Originally Processed With FOIA(s): S

FOIA Number: S

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Record Group/Collection: Donated Historical Materials
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Series: Related Materials
Subseries: Speeches

OA/ID Number: 52090
Folder ID Number: 52090-001

Folder Title:
ADA Medical Facilities [n.d.]

Stack: **Row:** **Section:** **Shelf:** **Position:**

Thank you all very much for that kind welcome. I want to particularly thank Dr. Wainerdi for giving me the opportunity to share some thoughts with you today. Dr. W's vision for the Medical Center has to his great credit included people with disabilities throughout. For those of us who have been here for a while and I came to Houston in 1972 as a student at the Un of Houston and a Research Assistant at Baylor and TIRR, we've seen dramatic changes in the Medical Center that wuold not have occured had it not been for the kinds of efforts that Dr. Wainerdi has been responsible for leading. He also has a magnificent understanding about rehabilitation and about disability and I think it is important for leaders who deal with people with disabilities to be able to have a sense from our perspective of what the process of disability is all about. I also want to take the opportunity to recognize Dr. Spencer who really was my mentor and the primary reason that I came back to Houston to go to graduate school. He has been an inspiration for people in rehabilitation all over the world. Nobody I think understands rehabilitation better and nobody has communicated rehabilitation more than Dr. Spencer.

In 1972 at TIRR we had the opportunity to develop a program that we thought, at the time, was important in the area of independent living. We called it New Options and it involved people with disabilities to sort of run their own allied health program, if you will. We hired our own attendants and managed them and at that

time and even today more medical oriented organizations would not have the courage to empower the users of services, in fact manage those services. That was a great step forward we were able to take at TIRR with his leadership.

Also I want to recognize two people under whose leadership TIRR continues to be acknowledged as one--if not the most outstanding--rehabilitation programs in the world and that is Charlie Beall and Louisa Adelung. I want to thank them both for their support. I want to introduce again two colleagues who have been working with me in the area--at least independent living--for 20 years Laurie Gerken and most recently Wendy Wilkinson who's an attorney and has joined our staff to work on ADA activities. And finally, I want to mention two pioneers--people for whom the ADA has special meaning because it reaffirms--it validates--the work that they have been doing and that is Mary Schifflet (SP?) and Nita Weil who really promoted access in the Medical Center for many years and I really appreciate the things they have done for all of us.

The subject today is the Americans with Disabilietis Act. It's a substantial topic and we could spend a good deal of time talking about the background history, the development, the legislative history, the challenging requirements of the Act from many different perspectives, and implementation considerations that concern all of us. However, I estimate that it would take about two weeks to cover all of that material, In fact we have a contract with EEOC that involves a one-week training program for

people on Title I on ADA alone. I won't go into detail at that level. However, I have brought some slides. We have brought some materials--some gifts for you on the tables and if there weren't enough to go around, we will be glad to copy more and distribute them to you later and we will try to reserve some time for questions after my remarks to deal with the subject mamtter. But first I would like to share with you some personal perspective about ADA which may help you understand why I think it is so important. I hope you can share that sense of significance and importance with me. A little background. I grew up in a small rural community in Oklahoma. The community was homogenius. We were all farm-oriented in that small community. We were all white. We were all economically secure. The price of wheat was sufficient to pay for food, clothes and housing and even school for all of us in that small community and I led kind of a protected childhood, I suppose. I watched the television in the 60's as there were civil rights activities going on in other parts of the country but we never expected them in Oklahoma. In 1967, I graduated from high school and went away to college at Oklahoma State University. I was studying to be an engineer. I wanted to be an electrical engineer because my uncle ran a radio station and I thought that would be fun.

On November 20, 1967, in my first semester away at college, I was in an automobile accident. We had a head-on collision. Now this was the week of Thanksgiving and most of us wanted to take the whole week off. I had a psychology professor, however, which is

most significant, I think, because my degrees are now in psychology. But my psychology professor insisted that we not skip the day before Thanksgiving in order to have a longer holiday. She told us that she would fail us all if we didn't show up for her class on that day. A group of us, a fairly large group, decided if those were the rules we would show up, but we would be in somewhat disarray. We decided we would stay up and party all night before her 7 a.m. class and at least one carload of us wound up in an automobile accident about midnight. We didn't make it to her class. She didn't fail me, she dropped me and I spent Thanksgiving in the hospital with tongs in my head and on one of those little flip beds--I forgot the name--Stryker bed.

