Veikko Kallio, M.D.
Chairman of the RI Medical Commission

PREVENTION, REHABILITATION AND DISABILITY

Webster's Encyclopedic Unabridged Dictionary of the English Language defines prevention as 1. the act of preventing; effectual hindrance. 2. a preventive, a forestalling. To prevent means 1. to keep from occurring; hinder. 2. to hinder, as from doing something. 3. to act ahead of; forestall. 4. to precede. 5. to anticipate. 6. to impose a hindrance. To prevent is to stop something effectually by forestalling action and rendering it impossible.

The concepts used in discussions about disability are often unclear and illdefined. This causes misunderstanding and creates difficulties in dealing with problems related to rehabilitation and disability prevention. In order to solve some of the problems the World Health Organization has issued a manual of classification relating to the consequences of disease (WHO 1980).

According to the WHO manual of classification a disease or a disorder may result in an impairment which may lead to disability to a handicap, the last mentioned being the final consequence of the so called disability process. In the WHO's classification on impairments, disabilities and handicaps the terms have been defined as follows:

> Impairment. In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function.
>
> Disability. In the context of health experience, a disability is any restriction or a lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.
>
> Handicap. In the context of health experience, a handicap is a disadvantage for a given individual, resulting from an impairment or a disability that limits or prevents the fulfillment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

The following example may illustrate the disability process. A person with hypertension (disease) is affected by a cerebral hemorrhage (impairment), which leads to right-sided hemiplegia causing walking, writing and speech difficulties (disabilities). If the patient does not recover sufficiently to resume work, or to be able to live an independent life, his disadvantage is considered a handicap.

Once the consequences of diseases and, in particular, handicap have developed, it is often impossible to restore the lost function or ability even by optimal rehabilitation measures. Prevention of disablements, whenever possible, is thus the method of choice for minimizing their consequences both in the community and on individual level (Kallio, 1982).

A WHO expert committee (WHO, 1981) has defined three levels of prevention, of which the first is reducing the occurrence of impairments, the second limiting or reversing disability caused by impairment and the third level prevention aiming at preventing the transition of disability into handicap. The term "disability prevention" involves all measures in the three levels of prevention. It can be summarized as follows:

- intervention acting on the individual directly; therapies, counselling, prosthetics, medical care, training etc.;

- intervention acting on the individual's immediate surroundings; family and community (this includes changing the attitudes and behaviour of employers and the public towards the disabled);

- intervention with the broad aim of reducing risk factors faced by society as a whole.

Disability prevention includes all types on medical, social, vocational, educational, legislative and other interventions. The best results will be achieved only if all such forms of intervention are combined.

Because disability prevention is closely linked to rehabilitation, it might be appropriate to refer to the WHO definition of rehabilitation (WHO, 1981). It reads as follows:

> Rehabilitaton includes all measures aimed at reducing the impact of disabling and handicapping conditions, and at enabling the disabled and handicapped to achieve social integration.
>
> Rehabilitation aims not only at training disabled and handicapped persons to adapt to their environment, but also at intervening in their immediate environment and in the society as a whole in order to facilitate their social integration.
>
> The disabled and handicapped themselves, their families and the communities they live in should be involved in the planning and implementation of services related to rehabilitation.

It is to be noted that this definition emphasizes the importance of comprehensive rehabilitation and social integration as the final aim of rehabilitation. Intervention should be directed also to the environment of the disabled person and to the society as a whole. This is important also from the point of view of disability prevention as pointed out earlier in this paper. In fact, the terms "rehabilitation" and "disability prevention" are overlapping and without any clearcut dividing line to be drawn between these activities.

In a broad sense prevention of disability, including all types of intervention within and outside the health sector

which contribute to reducing disablements should be of concern to all countries. Preventive activities can be divided in three levels (Fig.1) as follows:

First-level prevention, aiming at preventing diseases and impairments includes among others the following measures:

- health education,
- prevention of accidents, both home, traffic and occupational,
- reduction of environmental hazards,
- reduction of psychosocial stress and other risks for mental health,
- prevention of chronic diseases such as coronary heart disease, cerebrovascular disease and hypertension,
- appropriate treatment of chronic diseases in order to prevent and/or reduce the occurrence of impairments.

First-level prevention is aimed at the general non-disabled population or at population which may belong to a certain risk group. First-level prevention is important in all age groups. It is the most effective long-term strategy in reducing the impact of disability. First-level prevention would have to start in early childhood through the promotion of healthy life styles. In adults prevention of occupational hazards requires measuring of all types of environmental factors and their effects on the wellbeing of workers. As regards the elderly, measures should be developed to prevent or reduce the problems of old age, whether social or medical. Everybody should be educated in how best to meet the problems that occur with increasing age. The greatest possible degree of independence should be maintained.

Second-level prevention is already linked into a parallel process with rehabilitation, which aims at preventing any long term disability from impairments. This requires early detection of impairments and effective curative care. Provision of appropriate drugs (e.g. for leprosy, tuberculosis, ear infections, epilepsy, hypertension,

diabetes and trachoma), provision of essential surgery and rehabilitation as early as possible are highly important. Early rehabilitation should start as soon as the first signs of imbalance between a person's functioning and his environment are detected. The target of second-level prevention lies as much in the environment as in the individual person.

Third-level prevention includes all measures aimed at preventing a disability from causing a handicap, or at diminishing the handicapping effects of disability. Vocational rehabilitation, abolition of architectural barriers and barrier-free design are among the actions required. Identification, care and prevention of social problems as major determinants of handicap resulting from impairments and disabilities belong to third-level preventive measures. Technical aids for the disabled are also important. The aim is to improve or restore the losses in a person's working or functioning ability.

Third-level prevention coincides with traditional rehabilitation which, however, gives more emphasis on individual corrective measures.

International classification of impairments, disabilities and handicaps. Geneva, World Health Organization, 1980.

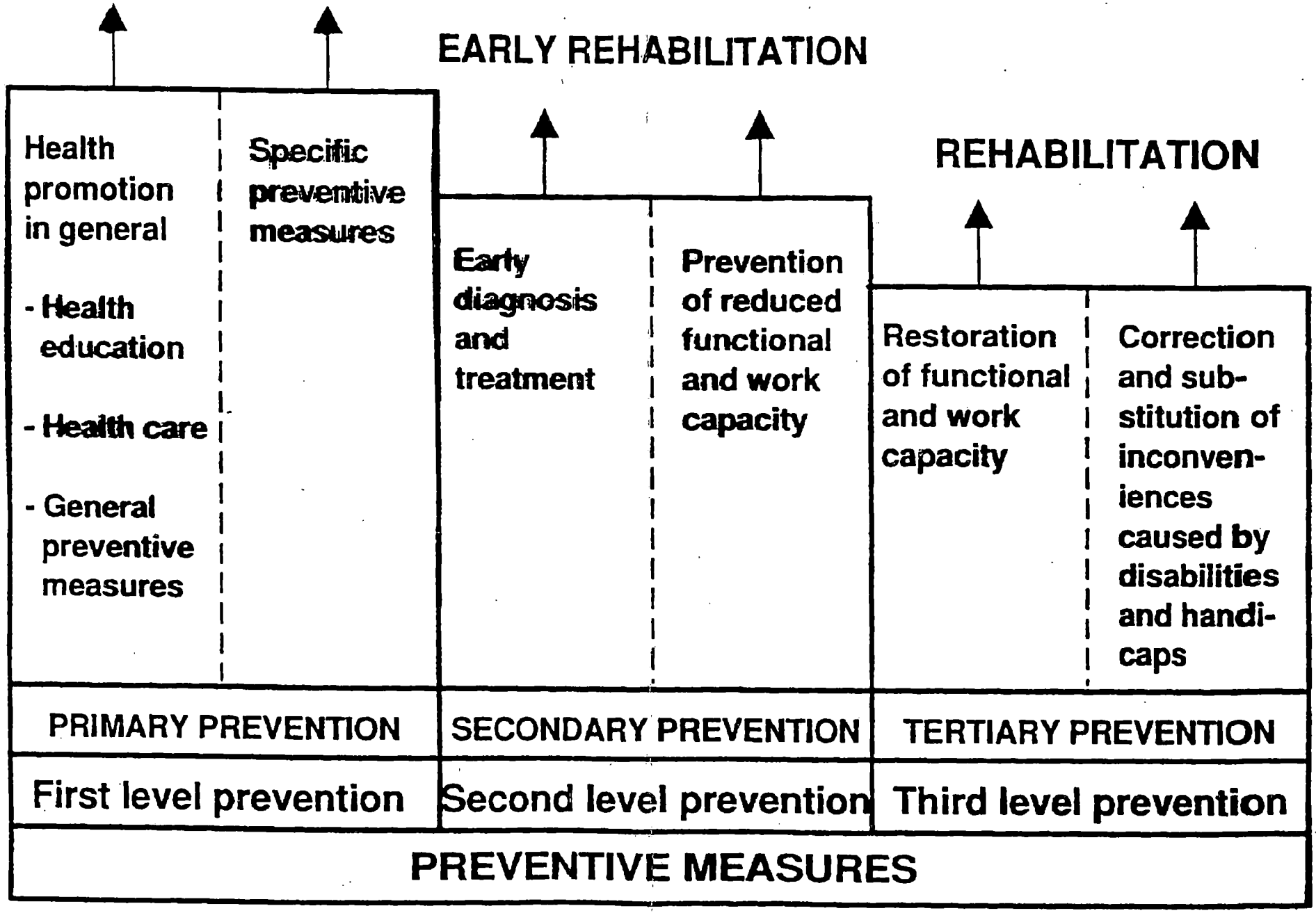
Disability prevention and rehabilitation, Geneva, World Health Organization, Technical Report Series 668, 1981.

Proceedings of the Third European Conference on Research in Rehabilitation, Rotterdam, 8-10. June, 1988: National Reports, Kallio, p. 378-383.

Webster's Encyclopedic Unabridged Dictionary of the English Language, New Jersey, 1989.

V.Kallio. Medical and Social Problems of the Disabled, Regional Office for Europe, Worlf Health Organization, Euro Reports and Studies, 73, 1982.

rs/kallio/24.8.92/ss



DISABILITY PREVENTION: EARLY REHABILITATION AND REHABILITATION

Rehabilitation International

MEMORANDUM

DATE: December 15, 1992

TO: RI National Secretaries

FROM: Susan Hammerman, Secretary General

SUBJECT: Strategic Plan, 1993-2000

The RI Assembly, which met in Nairobi, Kenya on 3-4 September, 1992, reviewed the Draft Strategic Plan document developed by the RI Futures Committee. The Assembly expressed its warm appreciation to the Futures Committee and particularly its Chairman, Admiral David Cooney, for the comprehensive and speedy work which it had carried out since its establishment twelve months previously.

