION

Special Edition

The weakest link is better than the strongest memory

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National Rehabilitation Association: Beverlee Stafford, Executive Director; Patricia Leahy, Government Affairs Director; Bonnie Hawley, 2010 President; Tom Wilson, President-Elect

Mary Elizabeth Switzer:

Personal Reflections on the Great Lady of Vocational Rehabilitation

Ralph N. Pacinelli, D.Ed., CRC, LPC.

I am convinced that there would be no public vocational rehabilitation program today without the vision, persistence and unparalleled leadership of Mary Elizabeth Switzer. She guided the program from the federal office for 17 consecutive years, 1950 to 1967, that brought expansion and development in matters of legal authority, programmatic coverage, and fiscal stability. So dramatic and influential was her leadership that in one year, due to the landmark amendments of 1965, the program tripled in size from \$100 million to \$300 million. We literally left the HEW North Building one evening and returned to work the next morning to learn that during the night the Congress gave us new authorities (many dealing with rehabilitation facilities) and shortly thereafter the funds to implement them.

My personal connection to Miss Switzer occurred at three distinct points in my over 50 years in vocational rehabilitation. I first met her in the early 1960's during the annual spring meeting of the Institute on Rehabilitation Services (IRS) where I served as a study group member from the Pennsylvania Bureau of Vocational Rehabilitation. By then she had crafted the 1954 amendments to the *Rehabilitation Act* that brought the research and training grant authorities into the program and little did we know that she was working on the expansive 1965 amendments.

What I remember most about those early years is the charismatic quality that you felt when she entered the room. You felt that you were in the presence of rehabilitation and humanitarian greatness. She was so gracious, so approachable, so engaging. Of course, she was well educated, well traveled, and her focus was

on you and what you were doing toward creating a more inclusive and effective program for eligible individuals with disabilities. She was a powerful speaker and her Boston accent commanded your attention to every word, thought and idea.

It was through IRS (now IRI) that led to my second upfront and personal meeting with Miss Switzer. I was recruited by federal staff to join the central office and among other duties to become the coordinator of IRS. In those days the vetting process was quite extensive and took a long time, with the last challenge being the interview with Miss Switzer. I found her to be relaxed, easy to talk with, and very much interested in what I had done in vocational rehabilitation up to that point. The staff joked with me later that "she must have liked your clothes, the way you part your hair and the cigarettes you smoke because you passed her test and are soon to be one of us."

In my years with the extraordinarily knowledgeable and talented Switzer team I learned a lot about the foundations of VR, including the near catastrophe in 1924 when the program was almost lost and her involvement with the program long before she became director of the Office of Vocational Rehabilitation (OVR) in 1950. From her position in the Public Health Service she was influential in the 1943 amendments to the *Rehabilitation Act* bringing federal financial support for the first time in history to the provision of medical services to eligible VR clients. She was closely watched by the skeptical American Medical Association.

All of the staff learned about tip-sheets. This was the mechanism used

by Miss Switzer to prepare for countless speeches she gave each year. We followed a standard format to assemble and organize topical material, always amply punctuated with effective practices (it was the thing to do even then) and always with information about the local area she was visiting. With that material, she crafted her own speech. We became expert in tip-sheet preparation and she was simply the best in delivering a speech.

Miss Switzer was brilliant in consensus and coalition-building. When she came to OVR in 1950 she found considerable strain between the state VR directors and the federal office. In the Public Health Service she learned the value of a strong state-federal partnership built on mutual respect, trust and confidence. She brought this to OVR and began immediately to convene in Washington and use the state directors as her principal advisors. They would meet in the prestigious Snow Room near the Office of the Secretary, U.S. Department of Health, Education, and Welfare, in the HEW North Building. This group

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evolved into the Administrative Practices and Supervisory Division of the National Rehabilitation Association (NRA), and later the state VR directors chartered their own organization — the Council of State Administrators of Vocational Rehabilitation (CSAVR). Few are aware today that in the Switzer era federal staff was assigned to support the working committees of the state directors' organization. We prepared meeting notices, convened teleconferences and recorded the minutes for distribution by the chairperson. Sometimes Miss Switzer would review the draft minutes before we sent them to the committee chair. She was definitely hands-on when it came to the working relationship with the state VR directors.

As a newcomer to Washington in 1964 and to the “politics” of vocational rehabilitation, I became keenly interested in the work of the “Iron Triangle.” At the time, back in the states, many of us in the field were uninformed on such a structure. The effectiveness of this mechanism and the manner in which Miss Switzer employed it to get what she wanted for the VR program was sheer genius. The Iron Triangle was a strong bond among two branches of government, Legislative and Executive, and the trade association, in this case the National Rehabilitation Association. The principals for the Switzer era were: Senator Lister Hill (D-Alabama); Congressman John Fogarty (D-Rhode Island); E.B. Whitten, NRA Executive Director; Howard Rusk, M.D.; and Miss Switzer. The work of this group of five was pivotal to the historic legislative gains made in 1954 and 1965. The Iron Triangle and the way it was used so effectively by these leaders was referenced in a late 1970's *Washington Post* article by Suzanne H. Woolsey of the editorial staff.

Miss Switzer played a major role in constructing the framework for the merger of two small and financially limited national organizations that represented rehabilitation centers (medically oriented) and sheltered workshops (vocationally oriented) following the enactment of the 1965 amendments. The new provisions introduced the terminology of “rehabilitation facilities” and eliminated references to centers and workshops, except for state owned and operated comprehensive rehabilitation centers. Miss Switzer convinced the boards of directors that a certain critical mass in personnel and financial resources was needed to operate an effective advocacy agenda for member facilities. Through hard work and the guidance of Miss Switzer and E.B. Whitten, the two boards formed the International Association of Rehabilitation Facilities (IARF), thus successfully merging the Association of Rehabilitation Centers (ARC) and the National Association of Sheltered Workshops and Homebound Programs (NAS-WHP). The new organization represented some 750 rehabilitation facilities throughout the United States and Canada. The merger event took place in 1969 at the Waldorf Astoria Hotel in New York City during the annual training conference of the National Rehabilitation Association.

Miss Switzer loved rehabilitation facilities. She thought these were the places to take anyone who wanted to experience the rehabilitation philosophy, concept and practice. She would say, “What will you do, where will you go to best demonstrate what we do? Will you go to a district office and show visitors the files in the cabinet and point out that these papers represent real people that we are helping, or would it be more effective to take them to a rehabilitation facility where

they can experience first-hand the individual progressing through the rehabilitation process with the assistance of a qualified professional?” The answer was obvious.

There is a side of Miss Switzer's daily life that many do not know about. Even in her volunteer work she was thinking about vocational rehabilitation. On weekends she gave her time to a hospital in Alexandria. She would come to work on Monday morning and stop at the Basic State Grants Branch (we had the closest contact with the state VR agencies on a regular basis) to give us the names of disabled individuals she met in the hospital and who we should refer to the Alexandria district office of the Virginia Department of Rehabilitative Services. We got to know the district manager very well and he anticipated our call each week. And he knew that she expected follow-up information on the people we referred.

That experience taught me a valuable lesson, too. For my entire 30-year career as an RSA regional commissioner, I maintained a caseload of three active cases at any one time. These were individuals called to my attention and who were dissatisfied with their treatment by the VR system. This procedure kept me grounded and focused on our legal mandate to provide equal opportunity and quality services and outcomes for all eligible individuals with disabilities.

Along with the seriousness of the business of VR in the Switzer years — growing the program was paramount — there were some lighter moments. Miss Switzer had a wonderful sense of humor. She could deliver a quip as well as take a joke. Going back to the matter of cigarettes, I learned early in my time at OVR that Miss Switzer smoked occasionally, as we all did at that time. But,

I was told that she rarely carried cigarettes with her and that I should be prepared to provide one at the appropriate time. I asked, "What is her brand?" I was told, "Y-O-U-R-S." I said, "Never heard of it." It was explained, whatever brand you happen to have with you. I said, "I get it now, she smokes my cigarettes."

Down in the branch, when we would be spontaneously called to give input to the weekly meeting of the executive staff chaired by Miss Switzer, we would refer to the trip to the next corridor as, "Going to rug row" or "Going to the head shed." Yes, they had carpeting and we had tile floors. To this day, I am not certain that the higher ups knew what we called executive alley. I wish I had asked because now I am curious. They probably did.

When I left the Vocational Rehabilitation Administration (name changed from Office of Vocational Rehabilitation, 1963) to return to school for a doctorate, Miss Switzer came to the send-off party and gave me a gift that I cherish and use to this day. Seems, and it is hard for me to understand this now, that I was a person who joined the staff and was always talking about measurement, you know program performance, outcomes, services, and the like. With appropriate words she gave me a Craftsman 100 ft. automatic retracting measuring tape. She said, "With all the measuring you did around here, you might find this useful at school." We moved across state lines several times after that and we used that tape every time we moved. We plan to move again very soon to a retirement community and we will use that tape one last time. What a terrific gift!

My most recent and, unknowing at the time, last contact that I had with

Miss Switzer was five months before she passed away in October 1971. She was working for the World Rehabilitation Fund as a vice president with an office at Dupont Circle in Washington, D.C. I was the principal investigator of an RSA research utilization grant to the International Association of Rehabilitation Facilities (IARF) that provided training to invited representatives from 29 countries. She was asked to address the group assembled at George Washington University and to attend a reception that followed. She did, and she was mesmerizing. Remember, she founded the RSA international research program without VR appropriated dollars by using P.L. 480 (Agriculture Surplus Act) funds to support research and demonstration projects overseas and to allow intergovernmental professional personnel exchanges.

If Miss Switzer were with us today I think she would be justifiably proud of the accomplishments of the overall program and its determination to provide through highly qualified professional and support personnel quality services and outcomes to eligible individuals with significant disabilities. She would applaud our efforts to search for and use evidence-based practices to increase the effectiveness and efficiency of service delivery. She would praise and recognize our focus on competitive employment in integrated settings and high-quality career-oriented training. She would embrace our initiatives in lifelong learning and individual satisfaction. And, she would thank us for accepting people for whom they are and helping them to become whom they want to be. She would counsel us to maintain high standards of professional practice and to fiercely guard our integrity. Our word should always be our

bond.

There are so many stories based on authentic memories that can be told about the personal and professional life of this incredible lady and which are not reported in the more scholarly biographical works such as Martha Lentz Walker's wonderful book, *Beyond Bureaucracy*. But, that will have to wait for another day because space and time necessarily limit what we can do here.

In summary, Mary Elizabeth Switzer was one of a kind, the highest ranking woman in the U.S. Civil Service. In addition to a superb intellect, unbridled passion and laser sharp judgment, she brought professionalism, enlightenment, empowerment and accountability to the public program of vocational rehabilitation. She will be remembered as a great social planner and a human services pioneer and trailblazer who built a comprehensive national VR program on a foundation of direct services, training and research. She recruited the best and the brightest for her executive and operating staff and delegated authority and responsibility with confidence while providing the requisite leadership in matters of legislation, interagency collaboration and public policy development. In the 1971 Memorial Service Program celebrating her life, her close friend of many years, Isabella Diamond, summed it up best when she wrote, "A distinguished civil servant who truly loved her neighbor." That she did, and those of us who had the good fortune to work with her and to learn from her, loved and respected her very much.

The Neverending Legacy of Mary E. Switzer and Boyce R. Williams

*Jack R. Gannon, David Myers, Charlotte A. Coffield,
Richard Johnson, Ed.D, Ernest Hairston, Ph.D*

Introduction

Rehabilitation for individuals who are deaf took wing under the reign of Mary E. Switzer, who worked closely with Boyce R. Williams. Together they launched many major initiatives and changed the lives of many individuals. Below is a flavor for their leadership, their contributions, and their work to bring ideas, their own and others', to light. Boyce often worked behind the scenes to make things happen, and these things happened because of the support of Mary Switzer. This time – this era – is one that is rich with activities and personal stories. Below is a sampling of each of these.

First are two biographies: the first of the late Mary E. Switzer and the second of the late Boyce R. Williams. These two biographies were written by Jack R. Gannon and will appear in the 50-year-history of the World Federation of the Deaf covering the period of 1951-2002. The book, *World Federation of the Deaf a History*, will be published by the National Association of the Deaf (USA). Permission was granted by the author to include them in this anniversary publication and appear as they were presented in May 2010. These biographies demonstrate the depth of the commitment that both Mary Switzer and Boyce Williams had to the rehabilitation of individuals who are deaf. This is, in part, the reason that each was honored and recognized by the World Federation of the Deaf. Following these two biographies are personal stories by four individuals who worked with and/or whose lives were enriched directly by the work of Mary Switzer and Boyce Williams. It is high time that these stories are told. Combined, these represent a brief historical and personal perspective of two pioneers in rehabilitation of individuals who are deaf. Together, Mary and Boyce were unstoppable.

Contribution by Jack R. Gannon — Biographies that will appear in *World Federation of the Deaf a History*:

SWITZER, MARY ELIZABETH (1900-1971), United States of America, civil servant, humanitarian and advocate. Born in Newton near Boston, Massachusetts, (USA), on 16 February 1900. Mary E. Switzer defined herself as a bureaucrat and believed a good government worker shouldered the responsibility of being responsive to the needs of its citizens. Starting as a clerk in the Treasury Department, she spent the rest of her professional career – 48 years – making the U.S. federal government responsive to the needs of individuals with disabilities. A pioneer in her field, Mary Switzer viewed rehabilitation as an opportunity for persons with disabilities to acquire training, develop skills and get a job, an important step toward reclaiming self esteem and earning their “place in the sun.” Her impact on rehabilitation was worldwide. Following WWII she was instrumental in convincing the U.S. Congress to enact a law to allow the use of funds owed the United States by other countries following the war to be used for the rehabilitation of disabled individuals in those countries. She worked closely with Boyce R. Williams [see Williams, Boyce Robert], and was involved in the establishment of the Helen Keller Center for Deaf-Blind Youth and Adults, the National Theatre of the Deaf and other programs. In 1969 she chaired the Gallaudet College Role and Function Committee which greatly expanded the responsibilities of Gallaudet College as an institution of higher education for deaf and hard of hearing persons during the Merrill Presidency [see Edward C. Merrill, Jr.]. On her retirement in 1970 as Administrator of the Social and Rehabilitation Services, U.S. Department of Health, Education and Welfare (DHEW), she held the largest administrative responsibility of any woman in the federal government. She was commended as “one of ten career civil servants who has rendered the most to the nation throughout its entire history.” Switzer later became vice president of the World Rehabilitation Fund. Her many awards and honors include more than 16 honorary degrees, one of the first from Gallaudet College. Three buildings are named for her. The Mary E. Switzer Building in Washington, D.C. (which staff and colleagues fondly refer to as “Switzerland”), was dedi-

We all
owe her
big-time!