That Christmas, I was in the hospital and watching television late at night and an old movie came on--then it wasn't as old as it is now--but I am sure most of you have seen it. It was starring, I think, Marlon Brando. It was called <u>The Men</u> and it was about a soldier who was injured in Korea. He was spinal cord injured as a result of a gunshot wound and he was told that he would never walk again. I realized that watching that movie Christmas week, a month after I had broken my neck that this was most likely to be my prognosis and if you recall the movie or is you haven't seen it, the future of this young soldier was very bleak. Following his spinal cord injury, he had difficulty with his marriage--his wife left him, he had difficulty with his job and he lost it and that is the movie in my estimation, did not have a happy ending. I imagine myself

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My physician there, the neurologist there in Oklahoma City suggested that I had two options. One, to go back to my rural community but in a hospital there essentially. The other option was to go to a rehabilitation program and he suggested four: Craig Hospital in Denver, TIRR in Houston, De Los Amigos in California, and the Rehab Institute in Chicago. He also mentioned an institute in New York City, but he knew we being from Oklahoma wouldn't be comfortable with New York City as a reasonable alternative. My father visited each one of the centers that he recommended and doing so he decided that it would be in our best interest to come to TIRR now because he met two people when he came to Houston. He met Nita Weil, who at the time was just as beautiful as she is today and he met Dr. Ed Carter, who is still at TIRR. And I belive these are the kinds of people that make TIRR what it is today. I came to TIRR. I had a good program there. The best The Institute could provide. Near the end of my rehabilitation, the s taff told me that I should begin to think about getting out of the hospital a little bit. My mother happened to be here on a weekend and we decided that we would walk over to the seafoof restaurant which at the time was located between Fannin and Main and again to walk from TIRR through the Methodist parking lot and across the street and we discovered along the way several barriers. First of all, that we couldn't go on the sidewalks because we couldn't get on the sidewalks. My mother wasn't strong enough to lift me up the curbs so we continued down the street. We walked through the

parking lot and we actually jay-walked across the street and we got to the restaurant. Some of you may remember the restaurant. It was a good restaurant but there were two steps, if you remember, at the front door. We sat at teh bottom of teh steps and they had a big glass window. People inside the restaurant looked at the window and they saw us, and I'm sure some of them wondered what we were doing there, how we had gotten there. My mother didn't know what to do. She'd never been with a person in a wheelchair in front of steps. I didn't know what to do. All I knew was that I felt bad. I was frustrated. I was sad. Here we had set out on an adventure and discovered was a barrier--an insurmountable barrier. Everybody _____ _____ it seemed through the restaurant window and we had no place to go, but a nice gentleman came down and actually helped my mother lift me up the steps. We had a good dinner and some people were kind enough to help us lift us out after the dinner. But that didn't change the feelings that I had. I don't remember what I had to eat. I don't even remember if I ate. But I just know that I didn't feel very good because I had experienced what I would come to realize later as my first episode of discrimination. A point I would like to make about that is most people don't know what discrimination is. People who are discriminated against or those who are doing it. Later, after I went back home to _____ OK? my father was transferred to Tulsa, to the city in the northeastern part of the state and there I would have the opportunity to go back to school and we looked--there were two schools in Tulsa. Oral Roberts University and the University of Tulsa. One of them had been built in the preceeding

three years and one three decades before. I decided that Oral Roberts University, since it had been built with modern architecture _____ by the two/way there were a lot of audio visual things. They were early into filming classes and I thought I may not be able to get to school everyday and I may be able to get a copy of the video tape and watch it at home for me to go to that school besides the fact that Oral Roberts had just become a Methodist a few months before--he decided there wer more Methodists than Pentecostals and I had been a Methodist all my life so I knew we had somehting in common. I made my application and several weeks later and received a letter from the Dean of Admissions that said simply you have been denied admission to the University and I knew there was an error there. I had received letters in error before and knew that it happened frequently in a large university in processing thousands of these and usually it was the secretary that makes the error. The secretary would pull the wrong letter from the file and I got the wrong letter. So I called. I said Excuse me, I am Lex Frieden and I received a letter which was an error and I would like to correct that and register next week. The Dean said give me your name again and I did and I'll pull the file. And he said to me, there is no error. And I said there must be. Transcripts. Did you see that I had a 4.0 average and I was Valadictorian of my class? and he said yes, you did very well in school. and I said, did you get the copy of the SAT? I was in the top 5 percentile and earned a scholarship to go to

money shouldn't be an issue. the tuition. and he said yes, you seemed to do very well on _____ as well. Did you get the letter of recommendation from my Methodist minister? You know, I think this guy said yes, you did well in Sunday School! Well, I said well, what's the problem then? What's the basiss of this denial and he said your application form where it asks about your physical health, it says you use a wheelchair for mobility. That

using a wheelchair for six months. Well, that is the basis for our denial we have to admit people with disabilities on our campus. And I couldn't say anything. The first thing I thought of was that _____ the _____. The next thing I thought of was what I had been watching on television growing up about people not getting on buses or even in restaurants.