The Assembly agreed, following a lengthy and wide-ranging discussion, that all National Secretaries should be asked to consult with RI Member Organizations in their respective countries regarding the key elements of the Strategic Plan for 1993-2000. A short questionnaire, which may be helpful in this process, is attached. Also attached are a synopsis of the draft agreement produced by the Futures Committee and a resume of comments made during the Assembly discussions.

RI President, Mr. John Stott, has asked Dr. Arthur O'Reilly, Vice President for Europe, to coordinate the responses. I would be grateful, therefore, if you let him have your views and suggestions of Member Organizations in your country not later than 15 March, 1993. Dr. O'Reilly's address is: Dr. A. P. O'Reilly, RI Vice President for Europe; National Rehabilitation Board; 24/25 Clyde Road; Ballsbridge, Dublin, 4 Ireland; telefax: 1-609-935.

It is intended, following consideration of all views, to have a final draft document prepared and circulated in advance of the next Assembly meeting to be held in Atlanta, Georgia, USA in October, 1993 with a view to the adoption by the Assembly of the RI Strategic Plan, 1993-2000.

The Strategic Plan will provide RI with the foundation and framework for its future activities. Immediately after the Plan has been approved by the Assembly, President John Stott, intends,

25 EAST 21st STREET, NEW YORK, NEW YORK 10010 U.S.A.
PHONE: (212) 420-1500 / CABLES: INTREHAB / TELEX: 446412 / FAX: (212) 505-0871

as he stated in Nairobi, to ask all RI regions to develop specific action plans for the their respective regions, based on the framework of the Strategic Plan. RI Commissions will similarly be invited to develop action plans for their respective Commissions.

This consultative process will enable RI to identify not only the priority needs which members wish RI to address in the period 1993-2000, but also the specific strategies and actions which will be used to accomplish those goals.

I look forward to your cooperation in this important task.

Enclosures:
1. National Secretaries Questionnaire
2. Resume of comments on Strategic Plan document
3. Synopsis of RI's Strategic Plan

RI STRATEGIC PLAN 1993 - 2000

NATIONAL SECRETARIES QUESTIONNAIRE

1. RI Vision Statement

The Futures Committee, in its draft report, proposed the following as the vision of what RI seeks to achieve:

"We, the members of Rehabilitation International (RI), dedicate ourselves to strive for the creation of a world in which people with disabilities have the right to:

* effective political power to influence all levels of government in shaping public policy;
* development of opportunities fully commensurate with their present or potential abilities, talents and skills
* the opportunity to work, both for pay and voluntarily, in environments appropriate to their needs whenever they choose;
* readily available technology and personal assistance to support their improved health, employment and independent living;
* support from strong national and international organizations who clearly and forcefully represent their interests;
* equalization of opportunity and full participation;
* make informed choices on issues;
* a system of support sufficient to ensure a reasonable level of life in their local community .

RI aspires to accelerate society's recognition of the full potential of people with disabilities. We believe society should consistently reinforce that potential through actions at many levels with the aim of equalizing opportunities and full participation for people with disabilities everywhere."

Q. Do RI members in your country generally agree with this vision statement?

A.

Q. If not, what major changes to it would RI members in your country suggest?

2. RI Mission Statement

The RI Mission Statement outlines the specific purpose of RI. The Futures Committee proposed the following Mission Statement:

"To improve the quality of life of people with disabilities throughout the world. RI will employ the resources of its diverse membership to develop goals and conduct programs of information, research, education and resource identification in order to empower and enable people with disabilities to achieve goals of their own choosing while participating fully in society."

Q. Do RI members in your country generally agree with this Mission Statement?

A.

Q. If not, what major changes to it would RI members in your country suggest?

A.

3. RI Values

What are the key (not more than three) values or qualities which should continually guide RI in its work? (See Page 5 of the synopsis for the Futures Committee suggestions).

4. Goals and Objectives

A Goal is a broad, general aim. Objectives are specific targets which will help to achieve that aim.

Using the attached form as a guide, set out what RI member organisations in your country consider should be the priority goals of RI for the period 1993 to 1996 and for the period 1996-2000. For each goal identified, please indicate the specific objectives which should be set in order to achieve that goal. See pages 7-10 of the synopsis for the Futures Committee suggestions.
Objectives for the 1993 to 1996 period should be as specific as possible. Objectives for the 1996-2000 period may be more general or indicative: these would be reviewed closer to that period to enable changing circumstances to be taken into account.

* **GOAL 1:**

SPECIFIC OBJECTIVES TO HELP ACHIEVE THIS GOAL

	INTERNATIONAL	REGIONAL	MEMBER COUNTRY
OBJECTIVES 1993-1996			
OBJECTIVES 1996-2000			

* Please use additional copies as required for Goal 2, Goal 3. etc.

Rehabilitation International®

assembly

Nairobi, Kenya

RESUME OF COMMENTS ON STRATEGIC PLAN DOCUMENT - SEPTEMBER 1992

- RI has always had three objectives/goals:
  disability prevention
  rehabilitation for all people with disabilities
  equalization of opportunities.
  These should remain our objectives.

- RI's primary purpose is to advocate and to promote.

- RI's real values must be human dignity, human rights and equal opportunities for all.

- Strategic Plan document is difficult to read and difficult to understand clearly: wording and presentation of the report is complex, particularly for members whose mother tongue is not English.

- Strategic Plan should state how the strategies will be implemented in order to achieve the objectives.

- Report appears to eliminate prevention of disability from RI mission statement: prevention is of increasing importance and should be reflected strongly in RI views.

- RI should not be evolving towards an organization of consumers i.e. of people with disabilities.

- Strategic Plan does not provide any practical approaches for ensuring RI's financial stability.

- RI Needs to become even more service oriented if additional finances are to be raised.

- Strategic Plan document does an excellent job of developing a profile of RI and its opportunities, strengths and weaknesses.

- RI is for both independent and dependent people with disabilities.

- RI's Vision Statement: suggest changing the phrase '... the right to effective political power to influence all levels of government ...' to 'the right to influence all levels of government'.

- Page 7 of the document states that 'the problems of persons with disabilities are still increasing': page 10 states that 'the percent of people with disabilities ... has decreased'.

- Document does not reflect situation in developing countries.
- Do not agree with definition of rehabilitation on page 9 of the document.
- Do not agree with some of the assumptions for projections for the year 2022.
- Is it suggested (under 'Opportunities') that only a few services will 'be a part of membership entitlement' and most others will be charged, based on usage?.
- I agree with the strategies: who will undertake these tasks, especially those related to finance and fundraising.
- I agree with RI's values and definitions. Much will be required of RI staff, member organizations and individuals.
- The document should be developed into a plan that, in addition to committing the membership to common goals, also enables us to be more competitive for funding from outside sources.
- RI needs to become more accountable and revitalised.
- Relationship of RI with other international organisations is very important but not sufficiently clarified in the document. Many such organisations do not play a sufficiently active role in RI.
- Role of Affiliated National Organizations and National Secretaries is crucial and should be clearly defined.
- RI should state clearly its policy and programme in relation to countries with no RI member organization/no Affiliated National Organisation.
- RI Commissions are hardly mentioned in the document. They could be made more useful and effective.
- RI Commissions cover wide range of topics. RI should consider other structures such as ad hoc committees or working groups to carry out specific tasks, possibly at regional level.
- Promoting the rights of people with disabilities to the best possible rehabilitation should feature in the RI Vision Statement.
- RI should be service-oriented organization.
- Vision Statement deals only with disabilities accepted by society.
- Accountability of RI to people with disabilities through member organizations not adequately captured.
- The Vision Statement covers countries at all stages of development.

- Prefer the Purpose of RI as set out in the RI Constitution as a Mission Statement.
- Would like to see ameliorating causes of disability included in Mission Statement.
- There is a need to develop actions to address 'threats' such as diminishing resources.
- Mission Statement must include purpose and aims of the different types of members of RI, including persons with disabilities, government, social security agencies, service providers, religions.
- Would like to see targets and action plans.
- Questions of fundraising and methods of assessing subscriptions need to be addressed.
- No mention has been made of regional imbalances in services.
- Give priority to preventive measures that the UN Programme of Action avoided.
- Would like to see more specific and measurable objectives.
- Information from RI must be accessible to consumers and those working in member organizations.
- Should RI become a huge secretariat like ILO or should RI help members to help themselves?
- I would not like to see RI serve only its own members, but people with disabilities throughout the world, member or not.
- RI has member organizations with a wide range of common interests but also in some cases different - perhaps counter - interests. These need to be carefully analysed.
- RI appears to be competing with DPI.
- The number of organisations leaving RI should be regarded as a threat.
- The trends of development of other international organisations should be taken into consideration.
- The goals or outcomes should be outwardly, not inwardly, focussed.

- The informal meeting following the Assembly in Berlin established the following as goals or outcomes.

    * promotion of expertise
    * equalisation of opportunity
    * global networking
    * leadership
    * prevention

REHABILITATION INTERNATIONAL

STRATEGIC PLAN

1993-2000

SYNOPSIS OF ORIGINAL DOCUMENT

PREPARED BY

THE FUTURES COMMITTEE

WITH THE ASSISTANCE OF

FREDERICK G. HARMON SYNTHESIS CONSULTING

7873 HERITAGE DRIVE, SUITE 532, ANNANDALE, VA 22003

(703) 658-3513 (703) 658-4552 FAX

(302) 996-6467 (302) 996-6452 FAX

THE ROLE OF STRATEGIC PLANNING IN HELPING RI INVENT THE FUTURE

RI confronts a period of major opportunity. Seizing available opportunities will require clear choices. Where and how will scarce resources be expended? What role will RI play in the evolving effort to expand opportunities for people with disabilities (PWD)?

Resources are always limited. Successful organizations focus resources on priority matters. Strategic planning is the best tool we have to forge a consensus around what really matters. Once consensus is reached, effective strategic planning provides a way to insure consistent follow up.

At its Berlin meeting in the Fall of 1991, the Assembly asked the RI Executive Committee to create a strategic plan prior to the next Assembly meeting. To carry out this work, the Executive Committee established a Futures Committee, chaired by RI Treasurer David M. Cooney, CEO of Goodwill Industries of America, Inc.