cated in 1973. It is the first federal building named for a woman by an Act of Congress. The Woodrow Wilson Center in Fishersville, Va., which she had helped establish, has the second Mary E. Switzer Building. It houses the Switzer Archives and a room with all her memorabilia. A third building, at the Helen Keller National Center for Deaf-Blind Youth and Adults, the Mary E. Switzer Rehabilitation Building, in Long Island (New York) is named for her. Switzer Drive on the Gallaudet University campus and the Switzer Gallery at the National Technical Institute for the Deaf are also named in her honor. The U.S. Department of Education awards the Mary E. Switzer Rehabilitation Research Fellowship to encourage research in the field of rehabilitation. Her life and career are documented in the book, *Beyond Bureaucracy: Mary Elizabeth Switzer and Rehabilitation* by Martha Lentz. Following her retirement Mary Switzer was appointed to the Gallaudet College Board of Directors. She was the first recipient of the Gallaudet College Alumni Association Edward Miner Gallaudet Award in 1970. The following year she received the National Association of the Deaf Distinguished Service Award. Part of that citation read: "She has given us the most precious gift that one can bestow upon man, the opportunity and the means to help ourselves." She died in Washington, D.C. on 16 October 1971. [*International Solidarity Merit Award, First Class—1971*]

WILLIAMS, BOYCE ROBERT (1910-1998), United States of America, rehabilitation chief, pioneer and advocate. Born 29, August 1910 in Racine, Wisconsin, Boyce R. Williams was deafened at the age of 17 by meningitis. Following graduation from the public school he enrolled at the Wisconsin School for the Deaf in Delavan, where he spent four months learning sign language and adjusting to his deafness. In 1929, he enrolled at Gallaudet College in Washington, D.C. and after receiving his degree in math in 1932, he returned to the Wisconsin School as a teacher. In 1935, he joined the faculty of the Indiana School for the Deaf in Indianapolis and, in 1937, at the age of 27, was appointed director of the school's vocational training program, a position he held for eight years. He earned his master's degree in 1940 at Columbia University Teachers College in New York. In 1945, he was appointed consultant to the Deaf and Hard of Hearing of the Rehabilitation Services Administration (RSA) in Washington, D.C., the first deaf American to assume such high position in the federal government. He worked closely with Mary E. Switzer, his administrator (see Switzer, Mary Elizabeth) and had a hand in the origin of all major national programs affecting the lives of deaf Americans from the 1950s into the 1980s including Captioned Films for the Deaf, the National Theatre of the Deaf, the Council of Organizations Serving the Deaf, the Communicative Skills Program, the Leadership Training Program at California State University in Northridge and the establishment of the National Technical Institute for the Deaf. He was influential in moving the National Association of the Deaf to Washington, D.C. and he initiated research, organized national workshops and brought together, for the first time, deaf leaders, educators and rehabilitation professionals. Williams shattered the occupational "glass ceiling" that blocked many deaf people's upward mobility and is credited with increasing the number of deaf professionals and administrators in the United States. He fought paternalism, the restrictions of "pure oralism" and the prevalent low expectations of deaf people. He was a strong proponent of the Total Communication philosophy that swept the country in the 1960s and supported the National Association of the Deaf Communicative Skills Program which received a RSA grant enabling the program to offer sign language classes throughout the United States. This program influenced many colleges and universities to offer credit courses in American Sign Language, increased the number and quality of interpretation, led to the publication of many sign language books and videotapes and gradually removed the stigma attached to "talking with your hands." The establishment of the National Theatre of the Deaf in 1967 opened the door to deaf actors, playwrights and theatrical directors, earned them admiration and respect and gave American Sign Language a refreshingly new professional image. In 1967, Williams made headlines when he received the Department of Health, Education and Welfare's "Super Performance Award." Three years later into the Office of Deafness and and he was appointed chief. Described as a catalyst, an innovator, an authority on rehabilitation of people with disabilities and a champion of deaf people, he was widely respected as a distinguished public servant. Many deaf and hearing individuals who knew him well consider Boyce R. Williams one of the greatest deaf change agents in the



world. Williams was elected president of the Gallaudet College Alumni Association (GCAA) in 1950 and in 1951 he became the first deaf alum appointed to the Gallaudet College Board of Directors. As alumni president, he turned the GCAA into a strong, eyes-on-the-future supporter of his alma mater and greatly influenced its destiny in higher education for deaf people. He was one of the leading forces behind the successful GCAA Centennial Fund that raised over half a million dollars and led to the establishment of three permanent endowment funds. Later, one of many designated fellowship funds for deaf scholars was named for him. In 1959, Williams was one of two delegates representing the United States at the third World Congress of the WFD in Wiesbaden, West Germany. Williams is the recipient of many other honors, including two honorary degrees, one from Gallaudet (1958) and one from Carthage College in Wisconsin (1972). He is the first recipient of the National Association of the Deaf (USA) Distinguished Service Award (1966). He has also received the Daniel T. Cloud Award (1968), the Edward Miner Gallaudet Award (1975) and awards from the Convention of American Instructors of the Deaf (1963) and the National Rehabilitation Association (1974). Following his retirement, Williams was appointed to the Doctor Chair of Deaf Studies at Gallaudet [see Doctor, Powrie Vaux]. Williams used the opportunity to compile memoirs of his work in the field of rehabilitation. He was married to Hilda Tillinghast, a hearing woman and a fourth generation educator of deaf students. Boyce Williams died on 28 December 1998 in Reno, Nevada. [*International Solidarity Merit Award, First Class—1971*]

Jack R. Gannon is a graduate of the Missouri School for the Deaf. He was able to enroll and study at Gallaudet College (now a university) with money from the Missouri Division of Vocational Rehabilitation. He earned a baccalaureate in education and was awarded an honorary doctorate, both from Gallaudet. He is a former coach and teacher for the Nebraska School for the Deaf and was special assistant to the president at Gallaudet University for advocacy when he retired in 1996. In between, he was editor of a couple of publications and at present he is working on his fifth book, a history of the World Federation of the Deaf. Now retired, Mr. Gannon likes to define himself as a “farmer.” He is better known as the author of Deaf Heritage, A Narrative History of Deaf America.

Contribution from David Myers

I met Boyce Williams on the campus of Gallaudet University in 1960 when I was a student and he was there for a meeting of the Board of Directors of which he was a member — the first-ever deaf member. I had transferred to Gallaudet from the University of North Carolina and this was before the days of interpreter services; Boyce had been down that path and facilitating people like me to come to Gallaudet fit right into his mission. I had not yet found my place in life. Boyce invited me to visit him in his office and proceeded to become my mentor, leading to what was to become a 46-year-and-still-going career in rehabilitation and services for persons who are deaf or hard of hearing.

At the time I met Boyce the deafness rehabilitation field barely existed. I recall his telling me about a very short list of individuals who were deafness rehabilitation specialists, of which there were no more than he could count on the fingers of his two hands for the whole country. His underlying message to me: “You have much to offer and you are needed.” I responded, and later he steered me in the direction of postgraduate training in rehabilitation counseling, aided by a fellowship from the Office of Vocational Rehabilitation (OVR). It took me two and one-half years experiencing a lot of rejection to get my first job as a rehabilitation counselor for the deaf.

Slowly but surely the influence of Boyce Williams grew, not only through his recruitment but also through his leadership within RSA (from its early years as OVR through its name changes, first to the Vocational Rehabilitation Administration

His underlying message to me:
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are needed.”

(VRA) in 1963 and then to the establishment of RSA in 1967 to his retirement in 1983), the Regional Offices and the states. Perhaps the crowning achievement of his career was the relationship he developed with Mary Switzer. She was a sensitive woman and one of her best qualities was that she was a good listener, and she listened to Boyce, who came to her with ideas and plans and convinced her of the needs of the underserved deaf population. Early on, Boyce saw the need to bring together the leaders from the various deafness fields, education, rehabilitation, social work, audiology and religion, as well as deaf leaders. He was instrumental in bringing the voice of deaf leaders to the forefront — he gave them standing. He sponsored various workshops that served to develop bases of knowledge, assess needs and develop action plans. He, again with Miss Switzer's support, was able to award OVR, VRA and RSA grants to implement many of the action plans that transpired. During those times, individuals and organizations came to Boyce with their ideas and plans and he would use his influence with Mary Switzer to provide what was needed to make things happen. Such was how the Registry of Interpreters for the Deaf, the National Theatre of the Deaf, the NAD's Communications Skills Program, The National Leadership Training Program at CSUN, the NYU Research and Training Center on Deafness, and many other projects had their beginnings. Of utmost importance among Boyce's projects was the Model State Plan for Rehabilitation of the Deaf, which provided states with guidelines for initiating programs of specialized services for their respective populations of persons who were deaf or hard of hearing. In addition, Boyce and Mary Switzer had a hand in the stimulus and planning for the Captioned Films Program, the National Technical Institute for the Deaf (NTID) and the growth and expansion of Gallaudet University. The list of their direct and indirect influences could go on and on.

Boyce Williams, on the basis of his influence and achievements, is probably the greatest of all deaf leaders.

One contribution of Boyce Williams and Mary Switzer that has never been measured, and which probably cannot be measured, is the number of deaf and hard-of-hearing individuals who benefitted from receiving rehabilitation services from counselors and other trained personnel who were associated with programs that resulted from their pioneering influences. Boyce Williams, on the basis of his influence and achievements, is probably the greatest of all deaf leaders.

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Contribution from Charlotte A. Coffield

Following are a few recollections from my personal experiences while working with Boyce R. Williams and Mary E. Switzer as related to rehabilitation of individuals who are deaf.

...Miss Switzer had a gifted ability to listen...

Mary Switzer and Boyce Williams had a unique relationship dating back to 1951 when she first became commissioner of the Office of Vocational Rehabilitation and, according to him, invited him to come directly to her if he had any problems. I started my career in rehabilitation in November of 1951 and began working with Dr. Williams a few years later, remaining in the area of deafness and communicative disorders until my retirement in 1993.

During the Switzer-Williams era, countless programs related to rehabilitation of deaf individuals came into being. This was largely due to the fact that Miss Switzer had a gifted ability to listen that provided Dr. Williams an opportunity to explain the handicapping aspects of deafness and to go into depth on the basic needs of deaf people. One example that comes to mind is the National Theater for the Deaf. The idea of deaf people acting was first turned down based on the "lack of employment opportunities" for deaf actors. When Dr. Williams went directly to Miss Switzer over his supervisor's head, she called a meeting involving her senior staff. I was amazed

as she sat there and explained that the proposal had far-reaching employment opportunities for deaf people. They would not be limited to appearing on the stage, but the doors would be open to many behind the scenes employment opportunities such as lighting, carpentry, scene designing, artwork, ticket sales, and on and on. I never heard Dr. Williams mention any of that to her. She closed the meeting by saying that she felt the proposal deserved to have another look and she was sure that her senior staff could find a way to fund it. The National Theater for the Deaf was funded and excelled for many years to come.

Another example is the Captioned Films for the Deaf Program, the rationale for which was developed in Dr. Williams' office. When plans for this program seemed doomed to fail in the Office of Vocational Rehabilitation for lack of support from another federal agency, Miss Switzer simply said if we do not get the necessary cooperation, we will put it in an agency where support would be guaranteed. Hence the Captioned Films Program was placed in the then U.S. Office of Education where it thrived. I will be forever grateful for the life lessons learned while working in the offices of Mary Switzer and Boyce Williams.

Charlotte A. Coffield, who has been awarded an Honorary Doctor of Laws, worked with Boyce R. Williams in the Rehabilitation Services Administration for over 30 years in positions ranging from Secretary to Vocational Rehabilitation Program Specialist and served as Chief, Deafness and Communicative Disorders Branch before retirement in 1994. She currently is a member of the Board of Directors for Quest: Performing Arts for Everyone and serves on the Rosemary Hills Community School Council, the Gwendolyn E. Coffield Community Center Senior Advisory Committee and the Lyttonsville Civic Association.

Contribution from Richard Johnson, Ed.D.

Although much of the literature concerning Mary Switzer touches on the numerous professional contributions that she made to the field of vocational rehabilitation (VR), she also had a very human slant on unrelated situations. One such instance had to do with helping a deaf fellow obtain a professional degree in VR.

Back in the late 1960's I decided to pursue an advanced degree in VR. The decision was strongly influenced by the fact that the federal VR office was offering a stipend enticement program that made it possible for people, including deaf people, to obtain advanced educational financial assistance in the form of a handsome financial stipend.

Even though my wife, Judy, was quite noticeably pregnant, we decided to "go for it" and applied for a doctorate stipend from RSA in 1967 to attend the University of Arizona (UA). Eventually we were informed by Norm Tully, the coordinator of the VR activities at UA, that we had been accepted into the program and were expected in Tucson in the near future. At the time, we were employed and residing in Michigan, so some significant moving was involved.

After selling our home, we lined up a rental in Tucson and called the Mayflower folks, who packed and moved our "stuff." Concurrently, I booked Judy aboard a flight from Flint, Mich., to Tucson, Ariz., loaded our 3-year-old daughter on board our Volkswagon and we all headed westward.

Upon her arrival in Tucson Norm informed Judy that he had just gotten word that all stipends were terminated by RSA. I drove blissfully clueless through all the states between Michigan and Arizona, totally unaware that I had been disenfranchised en route.

When I discovered that the RSA stipend had been canceled I immediately had Norm Tully call Boyce Williams' office in RSA. Between Norm and Boyce, we managed to get Mary Switzer's attention and she began making some very pointed inquiries amongst involved staff. Basically, she told her budget people to find the money necessary to reinstate the stipends that had been verbally promised to me and a few other folks. The funds were identified and reinstated and the clan Johnson

Not only did she get it, she had the innate ability and the vision to provide the necessary resources to make it possible for these programs to flourish.

settled in at the University of Arizona for an almost three-year stint that resulted in my acquiring my doctorate in rehabilitation administration.

Had Mary Switzer not interceded and resolved this situation there was no way that the half dozen disabled individuals who were slated for this program could have managed financially. We all owe her big-time!

Richard Johnson, Ed.D., has been deaf since the age of 12 and until his recent retirement was a Senior Researcher on sensory disabilities with the National Institute on Disability and Rehabilitation Research (NIDRR).

Contribution from Ernest Hairston, Ph.D.

While attending the National Leadership Training Program (NLTP) at San Fernando Valley College in Northridge, Los Angeles (now California State University, Northridge), the director, Ray Jones, called me aside and said that Boyce Williams called that morning and asked if I would be interested in directing a federal project in Ohio. I, of course, was flabbergasted – not expecting such an opportunity – much less, a call directly from Dr. Williams. In a follow-up conversation with Dr. Williams, I explained that I planned to return to my job with the State Technical Institution and Rehabilitation Center (STIRC) in Michigan. His response was that since I’ve received training through the NLTP, I should put it to use, and that if I couldn’t make it as a leader, I could always go back to teaching. That sold me and it was the beginning of my ascent from classroom teacher to my long-term positions with the federal government and a leader in the field of deafness.

The project mentioned above, called Project D.E.A.F., was established by an expansion grant from the Rehabilitation Services Administration of the Department of Health, Education, and Welfare (DHEW), in cooperation with the Ohio Bureau of Vocational Rehabilitation for the purpose of expanding Goodwill Industries of Central Ohio’s rehabilitation program by offering comprehensive vocational rehabilitation services to deaf and hard-of-hearing individuals (and those with multiple handicaps) who could not benefit sufficiently from services provided elsewhere. (ERICWebPortal Abstract). This project was the brainchild of Dr. Williams, one of the early pioneers in services to “low-functioning” deaf persons, especially deaf and hard-of-hearing adults.