And I began then to think this is a terrible feeling--one that I cannot describe now and I couldn't describe then and I don't think I'll ever be able to describe
To understand that feeling unless you experience what it is to be told you can't do something you can do.
characteristic for which you have absolutely no control. That's a terrible feeling. It's a terrible thing to do and with that, Oral Roberts University at that time were perfectly well within their rights to do that. They were a private university. They could tell what the basis of their applicants for their university. I didn't question that. I went to the University across town to where the people seemed to be a little bit more encouraging.

However, they didn't have any accessible buildings. They were in the process, at the time, of building one which they had designed which had modern architecture in mind so it had an elevator. The Dean there said to me. You go to that classroom building and you tell us what classes you want to take and we'll simply schedule the classes in that building. And in 1968, I think that was probably the _____ of what we may consider to be reasonable accommodation. And so I finished school there and after I was finished I moved to Houston. I received a letter from Oral Roberts inviting me back to Oral Roberts University to begin as a student in 1977. That letter came as a result of a complaint that was made _____ to the fact 504 of the Rehabilitation Act which was passed in 1973 and finally worked its way through the administrative review process. Oral Roberts at this point in time has a number of people with disabilities on their campus and I would say they are complying in full compliance with the laws of 1973 and _____ . My point in making these stories is that people have experiences and those experiences _____ the Americans with Disabilities Act passed because of people's real experiences--not only mine, but 43 million people with disabilities in the United States. It passed because Senator Weiker has a child with mental retardation. It passed because Congressman Tony Cohelo, who was the first of the House of Representatives to introduce it has epilepsy. He couldn't attend seminary because he did. He couldn't get a driver's license because he did so. It passed because Tom Harkin, a senator from Iowa, has a brother who is deaf. The law passed because of Steny Hoyer, the leading _____

pushed the bill through, has a wife who has epilepsy and it passed because George Bush has a childe with a disability. It passed because the attorney general, Dick Thornburgh has a child with a traumatic brain injury. It passed because many, many people have begun to understand what it means to a whole class of people any class, who couldn't do something on the basis of a charateristic of which you have no control. Our philosophy as a nation, as a society is changing, thank goodness, and we are beginning to understand the meaning of civil rights. A point that I would like to emphasize is _____ the Americans with Disabilities is foremost a civil rights law. It says quite simply you cannot discriminate against people with disabilities. Now, many of you have had your attorneys analyze the bill. Many of you have read the publications, the hospital association _____ Another group is _____ all the technicle provisions.

opinion. Some of you today are, and I've visited with some of you, still struggling with some of the implementations for the ADA. But behind all the technicalities is one fact which you have to remember: the ADA is simply a civil rights law that requires non-discrimination. However you interpret that is okay, as long as people with disabilities can work for you, can use your facilities, and can benefit _____ from every kind of service you provide. It is as simple as that. The questions become more difficult when we ask ourselves how to do that. Turn the slide projector on and we'll run through a few slides where they can help us with a few _____ sensitize you to some of the most

important issues of ADA. Certainly you can have an attorney _____ and everybody else you can on the details, but I think it is imporatn to understand the key issues are:

The defination of disability is important. Under the ADA there is a very broad definition of disability. It includes not only people who have physical impairments but it also includes people who have a record of such impairments or may be regarded as having such an impairment. In other words, someone who is not disabled but who _____ the workplace has been treated in the past for symptoms of mental illness are protected under the Americans with Disabilities Act. You see, because ADA is not intended to _____ it is intended to be a civil rights law and intended to be _____ on _____ based on disability. Schematic conditions are covered. If they result in major life activities and not covered are minor impairments such as _____ if they do not impair a major life activity. There are lists of exceptions to coverage and this is not to find the list and interesting to know how this list came about. On the floor of the Senate on teh night that the Senate was about to pass _____ _____ it passed by the way with a 96-4 margin. That evening Senator _____ from North Carolina got out the dictionary for psychiatric conditions and began to flip through there and say my grandson has a disability and I don't want him associated with this group, and this group, and this group. And that was an amusing episode. And it shows how some of those laws are affected. And I don't believe this sort of opinion was

intended as discussed earlier on. There are 43 million people in the United States with disabilities. This gives us some of the kind of ideas of how they're broken down. The primary group, I think, it is interesting to know that the 43 million number _____