Under the leadership of President Fenmore Seton, the Futures Committee was created with the diversity, expertise and regional variations that characterize RI's membership. In addition to the chairperson, members of the RI Futures Committee are:

Mr. John W. Stott
Mrs. Susan R. Hammerman
Mr. Lewis Carter-Jones
Dr. A.P. O'Reilly
Mr. Seppo Matinvesi
Ms. Nancy Christie
Mrs. Yolan Koster-Dreese
Ms. Barbro Carlsson
Mr. Lex Frieden
Dra. Teresa Selli Serra
Mr. Liu Jing
Dr. Jose Manuel Borgoño

Eleven of the 13 members of the Futures Committee met May 8-10, 1992 in DeLutte, Holland. In those two and one-half days, the Futures Committee created all the major building blocks of this strategic plan. On May 11-12, in Enschede, Holland, the RI Executive Committee reviewed the work of the Futures Committee. After careful review, the Executive Committee endorsed the Futures Committee's work with relatively minor changes. Those changes are reflected in the version of the documents appearing in this plan.

RI'S VISION STATEMENT

The first step in the planning process is to determine what the shared vision of the membership of the organization is. It is the membership which sets the goals, does the work, provides the resources and establishes the priorities. Accomplishing that purpose is dependent upon defining a clear view of what, collectively, those members seek to accomplish: a corporate vision. With a clear vision, RI can not only identify the desired course of future events, but take the

necessary steps to influence the future in a way that supports achievement of that vision through empowerment of people with disabilities.

RI's Futures Committee began by writing this vision of the future:

RI Vision Statement

We, the members of the Rehabilitation International (RI), dedicate ourselves to strive for the creation of a world in which people with disabilities have the right to:

- effective political power to influence all levels of government in shaping public policy;
- development of opportunities fully commensurate with their present or potential abilities, talents and skills;
- the opportunity to work, both for pay and voluntarily, in environments appropriate to their needs whenever they choose;
- readily available technology and personal assistance to support their improved health, employment and independent living;
- support from strong national and international organizations who clearly and forcefully represent their interests;
- equalization of opportunity and full participation;
- make informed choices on issues;
- a system of support sufficient to ensure a reasonable level of life in their local community.

RI aspires to accelerate society's recognition of the full potential of people with disabilities. We believe society should consistently reinforce that potential through actions at many levels with the aim of equalizing opportunities and full participation for people with disabilities everywhere.

RI'S OPPORTUNITIES

Vision opens our eyes to opportunities. Normal, recurring activities, pursued year after year, no matter how valuable in themselves, will not serve as inspiring goals. RI needs fresh inspiration to release new energy and excitement, even among those most dedicated to the cause.

The RI Futures Committee developed a long list of opportunities. The Committee then consolidated the list. Priorities were established. The final list appears below:

PRIORITY OPPORTUNITIES FOR RI

Policy

- To facilitate the establishment of rehabilitation standards
- To establish a means of measuring program outcomes
- To develop partnerships which will involve outside agencies in RI goal achievement
- To support empowerment of people with disabilities
- To encourage use of well recognized preventive programs against disabling diseases and accidents

Communications

- To collect and disseminate information which will affect the lives of people with disabilities
- To identify information requirements

Political

- To generate awareness of and skill with political techniques as a means of achieving desired outcomes globally, regionally and locally
- To achieve consumer involvement in the establishment of the agenda of change
- To normalize the work place for people with disabilities who desire employment
- To identify and enable present and future leaders with disabilities to inform and influence the process of shaping and implementing public policy

Economics

- To encourage funding of development programs
- To manage RI's own resources effectively
- To use joint activity to multiply RI's resources
- To establish clearly the role of people with disabilities as economic citizens
- To support the development and implementation of effective community based rehabilitation programs

Education

- To employ dissemination of knowledge as a means of supporting informed choices by people with disabilities
- To identify educational needs which will support integration

- To establish training standards for rehabilitation professionals
- To educate policy makers
- To support availability of accessible, properly equipped schools

Demographic

- To develop programs for emerging groups
- To assure resources for people with disabilities programs

Technology

- To create an awareness of technology which is available to assure informed choices
- To motivate research and development of assistive devices, medical and other procedures

RI'S MISSION

Opportunities require choices among alternatives. A mission statement defines choices.

The mission of the organization is a clear statement of purpose which says what the organization is going to do and what basic strategy it will employ to do it. The mission forms the foundation of any future action.

In this plan, the mission statement narrows the focus of the organization to activities which are comprehensive enough to advance the vision, yet are specialized enough to be accomplished with the resources potentially available. Unlike the broad statement of purpose in the RI Constitution, this mission statement addresses the purpose of the organization now and in the decade ahead. It also emphasizes the importance of the member organizations in the operational strategies and makes it clear that the empowerment of people with disabilities is the desired organizational outcome.

The mission statement drafted by the Futures Committee appears below.

RI Mission Statement

To improve the quality of life of people with disabilities throughout the world. RI will employ the resources of its diverse membership to develop goals and conduct programs of information, research, education and resource identification in order to empower and enable people with disabilities to achieve goals of their own choosing while participating fully in society.

RI'S VALUES

Organizations strive to achieve two kinds of goals -- quantitative and qualitative. Quantitative goals describe *what* the organization seeks to accomplish. These goals generally flow directly from the Mission Statement. They define what must be achieved in terms of people served, revenues, products introduced, return on investment, and other common, quantitative indicators of success.

Qualitative goals describe *how or in what manner* the organization wants to perform. They define success in terms of the values of the organization. In this sense, values are *operational qualities* which an organization strives to express in its work.

The Futures Committee identified three key values to move RI forward in the 1990s and beyond. Those values and their definitions appear below:

RI VALUES AND DEFINITIONS

Member Focused

- Continuously striving to identify and respond to the individual and collective needs of the members of the organization.

Financial Stability

- Continuously striving to increase, conserve and utilize available sources of income judiciously, and at all times to achieve and maintain fund balances which will make possible the accomplishment of our stated mission on a firm and sustainable basis.

Results Oriented

- Continuously striving to identify meaningful goals and conducting planned activities to accomplish them on time within resources budgeted, with desired, predetermined and measurable results.

RI'S STRENGTHS AND WEAKNESSES

Vision, Mission and Values define aspirations. RI's speed in moving toward those aspirations is defined, in turn, by its strengths and weaknesses.

In keeping with the systematic approach of strategic planning, the Futures Committee reviewed strengths, weaknesses and issues to be resolved in the following five components of RI's operations.

ANALYSIS OF RI'S FIVE COMPONENTS

Component 1: The People and Organizations Served By RI (Market)

Market was rated the weakest component. This indicates a pressing priority to get feedback from RI members to determine how better to meet their needs.

Component 2: The Products, Services and Know-How Delivered By RI to Those it Serves (Technology)

The key issue in Technology grows out of RI's weakness in Market. RI's products and services are viewed as generally high calibre. However, RI's leaders are uncertain about how well these offerings meet real member needs.

Development of Component Technology depends on regular and more focused communication between RI's leadership and staff and its members. Communication should focus on both evaluation of existing services and discovery of unmet needs.

Component 3: Staff and Volunteers Who Provide the Services or Produce the Products RI Offers to Those It Serves (People)

Opportunities to energize this component cluster around the issue of clarity. Roles and responsibilities need to be defined with far greater precision. RI brings together outstanding expertise and experience in the disability field. Yet, lack of clarity about who-is-responsible-for-what creates confusion. Trying to deal with this confusion takes energy. Expertise and experience that could be applied to RI's major goals is wasted. Improving clarity in goals, roles and responsibilities represents a major opportunity for RI.

Component 4: Financial Assets and Financial Systems (Capital)

It is easy and self-defeating to say Capital is the root cause of RI's weaknesses. Lack of sufficient funds always seems very concrete and immediate. However, most weaknesses in RI's Component Capital reflect unattended weaknesses in other components. For example, one could say that lack of fundraising capacity is a Capital weakness in RI. However, the deeper weakness may be a lack of clarity about RI's objectives and priorities. Until the deeper weakness is corrected, additional fundraising capacity will be of limited help. In working to improve Component Capital, RI should take care to focus on root causes, not just symptoms.

Component 5: The Structure and Systems Used to Deliver RI's Products and Services (Organization)

This analysis points, once again, to a lack of clarity about goals and accountability. RI has noble intentions. It has attracted dedicated and competent people. However, this is not enough

as RI's self-analysis of its five components shows vividly. No amount of exhortation or even dedication can offset the weaknesses listed above. Continual effort to compensate for structural and systemic weaknesses wears out even the best intentioned people. In such a situation, growth and dynamism seem impossible.

However, dedicated effort can radically change this picture. That effort begins with the setting of clear, dynamic goals.

RI'S GOALS, OBJECTIVES AND STRATEGIES

Goals are broad, general outcomes sought by an organization. Objectives are measurable results to be achieved by a specific time. The Futures Committee's goals are generally for the 1993-2000 period. Its objectives concentrate on the 1992-95 period.

The RI Goals and Objectives are listed below as they were endorsed by the Executive Committee. Dates, where listed, indicate completion deadlines.

RI GOALS AND OBJECTIVES

Member Focused

Goal: To involve the membership directly in creating programs and projects of the organization and in the setting of priorities.

Objectives:

- Determine the *desires, needs and priorities* of membership by questionnaire (30 July 1993).
- Determine the *capacity, resources and expertise* of membership (1 December 1993).
- Secretary General to initiate the project within 10 days after approval of this plan.
- Establish a regular means of internal communication to provide data, share current experiences, encourage growth and change.

Financial Stability

Goal: To achieve the necessary financial resources to operate the programs of the organization while controlling the use of funds.

Objectives:

- Establish and maintain a 5 year budget cycle reviewed at one year intervals (1 May 1993).
- Create an annual financial plan tied to the activity plan (1 September 1993).
- Review the dues assessment process and collection policy; create and enforce a new one (1 November 1993).
- Create a resource development program including personnel support (1994).
- Study the possible use of entrepreneurial activity as an additional funding source (September 1992-August 1993).

Results Oriented

Goal: Establish meaningful and measurable goals.

Objectives:

- Annually survey some members (30 July 1993).
- Conduct an annual situation audit to determine current events influencing membership goals (30 July 1993).
- Prepare an annual activities plan and budget (continuously).
- Monitor the progress of each program against goal (continuously).
- Use the information to modify plans and amend (goals/objectives) appropriately.

Growth

Goal: To grow sufficiently in size, resources and capacity to meet the changing requirements and expectations of people with disabilities.

Objectives:

- Conduct focus groups in appropriate geographical divisions to determine present and developing expectations (January 1994).
- Measure current capacity of members to meet those expectations to determine collective strengths and weaknesses (February 1994).
- Identify and develop better ways to share innovation of members among the membership (March 1994 - May 1994).

- Establish a program of research to determine alternative means of meeting expectations and seek funding to finance (June 1994).

- Encourage updates of this research for use in publications (continuous, May 1994 and on).

Education

Goal: To conduct and/or support educational activities as a means of changing attitudes, influencing opinion, increasing proficiency and obtaining support of RI and its mission.