During the second year of the three-year grant, Dr. Williams personally made a site visit to the project and offered valuable input and encouragement. That was a boost to staff morale. At the end of the three-year grant period I joined the Captioned Films Program under the U.S. Office of Education, DHEW. There I had the opportunity to personally and professionally interact with Dr. Williams. He continued to pursue his passion for nurturing leaders in the field of education and rehabilitation of deaf and hard-of-hearing persons by obtaining funding for or sponsoring various national and regional workshops. I was fortunate to be able to attend many of them. The networking, social relations and collaborating among individuals from the two fields — education and rehabilitation — were valuable and long lasting.

I am most grateful for having had Dr. Williams as a counselor, mentor and friend.

Ernest E. Hairston, Ph.D., is Education Program Specialist, Office of Special Education Programs, and serves as Project Officer for various programs authorized under Part D of the Individuals with Disabilities Education Act (IDEA).

Looking Back, Looking Forward: NRA's Perspective

*Beverlee Stafford
Bonnie Hawley
Patricia Leahy*

History of NRA and Its Support of the Public VR Program

The National Rehabilitation Association is a membership organization that promotes ethical and state-of-the-art practice in rehabilitation with the goal of the personal and economic independence of persons with disabilities. Not long after Congress passed the precursor to the *Rehabilitation Act* in 1920 the National Rehabilitation Association (NRA) began its commitment to persons with disabilities. As the oldest and strongest advocacy organization for the rights of persons with disabilities, NRA's mission is to provide advocacy, awareness and career advancement for professionals in the fields of rehabilitation.

Beginning in 1923 a group of state administrators of vocational rehabilitation agencies met during the National Society for Vocational Education conference and called themselves the "National Civilian Rehabilitation Conference." Next, in 1924 the National Civilian Rehabilitation Conference held a meeting in Indianapolis with 24 members representing 18 states. Then, in 1927 the conference approved National Rehabilitation Association as its official name. NRA has been in operation ever since.

NRA currently has approximately 5,500 members, including vocational rehabilitation counselors, vocational evaluators, rehabilitation administrators and supervisors, physical, speech and occupational therapists, job train-

ers, counselors serving veterans, employment/placement specialists, consultants, independent living instructors, students in rehabilitation programs, and other professionals involved in the advocacy of programs and services for people with disabilities in both the public and private sectors.

NRA serves a vital role in the advocacy of programs that encourage the full employment of people with disabilities. In keeping with this commitment, NRA has contributed and supported legislation such as the *Rehabilitation Act of 1973* and its subsequent reauthorizations, the *Americans with Disabilities Act*, and the *Workforce Investment Act*. The association's prominence and longevity are recognized by our nation's leaders and gives our members a strong voice in shaping rehabilitation policy.

While NRA's membership includes representatives from both the public and private rehabilitation sectors, about 80 percent of our members are either employed in or retired from public vocational rehabilitation programs. Given this demographic, NRA's focus has always been on the role of the State Vocational Rehabilitation Services Program in providing training and other employment-related services to individuals with disabilities. We continue to advocate for a strong, independent and well-funded public vocational rehabilitation program as an essential component of our nation's workforce investment and delivery system. The majority of NRA's current issue statements focus

on maintaining or strengthening the public vocational rehabilitation program and advocate for continued and increased funding levels. [See NRA's 2010 Issue Statements at www.NationalRehab.org.]

NRA promotes and mirrors RSA's mission in providing the same employment opportunities for people with disabilities, especially with regard to training. A trained workforce and a diverse workforce are equally important. These are driving factors behind programs that promote financial independence for thousands who will either cease to be dependent on disability benefits or, better yet, are never dependent on such benefits.

Role of Mary Switzer

No discussion of NRA or of the public vocational rehabilitation system could be complete without acknowledging the significant role of Mary E. Switzer in crafting the public vocational rehabilitation program. Mary Switzer became director of the Office of Vocational Rehabilitation in 1950, and she brought to the position a superior intellect and ability. Her many talents

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and experiences in economics, the legislative process, government administration, health, welfare and public education were only a few of the assets she brought with her. She entered the rehabilitation movement at a crucial point in its evolution. It was a time in which difficult decisions had to be made between maintaining the status quo or moving to a larger and unknown future, but with increased opportunity to serve tens of thousands of people with disabilities yet in need.

Mary Switzer held presidencies in many organizations, including the National Rehabilitation Association, whose members and their efforts she held in high esteem. In writing about Mary Switzer in 1971, E. B. Whitten, who was the executive director of NRA for over 25 years, stated:

[Mary Switzer] did not reach the heights of her ability when she was made the first Administrator of the Social Rehabilitation Services, nor when she retired from the position, nor when she became internationally involved in the World Rehabilitation Fund. Instead, she found her greatness when she touched each of us, bringing our full humanitarian efforts and qualities to the fore on behalf of disabled and disadvantaged people. While readily recognized as a truly great administrator in the classical sense, her true capacity and ability can only be appreciated when we realize that these accomplishments sprang from an inner expression of sensitivity, emotional refinement and dedication to serve all less fortunate people. Her egalitarian qualities were not contrived but spontaneous, stemming from love and respect for all living things.

All of us in the National Rehabilitation Association and in rehabilitation, and all people with disabilities, have had better, more meaningful and more

productive lives because her presence and her being were sufficiently large to embrace and accept us as we are and help us better understand where we should be.

In 1975 the NRA introduced the first Mary E. Switzer Memorial Seminar to honor her role in rehabilitation. From that inaugural seminar the proceedings, as detailed in its annual Monograph, have provided insight and foresight into evolving and challenging topics of the day. The seminars were presented in an interactive forum, or “think-tank,” atmosphere and addressed contemporary rehabilitation challenges. The seminar participants, or Switzer Scholars, have included some of the premier thinkers in the field of rehabilitation. Financial support for the Switzer Seminar came entirely from contributions to the Switzer Memorial Fund of the NRA – a 501(C)(3) non-profit organization. Funds were sought through generous donations from previous Switzer Scholars, NRA state chapters, regions and divisions, as well as funds received via grants obtained from other public and private organizations, agencies, and foundations. It should be noted that RSA provided funding in the past for many of the Switzer Seminars.

Recent topics that have been addressed through the Switzer Seminars include:

- Disability Policy: Issues and Implications for the New Millennium – 2000
- Emerging Workforce Issues: WIA., Ticket to Work, and Partnerships– 2001
- Systems Change: Emerging Service Delivery Models – 2002
- The Aging American Workforce: The Impact of Persons with Disabilities – 2003

Unfortunately, the Switzer Seminar series ended in 2005 due to budget cutbacks and lack of funding. NRA hopes to revitalize the Switzer Seminar in the near future in collaboration with one or more university-based rehabilitation programs.

Major Legislative/Policy Changes in the Past 15 Years

In the 15 years since the 75th Anniversary of the *Rehabilitation Act*, there have been several significant legislative and policy changes that affect the lives of people with disabilities – especially the employment of individuals with disabilities in the integrated labor market. First and foremost, the 1998 amendments to the *Rehabilitation Act of 1973* included several significant changes to programs under the act. Major themes, such as informed choice and greater accountability that arose in the 1992 amendments were carried forward and strengthened in the 1998 amendments.

The 1998 amendments continued the *Rehabilitation Act's* focus on serving individuals with significant disabilities, including those individuals with the most significant disabilities. The 1998 amendments contained provisions that streamlined the eligibility and service delivery processes under the State Vocational Rehabilitation Services Program and made individuals who receive either Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) automatically eligible for VR services. Provisions that strengthen informed choice and greater involvement of individuals with disabilities in all programs under the act were included in these amendments. The focus on greater accountability of programs and projects under the act was continued with emphasis on evaluation standards

and performance measurement of programs. The linkages between VR, other service delivery programs (i.e., Projects With Industry, American Indian VR, Migrant and Seasonal Farmworkers Programs) and the nation's generic workforce systems were continued and fortified.

The 1998 amendments continued a focus on cooperation and collaboration between state VR agencies and school systems – both at the secondary and postsecondary levels – to assure better transition of students with disabilities to employment and adult living. Finally, these amendments showed a new emphasis on additional employment options by encouraging self-employment and telecommuting opportunities for individuals with disabilities.

Besides these legislative changes, RSA made several significant regulatory revisions that proved to be major policy changes for programs under the *Rehabilitation Act*. First, in 1996 RSA issued regulations regarding the Order of Selection (OOS) requirements. These regulations, for the first time, clarified when and how a state can implement OOS. The regulations provided information on “prohibited factors” that cannot be used to determine priorities under an OOS. Guidance was also provided to states on factors that could be used to determine those individuals who would be defined as individuals with the most significant disabilities for the top priority category of service.

In 2001 RSA issued final regulations that had a major impact on the definition of a successful “employment outcome” under the State Vocational Rehabilitation Services Program. These regulations eliminated “extended employment in a nonintegrated setting” as a successful outcome under the program. The purpose of this major policy change was to support high-quality em-

ployment in integrated settings and to view extended employment as an “interim step” towards full integration and competitive employment for individuals with significant disabilities.

No discussion of policy and legislative changes over the past 15 years would be complete without addressing the *Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA)* and its impact on the lives of individuals with disabilities. *TWWIIA*, administered by the Social Security Administration (SSA), provided two landmark measures that have the potential of enabling millions of people with disabilities to join the workforce. First, the legislation created the Ticket to Work Program that allows an individual with a disability who is receiving SSI or SSDI benefits to seek job-related training and placement assistance from an approved provider of services of his or her choice, including services from the public vocational rehabilitation agency. The second part of this legislation expands health care coverage so that individuals with disabilities may be able to seek employment without fear of losing their health benefits. Unfortunately, the implementation of this act has not been as successful as it was hoped. This prompted SSA to issue revised regulations for the Ticket to Work Program in the summer of 2008 to better encourage partnering between organizations and expand the range of services available to individuals who want to use their Ticket to Work. The revised regulations also seek to improve the coordination of federal, state and local services available to SSA beneficiaries and the use of various work incentives. SSA reports that these revised regulations have prompted increased use of the Ticket to Work as well as other work incentives.

Another recent legislative change

was the *ADA Amendments Act of 2008* – sometimes called the *ADA Restoration Act*. Since the original *Americans with Disabilities Act* passed in 1990, the U.S. Supreme Court issued a series of decisions that narrowed the intended scope of *ADA*. The 2008 amendments to *ADA* restored and clarified some of the original definitions and provisions that were affected by the court's decisions.

Finally, the recent legislative activity on health care reform will have lasting impact on the lives of individuals with disabilities and their families. With the enactment of the *Patient Protection and Affordable Care Act* (P.L. 111-148) and the *Health Care and Education Reconciliation Act* (H.R. 4872), people with disabilities will benefit greatly from the following provisions:

- Ends discrimination by insurance companies against people with disabilities and people with pre-existing conditions;
- Required benefits will now include durable medical equipment, rehabilitation, habilitation, mental health and substance abuse treatment;
- Low-income individuals with disabilities will be covered in the new Medicaid expansion; and
- Individuals with disabilities will have more choice and better access to home and community-based services.

NRA's Vision for 2020

NRA continues to work towards the reauthorization of the *Workforce Investment Act* and the *Rehabilitation Act*. In addition to the 2010 NRA Issue Statements noted above (and available at www.NationalRehab.org), we are working closely with the Consortium of Citizens with Disabilities (CCD) on

principles for reauthorization and in the development of specific proposals that are being prepared for both the Senate and House authorizing committees. Our positions and advocacy for the reauthorization of the *Rehabilitation Act of 1973*, as amended, are guided by our legacy and our strong support for an effective and well-funded public vocational rehabilitation program. As we all know, the public VR program is really a partnership between the public

“It’s not what you have lost that matters, but what you have left that counts.” — Mary E. Switzer

and private rehabilitation sectors. The NRA acknowledges that long-standing partnership and will continue to support both the public and private rehabilitation sectors.

We value our advocacy role for individuals with disabilities and the programs and services that are available to assist those individuals to become employed and to live fully-integrated lives in their community of choice. We see our legislative advocacy as one of our strongest assets. The diversity of our membership allows us access to many different avenues of support at the national, regional, state and local levels. NRA will continue to hold its Annual Government Affairs Summit every spring in order to prepare our members to advocate for programs and services for individuals with disabilities.

In the future, NRA looks to using more electronic and social media outlets to expand our advocacy and information sharing opportunities to our

members, individuals with disabilities and the general public.

One of the things that make NRA unique in the rehabilitation field is that many of our members are direct-service personnel. This also makes us particularly concerned about the recruitment and retention of qualified rehabilitation professionals to serve individuals with disabilities. We are very conscience of the fact that the demand for such professionals exceeds the supply of individuals available. We hope to work with RSA, the Council of State Administrators of Vocational Rehabilitation and Congress to secure student loan cancellation or forgiveness for qualified individuals working in public rehabilitation. Such loan cancellation is available for other high-demand occupations such as teachers in low-income schools, nurses and public safety employees. We believe that loan cancellation could be a powerful tool to recruit and maintain qualified VR counselors and other rehabilitation professionals.

Emerging issues in rehabilitation will cause us to evaluate and refine the skills needed for vocational rehabilitation professionals to meet the demands in the next decade. Growing caseloads of transition-age youths, advancements in assistive technology, increasing numbers of individuals with autism, and potential changes in legislation may mean that counselors and other rehabilitation professionals will need to develop new or advanced skills. A shortage of well-trained rehabilitation professionals may mean that individuals with disabilities are not receiving the services that they need – thus, the high unemployment rate of individuals with disabilities will continue.

In the coming years, it is clear that the field of public rehabilitation has to continue to partner with the federal programs that serve our wounded warriors. Collaboration at the federal level between RSA and the Veterans Administration (VA) is essential. State VR agencies should continue to implement and refine their memoranda of understanding with local VA programs. Research and rehabilitation will have to work hand-in-hand to address the issues resulting from blast injuries.

As we move forward into the second decade of the 21st Century, NRA expects to continue its advocacy and education role with regard to the importance of the public-private rehabilitation partnership as well as to provide support for other programs and supports for individuals with disabilities. We will continue to seek ways to spread the message of Mary Switzer and share the important contributions that people with disabilities can and do make to the success of our great nation.



Vocational Rehabilitation:

Celebrating 90 Years of Careers and Independence

*Rita Martin
Kathy West-Evans
John Connelly*

The State Vocational Rehabilitation Services Program, funded under Title I of the *Rehabilitation Act of 1973*, as amended (the act), and administered by the Rehabilitation Services Administration (RSA), Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education (ED), is the oldest and most successful public program supporting the employment and independence of individuals with disabilities. Nationally, this public vocational rehabilitation (VR) program serves over one million individuals a year in partnership with the American Indian Vocational Rehabilitation Services program and other partners under the act, such as the centers for independent living, and with the support of various community partners. VR also partners with other federal agencies such as the Department of Education, the Veterans Administration, the Social Security Administration, the Department of Health and Human Services, and the Department of Labor.

Qualified VR staff work with eligible individuals to develop comprehensive, holistic, individualized plans focused on employment outcomes and careers that support self-determination, independence and self-sufficiency. The quality as well as the quantity of employment outcomes is important to achieving careers for VR customers.