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which is referenced in the law doesn't include 58 million people with hypertension, 15 million people with dyslexia, and a number of other conditions that fit within the definition of teh ADA. People with these conditions are certainly protected by ADA. When I was director of the National Council on Disability from 1984 to 1988, we used Lou Harris and the Gallup polling groups in a number of surveys to find out what the public thought about disability and what the disability community thought about themselves. Furthermore, we asked people with disabilities what they did. We discovered that compared to the general population, the lifestyles of people with disabiliteis was substantially different. More people attnd a movie--this data was 1985 data. Most people attending a movie in 1985 but nearly 2/3 of people with disabilities attend a movie and that just gives us an idea of the lifestyle differences which results in the findings of _____ dis_____ as well as obvious and overt disability that have occurred. Sixty-seven percent or 2/3 of people with disabilities between 16 and 64 are not working. It is also interesting to note that people with disabilities who are not working (2/3 again) would prefer to be working. This has not only devastating societal consequences, but also consequences if we have 8 million people in the United States who want to work, who have been trained to

work in programs like vocational rehabilitation who can't work, these people are receiving benefits instead of work. Now they start to pay taxes. and work _____ _____ they can occur when we put pwd to work. Of those peopel who are working in the _____ right now, 58 percent of pwd implements actually are working. It seems that groups that are having the most difficult time finding work are people with mental illness, _____ others mental disabilities. This says wheelchair confinement. This is not my slide. This is a pet peeve of mine--some of you are aware of it. I am not confined to this wheelchair. If I go down a steep ramp, I could fall out and neither am I wheelchair bound I don't have any ropes or chains. The way we use language in our society about disability is in _____ and I think it carries language in our society of _____ a lot of what cultural values and I encourage you all to watch the language you use and use people first language. People with disabilities, people with head injuries, people with mental illness is far preferred to the blind, the_____ otherwise. There is a lot of discussion on the cost of employing people with disabilities. In fact, reasonable accommodation is not expensive. 2/3 of _____ need absolutely no accommodations and most accommodations cost much less than $100. Reasonable accommodation may include a number of things. Reasonable is important under Title I of the ADA and Title I is that section that really deals with employment and because you might

Reasonable accommodation for a person with a disability in order for them to do a job. And if a person can't perform the essentials

of a job without reasonable accommodation, then you can't discriminate on the basis of their disability alone. I am sure that most of you are aware now that pre-employment processing, medical exams, and those kinds of surveys are not allowed. So it is important to refer to the legislature to know that you are in order and not discriminating inadvertently. You know, reasonable accommodation may be as simple as a sign. It tells people which entrance is accessible. A lot of times we think we're making reasonable accommodation when we're not. There are several ramps around town with a little lip on the bottom. That little lip of 1-1/2 may prevent somebody for whom the ramp was made from using the ramp. Those are considerations that we often don't even consider. We do make accommodations some of you may recognize this building in the Medical Center. The person who designed this ramp in respect to the curb cut used a bad approach. Because in order to hit the ramp squarely, one has to swing around to the left. You can't see it in the slide, but there is a rather steep grade at the left side of the curb cut right in front of the bushes. If a person goes right up there these _____ turn and get up that ramp. The things we do we simply think we're doing the right thing, but we're doing the wrong thing. We need to use the standards that exist. In that respect, I would recommend the ADA Accessible Guidelines and we have passed out a _____, I think everybody has the list in front of them, that lists the ADA Accessible Guidelines. You have to be careful about how hard a door is to open. You may not be able to see it, but is there a plant next to the elevator. Someone has to

reach in order to call the elevator and we have moved a few plants at TIRR. Something as simple as a telephone device for the deaf to provide access to literally thousands of people who are unable to reach you at this point in time and those things should be in your employment office in your service office, and _____ and it costs on the order of $100. So these accommodations are not expensive at all. People with visual impairment can't see where they are going, so when we put water fountains protruding in the hallways without any kind of warning signs these can really become health and safety hazards. I can give you an example. One time when I was working with some blind people in 1975, I had an opportunity to go to a meeting in Boston and there were a number of people with disabilities there and a blind individual asked me to guide him through the lobby of the hotel. Well this particular hotel in Boston had low hanging chandaliers and we sort of had to weave _____ through there and the blind man who I was guiding was pretty tall. In a wheelchar, while I am 6'1", I'm only 4-1/2' when I'm sitting in a wheelchair and I drive right under things that other people might find as obstacles and I just did so and one of the chandaliers took a chunk out of my friend's forehead. We really don't think about things as obstacles unless we consider them from other people's perspective and that is really what the ADA says to do.