Objectives:

- Create specific information goals in support of the empowerment of people with disabilities. These objectives would include but not be limited to investigating/ establishing an international index of disabilities and rehabilitation to measure how nations and regions are progressing on a range of issues of concern to people with disabilities.

- Translate those goals into a plan of action to include internal and external publications, seminars, lectures and public relations activities and the like.

- Originate and execute a sequential program of education at the RI Assembly for rehabilitation professionals, including an annual theme.

- Identify key decision makers and opinion leaders in fields of expertise vital to RI.

- Conduct and/or support specific programs of training, information and influence to stimulate participation in RI; support of people with disabilities, or support of the programs and goals of RI and people with disabilities.

- Identify educators as a category for special attention to inform them of the educational and social potential of students with disabilities, and to support their efforts to obtain equipment and specialized training.

Personnel

Goal 1: To recruit, train and retain appropriate paid staff resources at the Secretariat.

Objectives:

- Describe the tasks to be performed now and in the immediate future (1 January 1993).
- Subdivide the tasks into person hours, assign titles, and prepare job descriptions (1 March 1993).
- Audit the capabilities of staff against skills required.
- Prepare a training plan to develop capabilities of staff in required skills.
- Prepare a recruiting plan to fill in gaps in staff skills required.
- Evaluate resources against requirement and convert to budget item.
- Monitor total compensation against present and future market.
- Be prepared to assist in addressing similar needs as they occur within the organization.

Goal 2: RI should set high standards for our organization and work diligently to accomplish them.

Objective:

- To identify an annual issue to be the focus of RI's work applicable to all bodies and levels by September 1992.

IMPLICATIONS OF RI'S GOALS AND OBJECTIVES

RI's Goals and Objectives provide a clear Strategic Agenda. Major opportunities and problems uncovered in this process are addressed in a logical way. In reaching the goals and objectives, RI would employ three short-term and three longer-term strategies.

Short-Term Strategies

- Turn to members for a detailed, comprehensive, and more regular reviews of their needs and expectations.

- Strengthen the structure, systems and skills available to RI to carry out its Mission and live up to its Values. Early in this effort, pay particular attention to upgrading financial systems to control costs and conserve cash.

- Search for opportunities to increase revenues.

Longer-Term Strategies

- Based on better information from members, review existing products and services, eliminate the obsolete, upgrade remaining offerings, and introduce new ones.

- Continually strengthen management structures, systems and skills to deliver better products and services.

- Support the above efforts with additional resources obtained from more efficient dues collection, payments for supplementary services and fundraising.

Resources Required

Because funding is not available, this RI strategic plan deliberately does not reply on heavy cash expenditures in its first stages. However, it does assume that RI's staff and volunteers will be willing to invest time and effort to move the process forward. It also assumes that initial steps will establish the habit and reputation for success upon which organizational funding activity must be based.

SUMMARY & CONCLUSION

RI's Vision of the future is not only possible, it is inevitable. With or without RI, desirable progress will occur. However, with a dynamic and forceful RI, progress will accelerate.

This plan's value rests upon several key factors. It represents the results of significant research into the operating environment of the organization on a worldwide basis; the intellectual genesis of its contents contains experience from several continents, professions and viewpoints; it emphasizes the responsibilities of membership; it is keyed to outcomes supporting meaningful independence of people with disabilities, and it is long-term enough to have lasting value and influence, short-term enough to encourage regular review and built-in protection against collective mind set.

The plan gives the group direction. It will also permit the careful evaluation of present systems of governance, resource development, organizational structure, and research against an established set of measurable goals.

As the reader considers the content of this plan, he or she will realize that it raises more questions than its answers, and it identifies more challenges than solutions. That is its purpose: to show the way to progress over the long term, while providing flexibility to those who must make those steps toward tomorrow. In this way the plan can be a living guide to innovations, not a narrow pipeline to certainty.

END

A NOTE ON LANGUAGE USED IN THIS DRAFT

The contents of this draft plan were prepared with full awareness of the importance of language in describing people with disabilities, men and women and their roles, and members of racial and ethnic groups. Every effort has been made to address those concerns, although we recognize that our intended awareness may not always translate well into other languages. Please recognize that people first is our belief and practice. We have used the abbreviation "PWD" for the term people with disabilities consistently, not merely for brevity, but to stress, through capitalization, the people who were of primary importance in our considerations. We ask that you regard all pronouns as gender neutral and recognize that members of all races and religions are included equally in all considerations, concerns and priorities.

Rehabilitation International

assembly

Nairobi, Kenya

RESUME OF COMMENTS ON STRATEGIC PLAN DOCUMENT - SEPTEMBER 1992

- RI has always had three objectives/goals:
  disability prevention
  rehabilitation for all people with disabilities
  equalization of opportunities.
  These should remain our objectives.

- RI's primary purpose is to advocate and to promote.

- RI's real values must be human dignity, human rights and equal opportunities for all.

- Strategic Plan document is difficult to read and difficult to understand clearly: wording and presentation of the report is complex, particularly for members whose mother tongue is not English.

- Strategic Plan should state how the strategies will be implemented in order to achieve the objectives.

- Report appears to eliminate prevention of disability from RI mission statement: prevention is of increasing importance and should be reflected strongly in RI views.

- RI should not be evolving towards an organization of consumers i.e. of people with disabilities.

- Strategic Plan does not provide any practical approaches for ensuring RI's financial stability.

- RI Needs to become even more service oriented if additional finances are to be raised.

- Strategic Plan document does an excellent job of developing a profile of RI and its opportunities, strengths and weaknesses.

- RI is for both independent and dependent people with disabilities.

- RI's Vision Statement: suggest changing the phrase '... the right to effective political power to influence all levels of government ...' to 'the right to influence all levels of government'.

- Page 7 of the document states that 'the problems of persons with disabilities are still increasing': page 10 states that 'the percent of people with disabilities ... has decreased'.

- Document does not reflect situation in developing countries.
- Do not agree with definition of rehabilitation on page 9 of the document.
- Do not agree with some of the assumptions for projections for the year 2022.
- Is it suggested (under 'Opportunities') that only a few services will 'be a part of membership entitlement' and most others will be charged, based on usage?.
- I agree with the strategies: who will undertake these tasks, especially those related to finance and fundraising.
- I agree with RI's values and definitions. Much will be required of RI staff, member organizations and individuals.
- The document should be developed into a plan that, in addition to committing the membership to common goals, also enables us to be more competitive for funding from outside sources.
- RI needs to become more accountable and revitalised.
- Relationship of RI with other international organisations is very important but not sufficiently clarified in the document. Many such organisations do not play a sufficiently active role in RI.
- Role of Affiliated National Organizations and National Secretaries is crucial and should be clearly defined.
- RI should state clearly its policy and programme in relation to countries with no RI member organization/no Affiliated National Organisation.
- RI Commissions are hardly mentioned in the document. They could be made more useful and effective.
- RI Commissions cover wide range of topics. RI should consider other structures such as ad hoc committees or working groups to carry out specific tasks, possibly at regional level.
- Promoting the rights of people with disabilities to the best possible rehabilitation should feature in the RI Vision Statement.
- RI should be service-oriented organization.
- Vision Statement deals only with disabilities accepted by society.
- Accountability of RI to people with disabilities through member organizations not adequately captured.
- The Vision Statement covers countries at all stages of development.

- Prefer the Purpose of RI as set out in the RI Constitution as a Mission Statement.

- Would like to see ameliorating causes of disability included in Mission Statement.

- There is a need to develop actions to address 'threats' such as diminishing resources.

- Mission Statement must include purpose and aims of the different types of members of RI, including persons with disabilities, government, social security agencies, service providers, religions.

- Would like to see targets and action plans.

- Questions of fundraising and methods of assessing subscriptions need to be addressed.

- No mention has been made of regional imbalances in services.

- Give priority to preventive measures that the UN Programme of Action avoided.

- Would like to see more specific and measurable objectives.

- Information from RI must be accessible to consumers and those working in member organizations.

- Should RI become a huge secretariat like ILO or should RI help members to help themselves?

- I would not like to see RI serve only its own members, but people with disabilities throughout the world, member or not.

- RI has member organizations with a wide range of common interests but also in some cases different - perhaps counter - interests. These need to be carefully analysed.

- RI appears to be competing with DPI.

- The number of organisations leaving RI should be regarded as a threat.

- The trends of development of other international organisations should be taken into consideration.

- The goals or outcomes should be outwardly, not inwardly, focussed.

- The informal meeting following the Assembly in Berlin established the following as goals or outcomes.

  * promotion of expertise
  * equalisation of opportunity
  * global networking
  * leadership
  * prevention

REHABILITATION INTERNATIONAL

STRATEGIC PLAN

1993-2000

SYNOPSIS OF ORIGINAL DOCUMENT

PREPARED BY

THE FUTURES COMMITTEE

WITH THE ASSISTANCE OF

FREDERICK G. HARMON SYNTHESIS CONSULTING

7873 HERITAGE DRIVE, SUITE 532, ANNANDALE, VA 22003

(703) 658-3513 (703) 658-4552 FAX

(302) 996-6467 (302) 996-6452 FAX

THE ROLE OF STRATEGIC PLANNING IN HELPING RI INVENT THE FUTURE

RI confronts a period of major opportunity. Seizing available opportunities will require clear choices. Where and how will scarce resources be expended? What role will RI play in the evolving effort to expand opportunities for people with disabilities (PWD)?

Resources are always limited. Successful organizations focus resources on priority matters. Strategic planning is the best tool we have to forge a consensus around what really matters. Once consensus is reached, effective strategic planning provides a way to insure consistent follow up.

At its Berlin meeting in the Fall of 1991, the Assembly asked the RI Executive Committee to create a strategic plan prior to the next Assembly meeting. To carry out this work, the Executive Committee established a Futures Committee, chaired by RI Treasurer David M. Cooney, CEO of Goodwill Industries of America, Inc.

Under the leadership of President Fenmore Seton, the Futures Committee was created with the diversity, expertise and regional variations that characterize RI's membership. In addition to the chairperson, members of the RI Futures Committee are:

Mr. John W. Stott
Mrs. Susan R. Hammerman
Mr. Lewis Carter-Jones
Dr. A.P. O'Reilly
Mr. Seppo Matinvesi
Ms. Nancy Christie
Mrs. Yolan Koster-Dreese
Ms. Barbro Carlsson
Mr. Lex Frieden
Dra. Teresa Selli Serra
Mr. Liu Jing
Dr. Jose Manuel Borgoño

Eleven of the 13 members of the Futures Committee met May 8-10, 1992 in DeLutte, Holland. In those two and one-half days, the Futures Committee created all the major building blocks of this strategic plan. On May 11-12, in Enschede, Holland, the RI Executive Committee reviewed the work of the Futures Committee. After careful review, the Executive Committee endorsed the Futures Committee's work with relatively minor changes. Those changes are reflected in the version of the documents appearing in this plan.

