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Statement of Edward V. Roberts, Director, State Department of Rehabilitation, State of California

Mr. Roberts. Good morning, sir.

Mr. Steinberg. Ed, we are very grateful to you for travelling all the way back here from California to be with us and to give us your very special perspective as the Director of the largest state's vocational rehabilitation program and to assist us in our endeavor to make the Chapter 31 program for disabled veterans the very best it can be.

Why don't you please proceed.

Mr. Roberts. It is a pleasure to join you today and to appear before Senator Cranston's Committee.

I think that my being here is an indication of our society's tremendous interest in people with disabilities, both disabled veterans and all disabled people.

I also think the bill and its amendments are a sign of a coming of age in the Veteran's Administration. I see the VA catching up with the rapidly changing rehabilitation scene, incorporating many new concepts and the abundant new technology.

I think that there are parallels between what you are beginning here and Title VII of the Rehab Act Amendments of 1978.

As the cost of disability increases, vocational rehabilitation and independent living are two of the ways we can help people take control of their own lives.

The severely disabled veterans I have worked and talked

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with want to control their own lives; they want to work; they can work. The severity of their disability often is not the most vital factor - motivation can be much more important.

As our national commitment to the veteran expands, we must focus on independence and not institutionalization. We spend too much effort, I think, in helping people remain in institutional settings when we should be helping them stay in the community and stay in their homes. Social isolation, moving people into institutional or isolated settings is death. You don't have to be there long before you feel that you are unable to get out. You feel paralyzed in more than just your body.

We should provide the kind of services that can help people feel confidence in themselves, help them take away the anger and self-hatred and frustration that comes with disability. Through a personal growth experience like this people can begin to experience the kind of strength and power that disability can bring once you begin to control it.

In my own experience, I found this to be a very important concept. I think all too often we get hung up on the severity of the disability and forget about motivation and one's commitment to do something for oneself.

I think that it is very important that we not talk about independent living and voc rehab as mutually exclusive concepts

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because, in fact, they are really a part of a continuum. It's important that we integrate independent living into the rehab program. It must be an integral part.

As we began to get into independent living, like at the Center for Independent Living in Berkeley, we found severely and profoundly disabled people who were able, once they began to take control of their lives, to move right through the vocational rehab process very quickly and into the job market, often into very high-paying jobs.

In 1978-79, we know that the money we spent on our clients, especially the most severely disabled clients, was recouped by the state within 3-3/4 years. Rehabilitation makes good sense, not only economically but socially as well.

A person may start out after becoming disabled and not even want to think about the vocational aspect of his life. We run across this all the time; at this point a person may not even be sure he can control his own life. But once people begin to take control and begin to feel the power and strength they have within themselves then they begin thinking about what the next step is - and that next step is often vocation.

You want to make sure that there are no disincentives in the way of that process. I want to caution you, as we work through this bill and look at the way the veteran's system is built, that we not build in additional disincentives, but remove any that might be there now.

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Help people work. Work is important for everyone. All of us know what it means to our own self-image to work, to be as self-supporting as possible. This is equally true for people with disabilities.

I think it is also important that we not look at independent living as just an aid to daily living. It is a much broader concept than that. What we are really talking about is people learning the ability to function independently and freely in their families and in the community.

I encourage contracting and demonstration projects. I would really like to see some kind of demonstration project between the VA Hospitals in California and the independent living projects there. For example, in Palo Alto there could be a project between the VA Hospital and any of the five independent living projects in the Bay Area. I think a project of this kind could be very fruitful. We would discover that we could move people along more than we ever before thought through role modeling and support services. This way we can help people get what they need when they need it - the sooner we intervene with them, the more likely it is that they will be able to take control of their lives in a short period of time. The sooner we get a people back to taking control and back to believing in themselves again, the better off they are and the better off we are.

There is a tremendous need to move quickly when a person

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is either newly disabled or has been in an institution. These people need to be helped with independent living services before we even consider voc rehab.

I think we need to consider presumptive eligibility. I constantly hear about people being bogged down in the system, waiting month after month to be served. This happens not only in our rehab system, but also, I

understand, in the VA system.