The public VR program includes 80 agencies with programs in every state, the territories and the District of Columbia. Each year the program

produces employment outcomes for up to 250,000 individuals with disabilities through a national support network of 25,000 qualified VR staff. For VR customers who were formerly Social Security recipients but who are now working, the return on investment is \$7.00 for every dollar invested through VR. As taxpayers, successfully employed VR customers pay back the full cost of their rehabilitation within two to four years of being employed.

The American Reinvestment and Recovery Act (ARRA) Funding: An Historic Moment for the Public Vocational Rehabilitation Program

In April 2009 Congress appropriated significant new funding for the public vocational rehabilitation program in the amount of \$540 million. These funds were realized due to the VR program's fact-based public benefit and the return on investment story advanced by the Council of State Administrators of Vocational Rehabilitation (CSAVR) leadership, disability advocates, VR customers and other program supporters. The Department of Education announced the *ARRA* funding as "an unprecedented opportunity for state VR agencies to implement innovative strategies to improve employment outcomes for persons with disabilities." CSAVR is pleased to report that numerous state agencies have indeed taken advantage of this unprecedented opportunity and is proud to share with you some of the

innovative projects that are underway nationally to fulfill the *ARRA* promise.

- Colorado Combined – As of the first of February of this year, the Colorado agency made 3,575 persons eligible from their waiting list. While most of these consumers are still in the early stages of the VR process, 21 have already been successfully closed as competitively employed and more will follow as individual plans are developed and needed services provided per those plans. As of the end of May, Colorado will have removed all individuals from the waiting list and resumed serving individuals under normal operations.
- Florida General is hiring up to 70 temporary employees with priority being given to consumers, other persons with disabilities, staff of community rehabilitation programs who have been laid off or other Floridians who have lost jobs due to the poor economy. These workers are assisting staff in the agency's offices to update waiting lists and gather consumer information to speed up the intake and plan development process. The agency's

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goal is to use *ARRA* funding and the aforementioned temporary staff to serve 6,000 additional persons with disabilities who were on the agency's waiting list at the beginning of *ARRA*. As of the end of January of this year, approximately 2,094 consumers had been offered services with *ARRA* funds. While most are still in the early stages of the VR process, 25 have already been placed in employment and are in the 90-day follow-along phase before successful closure.

- Florida Blind, as of the first of this year, has used *ARRA* funding to create almost 138 new job opportunities for consumers.
- Idaho Blind has identified multiple uses for its *ARRA* funds, including purchasing equipment and software for its Assessment and Training Center, hiring an assistive technologist for two years to train staff and consumers in the use of assistive technology, purchasing scanning software/hardware for scanning documents into the case management system to free up staff time to do job development, and hiring a full-time job developer to increase awareness among employers of the benefits, including tax incentives, of hiring persons who are blind and visually impaired. Through these measures the agency expects to give counselors more time to work directly with consumers and assure that consumers get what they need related to reasonable accommodations quickly. These measures will also allow for more consumers to be served and to achieve competitive employment.
- Idaho General is using *ARRA* funding to purchase two mobile trailers equipped with heavy equipment

simulators for training eligible offenders to be heavy equipment operators. These trailers will travel among the correctional institutions where offenders with disabilities, soon to be released, will receive training. They will then work for Idaho Transportation and ultimately be placed in jobs in the construction industry. The agency has also launched another training program for offenders working with persons in halfway houses to train for jobs in construction, landscaping and wood working. As of earlier this year, nine consumers were successfully employed through *ARRA* funding.

- Maryland Combined has been using its *ARRA* funding to pull persons off the agency's waiting list and begin VR services to them. As of earlier this year the agency began services to 3,536 persons, many of whom but for the *ARRA* dollars would still probably be waiting for services. In addition, at least 369 consumers with assistance from *ARRA* have achieved employment.
- North Dakota combined, as of earlier this year, had used *ARRA* dollars to provide services to 49 consumers. The agency has launched a number of exciting projects with *ARRA* funding, including the development of a new digital imaging business employing persons with disabilities and the partial funding for a pilot project for evidence-based Integrated Dual Disorder Treatment (IDDT)/Supported Employment for individuals with the dual diagnosis of mental illness and substance abuse that already has placed four consumers in employment.
- Virginia General has used *ARRA* dollars through the beginning of

this year to make 1,965 persons with disabilities eligible for services from their waiting lists. Of these individuals 80 have already been closed successfully in competitive employment. While the bulk of *ARRA* funds are being used by the agency for direct case services, it has used some *ARRA* dollars to award one-year grants to 12 community rehabilitation programs. The grants began on August 1, 2009, and are in various stages of development. As of the beginning of this year the grants have resulted in the hiring of 44 people with disabilities and are expected to generate at least 200 new jobs.

- Washington General – Through Project HIRE and in partnership with workforce development councils, community technical colleges and community-based organizations, Washington General plans to assist at least 1,000 additional job-ready customers to become employed in full-time jobs with benefits, earning over \$15 an hour in demand occupations such as health care, information technology, “green jobs,” aerospace and international trade. As of earlier this year, the agency had made 228 persons eligible with *ARRA* funding and 50 consumers had been placed in employment in the 90 day follow-along period before successful closure.
- Washington Blind used its *ARRA* funds this summer to expand its summer youth employment program: Youth Employment Solutions (YES). The program was lengthened to six weeks and has created internships for 24 transition students with 15 different employers, including restaurants, libraries and

Barking Lounge, a pet-care business. The agency also created 12 staff jobs to manage the program. The agency is also using *ARRA* funding to contact ophthalmologists to invite them to join a referral network. The goal is to have 400 members in the network that would refer patients beginning to experience sight issues that would potentially make them eligible for services that VR could assist with to keep them employed, rather than have them lose their jobs and later find out about VR and come to the agency for services. Network members will get information about VR services at no charge. This network will result in an expansion of Washington's services and certainly save taxpayers a lot of money in the long run and avoid lost income tax revenue.

- Wisconsin Combined, as of earlier this year, had activated an additional 3,805 persons from its waiting lists using *ARRA* funding and had closed 225 persons with disabilities into competitive employment. In addition, it has created a private sector on-the-job training (OJT) Affirmative hiring initiative as well as a government sector OJT Limited Term Employment (LTE) initiative with *ARRA* dollars. The purpose of the OJT employment initiatives are to provide private sector employers additional incentives to hire consumers and give them needed on-the-job training leading to competitive skills and permanent employment; and in the government sector initiative, to also provide substantive on-the-job training and resume and reference building opportunities to prepare DVR consumers to compete successfully in both the private and government sectors for perma-

nent employment.

Despite the challenges along the way, and there have been many, these states are demonstrating that, given the opportunity and the resources, state VR agencies will rise to the occasion every time and that, ultimately, individuals with disabilities served by the public VR program will obtain quality employment outcomes and live the American Dream!

Business – VR's Other Customer

VR agencies have worked with a variety of businesses and employers for a number of years; traditionally the strategies have been focused at the state and local levels. In 2004 RSA and CSAVR joined with 35 business representatives at the National Employment Conference to learn more about how to better work with business. Business representatives confirmed that their working relationship with VR was valued and they recommended a number of strategies to improve the partnerships:

1) Focus on a dual customer strategy – though VR is funded to serve people with disabilities, the employment outcomes are tied to business. VR is measured on both the quantity and quality of employment outcomes. A direct relationship with business supports quality career outcomes that are valued by consumers and the VR system while also meeting the employment needs of business.

2) Develop a one-company approach – companies often have multiple locations and work in a multistate or national configuration; VR should network nationally and build a team around the footprint of the business customer.

3) Make it easy for business to connect with VR – designate a single point of contact for each agency that can be

the primary connection to business and the representative on the national team.

4) Leverage VR's national talent pool, resources and expertise but have the capacity to deliver locally.

VR's business customers also indicated that they wanted to increase their access to the talent pool of candidates with disabilities served by VR but to also continue receiving services in the following areas:

- Pre-employment services;
- Recruitment and referral of qualified applicants;
- Staff training and development;
- Support for the inclusion of disability in company diversity programs;
- Programs and services that support the retention of employees who develop or acquire a disability, including veterans;
- Consulting and technical assistance in a number of disability-related areas;
- Financial supports; and
- Employee assistance services and program support.

In 2005 CSAVR and the directors of the public VR program supported the development of a VR-business network called The NET, or National Employment Team. This network was established to respond to the strategic directions described by business. A national team of 80 VR points of contact, under the leadership of CSAVR, have created a "one-company model to serve business customers through a national VR team that specializes in employer development, business consulting and corporate relations."

The benefits of The NET by customer category are the following:

- Business will have direct access to

the qualified candidates and support services provided by state VR agencies on a national basis.

- VR consumers will have access to career development resources, with “real time” employer input and national employment opportunities.
- State VR agencies will have a national system for sharing employment resources, best practices and business connections.

The infrastructure of The NET is supported by SharePoint, which is an intranet system donated by Microsoft that allows the 80 VR points of contact to share information, connections, training, discussions, etc., that support the one-company model. The team has also developed standards that include the agreed upon protocols between agencies and support the one-company model.

The NET has established productive relationships with private and public sector businesses in a variety of industries and geographic locations. Examples of corporate partnerships include but are not limited to the following: Convergys, Hyatt, Food Lion, Internal Revenue Service, Microsoft, Safeway, Wachovia, Walgreens and the U.S. Department of Transportation. On the national level, The NET also partners with the U.S. Business Leadership Network to support the development of local chapters and to provide qualified candidates and support services to the business members.

The NET has developed national relationships with a variety of federal employers. Employment in the federal

sector offers great career opportunities for VR consumers. This partnership includes collaboration with RSA, the VA and the American Indian Vocational Rehabilitation Programs, which comprise the largest talent pool of people with disabilities nationally. Federal partners have assisted with the training of VR staff in areas such as the excepted hiring authorities (e.g., Schedule A), how to create a resume for federal employment, and how to access the hiring process in a variety of agencies and administrations.

These business and employer relationships have resulted in a number of hires, and in many companies, such as Safeway, an increasing number of hires over a four-year period. These relationships have also resulted in a variety of new opportunities for business-based training, internships, mentoring, on-the-job training and supported employment, which in many cases involves natural supports in the workplace.

The Vision for 2020

CSAVR continuously gathers feedback from our customers, stakeholders and partners. Some of the areas that are being considered for future development include:

- A continued focus on the quantity and quality of employment outcomes that includes careers that pay well and provide benefits.
- An examination and recommendations on how to simplify the VR process for consumers, including improvements in the order of selection process.

- Exploring ways to increase the service capacity of the VR program.
- Improving partnerships and working relationships with sister VR programs, including the Veteran’s Administration – Vocational Rehabilitation and Employment (VR&E) agency and the American Indian Vocational Rehabilitation Programs. Together these VR partners support the largest talent pool of people with disabilities in the country.
- Continuing to support The NET and VR’s work with business customers, in both the private and public sector, including federal agencies.
- Looking for opportunities to increase the talent pool of people with disabilities, improve employer access to the talent pool and increase consumer access to national employment opportunities. Include a focus on retaining valued employees with disabilities, including the aging workforce and veterans.
- Developing strategies to recruit, train and retain qualified VR staff. In the VR system qualified staff is the key to providing quality services to both consumer and business customers.
- Continuing to work with the Department of Education to focus on opportunities to partner with the schools and parent organizations to increase and improve services to transitioning youths.

A Smart Partnership: The State Rehabilitation Council & The State Vocational Rehabilitation Agency

Jeff Davis, Steve Ditschler, Theresa Hamrick, Rhoda Hunter, Marlene Malloy, Gwendolyn Powell, Graham Sisson, Karen Stanfill, Pam Stratton, Sherry Taylor, Linda Vegoe

A moment from a State Rehabilitation Council (SRC) meeting:

The SRC membership is called to order and the findings of the *Rehabilitation Act* are read to the members as the interpreter signs the words:

“Sec. 2. (a) Findings

“Congress finds that—

“(1) millions of Americans have one or more physical or mental disabilities and the number of Americans with such disabilities is increasing;

“(2) individuals with disabilities constitute one of the most disadvantaged groups in society;

“(3) disability is a natural part of the human experience and in no way diminishes the right of individuals to— (A) live independently; (B) enjoy self-determination; (C) make choices; (D) contribute to society; (E) pursue meaningful careers; and (F) enjoy full inclusion and integration in the economic, political, social, cultural, and educational mainstream of American society;

“(4) increased employment of individuals with disabilities can be achieved through implementation of statewide workforce investment systems under title I of the Workforce Investment Act of 1998 that provide meaningful and effective participation for individuals with disabilities in workforce investment activities and activities carried out under the vocational rehabilitation program established under title I, and through the provision of independent living services, support services, and meaningful opportunities for employment in integrated work settings

through the provision of reasonable accommodations;

“(5) individuals with disabilities continually encounter various forms of discrimination in such critical areas as employment, housing, public accommodations, education, transportation, communication, recreation, institutionalization, health services, voting, and public services; and

“(6) the goals of the Nation properly include the goal of providing individuals with disabilities with the tools necessary to-- (A) make informed choices and decisions; and (B) achieve equality of opportunity, full inclusion and integration in society, employment, independent living, and economic and social self-sufficiency, for such individuals.”

The meeting room is quiet until a soft voice from our newest member says, “That’s what we’re here for? Wow.”

Our History: Advisory to Policy Partner

In the 1973 amendments to the *Rehabilitation Act* (the act) a philosophical shift was incorporated into the law when the traditional “medical model” of public vocational rehabilitation (VR) services was diminished by championing the partnership between the counselor and client. As the momentum for the disability rights movement continued to flourish change was evident, empowering for people with disabilities. The passage of the *Americans with Disabilities*

Act (ADA) in 1990 served as the impetus for advocates to effect changes for more consumer involvement in the 1992 amendments to the act. During the reauthorization process advocates persuaded Congress to create a mechanism to support people with disabilities receiving VR services to take an active role in shaping the services they receive. The result is seen in legislation that strongly emphasizes consumer involvement in the policies and procedures of VR agencies (the designated state unit

Jeff Davis, North Dakota Rehabilitation Council Chair; Steve Ditschler, Minnesota Rehabilitation Council member; Theresa Hamrick, Oklahoma Rehabilitation Council Program Manager; Rhoda Hunter, Oregon Rehabilitation Council Coordinator; Marlene Malloy, Michigan Rehabilitation Council Executive Director; Gwendolyn Powell, Virgin Islands member; Graham Sisson, Alabama SRC Liaison; Karen Stanfill, Rehabilitation Council of Texas member; Pam Stratton, Alaska State Vocational Rehabilitation Committee Vice Chair; Sherry Taylor, West Virginia Rehabilitation Council Executive Director; and Linda Vegoe, Wisconsin State Rehabilitation Council Chair are all members of the National Coalition of State Rehabilitation Council Steering Committee.

under the act). It mandated that the VR agencies establish State Rehabilitation Advisory Councils (SRACs) to work in partnership with the public VR program on the effectiveness of its policies, programs and services in meeting the needs of persons with disabilities. The majority of council members were mandated to be persons with disabilities, thus providing a powerful venue for the consumer voice in the public VR program.