RI'S VISION STATEMENT

The first step in the planning process is to determine what the shared vision of the membership of the organization is. It is the membership which sets the goals, does the work, provides the resources and establishes the priorities. Accomplishing that purpose is dependent upon defining a clear view of what, collectively, those members seek to accomplish: a corporate vision. With a clear vision, RI can not only identify the desired course of future events, but take the

necessary steps to influence the future in a way that supports achievement of that vision through empowerment of people with disabilities.

RI's Futures Committee began by writing this vision of the future:

RI VISION STATEMENT

We, the members of the Rehabilitation International (RI), dedicate ourselves to strive for the creation of a world in which people with disabilities have the right to:

- effective political power to influence all levels of government in shaping public policy;
- development of opportunities fully commensurate with their present or potential abilities, talents and skills;
- the opportunity to work, both for pay and voluntarily, in environments appropriate to their needs whenever they choose;
- readily available technology and personal assistance to support their improved health, employment and independent living;
- support from strong national and international organizations who clearly and forcefully represent their interests;
- equalization of opportunity and full participation;
- make informed choices on issues;
- a system of support sufficient to ensure a reasonable level of life in their local community.

RI aspires to accelerate society's recognition of the full potential of people with disabilities. We believe society should consistently reinforce that potential through actions at many levels with the aim of equalizing opportunities and full participation for people with disabilities everywhere.

RI'S OPPORTUNITIES

Vision opens our eyes to opportunities. Normal, recurring activities, pursued year after year, no matter how valuable in themselves, will not serve as inspiring goals. RI needs fresh inspiration to release new energy and excitement, even among those most dedicated to the cause.

The RI Futures Committee developed a long list of opportunities. The Committee then consolidated the list. Priorities were established. The final list appears below:

PRIORITY OPPORTUNITIES FOR RI

Policy

- To facilitate the establishment of rehabilitation standards
- To establish a means of measuring program outcomes
- To develop partnerships which will involve outside agencies in RI goal achievement
- To support empowerment of people with disabilities
- To encourage use of well recognized preventive programs against disabling diseases and accidents

Communications

- To collect and disseminate information which will affect the lives of people with disabilities
- To identify information requirements

Political

- To generate awareness of and skill with political techniques as a means of achieving desired outcomes globally, regionally and locally
- To achieve consumer involvement in the establishment of the agenda of change
- To normalize the work place for people with disabilities who desire employment
- To identify and enable present and future leaders with disabilities to inform and influence the process of shaping and implementing public policy

Economics

- To encourage funding of development programs
- To manage RI's own resources effectively
- To use joint activity to multiply RI's resources
- To establish clearly the role of people with disabilities as economic citizens
- To support the development and implementation of effective community based rehabilitation programs

Education

- To employ dissemination of knowledge as a means of supporting informed choices by people with disabilities
- To identify educational needs which will support integration

- To establish training standards for rehabilitation professionals
- To educate policy makers
- To support availability of accessible, properly equipped schools

Demographic

- To develop programs for emerging groups
- To assure resources for people with disabilities programs

Technology

- To create an awareness of technology which is available to assure informed choices
- To motivate research and development of assistive devices, medical and other procedures

RI'S MISSION

Opportunities require choices among alternatives. A mission statement defines choices.

The mission of the organization is a clear statement of purpose which says what the organization is going to do and what basic strategy it will employ to do it. The mission forms the foundation of any future action.

In this plan, the mission statement narrows the focus of the organization to activities which are comprehensive enough to advance the vision, yet are specialized enough to be accomplished with the resources potentially available. Unlike the broad statement of purpose in the RI Constitution, this mission statement addresses the purpose of the organization now and in the decade ahead. It also emphasizes the importance of the member organizations in the operational strategies and makes it clear that the empowerment of people with disabilities is the desired organizational outcome.

The mission statement drafted by the Futures Committee appears below.

RI MISSION STATEMENT

> To improve the quality of life of people with disabilities throughout the world. RI will employ the resources of its diverse membership to develop goals and conduct programs of information, research, education and resource identification in order to empower and enable people with disabilities to achieve goals of their own choosing while participating fully in society.

RI'S VALUES

Organizations strive to achieve two kinds of goals -- quantitative and qualitative. Quantitative goals describe *what* the organization seeks to accomplish. These goals generally flow directly from the Mission Statement. They define what must be achieved in terms of people served, revenues, products introduced, return on investment, and other common, quantitative indicators of success.

Qualitative goals describe *how or in what manner* the organization wants to perform. They define success in terms of the values of the organization. In this sense, values are *operational qualities* which an organization strives to express in its work.

The Futures Committee identified three key values to move RI forward in the 1990s and beyond. Those values and their definitions appear below:

RI VALUES AND DEFINITIONS

Member Focused

- Continuously striving to identify and respond to the individual and collective needs of the members of the organization.

Financial Stability

- Continuously striving to increase, conserve and utilize available sources of income judiciously, and at all times to achieve and maintain fund balances which will make possible the accomplishment of our stated mission on a firm and sustainable basis.

Results Oriented

- Continuously striving to identify meaningful goals and conducting planned activities to accomplish them on time within resources budgeted, with desired, predetermined and measurable results.

RI'S STRENGTHS AND WEAKNESSES

Vision, Mission and Values define aspirations. RI's speed in moving toward those aspirations is defined, in turn, by its strengths and weaknesses.

In keeping with the systematic approach of strategic planning, the Futures Committee reviewed strengths, weaknesses and issues to be resolved in the following five components of RI's operations.

ANALYSIS OF RI'S FIVE COMPONENTS

Component 1: The People and Organizations Served By RI (Market)

Market was rated the weakest component. This indicates a pressing priority to get feedback from RI members to determine how better to meet their needs.

Component 2: The Products, Services and Know-How Delivered By RI to Those it Serves (Technology)

The key issue in Technology grows out of RI's weakness in Market. RI's products and services are viewed as generally high calibre. However, RI's leaders are uncertain about how well these offerings meet real member needs.

Development of Component Technology depends on regular and more focused communication between RI's leadership and staff and its members. Communication should focus on both evaluation of existing services and discovery of unmet needs.

Component 3: Staff and Volunteers Who Provide the Services or Produce the Products RI Offers to Those It Serves (People)

Opportunities to energize this component cluster around the issue of clarity. Roles and responsibilities need to be defined with far greater precision. RI brings together outstanding expertise and experience in the disability field. Yet, lack of clarity about who-is-responsible-for-what creates confusion. Trying to deal with this confusion takes energy. Expertise and experience that could be applied to RI's major goals is wasted. Improving clarity in goals, roles and responsibilities represents a major opportunity for RI.

Component 4: Financial Assets and Financial Systems (Capital)

It is easy and self-defeating to say Capital is the root cause of RI's weaknesses. Lack of sufficient funds always seems very concrete and immediate. However, most weaknesses in RI's Component Capital reflect unattended weaknesses in other components. For example, one could say that lack of fundraising capacity is a Capital weakness in RI. However, the deeper weakness may be a lack of clarity about RI's objectives and priorities. Until the deeper weakness is corrected, additional fundraising capacity will be of limited help. In working to improve Component Capital, RI should take care to focus on root causes, not just symptoms.

Component 5: The Structure and Systems Used to Deliver RI's Products and Services (Organization)

This analysis points, once again, to a lack of clarity about goals and accountability. RI has noble intentions. It has attracted dedicated and competent people. However, this is not enough

as RI's self-analysis of its five components shows vividly. No amount of exhortation or even dedication can offset the weaknesses listed above. Continual effort to compensate for structural and systemic weaknesses wears out even the best intentioned people. In such a situation, growth and dynamism seem impossible.

However, dedicated effort can radically change this picture. That effort begins with the setting of clear, dynamic goals.

RI'S GOALS, OBJECTIVES AND STRATEGIES

Goals are broad, general outcomes sought by an organization. Objectives are measurable results to be achieved by a specific time. The Futures Committee's goals are generally for the 1993-2000 period. Its objectives concentrate on the 1992-95 period.

The RI Goals and Objectives are listed below as they were endorsed by the Executive Committee. Dates, where listed, indicate completion deadlines.

RI GOALS AND OBJECTIVES

Member Focused

Goal: To involve the membership directly in creating programs and projects of the organization and in the setting of priorities.

Objectives:

- Determine the *desires, needs and priorities* of membership by questionnaire (30 July 1993).
- Determine the *capacity, resources and expertise* of membership (1 December 1993).
- Secretary General to initiate the project within 10 days after approval of this plan.
- Establish a regular means of internal communication to provide data, share current experiences, encourage growth and change.

Financial Stability

Goal: To achieve the necessary financial resources to operate the programs of the organization while controlling the use of funds.

Objectives:

- Establish and maintain a 5 year budget cycle reviewed at one year intervals (1 May 1993).
- Create an annual financial plan tied to the activity plan (1 September 1993).
- Review the dues assessment process and collection policy; create and enforce a new one (1 November 1993).
- Create a resource development program including personnel support (1994).
- Study the possible use of entrepreneurial activity as an additional funding source (September 1992-August 1993).

Results Oriented

Goal: Establish meaningful and measurable goals.

Objectives:

- Annually survey some members (30 July 1993).
- Conduct an annual situation audit to determine current events influencing membership goals (30 July 1993).
- Prepare an annual activities plan and budget (continuously).
- Monitor the progress of each program against goal (continuously).
- Use the information to modify plans and amend (goals/objectives) appropriately.

Growth

Goal: To grow sufficiently in size, resources and capacity to meet the changing requirements and expectations of people with disabilities.

Objectives:

- Conduct focus groups in appropriate geographical divisions to determine present and developing expectations (January 1994).
- Measure current capacity of members to meet those expectations to determine collective strengths and weaknesses (February 1994).
- Identify and develop better ways to share innovation of members among the membership (March 1994 - May 1994).

- Establish a program of research to determine alternative means of meeting expectations and seek funding to finance (June 1994).

- Encourage updates of this research for use in publications (continuous, May 1994 and on).

Education

Goal: To conduct and/or support educational activities as a means of changing attitudes, influencing opinion, increasing proficiency and obtaining support of RI and its mission.

Objectives:

- Create specific information goals in support of the empowerment of people with disabilities. These objectives would include but not be limited to investigating/ establishing an international index of disabilities and rehabilitation to measure how nations and regions are progressing on a range of issues of concern to people with disabilities.

- Translate those goals into a plan of action to include internal and external publications, seminars, lectures and public relations activities and the like.

- Originate and execute a sequential program of education at the RI Assembly for rehabilitation professionals, including an annual theme.