I think you can let counselors judge when a person is eligible and let them get going with services. Don't wait - the longer we wait, the more it is going to cost us.

When you prepare a person for voc rehab service, you must assume that they are going to work. I see over and over how if we expect nothing, we get nothing. If we expect something out of people, if we expect them to take their places in society and the work force, if we expect them to do their best, they will do it. It's a self-fulfilling prophecy.

Early intervention prevents secondary problems. It is no secret that people with disabilities can be heavily into alcohol, drugs and other things because they have not dealt with the primary issue of their disability.

We are constantly getting sidetracked by secondary disabilities. I think that if we intervene early enough and let people know that there are resources available if they do get

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involved in something over their heads we can help prevent these secondary kinds of problems and disabilities.

It is very important that we provide more linkages between the voc rehab system and the veteran's system. We work now with many veterans but, with the advent of independent living and the new resources available, we can make these linkages much stronger. We are not dividing each other. We are both looking and working for innovations in the field, and we can support each other in our search.

Many of the staff members who will be working in the voc rehab program and in independent living will come from our systems. We need to continue to cross-fertilize our systems, by training or whatever necessary, so that we are basically doing the same thing.

I would like to see many more referrals from you to the voc rehab system. We are very good at catching the 9-year veteran who is just finishing the 9th year. We can usually finish that rehabilitation within a year - it's a fairly quick rehabilitation.

But what about people who take a much longer time? We need to work on that. We need to help people after the time limit, but also we need to see and refer people earlier.

We have a tremendous number of community resources now that we did not have in the last three or four years. This is not only in independent living, but in information referral centers

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for the deaf and blind and all kinds of services that were not available just a few years ago. The Veteran's Administration and voc rehab need to take better advantage of these services. We need to consider purchasing the services as a way to help those community programs grow and thrive.

Lastly, I would like to encourage more consumer involvement in the Veteran's Administration. The idea of an advisory committee is a good one. I have been working with our Department's advisory committee for a long time, and they have been very helpful. We need to select people who are leaders and who are not afraid to speak out and represent consumers on our advisory committees. A good consumer advisory committee can help bring about change and let you know of new information as it comes up.

I think that the disabled veterans themselves should get involved in the movement. It is easy to stand outside and wait until things are handed to you - but when you get inside the movement it is a challenge to try to make the changes yourself.

I am very impressed with the new amendments, and especially with the Senator's amendment. I think it clarifies a great deal of the earlier legislation.

I look forward to an improved and integrated program for severely disabled veterans, one that is a continuum where even the most severely disabled vet can take charge of his life and move through the rehab process as far as he or she can go.

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I look forward to our joining together in California to develop projects and demonstrate that independent living is a key concept, not only with severely disabled veterans but with all disabled people.

Mr. Steinberg. Thank you very much, Ed. Again, to all of you, I would like to express Senator Cranston's regrets. We are now hearing the buzzer for final passage at this point.

And I know that, Ed, he particularly wanted to be here to hear your testimony. We will certainly make sure that he receives the transcript of all of the witnesses' testimony so that he can review it.

As I think should be made clear from the earlier testimony, Ed, this Committee views the process as very much of a coordinated and collaborative one, having heard not only from the VA, but from the Rehabilitation Services Administration and the Department of Labor and talked with each of them about the need for coordination and improvements in that area.

It is clear that the Committee agrees very much with that central theme of your testimony.

Mr. Roberts. I think that it is really important, especially with the Department of Labor, to make sure to

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evaluate disabled people enough when they first come in and not train them for a dead-end job. A coordination of services is essential.

Mr. Steinberg. We are going to have some questions for all of you.

(Statement follows.)

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Mr. Steinberg. Many of the witnesses today are indicating, of course, the importance of comprehensive, non-fragmented rehabilitation program, encompassing vocational, medical, psychological, social and other needs of the individual rising out of his or her disability.

Do you agree with that particular emphasis?

Mr. Roberts. Oh, very much so. I definitely think that we should use a team approach on rehab programs. I also feel we tend to underemphasize how important the individual with the disability is to the process. The idea of an individualized written plan with a contract that holds both the client and the counselor accountable is a very good one.