Initially, many SRACs were considered “rubber stamps,” while others engaged in adversarial relationships with their VR agencies. Some SRACs, empowered to work under the mandates of Section 105, influenced the design and implementation of their state VR agency’s policies and practices. Over time, many SRACs evolved and determined that they wanted to learn more about the act and how to increase their involvement and influence with their VR agencies. The passage of the 1998 amendments to the act resulted in the removal of the word “Advisory” from the title and established State Rehabilitation Councils (SRCs) as policy partners who were to function as autonomous and independent entities from their VR agencies. The success of an SRC has been realized when the state director finds the SRC to be a smart partnership for VR.

Our Mandate: To Review, Analyze and Advise

SRC members are governor-appointed and are expected to be the “customer voice.” The statutory composition brings together important constituencies: the State Workforce Board; the state agency that implements IDEA; the director of a 121 Native American VR project; the Statewide Independent Living Council (SILC); the Client As-

sistance Program; community rehabilitation programs; VR counselors; parent and training centers; business, labor and industry; and representatives from disability groups, including current or former recipients of VR services.

The VR agency state director serves on the council in an ex-officio capacity. The diversity in membership brings with it the challenge of keeping individual interests in check while focusing on improving VR performance and achieving employment outcomes. In an effort to assure this global perspective, one SRC established a principle – to speak with one voice that reflects one common purpose: to ensure that their state VR program becomes the premier organization that assists people with disabilities to maximize their work potential and independence.

A number of councils report that one operational challenge is their dependence on the VR agency to educate and inform them. This paradigm results in an SRC’s inability to know what information is available and/or what to ask for in order to carry out its responsibilities. This is evidenced by the fact that some SRCs receive performance and financial data to review, while others do not; some SRCs have budgets, while others do not; some SRCs have dedicated staff, while others do not; and some SRCs function at a level where they are challenged to meet their mandates and rely on VR agency staff to complete their work.

Each SRC is expected to carry out the responsibilities detailed in Section 105 of the act: (1) review, analyze, and advise the designated State unit. — Promising Practices:

- Councils and VR agencies have found that SRC members must have

access to reports and data to be able to review, analyze and advise.

- Councils must learn about other state agencies serving individuals with disabilities and determine if their policies complement or impede employment outcomes. A SRC asked the VR agency to go beyond the law’s requirement for memorandums of understanding with education and implement memorandums of agreement to better serve each “shared consumer.” The Temporary Assistance for Needy Families (TANF) program and VR agency have collaborative agreements, and one of their agreements includes three agencies: public education, VR and long-term care.
- One SRC recognized that the VR agency was teetering on the edge of not having enough resources to meet the needs of all individuals requesting VR services. The council recommended working in partnership to design a “Red Flags and Triggers Tool,” which was to be reviewed quarterly so that the status of resources was known, including whether or not the VR agency needed to take action.
- One council’s interest in improving youth transition services established a work team effort with the VR agency to implement new innovative models to build early career awareness, enhance students’ strengths and self-esteem, and develop life skills via career exploration and family parenting activities. The goal is to engage increased numbers of high school students in employment-centered planning as a portion of their high school experience.
- One SRC established a committee to address its concerns regarding

the quality of assistive technology (AT) services provided throughout the state and the related barriers faced by customers. The committee has reviewed AT processes related to evaluation, procurement, training, computer access and ongoing support and will be providing its findings to the VR agency in a report that will include recommendations.

- One SRC designed and implemented a “Mystery Shopper Project” to determine the customer experience. SRC staff members posed as customers contacting a local VR agency office to engage in services. The findings were reported to the VR agency with recommendations for changes that would improve the initial customer experience.

Section 105, (2) (A) develop, agree to, and review State goals and priorities and (B) evaluate the effectiveness of the vocational rehabilitation program — Promising Practices:

- Councils and VR agencies have found that SRC members must be familiar with the state plan, goals and priorities, and the standards and indicators that measure program effectiveness.
- Councils have learned to ask for data that tells them more than the percentages of the standards of indicators. If questions are raised during public comment about whether a certain disability group is underserved, the council asks the VR agency for data and invites representatives from the disability group to the next SRC meeting to discuss their concerns and possible solutions.

- One council’s executive committee worked closely with the VR agency administrators to develop a reporting template that summarizes the Rehabilitation Services Administration (RSA) standards and indicators along with additional client data.

Section 105, (3) assist in the preparation of the State plan and amendments to the plan, applications, reports, needs assessments, and evaluations required by this title — Promising Practices:

- Councils take different approaches to the State Plan and needs assessments. Councils appoint committees or assign members to work groups, or the council may divide the sections of the State Plan among members based on interests and expertise. Needs assessments are conducted either internally by the VR agency or contracted externally and include SRC involvement.
- Councils have had significant impacts on some state and territory VR agencies through the State Plan Attachment 4.2’s recommendations. One SRC reported that a State Plan process team has been created with VR agency staff and the council to design a work plan to manage the writing and editing assignments. The SRC simultaneously writes Attachment 4.2 while reviewing each updated attachment authored by the state agency. Councils have learned to utilize recommendations to protect the focus of the VR program; for example, one SRC recommended that the majority of VR funds be used for case services identified in the Individual Plan for Employment.

Section 105, (4) Consumer Satisfaction — Promising Practices:

- Councils take different approaches to satisfaction surveys. Many SRCs started by developing and conducting their own consumer satisfaction surveys. Some SRCs do the survey work in conjunction with a university, while others work with the VR agency to develop a joint survey.
- Councils are using surveys to fulfill other responsibilities under the act, such as: needs assessments, vendor satisfaction, consumer satisfaction with vendors, to learn about specific aspects of the VR process, and before and after consumer satisfaction when Order of Selection is implemented.

Section 105, (5) prepare and submit an annual report to the Governor and the Commissioner on the status of VR programs operated within the State, and make the report available to the public — Promising Practices:

- Annual reports reflect the priorities and challenges of each VR agency. Some reports reflect the council’s activities during the year, while other reports highlight consumer success stories to illustrate the importance of the VR program.
- A feature in recent annual reports has included the economic impact of successful VR program “grads.” Some reports provide statewide impact, while others list economic impact by county or district. Councils indicate that they utilize this report as to educate their members of Congress and/or state legislature on the VR program’s return on

investment.

Section 105, (6) to avoid duplication of efforts and enhance the number of individuals served, coordinate activities with the activities of other councils within the State — Promising Practices:

- SRCs develop a working relationship with the governor’s appointment staff to ensure that appointments fulfill the mandated positions. Many SRCs report their ongoing challenge of receiving timely appointments from their governor.
- Councils develop a plan for establishing working relationships with mandated partners. Some SRCs establish meeting schedules to avoid conflicting with other mandated partners’ meetings or have joint sessions with those councils.
- Disability council summits have been held to better coordinate activities and provide input for the VR agency/SRC needs assessment and the State Plan for Independent Living (SPIL).
- One SRC has joined with 20 statewide disability advocacy-related organizations to author a biennial Common Disability Agenda that serves as the public policy document for its state.

Section 105, (7) provide for coordination and the establishment of working relationships between the designated State unit and the Statewide Independent Living Council and centers for independent living within the State — Promising Practices:

- One way of building working relationships was to invite SILC and Centers for Independent Living (CILs) staff to join the SRC and help shape the agenda.
- Some SRCs hold joint meetings annually with the SILC; other Councils report that they are involved in the annual grant review process for CILs and/or contribute to the SPIL.

Section 105, (8) perform such other functions, consistent with the purpose of this title, as the State Rehabilitation Council determines to be appropriate, that are comparable to the other functions performed by the Council — Promising Practices:

- SRCs determine other issues that impact a person’s ability to be successful in the VR program as well as approaches to influence the challenge(s) in an effort to improve quality employment outcomes.
- One SRC reported its efforts to advocate for the removal of disincentives in Social Security Disability and other disability programs that impede a recipient’s ability to be self-sufficient.
- An SRC for the Blind and Visually Impaired reported the success of joining with other partners to establish an annual vision summit

to educate the legislature on the value and contribution of their state agency for blind services.

- One SRC reported that its designated state agency had planned for an organizational restructuring in such a way that it threatened the integrity of the public VR program. The council partnered with other disability-related organizations, consumers and advocates to voice their strong opposition to many of the recommended changes. As a result of the SRC’s advocacy and educational efforts, the VR agency was able to maintain its identity and function as the law intended.

Highlighting Organizational Best Practices

- The creation of a Standard Operation Procedures manual designed by one SRC for both their members and staff has enhanced each member’s success as they understand their role and responsibilities related to the council.
- Many SRCs have reported a variety of models in which to achieve their mandated quarterly meetings. Some councils have bimonthly or quarterly meetings, by teleconference or in person, while others have multiday or combined events with in-service training sessions, committee meetings and/or customer focus groups.

Our National Connection: NCSRC

In fall 2005, consensus was reached by a group of SRC members and staff that there was a need to establish a national connection for the sharing of best practices. Within six months the National Coalition of State Rehabilitation Councils (NCSRC) was born. An

organizational structure was created with the establishment of a steering committee, bylaws, mission, vision, values and a membership resolution. A Web site and list serv have been created, providing resources, communication opportunities and a mechanism for SRCs to connect with each other. As of this writing, nearly 40 SRCs have joined the coalition. Bimonthly tele-conference meetings (financed by RSA) and in-person biannual Sunday sessions were held the day prior to each CSAVR conference that provides training and topic presentations (CSAVR funds the

room and equipment needed).

Our Vision: SRCs in 2020

The relationship between SRCs and public VR management has been a work in progress. A lack of council infrastructure and changes in VR management cause some to be in a constant state of getting acquainted. For those with council infrastructure and receptive VR leadership, the partnerships have thrived. Through the NCSRC, councils are learning what is possible. Councils can celebrate the success of VR agencies

while advocating for excellence and can acknowledge the numbers served while pointing out the underserved. There is no contradiction in having pride in what VR does and asking it to do more. Our vision for 2020 is that each State Rehabilitation Council will receive reasonable operating budgets and support staff, so all councils can assist the public VR system to help individuals with disabilities achieve economic and social self-sufficiency through employment.



MARY SWITZER WITH ONE OF HER MANY FANS

Creating a Vision of 2020: Celebrating Our Past, Looking to the Future — American Indian Vocational Rehabilitation

*Joseph E. Kelley
Trevia M. Roanhorse*

The year 2010 marks 32 years since American Indian Vocational Rehabilitation (AIVR) was introduced into law with the 1978 amendments to the *Rehabilitation Act* and 90 years since the birth of public vocational rehabilitation with the *Smith-Fess Act* in 1920.

AIVR History:

1970 – 1981

Even prior to the 1978 amendment creating AIVR the Navajo Nation provided services to its people with a demonstration grant from the Arizona Department of Economic Security, Rehabilitation Services Administration. The founder and first director of that Navajo Nation VR program was Elmer J. Guy, Ph.D., who currently is the president of the Navajo Technical College. Excellent support and technical assistance was provided by the RSA Region IX office in San Francisco by Herb Liebowitz, Ph.D, who worked tirelessly with Dr. Guy to develop the program and later the 1978 amendment to the *Rehabilitation Act*.

Public law 93-638, the *Indian Self-Determination and the Education Assistance Act of 1975*, was a milestone in the recognition of Indian Nations to operate their own programs and services. This set the precedent for other legislation that helped create the path for the provision of tribal VR in 1973.

- The Navajo Nation Vocational Rehabilitation Project (NVRP) was developed in collaboration with the

Arizona Rehabilitation Services Administration, which was a demonstration grant to provide vocational rehabilitation services (VR) on the Navajo Nation.

- The Navajo Nation began to legislatively advocate with the U. S. Congress for American Indians to administer and provide VR services to its own tribal members with disabilities on their respective reservations and communities. Because the Navajo Nation VR initiative was so successful, it provided the foundation for the 1978 reauthorization of the *Rehabilitation Act*, establishing AIVR. Further, a request for a set-aside of Section 110 monies was also added to the amendment to provide funding.

1978

With reauthorization of the *Rehabilitation Act* in 1978, AIVR became Part D, Section 130, allowing American Indian tribes to apply for discretionary grants to provide VR services to their members living on their reservations.

1981 – 1985

Navajo Nation became the first American Indian tribe to apply for and receive a Section 130 grant and provide VR services to its members. During this time RSA awarded a grant to James Bitter, Ph.D., from Colorado and another evaluation entity from Virginia to

conduct an overall Navajo VR program evaluation that included client services, program and client expenditures, fiscal accountability, relationship with state VR agencies, outcomes, management, and leadership. In addition, the RSA commissioner and his staff, RSA regional commissioners from Regions IX, VIII, VI, representatives from their respective Rehabilitation Continuing Education Programs (RCEPs), and state agency staff from Arizona, New Mexico and Utah VR conducted an on-site program review of the NVRP. The overall evaluation was productive and Navajo VR was supported for continuation funding.

1985

Other American Indian tribes began to apply for and receive Section 130 grants to provide VR services to their members, such as Shoshone Bannocks, Chippewa Cree and the Salish Kootenai.

1986

With the 1986 reauthorization of the act, a clause was inserted to allow for the provision of services traditionally

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used by Indian tribes and the first use of language about providing culturally relevant services. In addition, the near reservation language was added that extended tribal VR services beyond the reservation boundaries.

1990

By this point in time, 13 AIVR programs were operating in the contiguous 48 states and Alaska.

1993

In January 1993 the Consortia of Administrators for Native American Rehabilitation (CANAR) was formed with the assistance of the University of Northern Colorado Region VIII Rehabilitation Cultural Diversity Initiative, under the leadership of Kenneth E. Galea'I, Ph.D.

- The six tribal VR program directors at the forming of CANAR meeting were Rusty Cantrell from Assiniboine Sioux; Steve Calbavy, Rocky Boy VR; Ken Callanhan, Shoshone-Bannocks VR; Mike Hermanson, Salish Kootenai VR; Sid Claymore, Standing Rock Sioux VR; and Treva Roanhorse, Navajo VR program.
- Rusty Cantrell, program director for the Assiniboine Sioux VR program, was appointed by the six tribal VR directors as the first CANAR president.
- The CANAR administrative office was located at UNC/RCEP in Greeley, Colorado, from 1993 to 1997.
- CANAR was established to advance and improve rehabilitation services by:
 - providing a forum to enable administrators of Native American

rehabilitation to study, deliberate and to act upon matters affecting rehabilitation with the ultimate goal of expanding quality rehabilitation services to Native American persons with disabilities;

- providing a resource to organize and convey the collective position of administrators of Native American rehabilitation on issues affecting rehabilitation on reservations, trust territories, Alaska Native villages and on a national level to disseminate the collective position to service providers, related facilities, companies and concerned citizens;
- providing a means of communication with related organizations and governmental bodies on matters related to rehabilitation service provision, education and research;
- conducting and supporting research demonstrations that lead to an improvement of rehabilitation services for Native Americans with disabilities on reservations, trust territories, Alaska Native villages and at the national level;
- promoting and maintaining service outcomes that develop a professional identity for practitioners in rehabilitation whose career goals are in rehabilitation services, education and administration of Native American rehabilitation programs; and
- conducting and supporting efforts to increase the number of Native American practitioners in vocational rehabilitation.