- Identify key decision makers and opinion leaders in fields of expertise vital to RI.

- Conduct and/or support specific programs of training, information and influence to stimulate participation in RI; support of people with disabilities, or support of the programs and goals of RI and people with disabilities.

- Identify educators as a category for special attention to inform them of the educational and social potential of students with disabilities, and to support their efforts to obtain equipment and specialized training.

Personnel

Goal 1: To recruit, train and retain appropriate paid staff resources at the Secretariat.

Objectives:

- Describe the tasks to be performed now and in the immediate future (1 January 1993).
- Subdivide the tasks into person hours, assign titles, and prepare job descriptions (1 March 1993).
- Audit the capabilities of staff against skills required.
- Prepare a training plan to develop capabilities of staff in required skills.
- Prepare a recruiting plan to fill in gaps in staff skills required.
- Evaluate resources against requirement and convert to budget item.
- Monitor total compensation against present and future market.
- Be prepared to assist in addressing similar needs as they occur within the organization.

Goal 2: RI should set high standards for our organization and work diligently to accomplish them.

Objective:

- To identify an annual issue to be the focus of RI's work applicable to all bodies and levels by September 1992.

Implications of RI's Goals and Objectives

RI's Goals and Objectives provide a clear Strategic Agenda. Major opportunities and problems uncovered in this process are addressed in a logical way. In reaching the goals and objectives, RI would employ three short-term and three longer-term strategies.

Short-Term Strategies

- Turn to members for a detailed, comprehensive, and more regular reviews of their needs and expectations.

- Strengthen the structure, systems and skills available to RI to carry out its Mission and live up to its Values. Early in this effort, pay particular attention to upgrading financial systems to control costs and conserve cash.

- Search for opportunities to increase revenues.

Longer-Term Strategies

- Based on better information from members, review existing products and services, eliminate the obsolete, upgrade remaining offerings, and introduce new ones.

- Continually strengthen management structures, systems and skills to deliver better products and services.

- Support the above efforts with additional resources obtained from more efficient dues collection, payments for supplementary services and fundraising.

Resources Required

Because funding is not available, this RI strategic plan deliberately does not reply on heavy cash expenditures in its first stages. However, it does assume that RI's staff and volunteers will be willing to invest time and effort to move the process forward. It also assumes that initial steps will establish the habit and reputation for success upon which organizational funding activity must be based.

SUMMARY & CONCLUSION

RI's Vision of the future is not only possible, it is inevitable. With or without RI, desirable progress will occur. However, with a dynamic and forceful RI, progress will accelerate.

This plan's value rests upon several key factors. It represents the results of significant research into the operating environment of the organization on a worldwide basis; the intellectual genesis of its contents contains experience from several continents, professions and viewpoints; it emphasizes the responsibilities of membership; it is keyed to outcomes supporting meaningful independence of people with disabilities, and it is long-term enough to have lasting value and influence, short-term enough to encourage regular review and built-in protection against collective mind set.

The plan gives the group direction. It will also permit the careful evaluation of present systems of governance, resource development, organizational structure, and research against an established set of measurable goals.

As the reader considers the content of this plan, he or she will realize that it raises more questions than its answers, and it identifies more challenges than solutions. That is its purpose: to show the way to progress over the long term, while providing flexibility to those who must make those steps toward tomorrow. In this way the plan can be a living guide to innovations, not a narrow pipeline to certainty.

END

A NOTE ON LANGUAGE USED IN THIS DRAFT

The contents of this draft plan were prepared with full awareness of the importance of language in describing people with disabilities, men and women and their roles, and members of racial and ethnic groups. Every effort has been made to address those concerns, although we recognize that our intended awareness may not always translate well into other languages. Please recognize that people first is our belief and practice. We have used the abbreviation "PWD" for the term people with disabilities consistently, not merely for brevity, but to stress, through capitalization, the people who were of primary importance in our considerations. We ask that you regard all pronouns as gender neutral and recognize that members of all races and religions are included equally in all considerations, concerns and priorities.

Rehabilitation International

EXECUTIVE COMMITTEE

1992-1996

PRESIDENT

Mr. John W. Stott
RI President
4 Palamino Place, Opawa
Christchurch 2,
New Zealand
Tel.: 64-3-389-1116 home
Fax.: 64-3-389-9979

PAST PRESIDENT

Dr. Fenmore R. Seton
RI Immediate Past President
2 Old Orchard Road
North Haven, CT 06473
Tel.: 203-281-4448
Fax.: 203-281-0865

TREASURER

Adm. David M. Cooney
RI Treasurer
President & Chief Executive Officer
Goodwill Industries of America, Inc
9200 Wisconsin Ave.
Bethesda, MD 20814
Tel.: 301-530-6500
Fax.: 1-301-530-1516

AFRICAN REGION

The Hon. A. A. Moody Awori
RI Vice President for Africa
The Association for the Physically
Disabled of Kenya
P.O. Box 46747
Nairobi, Kenya
Tel.: 336-258 Fax.: 337-082

AFRICAN REGION (cont.)

Mr. Tambo Camara
RI Deputy Vice President for Africa
Organisation Mondiale des
Personnes Handicapes
B.P. 583
Nouakchott, Mauritania
Fax: 011-222-2-52616

ARAB REGION

Sheikh Abdullah M. Al-Ghanim
RI Vice President - Arab Region
Regional Committee for the Middle
East of the World Blind Union
Regional Bureau of Affairs of
the Blind
P.O. Box 3465
Riyadh, 11471
Saudi Arabia
Tel.: 011-966-1-488-2200
Fax.: 011-966-1-488-8260

Dr. M. A. A. S. El-Banna
RI Deputy Vice President for Arab
Council of Rehabilitation Research
Ministry of Social Affairs
Mogama Building 5th Floor, Room 83
Tahrir Square
Cairo, Egypt
Tel.: 557-974 / 756-205
Fax.: 202-354-0261

ASIA AND THE PACIFIC

Mr. Peter Chan
RI Vice President for Asia & Pacific
Office of the Regional Committee
for Asia and the Pacific
c/o The Hong Kong Council of Social Service
Duke of Windsor Social Service Building
50 Hennessey Road
12/F Hong Kong
Tel.: 852 864 2929
Fax.: 852 865 4916

ASIA AND THE PACIFIC (cont.)

Mrs. Soegeng Soepari
RI D.V. President for Asia & Pacific
Indonesian Society for the Care of
Disabled Children
JI. Hang Jebat II/2
Kebayoran Baru
Jakarta, 12120
Indonesia
Tel.: 21-717-366

CARIBBEAN

Dr. Gerard Leon
RI Vice President for Caribbean
Association Haitienne pour la
Rehabilitacion des Handicapes
Boite Postale 1319
Port-au-Prince, Haiti (W.I.)
Tel.: 509-220120 or 509-45-5875 at 1:00pm
Fax.: 509-45-8686

EUROPE

Dr. A. P. O'Reilly
RI Vice President for Europe
National Rehabilitation Board
25 Clyde Road
Ballsbridge
Dublin, 4 Ireland
Tel.: 1-684-181
Fax.: 1-609935

Dr. Teresa Selli Serra
RI Deputy Vice President for Europe
Associazione Italiana per
l'Assistenza Agli Spastici
Via Cipro, 4H
Rome, 00136
Italy
Tel.: 39-6-31-61-32
Fax.: 39-6-322-4519

LATIN AMERICA

Dr. Jose Manuel Borgono
RI Vice President for Latin America
Instituto de Rehabilitacion Infantil
Avda. Libertador
B. O'Higgins 4620
Santiago, Chile
Tel.: 562-779-3565 & 779-3615
Fax.: 562-798-871

Ms. Rosangela Berman Bieler
RI D.V. President for Latin America
Centro de Vida Independente CVI
Av. N.S. de Copacabana 661
Sala 204
Rio de Janeiro, CEP 22050
Brazil
Tel.: 55-21-257-0119
Fax.: 55-21-255-3253

NORTH AMERICA

Mrs. Jean E.Caine
RI Vice President for North America
CHWO Radio Limited
Broadcast Centre
284 Church Street
Oakville Ontario, L6K 2H1
Canada
Tel.: 416-845-2821
Fax.: 416-842-1250

Mr. Lex Frieden
RI Deputy V. P. for North America
The Institute for Rehabilitation
Research
1333 Moursund
Houston, TX 77030
Tel.: 713-797-5283
Fax.: 713-799-7095

THE 4TH INTERNATIONAL ABILYMPICS

JOHN FISHER
EXECUTIVE DIRECTOR
167 SWAN STREET
PERTH 6060
WESTERN AUSTRALIA
FACSIMILE (09) 349 3672

Remember in the bus - in Berlin - the other Person in a wheelchair -

all the best - we hope to see you with a lot of friends in Australia 1995 - let me know if you want more information sent over.

Say Hi to Bill for me -

Merry Christmas
and
Happy New Year

John Fisher.

"BLACK SWANS, LAKE MONGER, PERTH, W.A."

by Mary La Cerfontaine, Quadriplegic, result of car accident 1976.
Mary has been painting since 1977.

Produced by The Paraplegic-Quadriplegic Association of W.A. (Inc.)
10 Selby Street, Shenton Park, Western Australia, 6008. Phone: 381 0113

The Institute for Rehabilitation and Research (TIRR)

1333 Moursund, Houston, Texas 77030-3405
In the Texas Medical Center
Telephone (713) 799-5000, 797-5790 (TDD)
Fax (713) 799-7095

tIRR Systems

FAX

DATE: November 19, 1992

TO: John Stott, President, RI
FAX: 64-3-389-9979

FROM: Lex Frieden, Deputy Vice President, RI
FAX: (713) 799-7095

Thank you for your fax of November 19, 1992. I share the happiness of all Americans involved in RI when I offer congratulations on your election as President. I am honored and will be pleased to assume your prior role as Chairman of the DPI/RI Liaison Committee for RI.

Thank you for asking about my father. I am sorry to inform you that he died last Wednesday, November 11. I have just returned from memorial services in Colorado and Oklahoma.

I am pleased that you have apparently recovered from all the difficulty which you encountered during and following the Nairobi meeting. I hope you stay well.

Please let me know what, in addition to this committee work, I could do to assist you as your new role as President.

LF:rf

Rehabilitation International®

00:4792:lfm

October 15, 1992

Mr. Lex Frieden
RI Vice President for North America
The Institute for Rehabiliation Research
1333 Moursund
Houston, Texas 77030

Dear Lex:

Enclosed is a copy of a letter from me to Dr. Harry Fang. As you will note, I am attempting to answer some of the concerns he raised in his letter concerning the RI planning effort. I am told you all received it, but I'm enclosing a copy in case you no longer have it.