If the rehab process is going to succeed, we have to make sure that disabled people get what they need - but we

also must make sure that they have the motivation and willingness necessary to make it succeed.

Mr. Steinberg. Do you other gentlemen generally agree with that observation?

Mr. Harris. Yes.

Dr. Merrill. Yes, I do.

Mr. Steinberg. Do you see any particular obstacles in Senator Cranston's amendment or the administrative structure of the VA to providing this kind of a

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comprehensive, coordinated rehabilitation process?

Mr. Roberts. I think the amendment will help clarify a lot of the problems that we have seen in the past within the Veterans Administration

I think that consumer involvement in the committee will help a great deal in opening up communication.

I look forward to seeing the implementation of these amendments. I don't think they will solve all the problems; in fact, they'll create some others. But I think we will find a much more comprehensive approach with much less stalling at various stages. I think this has been a real frustration both to veterans and to our counselors.

The way that re-eligibility is possible each time you reenter the system will, alone, help the whole system. You are going to speed up the process for veterans, and that is very important.

Mr. Steinberg. You have spoken very eloquently this morning about independent living services and the need for an understanding of what that entails.

I think you were present when the General Accounting Office testified and raised some questions as to whether or not we should build into Chapter 31 provisions for independent living services or, rather, rely on the Department of Medicine and Surgery to deal with that or programs under the Rehabilitation Act, Title VII, to

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provide them.

Do you have some comments on that discussion?

Mr. Roberts. Oh, I am glad you asked. I think it is very important that we not leave the whole concept of independent living to doctors or to the medical profession. I don't think that is where it's at. I think they have a role to play in it, but we must recognize that independent living is a much broader concept and needs the the involvement of the whole community.

I really discourage putting independent living in the medical profession. I think that labels it, narrows it, and in the end will kill it. I was not very happy with that statement. I thought it was not an enlightened statement.

Mr. Steinberg. In the amendment, new Section 1505 provides for a 12-month period of extended evaluation and extensions for additional periods of up to six months when the Administrator determines it is likely that, during an extended period, further extended period, a determination can be made with respect to the feasibility of an employment goal for the particular veteran._____

During that period of extended evaluation, services and assistance would be authorized to improve the veteran's

potential to participate in vocational training.

Once it is determined that a vocational goal is

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feasible, the veteran would enter a program leading to that goal.

On the other hand, once it is determined that a vocational goal is not feasible for the individual, he or she would have entitlement for the pilot program on independent living services and assistance.

Do you believe that that process of evaluation and decision-making regarding the feasibility of achieving a vocational goal would be workable and appropriate?

Mr. Roberts. I think it is important to have that kind of evaluation period, but I think it is even more important to put a person into a plan if you have even the slightest belief that he can and wants to work. It would be useless to evaluate him for six months or two years.

Our experience with the extended evaluation period, which can last for up to 18 months in voc rehab, is that the counselors don't use it because they find it is double work. Say they write a plan for extended evaluation and then decide the person is ready for voc rehab and write a plan for that - more often than not the person will go with the voc rehab plan.

I think it is important to get a person going in a plan as soon as possible. I would only use extended evaluation rarely, but I think it is important to have that option available.

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Overall, I encourage counselors to use the regular voc rehab plan if they believe the person is ready and able to work except for a little preparation.

Mr. Steinberg. So, you think that extended evaluation would be a real exception?

Mr. Roberts. I think so, absolutely. That is our experience. The counselors themselves seem to be moving away from it.

Mr. Steinberg. When we asked this question of Bob Humphreys earlier, he suggested that you, perhaps, would enlighten us in terms of the appropriate outcomes for individuals after the provision of independent living services.

Would you like to give us the benefit of your experience on that?

Mr. Roberts. I think independent living services, like voc services, should be goal-oriented. I think the disabled person and the counselor should work together and set a goal. It may be a modest goal in the beginning but that can be very valuable; success is incredibly important for people who have not had much success because of their disability.

It may be necessary to have more than one goal, but that first goal is most important; it's a beginning in taking control of your own life. Whether it is getting into a

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power wheelchair or learning mobility if you are blind or learning sign language and beginning to communicate if

you are deaf or hearing impaired. This can be a very vital step - the first success.