1993

The first CANAR newsletter was published by Region VIII RCEP.

1994

After that year's competition, 13 AIVR programs were operating on approximately \$3.5 million and serving 1,600 American Indian individuals with disabilities. Also, during a CANAR conference that year, all existing AIVR programs agreed that they would collaborate and cooperate rather than compete. The programs began to assist each other by the sharing of policies, forms and documents. In this manner they created a network of help to develop, support, expand and sustain their programs to better meet the needs of their clients. The word "compete" was effectively tossed out.

1997

The CANAR office was transferred to Northern Arizona University in Flagstaff, Arizona, with the American Indian Rehabilitation Research and Training Center (AIRRTC).

1998

During the 1998 reauthorization of the *Rehabilitation Act* CANAR presented 22 amendments to the act that would significantly impact AIVR programs in a positive manner. Twenty of the 22 items became law. Some of these significant items were:

- representation of AIVR programs on the statewide rehabilitation advisory boards;
- representation of AIVR programs on the Statewide Independent Living boards;
- funding cycle increased from three

to five years;

- existing programs given 10 additional points in competition;
- tribal VR agencies allowed to serve American Indian individuals living on or near the reservation;
- RSA required to collect data concerning the performance of AIVR programs;
- RSA required to complete studies to determine the health of AIVR programs;
- Section 21 expanded to outreach to minority entities and Indian tribes;
- Section 101 amended to assure that state agencies entered into collaborative agreements with tribal VR programs within their borders;
- an increase of Title I dollars set aside for the AIVR programs; and
- language to modify Section 21 so that the recipients of long-term training grants were required to recruit students from American Indian communities.

1999

RSA entered into a contract with Development Associates Inc. to conduct a national study of AIVR programs. This was the first national evaluation of the AIVR programs and RSA wanted to identify the degree to which American Indians and Alaska Native individuals with disabilities were or were not being served. RSA wanted to know about the organization structures and management of the programs. They wanted to know about the rehabilitation practices, determination of eligibility, the

development of plans, types of services being provided and employment outcomes. Finally, RSA wanted to identify the cost-effectiveness of programs and to describe the economic and resource environments of the programs.

To accomplish this, a multiyear evaluation was carried out reviewing 54 programs with 29 actual site visits. The overall evaluation of the programs was positive and indicated that quality and culturally appropriate services were being provided and the programs were in compliance with all the federal regulations set forth for AIVR.

2000 – 2008

In 2003 the CANAR office was moved to Natchitoches, Louisiana, with the Louisiana Central Intertribal VR program under the leadership of Joe Kelley, project director.

During this period the AIVR set-aside amount expanded to approximately 1 percent of Title I dollars and the number of AIVR programs grew to 74. In 2008 some 74 AIVR programs served 7,676 individuals with disabilities and assisted 1,609 of these individuals into gainful employment with a success rate of 66 percent.

2009

In October 2009, 16 years after its establishment, CANAR officially opened its first office with paid staff consisting of an executive director and an administrative assistant in Natchitoches, Louisiana.

2010

In 2010, amid national disasters and a shrinking economy, AIVR continues

to be optimistic about the possibilities for American Indian individuals with disabilities. Seventy-nine AIVR programs continue to serve annually approximately 8,000 American Indian individuals with disabilities, providing culturally appropriate services to assist them in their quest for employment and career options.

CANAR has completed its 17th year midyear conference and has brought national attention to the needs and potential of American Indian/Alaska Native individuals with disabilities. CANAR is very excited about the excellent partnership with the Rehabilitation Services Administration, our state VR partners, the U.S. Department of Labor, the Veterans Administration's vocational rehabilitation program and the Social Security Administration. In addition, we are excited about the many excellent partnerships that exist with groups such as the Council of State Administrators for Vocational Rehabilitation, the National Rehabilitation Association, the National Council on Disabilities, and many other tribal, state, federal and national entities that continue to support and address the cause of AIVR.

Prior to 1981 and the founding of AIVR few American Indians and Alaska Native individuals with disabilities were benefitting from the public VR system that had been established approximately 61 years earlier. However, with the 1978 reauthorization of the act and the creation of Section 130 a new day began for tribal members with disabilities. Our vision is to increase and expand the American Indian VR family circle and assure that it is open to all who need our assistance and wish to partner with us in this great work.

The Randolph-Sheppard Program: The Entrepreneur's Alchemy

Suzanne B. Mitchell

Warren Buffett once remarked, "Someone's sitting in the shade today because someone planted a tree a long time ago." The *Randolph-Sheppard Vending Facility Act* passed in 1936 by Senator (then Representative) Jennings Randolph of West Virginia and Senator John Morris Sheppard of Texas marked the beginning of an extraordinary opportunity for blind persons to lead "ordinary" lives. The *Randolph-Sheppard Act* (as it is now known) was authorized "for the purpose of providing blind persons with remunerative employment, enlarging the economic opportunities of the blind, and stimulating the blind to greater efforts in striving to make themselves self-supporting..." (20 USC 107(a)). Blind individuals licensed under the provisions of the *Randolph-Sheppard Act* are authorized to operate vending facilities on any federal property. Subsequently amended in 1954 and 1974, the provisions of the *Randolph-Sheppard Act* (the act) were strengthened to require that "priority," not "preference," be granted to blind persons in the operation of vending facilities on federal property. Similar priority or preference laws have been passed in virtually every state, expanding the opportunities under the Randolph-Sheppard program to state and often county and municipal buildings.

Since the act was passed, literally thousands of blind individuals have helped to turn this unique opportunity into a major business enterprise. In fiscal year 2008 the program realized

gross sales of \$723,489,693. The average annual income for blind vending facility managers was \$50,543, or \$24.30 an hour. One of only a handful of job opportunities available to blind persons during the first half of the 20th century, the Randolph-Sheppard program has evolved into a career of choice for the 2,400 entrepreneurs currently involved in the program.

Despite an unquestionable record of success, the Randolph-Sheppard program has wrestled with past perceptions of being an obsolete program of little relevance when viewed among the myriad of growing career choices available to individuals who are blind. It has labored under the misconception of being an entitlement program rather than an entrepreneurial opportunity, a placement of last resort rather than an entree into small business, and an insignificant employment program rather than one of the most prolific in the history of the blind. Whatever criticisms have emerged throughout the years, the fact remains that the program has endured and perceptions are changing. In more recent years the program's circumference has grown to include not only single-operator concessions and newsstands but also the largest of contract military dining operations and all manner of businesses in between. Kiosks, convenience stores, laundry facilities, bars, restaurants, vending routes and more comprise the landscape of Randolph-Sheppard facilities.

Countless personal stories provide

the anecdotal evidence of the impact of the Randolph-Sheppard program on the lives of blind persons, their families, their employees and those that they serve. Below are just a few examples:

- In September 2005 blind entrepreneur Eugene Breaud found himself on the receiving end of Mother Nature's double whammy at Ft. Polk, Louisiana. As the contractual food services manager for Ft. Polk, Mr. Breaud and his partners were called into service in anticipation of Hurricane Katrina. The installation provided a safe haven for a Coast Guard unit forced to evacuate the New Orleans area with their family members. All were housed and fed in Ft. Polk facilities. After Katrina hit, many more evacuees appeared. The garrison commander approved providing food services to everyone who came to the door until the Federal Emergency Management Agency (FEMA) could get its operations up and running. Just as the dust was settling from Hurricane Katrina, Ft. Polk was hit directly by Hurricane Rita. The local area was devastated: Phones, water and electricity were down for days to weeks; power lines were

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down and streets were impassable; even cell phones did not work. Mr. Breaud had sent all of his employees home before Rita hit so they could protect themselves, but half a day after the storm, no fewer than 130 staff showed up to work. They fed cleanup crews and evacuees, including local residents. When the dining facility had no power, they issued commercially packed meals or Meals, Ready to Eat (MREs). When the facility had gained access to gas-powered equipment they prepared coffee and any other food that was on hand. In short, anyone who was able to make it to the dining facilities was fed until FEMA was set up and able to take over.

- Nicky Gacos is accustomed to tough knocks. As a sophomore strong safety on the University of Pittsburgh Panthers football team he was known as a hard hitter. But during one game he was on the receiving end of a hit that would change his life forever: A concussion suddenly and irreparably injured his optic nerve, and he was instantly legally blind. Mr. Gacos graduated from college and worked in his family's restaurant business. But, his desire to own his own business brought him to the Randolph-Sheppard program in 1991. Today, Mr. Gacos owns and operates Colorado Café Associates, which provides food service to employees at the Jersey City Post Office. His facility includes vending, the central lunchroom and a Dunkin' Donuts kiosk. The partnership with Dunkin' Donuts was the first of its kind in the Randolph-Sheppard program. "This brought the branding concept into the facility," explains Mr. Gacos. "It's another example of Randolph-Sheppard going the extra mile to

give customers what they want." In recognition of his successful business and outstanding service to the community, Mr. Gacos was presented the Corporate Partnership Award from the New Jersey Department of Labor and Workforce Development. By way of giving back to the Randolph-Sheppard program, Nicky is helping other vendors and franchisees across the nation to develop similar partnerships to provide world-class customer service.

- The U.S. Army has played a major role in Harvey Johnson's life. From 1970-73 he served on active duty working as a baker and a clerk in the dining service. After completing his military service Mr. Johnson embarked on a private sector food service career. However, cancer and diabetes combined to take his vision in 1997 and he had to start over. Learning to live independently without sight was his first order of business, and then he wanted to go back to work. The Randolph-Sheppard program offered him the opportunity to run his own business, and Johnson was determined to take full advantage of it. Six years after distinguishing himself as a successful owner/operator in his first assignment he won the food service contract at Fort Bliss. Since taking over in 2004 the operation has grown by more than 400 percent. Mr. Johnson and his team are up to the challenge. Their focus on providing high-quality service to the troops has been recognized by the conferring of a prestigious Phillip A. Connelly Award for the best dining services in the Army.
- The competitive spirit that distinguished Kim Williams as a champion swimmer at the Tennessee

School for the Blind has served her well as a businesswoman. She worked in various nonskilled jobs after completing high school but dreamed of owning her own business. The opportunity to do just that came through the Randolph-Sheppard program. After extensive training she managed a small snack bar at a Tennessee Valley Authority office building in Chattanooga. Today, she owns and operates R&K Vending and has provided vending services at the Tennessee Valley Authority's Sequoyah Nuclear Power Plant in Soddy Daisy, Tennessee, for the past 20 years. "Working at a nuclear facility presents its own unique challenges," said Miss Williams. "My staff and I must go through thorough background checks and have been given the highest security clearances. Getting product into a protected area can be a challenge, but we do what we have to do to serve our customers." Miss Williams is focused on customer service and gives back to the staff who work hard every day at the plant producing power for the valley. Each year she has a customer appreciation day and gives away free ice cream and cookies. On Christmas Day, Williams takes sausage and ham biscuits to those who have to work. She routinely donates free product and volunteers to assist with various employee functions.

- Robert Vick grew up in the hotel and restaurant business and, at the age of 18, became the youngest-ever store assistant manager for a growing warehouse supermarket chain. In 1982 he was the victim of an assault and attempted murder. Damage to the brain left him blind and paralyzed on one side of his body. After years of intense

rehabilitation and training and with the help of his family, he became a Natural Therapeutic specialist and, later, a licensed blind manager in the Randolph-Sheppard program. Mr. Vick has operated his company, managing food service contracts, since 1988. He is currently the food service contractor for the Kirtland Air Force Base's Thunderbird Dining Facility in Albuquerque, New Mexico. With 50 employees, he serves 1,200 meals a day in a 24-hour operation. Vick's staff includes people from nine countries, and 31 of his employees have disabilities ranging from mild developmental disabilities to significant limb loss. In 2005 Vick's team won the Air Force's John L. Hennessy Award for best single category food service operation.

- Harold Wilson grew up in a small town in northern Louisiana. At the age of 15, when a brain tumor caused him to lose his sight, he thought he would never achieve his dream of owning his own business. After attending the Louisiana Center for the Blind, where he received training in the skills of blindness, Mr. Wilson completed his education and taught these same skills to blind children and adults. When he and his wife relocated to Washington, D.C., Mr. Wilson achieved his life-long entrepreneurial goal through the Randolph-Sheppard program. He currently manages his food service business at the United States Patent and Trademark Office and believes that it is an exciting and rewarding opportunity for himself and his family.

- Kevan Worley, the son of an Army sergeant, was born blind in Germany. Through his company, Worley

Enterprises, and the Randolph-Sheppard priority, Kevan is able to give back to his military "family" by providing hospitality to the men and women he serves at Ft. Carson, Colorado. "We say that every day should be Thanksgiving at Ft. Carson," said Mr. Worley. "Thanksgiving tends to be the biggest holiday for the troops we serve. And we do it with expertise and flair. But more than that, we think we give them a touch of home. When a soldier returns from Iraq or Afghanistan for the second time and pats you on the back for having 'the best burger and fries I've had in 15 months,' you cannot help but feel incredible pride. But don't think we're just fast food. Our culinary artists do the best ice carvings, salad bars, buffet lunches, steak and shrimp. We often serve these meals in the final hours before troops ship out. We are proud of this service. We are proud that we hire persons with disabilities who can deliver this hospitality. We employ more than 200 people, 65 percent of whom have disabilities, a significant percentage of whom are disabled veterans — and we do it at a great value to our nation."

It has often been said that the test of a thing is if it works. The Randolph-Sheppard program works. And when it works well, there is significant money generated, prompting others to take notice. The Randolph-Sheppard program has been the target of criticism from some who do not believe that it is appropriate for some blind vendors to make six-figure incomes and that there should be a "cap" on earnings. Needless to say, if a woman or a minority business person were subjected to similar thinking the result would be considered discriminatory and unfair. From others

with competing interests there have been charges that the Randolph-Sheppard program does not employ enough individuals with disabilities; therefore, it is self-serving for just one disability group — the blind. Unlike other preference programs such as AbilityOne, the Randolph-Sheppard program has no legislative mandate to employ persons with disabilities. The majority of vending facilities are small operations; however, for those that are substantial, the number of persons with disabilities hired by blind entrepreneurs is significant. In FY 2008 some 1,907 employees with disabilities (aside from the 2,400 blind managers) were voluntarily reported. Because there is no mandatory disclosure, the report reflects only those who self-identify and the number is most likely underreported.