It is unfortunate that my health precluded my being with you in Nairobi. I would have preferred to address his concerns, and other similar matters, directly through floor discussion or conversation. I am taking the step of writing to you now, so that you may have some sense of my reaction, and to make it clear that I hope that Dr. Fang is more misinformed than antagonistic. This matter is of concern to me, because I have received multiple reports that his actions at the meeting were deliberately taken to terminate my personal participation in the governance of Rehabilitation International (RI). I do not chose to believe that is accurate, but can understand from secondhand reports, why others would believe it.

I certainly would not want the statement of different views to be read as personal antagonism. That would trivialize an important process, the structuring of the future of an organization with a great history, but with an unclear potential.

I would remind you, as I have others, that I undertook the leadership of the planning process with some reluctance and on top of a very heavy work load. At the time, there was virtually unanimous agreement by the membership and the executive committee that such a process was overdue, that the staff did not have the resources to conduct it, and that the use of an outside professional consultant was necessary. Dr. Fang publicly identified himself with the project by announcing to the Assembly that he concurred by making certain funds which he had successfully solicited available as partial funding for the effort. My mandate was to conduct the planning process, employing a consultant and a broad-based committee, and prepare a draft plan for consideration at Nairobi. I exercised all aspects of that mandate.

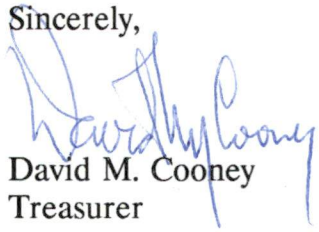
25 EAST 21st STREET, NEW YORK, NEW YORK 10010 U.S.A.
PHONE: (212) 420-1500 / CABLES: INTREHAB / TELEX: 446412 / FAX: (212) 505-0871

There was considerable effort and personal expense required of me and all the committee members. I am disappointed that the plan did not meet with broader understanding and acceptance but am prepared to continue to serve at John Stott's pleasure, as planning chairman for the year, until a final vote in Atlanta. I will receive comments and respond to questions with the committee's help. If amendment is in order, we will have a proposal prepared ready for final consideration in due time.

Your own suggestions and comments are specifically solicited.

In respect to my health, I am rapidly recovering, and am engaged in a program of cardiac rehabilitation. I will be active in my professional work soon. While my pace may be reduced, my interest and commitment to RI remains high.

Sincerely,



David M. Cooney
Treasurer

cc: Planning Committee Members
Executive Committee Members

Enclosures (2)

Rehabilitation International

00:4772

October 15, 1992

Dr. Harry S.Y. Fang
Past President, Rehabilitation International
Room 206 Tak Shing House
Hong Kong

Dear Dr. Fang:

Several people have shared with me your widely distributed letter of 29 August 1992, addressed to Fen Seton concerning the proposed *Strategic Plan 1993-2000* for Rehabilitation International (RI). To say that your letter both puzzled and distressed me at first reading would be an understatement. I was puzzled because you are a man of science, and as such you know that change and growth must occur as the only prevention of stagnation and death. You also know that data have value, when properly used, and that their value is most often to open our thoughts to new challenges and new opportunities.

You are also a man of heart, and thus you are aware that the desire to do good must form the basis of our human responsibility. But you recognize too that desire and accomplishment are not necessarily partners. To accomplish desired goals requires clear objectives, viable structures, and functioning organizations. This is especially true when multiple people are involved, and when the multiplicity involves not only people, but groups with different expectations, languages, resources, and abilities. Such diversity compounds the matter of joint accomplishment. Of course, RI is blessed with both diversity and with the resulting complication.

Clearly, diversity is growing as a result of current changes in the global economic, political, scientific, and educational structures. While much can be gained from such change, goals <u>not</u> identified will be more difficult if not impossible to attain.

I was puzzled at your suggested conclusion that finding a new road to the future means we were on the wrong road in the past. Not so. Each navigator learns two important lessons early in an apprenticeship. First, he learns that no matter how carefully he plots his star sights, he will only know where his ship is within an established tolerance of error. So he finds comfort in what is correct rather than continuing to seek what is

25 EAST 21st STREET, NEW YORK, NEW YORK 10010 U.S.A.
PHONE: (212) 420-1500 / CABLES: INTREHAB / TELEX: 446412 / FAX: (212) 505-0871

perfect. Second, the navigator learns that as his ship moves about the earth enroute to a port of call, he must seek new stars to guide him. As we shift hemispheres, progress leaves behind Polaris behind and brings the Southern Cross into the sextant. The course under Polaris was not wrong. Rather, it was but a pathway to new territory, which now requires new guidelines and new landfalls to meet current need.

Those charged with guiding organizations must learn the same lessons. We can be on the proper course over time, if not always on the specific datum, and we must know where we are going and adjust our course according to new information. RI is on course out of a decade and into a new century. We need to know where we are and how we got there, then we must establish where we are going, by what route, and what criteria we will use to measure our progress.

With these considerations in mind, we can certainly say that planning ahead does not reject the past. It simply allows us to benefit from past actions, without having to repeat them, warts and all, ad infinitum. That is what we are trying to do while planning for RI in a world with significant shifts in attitudes and resource availability.

You express some concern that we envision RI as a business rather than as a social service organization. That is a misreading. Essentially, RI exists in a world where problems outweigh available resources. Those organizations which will get the lion's share of resources will be the groups with clear goals, the accomplishment of which can be measured. That requires a careful plan and measured results. That is not being a "business," it is being "business like." A business-like operation allows leadership to do the right thing, even at a loss, if the correctness of the purpose is established, and the cost is appropriate to the result. The time has past when we can expect government to meet rehabilitation requirements.

You state that RI is the "most respected rehabilitation organization of today." That is not an opinion widely shared. Even our membership strongly questions its long-term goals, its purpose, and the value received for dues and assessments. It is this very sense of ill ease which drove the requirement for the preparation of the plan. This was member driven over a period of four years. It was not driven by the officers or the planning committee, and it received wide support by vote of the General Assembly.

I was puzzled that you did not recognize these things. However, I am distressed by the fact that you, personally, did not comment until the document was drafted. You had repeated opportunity for input through questionnaires. You were invited to attend the executive committee meeting when the process was presented. You made no input, and now you complain about the result. While I do not expect everyone to agree on what was written to both educate and stimulate, I would hope that you would make positive suggestions to me or the planning committee in the months ahead.

These were my first reactions to reading you letter, my second reaction is somewhat different. I have concluded that you really are unaware of the deep concern of many member groups about RI's future if the organization continues to operate status quo. There is an abiding sense, that in the name of good works, we are ignoring the full potential of clients, that we see empowerment as threatening, and that RI's main function is to hold meetings. All of these things must be addressed, along with improved management practice, outside funding and organizational growth. That is the purpose of the planning process and its resulting document. I'm sure that if you re-read it in that light, you will find it less threatening or critical, and more positive and reinforcing. After you have done that, please give us the benefit of your thoughts.

Sincerely,

David M. Cooney
Treasurer

cc: Executive Committee Members
Planning Committee Members
RI Secretary General

方 心 讓
HARRY S. Y. FANG
C.B.E., M.B., B.S., M.CH.ORTH., F.R.C.S.E., F.R.C.P.E., F.R.A.C.S., LL.D., J.P.

OFFICE: ROOM 306 TAK SHING HOUSE, HONG KONG.
RESIDENCE: 16 STANLEY BEACH ROAD, HONG KONG.
TELEPHONE: 5239208
FAX NO. : 8459701

29 August 1992

Dr Fenmore Seton
President
Rehabilitation International
Two Old Orchard Road
North Haven
Connecticut 06473
U S A

Dear Fen

Re: **The Strategic Plan 1993 - 2000**

It is with a heavy heart and deep concern that I submit through you to members of the Exco and General Assembly, my thoughts on the above captioned subject.

This is one of the most provocative and threatening documents that I have ever come across, although much sincere effort has been put into it. It is turning a humanitarian organisation into a business house serving only its shareholders.

How can the document say that RI has functioned for many years **without a Specifically stated Mission.** For seventy years we have worked with 3 objective goals:

1 Disability prevention

2 Rehabilitation for all people with disabilities

3 Equalization of opportunities

These objectives and goals are contained in our Constitution, re-emphasised in our RI Declaration of the 70s, our Charter for the 80s, our input to the IYDP, the Decade of Disabled Persons of the United Nations and the World Action Plan.

Our members and our skeleton staff have worked their heads and tails towards these goals and made our organisation the world's most respected leaders on Rehabilitation of Today.

. . . /

方 心 讓
HARRY S. Y. FANG
C.B.E., M.B., B.S., M.CH.ORTH., F.R.C.S.E., F.R.C.P.E., F.R.A.C.S., LL.D., J.P.

OFFICE: ROOM 306 TAK SHING HOUSE, HONG KONG.
RESIDENCE: 16 STANLEY BEACH ROAD, HONG KONG.
TELEPHONE: 5239208
FAX No. : 8459701

Dr Fenmore Seton

Our work may not have been scientifically organised as yet but certainly we cannot over-emphasise "Operational Efficiency" for the latter could often be against our own "Values". For example, a democratic process is always necessarily less efficient than a dictatorship.

The **RI Mission** Statement in the text is an entirely different and foreign concept.

We are a body whose primary purpose is to advocate and to promote. How are we to empower? How can we enable people with disabilities to achieve goals of their own choosing. Who makes the choice, the World Blind Union, DPI, or individuals or others?

RI Values as defined in the text, underlined 3 things only:

member focus; financial stability, result orientated.

Surely the above are not values. Values should be our fundamental philosophy. Our real values must be:

the human dignity, the human right and **equal opportunities for all.**

What is stated in the text under Values, are but management objectives.

Text - Page 15, Paragraph 8, which says:

It is inevitable that RI has undertaken tasks that, while worthy in themselves, do not directly support this mission. These should be eliminated with all practical speed. Elimination of yesterday is a prime requirement for focusing on tomorrow.

Does this mean that the work that we did for so many years on our 3 objectives, disability prevention, rehabilitation of all people with disabilities, equalization of opportunities, should now be eliminated and abolished, and adopt the new statement?

. . . /

方 心 讓
HARRY S. Y. FANG
C.B.E., M.B., B.S., M.CH.ORTH., F.R.C.S.E., F.R.C.P.E., F.R.A.C.S., LL.D., J.P.

OFFICE: ROOM 306 TAK SHING HOUSE, HONG KONG.
RESIDENCE: 16 STANLEY BEACH ROAD, HONG KONG.
TELEPHONE: 5239208
FAX NO. : 8459701

Dr Fenmore Seton

This is a decision that even the present Assembly in Kenya can not and must not take, because it is a very drastic move. It changes the very basis of our Constitution. This will need a much wider and a much more indepth consultation with our member countries and organisations, many of whom, like myself, find the document difficult to read and understand clearly. (There are a lot of professional concepts in the text which make it difficult for peoples of the world who are in different stages of development, to perceive.)