Independent living is a success-building concept. It can be the start of a succession of goals that move toward vocational rehabilitation. We see more and more people begin to believe in themselves and want to take that step towards job training.

Mr. Steinberg. So, you would agree with Bob's response that it really depends on the individual?

Mr. Roberts. I think that it is very important that both well-informed counselor judgment and a person's judgment of himself are involved in the rehab process, even though a person's self-judgment may seem a little unrealistic at the time. I was told a lot of times that I had a goal that was unrealistic, but it turned out to be attainable.

Mr. Steinberg. In terms of the pilot program in the Senator's amendment, do you think there should be authority to contract with for-profit organizations as well as with public or non-profit organizations?

Mr. Roberts. I think we should tread very lightly with this. For example, with the new Title VII amendments I see hundreds of corporations beginning to jump in and hustle us for money.

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I have some philosophical aversions to that, but I think we should begin working with the private non-profit and public agencies and then see whether private agencies can play a role in this.

I have some real concerns. I watched Homemaker/Chore in California become involved with business, and I'm not sure the quality of service benefited as a result.

Mr. Steinberg. Do you think that we need a longer period than the five years authorized for the pilot program or would that be adequate?

Mr. Roberts. I think five years is adequate, and then we should make it permanent.

(Laughter)

Mr. Roberts. I think it will show that there are substantial social benefits in the program. Many of the people that we did not think could move will take control of their lives and move on.

Mr. Steinberg. Ed, it would be very helpful to us if you would take a close look at the Senator's amendment and tell us, for the record, whether or not there are any types of services and assistance that is available under your state VR program that are not adequately provided for in the amendment and should be.

Could you do that?

Mr. Roberts. I would be happy to. In fact, we are

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in the process of doing that.

Mr. Steinberg. Great. You stated, in your prepared testimony and you reiterated this morning that it is very important that we not treat the concepts of independent living services and vocational rehabilitation as mutually exclusive.

We just wanted to point out that we agree with that and particularly, where the bill is dealing with someone who is in vocational rehabilitation or is in extended evaluation, that independent living services are fully authorized for that individual during their vocational training or during their extended evaluation; that it is only as to the individual for whom it has been determined that a vocational goal is not feasible that there would be this separateness, I guess you might say, in the pilot program.

Does that clarification help? Is that a reasonable way to go as far as you are concerned?

Mr. Roberts. I think it is reasonable, but I think that, as Bob Humphreys said, we should make sure that independent living does not wind up as a dumping ground or a second-class citizen. It should be seen as an integral part of the process, a place where people can learn skills and then move on. It should not be seen as the end process in and of itself.

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Mr. Steinberg. In terms of combining, as I just indicated, vocational training and independent living, and as you made reference to, are there any particular pitfalls that we need to be aware of or the VA needs to be aware of in that combination? Is there anything that the legislation should attempt to do in this area:

Mr. Roberts. I will take another look at that and put it in my testimony. There are some pitfalls - it has, more than anything, to do with the attitudes of the people involved, the counselors, etc.

If the counselors see people as more limited than they really are because they look too hard at the disability and not the real person, then there will be a tendency to push the disabled person toward lesser goals. The counselor might tend to emphasize independent living more in cases like this, when they should in fact be emphasizing vocational training. Voc training provides motivation to be more independent - it and independent living are integrally connected.

Mr. Steinberg. Well, you know the history of the development of the independent living program in Title VII and the extremely long process from the special needs study that was authorized in 1973 through the enactment of Title VII in 1978.

The concern was repeated that you have just stated that we not allow people to be written off in terms of

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vocational goals.

So, it would be very helpful to us if you would look at the legislation and get in and see whether there may be some emphases that ought to be built in to try to assure that wherever it is feasible, under any reasonable construction of events, that the individual could achieve a vocational goal, that we get on with that business which I think is what you are telling us.

Mr. Roberts. That is it, definitely.

Mr. Steinberg. Okay. We would appreciate that sort of a review.

And if you gentlemen have any suggestions in that regard, also, we would appreciate receiving it.

Dr. Merrill, I wonder if I could turn to you for a couple of questions.