Public officials and disability advocates alike have challenged the assignment of the priority under the Randolph-Sheppard program to only those who are legally blind. Since the program has worked so well, should it not be opened to all disabilities? On the surface, this seems to make good common sense. After all, the original *Javits-Wagner-O'Day Act* creating a program to enable persons who were blind to sell products to the federal government was amended in 1971 to include persons with other severe disabilities to benefit as well. Today, thousands of products and services are procured by the federal government from nonprofit agencies hiring persons with significant disabilities in direct labor jobs. Fundamentally, however, the Randolph-Sheppard and the AbilityOne programs are very different. Randolph-Sheppard is an entrepreneurial program — much like the Small Business Administration's minority-owned business program — that provides management opportunities in essentially one area: food service opera-

tions. AbilityOne provides direct labor opportunities in a multitude of service and product areas to meet the procurement needs of the federal government. Contracts for food service under the Randolph-Sheppard program are awarded competitively; whereas, the AbilityOne program is awarded contracts for products and services through a noncompetitive procurement list. Essentially, there are fewer management opportunities available through the Randolph-Sheppard program than there are direct labor opportunities in the AbilityOne program. Opening up the Randolph-Sheppard program to other disability groups without significantly increasing the number of opportunities would diminish the availability of entrepreneurial opportunities for the blind in an already compromised environment due to federal downsizing. When considered in conjunction with the provisions already contained in the *Rehabilitation Act of 1973*, as amended, that support the establishment of small businesses by persons with disabilities it appears to make sense to support the original intent of the *Randolph-Sheppard Act* to benefit the targeted group, the blind. Nonetheless, blind vendors have enhanced the effectiveness of the priority under the *Randolph-Sheppard Act* by voluntarily hiring others with disabilities in their businesses.

In the world of business and in federal programs there are many challenges that accompany the inevitability of change. The Randolph-Sheppard program is no exception. The downsizing of federal government facilities, including military base consolidation, closure of post offices and a surge in telework and outsourcing, are more recent examples. State governments have followed suit and budget-cutting measures and employee furloughs have had their own impact on blind vendors on state property. Industry closures in the private sector have resulted in lost opportunities as well. Proposals to commercialize the rest areas that are part of our federal highway system where blind vendors have priority in vending machine operations have been floated to Congress and state legislatures in an effort to address state budget woes. All of these factors, coupled with the economic downturn, have had measurable impact on the Randolph-Sheppard program.

As the nation strives for economic recovery, the Randolph-Sheppard program is seeking its own transformation to ensure its future vitality. Changing food trends, an aging blind vendor population, new technology, and the emerging sustainability and healthy nutrition initiatives are but a few of the issues driving efforts toward moderniza-

tion. Quoting Peter Drucker, "The best way to predict the future is to create it." Creating that future was the focus of a recent national conference hosted by the Rehabilitation Services Administration in June 2010. With the active participation of all program stakeholders, including federal property managing agencies, state licensing agencies, the major organizations representing blind vendors and the vendors themselves, the wheels were set in motion to modernize and transform the Randolph-Sheppard program. Without the support and efforts of the National Council of State Agencies for the Blind; the National Association of Blind Merchants, a division of the National Federation of the Blind; the Randolph-Sheppard Vendors of America, a division of the American Council of the Blind; and the Blind Entrepreneurs' Alliance, an alliance of all major stakeholders in the Randolph-Sheppard vending program the 74-year-old program might have fallen into obsolescence. Instead, it has brought dignity and purpose to the lives of thousands and has served its original purpose well. What will it be like in 2020? The answer lies in the hearts, minds and innovative spirit of those who are reseeding the trees that will provide the shade for tomorrow.

The Struggle for Independent Living Rights

Kelly Buckland

Ann McDaniel

Jeff Hughes

Independent living is a way of life that includes values, attitudes and behaviors. It embraces a philosophy that the person, regardless of his or her disability, has the power to exercise individual self-determination. Independent living (IL) is having the right and the opportunity to pursue a course of action. And it is having the freedom to fail – and to learn from one’s failures, just as people without disabilities do. IL means that we demand the same choices and control in our everyday lives that our non-disabled brothers and sisters, neighbors and friends take for granted. We want to grow up in our families, go to the neighborhood school, to use the same bus as our neighbors, to work in jobs that are in line with our education and abilities, and start families of our own.

The history of independent living is closely tied to the civil rights struggles of the 1950s and 1960s among African Americans. Basic issues – disgraceful treatment based on bigotry and erroneous stereotypes in housing, education, transportation and employment – and the strategies and tactics are very similar. This history and its driving philosophy also have much in common with other political and social movements of the country in the late 1960s and early 1970s. There were at least five movements that influenced the disability rights and independent living movement.

The first social movement was de-institutionalization, an attempt to move people, primarily those with develop-

mental disabilities, out of institutions and back into their home communities. This movement was led by providers and parents of people with developmental disabilities and was based on the principle of “normalization” developed by Wolf Wolfensberger, a sociologist from Canada. His theory was that people with developmental disabilities should live in the most “normal” setting possible if they were expected to behave “normally.” Other changes occurred in nursing homes where young people with many types of disabilities were warehoused for lack of “better” alternatives (Wolfensberger, 1972).

The next movement to influence independent living and disability rights was the civil rights movement. Although people with disabilities were not included as a protected class under the *Civil Rights Act*, it was a reality that people could achieve rights, at least in law, as a class. Watching the courage of Rosa Parks as she defiantly rode in the front of a public bus, people with disabilities realized the immediate challenge of even getting on the bus.

The “self-help” movement, which really began in the 1950s with the founding of Alcoholics Anonymous, came into its own in the 1970s. Many self-help books were published, and support groups flourished. Self-help and peer support are recognized as key points in independent living philosophy. According to this tenet, people with disabilities are believed to be more likely to assist and to understand each

other than individuals who do not share experience with disability.

“De-medicalization” was a movement that began to look at more holistic approaches to health care. There was a move toward “demystification” of the medical community. Thus, another cornerstone of independent living philosophy became the shift away from the authoritarian medical model to a paradigm of individual empowerment and responsibility for defining and meeting one’s own needs.

Consumerism was a movement in which consumers began to question product reliability and price. Ralph Nader was the most outspoken advocate for this movement, and his staff and followers came to be known as “Nader’s Raiders.” Perhaps most fundamental to independent living philosophy today is the idea of control by consumers of goods and services and over the choices and options available to them.

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The independent living paradigm was developed by Gerben DeJong in the late 1970s. This concept rejects the medical and rehabilitation models, which have been common since World War II and proposed an independent living model. As with the movements described above, this new model located problems or “deficiencies” in the society, not the individual. People with disabilities no longer saw themselves as broken or sick, certainly not in need of repair. Issues such as physical, social and attitudinal barriers were the real problems facing people with disabilities. The answers were to be found in changing and “fixing” society, not people with disabilities. Most important, decisions must be made by the individual not by the medical or rehabilitation professional.

Using these principles, people began to view themselves as powerful and self-directed as opposed to passive victims, objects of charity, cripples, or not whole. Disability began to be seen as a natural, not uncommon, experience in life, not a tragedy.

In the late 1960’s, the first center for independent living (CIL) was created in Berkeley, California. Soon thereafter, across the country other centers for independent living began to grow simultaneously in Houston, Boston and Chicago. Wade Blank and the Atlantis Community established ADAPT, an activist organization that reformed access for people with disabilities to public transit and continues its fight for deinstitutionalization today. These are often remembered as the glory days of the Disability Rights & Independent Living Movement, fondly recalled by activists, and rightly so, as they carried out some of the most daring protests in American Civil Rights history, including the longest occupation of a federal building in history, from April 5 through May 1,

1972. In conjunction, rallies and sit-ins were held in nine cities across the country, and the action led to the release of the regulations of the *Rehabilitation Act of 1973*, which bans discrimination against people with disabilities in federally funded programs.

As the independent living movement and philosophy (which emphasizes the idea that people with disabilities are the best experts on their needs) began to spread across the country, the power of the concept of consumer control soon found its way within the traditional rehabilitation program. CILs and people with disabilities from throughout the country advocated that all of Title VII should be “consumer-controlled” and that the State Independent Living Advisory Councils should be given the decision-making authority over funding and services tied to the State Plan for Independent Living (SPIL). With the passage of the 1992 amendments to the *Rehabilitation Act of 1973*, the Independent Living Advisory Committees were transformed into the Statewide Independent Living Councils (SILCs, consumer-controlled, governor appointed bodies), with the joint responsibility with the designated state units of development and submission of the SPIL and sole authority for monitoring the implementation of the SPIL.

The 1992 amendments were adopted as a compromise to address the ongoing conflict between opposing viewpoints of the old, archaic rehabilitation paradigm and the steadily growing independent living movement. Not coincidentally, and very important to mention within this paper, the 1992 amendments also included the right for persons with disabilities to have an “informed choice” over the services, goals and objectives within their individualized plans for employment.

Similar to the early struggles of

other oppressed and disenfranchised groups, soon after SILCs began exercising their newfound authority by fulfilling the intent of the 1992 amendments retaliation began occurring from state bureaucracies (as well as the federal government) to hinder its activities. However, in spite of the ongoing struggle over the balance of power and authority between VR and IL, the concept and belief of consumer control continued to find its way into other entities; one consumer-controlled entity in particular – The State Rehabilitation Council (SRC).

Language passed in the 1998 amendments to the *Rehabilitation Act of 1973* gave SRC’s the authority and responsibility to be included in the development and review of VR State Plans, as well as the development, implementation and revision of policies.

The new-found roles and authority of people with disabilities within the programs operated under the *Rehabilitation Act* brought the consumer perspective to the programs in an unprecedented way. The impact of that voice has been felt throughout the VR program as well as the IL program. Previously, “counselor knows best” was often the policy. The inclusion of consumer choice and the philosophy of consumer control in the law challenged that. Counselors had to find new ways to relate to and work with the people with disabilities they served. The dynamic of the counselor/client relationship changed. In addition to a control shift from the counselor to the client, there was also a responsibility shift. People with disabilities were more involved in and had more control over the development of their programs and, as a result, had, and felt, more responsibility for them. “Nothing About Us Without Us” became the national independent living mindset.

Since its formal inception, the Independent Living Program in America has served as a model of consumer control and empowerment, placing people with disabilities in control of systematically breaking attitudinal and institutional barriers.

NCIL's guiding principles, described within its position paper on the reauthorization of the *Rehabilitation Act*, clearly demonstrates the broad impact IL continues to have on service delivery systems. NCIL believes it is time to move the IL philosophy and consumer control to the administration of the IL program at the federal level. Creating an Independent Living Administration (ILA) at the federal level will provide the opportunity to effectively influence and coordinate efforts with other federal programs to create and promote opportunities for people with disabilities to live independently within the communities of their choosing.

Recently, entities such as the Administration on Aging (AOA), Centers for Medicare and Medicaid (CMS), Social Security Administration (SSA), and Rehabilitation Services Administration (RSA), for example, have made important strides to increase consumer-control opportunities for people with disabilities, but the disconnect with the IL community as a whole still remains.

Establishing an ILA (consistent with NCIL's position paper) will not only continue to promote consumer control but also provides an opportunity to capitalize on a nationwide infrastructure made up of consumer-controlled entities (Centers for Inde-

pendent Living and Statewide Independent Living Councils) whose primary existence is built upon ensuring that people with disabilities are in full control over the services they receive. At least 51 percent of the commission must be comprised of people with disabilities who have demonstrated significant experience in independent living. The commission should hire and evaluate the ILA director, provide oversight and direction, assess satisfaction of re-

are built upon the medical model and diametrically opposed to the independent living philosophy. Frequently, meager attempts and "token" representation strategies continue to be used to oppress, perpetuating divisiveness and distrust. SILCs are the natural entity responsible for coordinating efforts between the federal ILA and local centers for independent living (CILs). Since 1992 SILCs have been charged with the responsibility of the development

Initiatives designed to increase consumer control and representation all too often become flawed in a state's implementation of programs and services, whose mission, design and philosophies are built upon the medical model and diametrically opposed to the independent living philosophy. Frequently, meager attempts and "token" representation strategies continue to be used to oppress, perpetuating divisiveness and distrust. SILCs are the natural entity responsible for coordinating efforts between the federal ILA and local centers for independent living (CILs).

and submission of the State Plan for Independent Living (SPIL), which includes the design for the statewide network of CILs, advocacy initiatives, resource development, collaboration and coordination with other organizations that provide services to people with disabilities. Given the autonomy and authority to identify, develop and coordinate resources, SILCs will have the unique ability to ensure that federal initiatives are coordinated with local CILs, while holding states accountable. Locally, CILs will have greater opportunities to participate in

ipients, develop long-term financial resources, provide periodic reports to the secretary, and other duties necessary to ensure the long-term success of the IL program.

In spite of the challenges at the state level that continue to hinder federal efforts, CILs and SILCs continue to work together to maximize consumer control in all aspects of service delivery. Initiatives designed to increase consumer control and representation all too often become flawed in a state's implementation of programs and services, whose mission, design and philosophies

federal and state initiatives, thereby increasing programs, services and opportunities for people with disabilities, continuing to advance the IL philosophy of consumer control.

Since their early beginnings, CILs have been the foundation of independent living. They have provided an opportunity for us to claim our identity, form our culture and learn from each other's experiences, while educating the general public and advocating for equal rights and the inclusion of people with disabilities in all aspects of society. Early leaders understood that the

four core services are the most critical aspects for achieving independence. Offering services such as peer support, skills training, advocacy, and information and referral from an IL perspective where the consumer is in control has obviously influenced services and programs that cross both the public and private sectors.

A nationwide study conducted by the Independent Living and Rehabilitation Utilization (ILRU) program in 1999 found that for a CIL to effectively provide all of the core services an urban CIL must have an operating budget of approximately \$250,000, while a rural CIL must have approximately \$180,000. Recently, discussions have centered around the need for conducting an additional study that reflects the cost of living increases since 1999 and to include an additional core service. Initial estimates indicate that in order to absorb the cost of providing nursing facility transition services a CIL must have an operating budget of \$560,000.

Providing transition services to youths with disabilities is as equally important. The opportunity for youths with disabilities to take advantage of a CIL's existing core services such as peer support and the teaching of self-advocacy skills is immeasurable as their

identities are shaped and culture defined. However, the need of providing efficient services to both populations compounded by the need to reach unserved/underserved areas of the state as well as reaching unserved/underserved populations such as returning disabled veterans clearly illustrates the need to dedicate sufficient resources and effective coordination and collaboration on the federal level.

Elevating the IL program to an autonomous, independent, consumer-controlled administration at the federal level that supports the independent living network nationally will provide the opportunity to coordinate with the many other federal programs that continue to recognize the importance of consumer control. Creating an Independent Living Administration whose staff is made up of individuals with disabilities who are grounded in the IL philosophy, who also have significant, demonstrated experience in administering CILs and SILCs, will provide unique opportunities to capitalize on strategies for greater collaboration, to build stronger partnerships between federal, state and local programs, as well as provide for greater marketing opportunities, technical assistance, training, oversight and monitoring.

Consolidating all of Title VII funding to create one funding stream reduces duplication, provides the opportunity for greater oversight, reduces administrative spending, removes continuous conflict between the rehabilitation and IL philosophies, and ensures funding is provided directly to recipients.

Sufficient minimum funding levels should be established for both CILs and SILCs. A mandatory cost-of-living increase should be established to provide for the ongoing rise in the cost of providing services.

To ensure IL's consistency and long-term success, once a CIL receives federal funding it should be "grandfathered" in (as long as it continues to meet the standards and assurances). CILs must also have the ability to carry over funding from one year to the next.

Utilizing satellite/branch offices to reach unserved/underserved areas of the state is viewed as an effective way to expand services. Having the flexibility to utilize such innovative approaches within or outside of existing CIL catchment areas as well as establishing new CILs will increase the SILCs' and CILs' ability to ensure that IL services are available statewide.