I humbly plead that much more thought be put into the Strategic Plan before it can be further considered. To try and rush it through now at the General Assembly in Kenya would be grossly unfair and unjust to our Cause and the People we serve.

Yours sincerely

Harry S Y Fang
Past President

HF/jb

THE PETER PAUL OCHS GALLERY

SCULPTURE•PAINTING

VANCOUVER ART GALLERY	1954
CHAUMIÈRE, PARIS	1956
ROYAL BC MUSEUM, VICTORIA	1968
ISTANBUL AND ANKARA	1990

Agent•Marlène Levasseur-Ochs

BY APPOINTMENT ONLY:

886-4685

684 HILL CREST RD, GIBSONS, BC

MAR @ CBC/BBCN

604 662 6185

TO NIA MAY.

printed in Canada
Gallerie Publications
(604)929-8706

16-09

Health and Welfare Canada
Santé et Bien-être social Canada

Peter Lawless

Senior Policy Advisor
Disabled Persons Unit
Social Service Programs
Branch

Room 1101
Finance Building
Tunney's Pasture
Ottawa, Ontario K1A 1B5

613 957-2888
Fax: *613* 941-3550

Conseiller principal aux politiques
Unité des personnes handicapées
Direction générale des programmes
de service social

Pièce 1101
Immeuble Finance
Pré Tunney
Ottawa (Ontario) K1A 1B5

613 957-2888
Fax: *613* 941-3550

Canada

DEPARTMENT OF HEALTH & HUMAN SERVICES
Social Security Administration

Refer to: S3C
Baltimore MD 21235

May 12, 1992

Ms. Dominica Whelan
Senior Industrial Officer
Australian Council of Trade Unions
393-397 Swanston Street
Melbourne VIC
3000
AUSTRALIA

Dear Ms. Whelan:

A note to tell you how much I enjoyed the Australian Delegation's substantive contribution and energetic delivery at the recently-held Independence '92 - "World of Work" Congress. I am impressed by Australia's disability policy development regarding return to work issues. Straight-forward language and a results orientation to management can powerfully combine to create a favorable climate for positive economic change.

I found the 4-country format a manageable size in which different models could be articulated. Follow-up discussions on policy implementation outcomes could provide us with information potentially useful to future management decisions within the countries participating in the "World of Work" programme. I would be interested in working with you to create a format and structure enabling us to share results.

I trust your trip home was smooth. With best wishes,

Sincerely,

Susan Parker

Susan B. Parker, MSW
Associate Commissioner
for Disability

bcc:
Lex Frieden

DEPARTMENT OF HEALTH & HUMAN SERVICES

Social Security Administration

Refer to: S3C

Baltimore MD 21235

May 12, 1992

Mr. Horst Guenther
Parliamentary State Secretary
German Federal Ministry of Labour
and Social Affairs
Rochusstrasse 1
53000 Bonn 1
GERMANY

Dear Minister Guenther:

I write to tell you how valuable the information was that you and Mr. Dieter Goelner presented at the "World of Work Program" within the Independence '92 Congress recently held in Vancouver.

Describing the German policy of returning disabled workers to employment, followed by descriptions of the model used by Hoesch Steel AG to implement the government policy, provided we-the-listeners with concrete appreciation of how Hans-the-worker again became a productive worker. You gave us a model of how an actual program works in an industrial location. I would also like to learn of other return-to-work procedures in other types of work sites within the German economy.

We must be concerned and make commitments to habilitation and rehabilitation programs that help the worker attain maximum productivity.

I enjoyed very much the opportunity to meet you and Frau Guenther. With best wishes,

Sincerely,

Susan B. Parker

Susan B. Parker, MSW
Associate Commissioner
for Disability

bcc:
Lex Frieden

DEPARTMENT OF HEALTH & HUMAN SERVICES

Social Security Administration

Refer to:

Baltimore MD 21235

April 30, 1992

Mr. Stan Coleman, R.P.F.
Manager, Forest, Government
and Public Relations
MacMillan Bloedel Limited
Corporate Forestry
65 Front Street
Nanaimo, B.C., Canada V9R 5H9

Dear Stan:

I very much appreciate your guided tour of MacMillan Bloedel Limited's forest lands on Vancouver Island. Seeing operations from the air gave me a concise picture of old and new growths and harvesting practices as they fit into a complicated ecology.

Great sport when I was a child in East Millinoeket, Maine, home of the Great Northern Paper Company, was to go on canoe trips into the back country, surrounding the Penobscot watershed. Balancing on boom logs and visiting logging camps provided good sport and tall stories!

Hearing about the operations' sophisticated practices from a knowledgeable person provides good context for understanding the management practices related to the rehabilitation and hiring of disabled forestry workers. I value the opportunity to learn from you. Thank you.

Sincerely,

Susan Parker

Susan B. Parker, MSW
Associate Commissioner
for Disability

DEPARTMENT OF HEALTH & HUMAN SERVICES

Social Security Administration

Refer to:

Baltimore MD 21235

April 30, 1992

Mr. George von Westarp, R.P.F.
Manager Forest Practices
MacMillan Bloedel Limited
Woodlands Services
65 Front Street
Nanaimo, B.C., Canada V9R 5H9

Dear George:

I very much appreciate your guided tour of MacMillan Bloedel Limited's forest lands on Vancouver Island. Seeing operations from the air gave me a concise picture of old and new growths and harvesting practices as they fit into a complicated ecology.

Great sport when I was a child in East Millinoeket, Maine, home of the Great Northern Paper Company, was to go on canoe trips into the back country, surrounding the Penobscot watershed. Balancing on boom logs and visiting logging camps provided good sport and tall stories!

Hearing about the operations' sophisticated practices from a knowledgeable person provides good context for understanding the management practices related to the rehabilitation and hiring of disabled forestry workers. I value the opportunity to learn from you. Thank you.

Sincerely,

Susan Parker

Susan B. Parker, MSW
Associate Commissioner
for Disability

DEPARTMENT OF HEALTH & HUMAN SERVICES

Social Security Administration

Refer to:

Baltimore MD 21235

April 30, 1992

Mr. Wolfgang Zimmerman
Executive Director
Disabled Forestry Workers
Foundation of Canada
Site 345 C-6
Port Alberni, B.C. V9Y 7L7

Dear Mr. Zimmerman:

Congratulations on the creation and sponsorship of a substantively superb presentation of return-to-work models. Four countries describing efforts in a setting laced with good fellowship can function as a powerful motivator to go home and "do better." Your "World of Work" tract contained good opportunity to become acquainted with the four countries' delegate members. That perhaps was as critical as the material presented. It is easier to learn from a person you know a bit, compared to one with whom no affiliation exists.

Speaking from a U.S. Social Security Administration disability perspective, substantive gains could be made if the countries convene again for the purpose of following up on how some new policies are being implemented. This is especially true for the U.S. and Australia.

Thank you for the opportunity to participate in a meaningful event. It is not often that disability advocates, industry, government (federal/state/provincial), and labor unions sit at the same table, and enjoying one another's company at the same time. Better disability policy results from such cross-pollination. Well done.

Sincerely,

Susan B. Parker, MSW
Associate Commissioner
for Disability

cc:
Mr. Peter Lawrie
Mr. Justin Dart
Mr. Lex Frieden

DEPARTMENT OF HEALTH & HUMAN SERVICES
Social Security Administration

Refer to:
Baltimore MD 21235

April 30, 1992

Mr. Peter Lawrie
Director Labour Relations
MacMillan Bloedel Limited
Site 345 C-6 Port Alberni, B.C. V9Y 7L7

Dear Peter:

On behalf of the U.S. Social Security Administration's Disability Program, I extend congratulations to the Board of Directors of the Disabled Forestry Workers Foundation of Canada (DFWF) for its sponsorship and organization of "The World at Work."

The program's 4-country format -- content and participants -- continued to create an event memorable for its substantive descriptions and candid appraisals of outcomes to date benefitting disabled people's entry or reentry into the world of work.

The synergy generated by the participants rejuvenates optimism that by combining advocacy efforts, policies might be more quickly adopted and implemented to achieve results which equitably assist disabled workers and improve economic productivity of businesses and nations.

I especially appreciate the substantial contributions of MacMillan Bloedel Limited to the vital work of the DFWF of Canada. Thank you for the opportunity to participate.

Sincerely,

Susan Parker

Susan B. Parker, MSW
Associate Commissioner
for Disability

cc:
The Honorable Gwendolyn S. King
Commissioner, Social Security Administration

Mr. Justin Dart, Chairman
President's Committee on the Employment
of People with Disabilities

Mr. Brian Payne, Co-Chairperson, DFWF
Canadian Paperworkers Union

DEPARTMENT OF HEALTH & HUMAN SERVICES

Social Security Administration

Refer to: S3C

Baltimore MD 21235

April 30, 1992

Mr. Roger A. Killin
General Manager
MacMillan Bloedel Limited
Harmac Division
P.O. Box 1800
Nanaimo, B.C., Canada VOR 5M5

Dear Mr. Killin:

Thank you very much for a most informative discussion of MacMillan Bloedel Ltd.'s concerns and practices regarding bleaching of wood pulp. I found your presentation about dioxins wonderfully sensible, sensitive, and informative. Indeliblized in my mind now are the numeric equivalents of dioxins occurring in various environments. Well done.

The U.S. Social Security Administration has an abiding interest in the health of this nation's citizens and the prevention of disability. We welcome the opportunity to learn from well qualified people in industry.

Thank you for your kind hospitality.

Sincerely,

Susan Parker

Susan B. Parker, MSW
Associate Commissioner
for Disability

Rehabilitation International

September 21, 1992

Mr. Lex Frieden
RI Deputy Vice President
1333 Mousund
Houston, Texas 77025

Dear Lex:

Congratulations on your election as a member of the Rehabilitation International Executive Committee for the period 1992 through 1996.

I am pleased to enclose the first of a series of information memoranda for the RI Executive Committee on developments and implementation of Executive Committee decisions.

I am also pleased to enclose the latest Information Letter which I am sending to the RI membership with regard to the 17th World Congress and related events in Nairobi, Kenya.

We look forward to working with you during your period of office for Rehabilitation International. On behalf of the members of the Secretariat, may I assure you that we remain at your disposal for any clarification or further information which you may require in the conduct of your duties.

With kindest of regards,

Sincerely,

Susan Hammerman
Secretary General

SRH:lt

25 EAST 21st STREET, NEW YORK, NEW YORK 10010 U.S.A.
PHONE: (212) 420-1500 / CABLES: INTREHAB / TELEX: 446412 / FAX: (212) 505-0871