The Committee is very well aware of the outstanding programs that Gallaudet provides and your enormous

contribution in this area, in terms of individuals with severe hearing impairments.

And we very much appreciate your being here and sharing your special expertise with us.

Dr. Merrill. I am pleased to be here.

Mr. Steinberg. Could you give us a brief explanation now — and you may want to amplify it further for the record — the ways in which you think that we need

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to educate employers to be more receptive to employing disabled individuals?

Dr. Merrill. Yes, I would be pleased to comment on

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I mean, this is the way people are rehabilitated, and it is the essence of the rehabilitation movement, as far as I am concerned.

Mr. Steinberg. Ed, have you been able to design mechanisms for evaluating your counselors so that they are willing to set those sort of goals even though they may feel that the outcome is pretty unlikely in terms of full achievement of them?

How do you get around the problem that someone will look at that particular case and say, "Well, that was a failure. That person did not fully achieve that goal."?

Mr. Roberts. Well, we don't have a panacea. We have expectations of our counselors in terms of their attitudes towards disability. We try to help them deal with that as soon as they come into our agency.

We use things like role modeling and awareness training to help counselors understand the experience of disability. The most important factor, though, is having a top supervisor who understands the importance of taking risks for the clients and works with the counselors.

But it does occur in our system, and it occurs in just about every other system. The latest one I heard was the client who came back from an interview and said to one of our counselors "I lost your job". It was a pretty good indication that the client had not been much involved in the process.

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These are the kinds of thing we have to watch out for. The more we make people dependent on service deliverers, the less effective we are. The more we help people become independent and find their own jobs, the better it is.

We don't use placement specialists in our voc rehab agency. Instead placement is an integral part of the counselor's job. If a counselor doesn't help people prepare for placement and follow up with them to make sure they are succeeding, then the counselor is not doing his job.

Mr. Steinberg. You were here earlier, I think, when there was a general agreement reached that the VA and RSA and GAO would get together and try to develop a system with respect to the sorts of data that are needed by the Chapter 31 program, generally and specifically, in terms of a way of measuring success in the program and a way

of measuring individual counselor success.

If you have some suggestions based on your experience in California on each of those aspects, we would urge you to share them with us and, particularly, share them with Bob and make sure that they get fed into that process. It would be very helpful if you would do that.

Mr. Roberts We have been working very hard on this issue, especially on how to get accountability without doubling and tripling paperwork. We have just instituted

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a new system that will cut counselor's paperwork up to 60%. This will allow them much more time to work with clients. It is a matter of deciding what is the most important information; what you really need, how you get it and who collects it. I think that if we were more selective in what we asked for and made sure we used the information we gathered we would have more accountability within the system.

I think that this is a problem with the Veteran's Administration. It is a problem with Rehab Services. They have a tremendous amount of data received from California and from other states that they don't use.

I hope we don't think of accountability as more numbers; it doesn't work that way.

Mr. Steinberg. Well if you will share that information —

Mr. Roberts. We would be happy to.

Mr. Steinberg. —with RSA and with the GAO, that would be very helpful.

And if any of you, also, have some input on that to us and to the VA and the GAO and RSA, it would be very helpful.

Mr. Harris, I apologize for keeping you so long. You had the first crack, and now you get to be the clean-up hitter.

The Committee is very well aware of the work of

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the National Urban League insofar as making very meaningful efforts to promote the employment of disabled and minority group veterans.

And we, certainly, want to extend our congratulations and thanks for everything you have done in that regard.

Mr. Harris. Thank you very much.

Mr. Steinberg. A major focus of your testimony is on the work of community-based organizations, such as your own, on behalf of those disabled veterans with the most severe readjustment types of problems.

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amendment would provide an incentive for positive change and rehabilitation for the disabled veteran who is incarcerated, how you think those incentives would work.

If you would give us that, for the record, in writing that would be very helpful.

Mr. Harris. Yes, I shall.

(Senator Cranston returns.)

Chairman Cranston. I will get back in the swing now for a time. I apologize for my absence, but it was unavoidable. And I am sorry I missed much of the testimony that has been given.

I have to leave again after a bit, but I am glad to have this opportunity to be present a while.