NIDRR:

Contributing to Evidence-Based Rehabilitation Practice

Timothy C. Muzzio, Ph.D.

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In 1954 Congress established a formal program of disability and rehabilitation research. Over the following 56 years the program grew from a mostly-demonstration effort to the sophisticated interdisciplinary research program presently known as the National Institute on Disability and Rehabilitation Research (NIDRR). This article traces the history of NIDRR and discusses NIDRR today.

Research has deep roots in the *Rehabilitation Act*. The act and its predecessors have allowed for research since 1935. Initially, research efforts were largely demonstrations of practices that might improve rehabilitation. In 1954 the act strengthened its commitment to research by authorizing grants to public and private nonprofit organizations to support research and demonstration projects that proposed some unique national contribution to the knowledge

base of rehabilitation theory or practice. Specifically, the 1954 provisions authorized the Office of Vocational Rehabilitation (OVR, a forerunner to the current Rehabilitation Services Administration) to engage in the following:

- developing new or improved information, methods and devices for use by the disciplines in the rehabilitation of people with physical, mental or severe disabilities;
- increasing the effectiveness of existing programs and stimulating community cooperation and support; and
- providing new professional information and ideas for administrators to aid them in developing and expanding programs, services and facilities for people with disabilities.

The research program grew dramatically through the 1970s. In the early 1970s RSA established the initial model systems for spinal cord injury centers, a system that remains a unique and distinguished comprehensive rehabilitation system and data repository for spinal cord injury rehabilitation. By the mid-1970s RSA's research portfolio included a multidisciplinary network of research projects, research and training centers, rehabilitation engineering centers, and research utilization projects. The 1970s also saw an intense effort led by voluntary agencies of and for people with disabilities and by Congress and the administration to expand research support for disability and rehabilitation.

**Interesting
NIDRR Fact:
NIDRR sponsors the
largest prospective
longitudinal TBI
database in the world.**

These partners worked together to establish, from what was first a division within RSA, a new and separate agency to continue the strong commitment to carrying out a research program dedicated to examining all aspects of disability, including the individual with a disability and the environment in which he or she participates. These efforts culminated in the establishment of the National Institute of Handicapped Research (NIHR) in 1978.

This new institute was charged

**Interesting
NIDRR Fact:
NIDRR funding was
instrumental in
developing the reading
machine used by many
people with visual
impairments to read
newspapers, books,
magazines and other
printed material.**

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with defining needs of and identifying the means for improving services to people with disabilities and laying the foundation for a rigorous research program. In addition, the 1978 amendments established an Interagency Committee on Handicapped Research (ICHR) and a separate National Council on the Handicapped (NCH). These later became the present day Interagency Committee on Disability research (ICDR) and the National Council on Disability (NCD). In 1986, Congress changed the name of the institute to the National Institute on Disability and Rehabilitation Research (NIDRR).

NIDRR Today

Today, NIDRR is an agency in the Office of Special Education and Rehabilitative Services, U.S. Department of Education. It has an annual budget of \$110 million that funds over 200 research grants. Its mission is to generate new knowledge and to promote its effective use to improve the abilities of individuals with disabilities to perform activities of their choice in the community. The mission also authorizes the institute to expand society's capacity to provide full opportunities and accommodations for its citizens with disabilities. NIDRR funding represents the largest single federal investment in disability and rehabilitation research. While NIDRR does fund research on acute rehabilitation services, it invests

Interesting NIDRR Fact:
NIDRR is largely responsible for the concept of "universal design."

Interesting NIDRR Fact:
Since 9/11, NIDRR has led the federal government in advancing research on emergency management for people with disabilities. In 2008 NIDRR published "Emergency Management Research and People with Disabilities: A Resource Guide."

heavily in rehabilitation research that is closely tied to long-term outcomes such as independence, community participation and employment. It does this through a research program that spans several content areas that NIDRR refers to as domains: These domains are employment, health and function, and participation and community living. These are supplemented by two cross-cutting domains – technology for access and function and disability demographics.

NIDRR Research Domains

NIDRR funds eight primary types of grants:

Disability and Rehabilitation Research Projects (DRRPs) emphasize research and development projects, training and knowledge translation on rehabilitation topics. DRRPs are sub-categorized to include Disability Business Technical Assistance Centers, Traumatic Brain Injury Model Systems, Burn Model Systems, Knowledge

Translation, and "general" DRRPs.

Rehabilitation Research and Training Centers (RRTCs) conduct coordinated and integrated advanced research to alleviate or stabilize disabling conditions, promote maximum social and economic independence of people with disabilities, or improve rehabilitation methodology or service delivery systems. RRTCs operate in collaboration with institutions of higher education and providers of rehabilitation services and serve as national centers of excellence in rehabilitation research.

Rehabilitation Engineering Research Centers (RERCs) conduct programs of advanced engineering and technical research designed to apply technology, scientific achievement, and psychological and social knowledge to solve rehabilitation problems and remove environmental barriers. RERCs are affiliated with institutions of higher education or nonprofit organizations.

Switzer Fellowships give individual researchers an opportunity to develop new ideas and gain research experience. Fellows design and work for one year on an independent research project.

Field Initiated Projects provide

Interesting NIDRR Fact:
NIDRR has contributed to the development of numerous accessibility guidelines, standards and improved accessibility technologies to improve access to the internet by people with disabilities.

**Interesting
NIDRR Fact:
NIDRR sponsored a
series of peer-review
publications that
provided some of the
first available empirical
data on the effects of
ADA.**

funding to address rehabilitation issues in promising and innovative ways. As the name implies, topics for these projects are chosen by the applicants. Awards are based upon merit and potential impact on the field of rehabilitation.

The Spinal Cord Injury Model Systems (SCIMS) program studies the course of recovery and outcomes following the delivery of a coordinated system of care for individuals with spinal cord injury (SCI). Under this program, SCIMS centers provide comprehensive rehabilitation services to individuals with SCI and conduct spinal cord research, including clinical research.

Advanced Rehabilitation Research Training Projects provide funding to institutions of higher education to recruit qualified postdoctoral people with clinical, management or basic research experience and prepare them to conduct research on disability and rehabilitation issues.

Small Business Innovation Research (SBIR) grants, as administered by NIDRR as a part of the larger mandatory SBIR program, help support the production of new assistive and rehabilitation technology. This two-phase program takes a rehabilitation-related product from development to market

readiness.

Grant competitions are announced in the *Federal Register*, and proposals are evaluated by independent outside peer reviewers.

In recent years NIDRR has funded several new centers devoted to examining vocational rehabilitation practices. These include:

- Rehabilitation Research and Training Center (RRTC) for Vocational Rehabilitation Research at the Institute for Community Inclusion, the University of Massachusetts, Boston.

Interesting NIDRR Fact: AbleData, the NIDRR-funded information clearinghouse on assistive technology devices, is the largest clearinghouse of its kind in the world. AbleData's database contains more than 36,000 records and is accessed by over 200,000 users from more than 120 countries each month.

- Research and Technical Assistance Center on Vocational Rehabilitation Program Management at the Institute for Community Inclusion, University of Massachusetts, Boston.
- Center on Effective Delivery of Rehabilitation Technology by Vocational Rehabilitation Agencies, Burton Blatt Institute, Syracuse University.
- Vocational Rehabilitation Service Models for Individuals with Autism Spectrum Disorders (VCU ASC Career Links), Virginia Commonwealth University.
- Vocational Rehabilitation Service Models for Individuals with Autism Spectrum Disorders, Southwestern Education Development Laboratory, Austin, Texas.

- RRTC on Transition Age Youths and Young Adults with Serious Mental Illness, University of Massachusetts Medical School.

For FY 2010 NIDRR has proposed an RRTC on Effective Vocational Rehabilitation Practices and anticipates that this project will be competed and awarded prior to October 1, 2010.

In addition to these large center-level grants, NIDRR is funding smaller research projects, such as the field initiated project, "Beyond Hearing Aids: Training Resources to Improve the Capacity of VR Professionals Serving

Consumers who are Hard of Hearing and Late Deafened," at the University of Arkansas and a capacity building grant, Advanced Training in Translational and Transformational Research to Improve Vocational Outcomes for Persons with Disabilities, University of Illinois, Chi-

**Interesting
NIDRR Fact: NIDRR
develops assistive
technology and
design features for
everyday products
with companies such
as AOL, Microsoft,
HP, Black&Decker and
Whirlpool.**

ago. The goal of this research is to examine current VR practices to determine the evidence for effectiveness and to help translate the research findings into practical guidance for the use of vocational counselors and consumers.

NIDRR also funds the Disability and Business Technical Assistance Center (DBTAC) – *Americans with Disabilities Act (ADA)* National Network. The network consists of 10 regional DBTAC – *ADA* Centers that provide technical assistance to individuals and entities covered by *ADA*. A separate article on these centers can be found elsewhere in this edition of *American Rehabilitation*.

NIDRR seeks partnerships with other federal agencies to maximize its ability to achieve good research outcomes to inform policy, practices and programs affecting individuals with disabilities. One example of this is NIDRR's 30 years of co-funding with the Center for Mental Health Services projects devoted to rehabilitation practices for adults and children with serious mental health issues. NIDRR is currently building on almost 25 years of research in traumatic brain injury (TBI) by collaborating with researchers and practitioners at the Department of

Defense and the Veteran's Administration to improve research and services for active service members and veterans who have experienced a TBI.

NIDRR is also the home for the Interagency Committee on Disability Research (ICDR). Authorized under Section 203 of the *Rehabilitation Act*, ICDR coordinates federal research programs and activities related to rehabilitation of individuals with disabilities.

In carrying out its mission, ICDR works to forge new strategic partnerships and provide necessary supports to sustain existing collaborative relationships. Most important, the committee ascribes to the belief that a collaborative federal-nonfederal interface is fundamental to establishing and maintaining a high-performance research community. Thus, the committee seeks the input of federal partners at all levels of government and the perspectives of individuals served by the public and private rehabilitation systems.

Promoting collaboration and advancing a cohesive, strategic program of disability research requires a strong commitment from multiple stakeholder groups and the active support and leadership of the high-level executives and

partners of federal agencies. ICDR, as a disability research collaborative, provides innumerable opportunities for leadership, interagency coordination, collaboration and communication; cost-savings through joint research and related activities; and improved disability outcomes.

The public value of the federal disability research agenda is often determined by the extent to which research and related activities address constituent needs and concerns. The rehabilitation community and related disciplines can partner with ICDR to ensure that the federal disability research agenda effectively addresses complex and multidimensional issues identified by constituents. The ICDR mission and what it must achieve suggests the criticality of inviting enhanced participation and engagement of federal partners and their constituents to share in the important endeavor to improve outcomes for individuals with disabilities through research and related activities.

More information on NIDRR, its projects and ICDR can be found at the following locations:

- National Rehabilitation Information Center (NARIC): NARIC serves as a clearinghouse for a broad range of disability and rehabilitation information from a variety of sources, featuring NIDRR-funded projects, other federal programs, journals, periodicals, newsletters, films and videotapes. www.NARIC.com
- The NIDRR Home Page: www2.ed.gov/about/offices/list/osers/nidrr/index.html
- The ICDR Home Page: www.icdr.us

Disability and Business Technical Assistance Center – *Americans with Disabilities Act National Network*

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The Disability and Business Technical Assistance Center (DBTAC) – *Americans with Disabilities Act (ADA)* National Network (adata.org) is comprised of 10 regional DBTAC – *ADA* Centers funded by the National Institute on Disability and Rehabilitation Research (NIDRR). The DBTAC – *ADA* Centers were established to carry out the Congressional mandate to provide technical assistance to individuals and entities covered by the *Americans with Disabilities Act* of 1990 (Title V, Section 506). This mandate was continued in the *Americans with Disabilities Amendments Act of 2008 (ADAAA)*. The purpose of Congress in passing the *ADA* and the *ADAAA* is to assure equality of opportunity, full participation, independent living and economic self-sufficiency for individuals with disabilities in all aspects of society. The DBTAC – *ADA* National Network assists individuals and entities in carrying out this mandate since its inception in 1991 through core services of technical assistance, training, information dissemination, consultation and referral while conducting research to improve effective implementation strategies.

The DBTAC – *ADA* National Network provides services that meet this critical national need for technical assistance on *ADA*. The centers use a variety of modalities to deliver services in the most direct, efficient and effective manner possible while tailoring services to meet the specific needs of each center’s respective region and

targeted populations. Because disability cuts across age, gender, race, socioeconomic groups and ethnicity, the DBTAC – *ADA* Centers respond to the diverse populations they serve through services that are culturally sensitive and provided in a variety of formats to meet the needs of individuals and entities with different needs, backgrounds and knowledge.

Technical Assistance

An *ADA* National Network toll-free information line (1-800-949-4232) automatically directs the caller to his or her regional center. Any individual, organization or entity may contact the information line and receive direct technical assistance from trained staff. Technical assistance is also provided through electronic formats such as e-mail.

Training

Training includes on-site workshops, conferences, on-line courses, webcasts, audio conferences and podcasts tailored to meet participants’ specific needs.

Consultation

The centers provide consultation on issues that require a more intense investment of time and expertise to implement *ADA* compliance. Working with communities to voluntarily review and change programs and policies or assisting school districts to construct accessible buildings are examples of DBTAC

– *ADA* Center consultation services.

Dissemination

Information regarding *ADA* and related disability laws is provided through fact sheets, newsletters, e-bulletins, direct mail and Web sites. This information is provided in formats that are relevant to the user and easy to understand.

Referral

The regional DBTAC – *ADA* Centers are able to give referrals to local, state and national resources through an extensive network.

Service Delivery Model

The DBTAC – *ADA* Centers have developed a service delivery model based upon 19 years of experience “in the field.” This service delivery model allows the regional centers to maximize the federal investment to its fullest capacity. The service delivery model consists of the following activities:

- outreach to key community resources such as disability service centers and agencies, governments, chambers of commerce;

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- developing extensive networks throughout their respective regions that can get information out quickly and effectively to their members;
- developing collaborative partnerships with disability organizations, state and local agencies, businesses, professional associations and organizations, and educational institutions to deliver services, such as training and materials;
- maintaining close relationships with the key federal agencies involved with *ADA* and *ADAAA*, such as the U.S. Department of Justice, the U.S. Department of Education, U.S. Department of Labor and the U.S. Access Board, in order to keep up to date on the latest developments regarding *ADA* regulations, guidelines and their interpretations;
- conducting proactive outreach to stakeholders affected by new regulations, guidelines and other disability civil rights laws; and
- building a reputation of quality and trust through highly professional and confidential services that are solution-oriented.

DBTAC-ADA NATIONAL NETWORK SERVICE DELIVERY MODEL CHART



Research

Each regional DBTAC – *ADA* Center conducts research projects designed to enhance service delivery and contribute to increased community participation for people with disabilities. In each regional center there is a team of researchers who work in collaboration with regional universities and community partners to design and execute original research studies and disseminate their results. These studies are reviewed and coordinated through the Research Review Board of the DBTAC Coordination, Outreach and Research Center (CORC). The CORC will use DBTAC-generated research data and other information to identify relevant research gaps and develop evidence reports. Findings generated by the centers will provide valuable new knowledge that will inform and enhance each regional center’s operations.