Ed, it is delightful to see you, in particular, all the way from California.

Mr. Roberts. Thank you. It is a pleasure to be here today.

Chairman Cranston. In the last page of your statement, you mentioned that the Disabled Veterans Employment Project has found that the general avenues for vocational rehabilitation often do not meet the needs of the minority, poor, less educated veteran.

What types of services and assistance are missing and needed to attract the interest of these veterans in VA Chapter 31 programs and to meet their needs?

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to congratulate you on trying to tailor the rehabilitative process towards jobs instead of just rubber-stamping an individual to say that he has been or she has been through the process.

So, that is what is missing more than anything else, to define those vocations, perhaps even tailoring them to your general geographic area, to see that there are jobs in the community or jobs available at the completion of the particular commitment.

I would also like to see, perhaps, into that vocational process, the targeted job tax credit into perhaps contracts with those persons who the persons are sent to for rehabilitation training.

That would be a large step towards locking the person into his expectations, aspirations, and his gusto would be so much more beneficial to him.

Chairman Cranston. Thank you very much.

Mr. Roberts. I would like to say one thing. Your testimony brought out something that we discover increasingly - we all too often forget to look at people's transferable skills. We get them involved in a long-term training process and don't use the skills they may have acquired just by surviving out there on the streets. Day-to-day living skills are something we should build on.

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I think one of the most encouraging things I have seen is self-directed placement. The burden is placed not on the counselor but on the client. We teach them the necessary job-hunting skills and place them in a group of other people, all looking for jobs. With this kind of peer reinforcement people help each other find jobs.

I have watched this process in two or three CETA projects involving severely disabled clients. They discover transferable skills and are getting good jobs. These people are doing a lot on their own and have a lot of

confidence because of it.

As a department we can facilitate this kind of thing. I think the trend will continue, and we will get better at it.

I think people will take charge more and realize that if they are going to make it out there, they have to have the motivation to do it themselves. We can provide a lot of backup to help them continue to be successful.

This is an encouraging newer approach. I hope to see more of it.

Mr. Harris. We put a lot of emphasis on what we call

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Summary of Testimony to be Presented by Edward V. Roberts Before United States Senate Committee on Veterans Affairs February 28, 1980, Washington, D.C.

I. COMMEND EFFORTS BY CONGRESS, VETERANS ADMINISTRATION TO MODERNIZE AND EXPAND CHAPTER 31.

(A) EXISTING LEGISLATION HAS NOT KEPT PACE WITH RECENT DEVELOPMENTS IN REHABILITATION AND, HENCE, UNNECESSARILY DENIES CRITICAL BENEFITS TO VETERANS.

II. DISCUSSION OF AMENDMENTS BY SENATOR CRANSTON WITH PARTICULAR EMPHASIS ON INDEPENDENT LIVING PROVISIONS AS SET FORTH IN SECTIONS.

(A) BACKGROUND AND HISTORY OF INDEPENDENT LIVING PROGRAMS - THE CORNERSTONE OF REHABILITATION SERVICES.

(1) BERKELEY, CALIFORNIA PROGRAM - THE BEGINNING.

(2) INDEPENDENT LIVING PROGRAMS IN CALIFORNIA.

(3) PROJECTED DEVELOPMENT UNDER SECTION 702 OF THE REHABILITATION ACT AMENDMENTS OF 1978.

(B) AN ANALYSIS OF S.1188 AND CRANSTON AMENDMENTS THERETO (NO. 1661).

(1) S.1188, WHILE IT EMBODIES THE CONCEPT OF INDEPENDENT LIVING PROGRAMS AND SERVICES, FAILS TO SPECIFICALLY SET FORTH THE SCOPE OF SERVICES AND ASSISTANCE WHICH ARE TO BE PROVIDED.

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(2) CRANSTON AMENDMENTS PROVIDE CLEARER GUIDELINES.

(C) SUGGESTIONS AND RECOMMENDATIONS FOR ADDITIONAL AMENDMENTS TO NO. 1661.

(I) IN SECTIONS 1500, 1501(3), AND 1501(8) (PAGE 2, LINES 7 AND 8; PAGE 3, LINES 8 AND 9; PAGE 4, LINES 17 AND 18) THE PHRASE "TO ACHIEVE MAXIMUM INDEPENDENCE IN FUNCTIONS OF DAILY LIVING" SHOULD BE CHANGED TO READ "TO IMPROVE SIGNIFICANTLY THE ABILITY TO FUNCTION INDEPENDENTLY IN FAMILY AND COMMUNITY".

THE LATTER LANGUAGE IS BORROWED IN PART FROM SECTION 702 (29 U.S.C. 796 (A)) OF THE REHABILITATION ACT AMENDMENTS OF 1978 AND PROVIDES A MORE COMPREHENSIVE AND ACCURATE DEFINITION OF THE CONCEPT OF INDEPENDENT LIVING.

(II) IN SECTION 1504(A) (I), (PAGE 8, LINE 20) THE PHRASE "CAUSE A SERIOUS EMPLOYMENT HANDICAP" SHOULD BE CHANGED TO "CAUSE A SERIOUS HANDICAP TO EMPLOYMENT OR INDEPENDENCE".

IN THE SAME SECTION (PAGE 8, LINE 24) THE WORD "OR" SHOULD BE CHANGED TO

"AND/OR". AS PRESENTLY DRAFTED, THE PROPOSED AMENDMENTS TREAT INDEPENDENT LIVING AND VOCATIONAL REHABILITATION AS MUTUALLY EXCLUSIVE PROGRAMS. IN

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FACT, INDEPENDENT LIVING IS OFTEN A VITAL COMPONENT OF SUCCESSFUL VOCATIONAL REHABILITATION. THE PROPOSED CHANGES ARE INTENDED TO CLARIFY THIS RELATIONSHIP.

(III) IN SECTION 1506 (PAGE 12, LINES 21 AND 22) THE TITLE SHOULD BE CHANGED TO READ "INITIAL AND EXTENDED EVALUATIONS; DETERMINATIONS REGARDING SERIOUS HANDICAP TO EMPLOYMENT AND/OR INDEPENDENT LIVING".

THIS CHANGE IS INTENDED TO INSURE THAT A VETERAN, WHERE APPROPRIATE, WILL RECEIVE INDEPENDENT LIVING SERVICES PRIOR TO OR CONCURRENTLY WITH EVALUATION OF REHABILITATION FEASIBILITY.

(IV) SECTION 1509 (PAGE 24, LINES 3-10) SHOULD BE CHANGED AS FOLLOWS:

"A VETERAN WHOSE DISABILITIES LIMITS HIS ABILITY TO FUNCTION INDEPENDENTLY IN FAMILY AND COMMUNITY SHALL BE ENTITLED TO A PROGRAM OF INDEPENDENT LIVING SERVICES".

THE PRESENT LANGUAGE ONCE AGAIN TREATS INDEPENDENT LIVING AND VOCATIONAL REHABILITATION AS MUTUALLY EXCLUSIVE. THE PROPOSED CHANGE WILL REMEDY THIS CONCEPTUAL ERROR.

(V) IN SECTION 1520 (PAGE 33, LINES 18 AND 19) THE PHRASE "AS TO WHOM IT IS DETERMINED THAT

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THE ACHIEVEMENT OF VOCATIONAL GOALS ARE NOT FEASIBLE" SHOULD BE CHANGED TO "WHO HAVE DISABILITIES WHICH LIMITS HIS ABILITY TO FUNCTION INDEPENDENTLY IN FAMILY AND COMMUNITY". SEE DISCUSSION SUPRA.

III. DISCUSSION OF SECTION 1520 IN PROPOSED AMENDMENTS.

(A) CRITICAL THAT V.A. CONTRACT WITH EXISTING PROGRAMS WHO HAVE DEVELOPED EXPERTISE, ETC.

(B) EXAMPLE: CENTER FOR INDEPENDENT LIVING PROGRAM IN BERKELEY, LOS ANGELES, AND V.A. FACILITIES IN BAY AREA.

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Title: From Edward V. Roberts Papers: Testimony of Ed Roberts before the Committee on Veteran's Affairs

By: Roberts, Edward V.

Date: [undated] (issued)

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