The provision of undue hardship is one which I won't dwell on but it is important for you to understand that there are places considerations in a for getting out of doing something that may

pose an undue hardship on the company. Now most of our institutions would find it difficult, I think, to as_____ that any accommodation we might be expected to make would be an undue hardship because the provisions for considering undue hardships are fairly strict and they are based on size of the employer after it is over with. From a medical perspective, I think all of us are interested in infectious disease control and as far as ADA is concerned, HHF publishes annually a list of conditions which may be considered infectious and if people with disabilities with those particular conditions may be excluded from certain sections of the ADA. You need to be familiar with those descriptions and they may change from one year to the next. ADA was not intended to prevent employers from screening on the basis of illegal drugs and alcohol and I think there is some misunderstanding about that. Tests that determine illegal use of drugs and alcohol will not even be considered medical from the standdpoint of ADA so you don't need to be shy about protecting your place of employment from that standpoint. A number of other considerations related to drug free work places that ADA takes into consideration and again I believe it is quite compatible with existing laws in that regard. With respect to medical examinations there are some nuances and I would encourage you to consult with your company conditions. and to really go over teh way you are using medical examinations and other tests for employment because people with disabilities may be able to compete given reasonable accommodation and they may not be given opportunities to do so presently in the structure that many of us have in the hiring process.

It's important to consider that. Now, in addition to Title I of ADA which is essentially the employment section and in _____ other EEO kinds of program you all might consider the public accommodations section of the ADA which is Title III and that it's important, I think, to understand the nature of title 3 several key terms. There are different definitions than in the regulations, it's important to note that ADA requires you to make reasonable modifications in policy practices and procedures when necessary to afford goods and services Many of us, given our perspective, tend to think about ADA simply as a building code, but it's not. It affects policy, practices and procedurs, as well. The issue of integrated setting is important and I think sometimes we figure out ways to accommodate people in segregated settings or providing them with special services when ADA's objective is to assure that people with disabilities will have the same opportunities as other people generally in the same places and at the same time. And I think that's an important aspect of ADA that we miss sometimes. You can't use eligibility criteria to screen people out. And in existing facilities, which most of us are dealing now with existing faciliities, but there are a number of steps in terms of priorities when you're reviewing the compliance of the ADA. Obviously you have to get to it or you can't do it. So you have to start from the parking lot and make sure people can get from the parking lot into the buliding and to wherever most people go in the facility. It's called path of travel and that's the best way to analyze and that path of travel needs to be analyzed before you get into some of the more subtle kinds of things that ADA requires. That's all

the slides I want to share with you, but I also want to share with you the informtation, the section 6 of the ADA Accessibility Guideleing includes references to medical care facilities. 10 percent of patient rooms of all public areas in hospitals must be accessible. 10 percent. And in all rehab hospitals or units that figure goes up to 100 percent. So it is important to analyze the mix of patient rooms you have now. And when you're making alterations, ensure that you are doing so in order to reach that 10 percent value in terms of accessible patient rooms. In the ADA guidelines there are a lot of specifics about the design of those rooms, particularly I think you want to consider the patient bathroom, I remember being a patient at one of our medical center hospitals about 10 years ago and neither my wife, who's in a wheelchair and who was there visiting me, including me, after I was able to get into my chair could use the bathroom in the patient room Hopefully that is changing throughout the medical center now. One issur that I guess comes up again and again I know the guys who deal with it every day get tired of hearing about but parking at all of our facilities is an issue. And perhaps one of the most difficult issues generally. But for people who have parking requirements that exceed the norm it's virtually impossible most of the time to find other than a few institutions like TIRR have a number of slots reserved. It's difficult to find parking and it's far more difficult for people with these kinds of difficulties to make their way from distant parking spaces. You need to consider, not only the Americans with Disabilities Act when you're looking at these issues, but also Section 504 of the Rehabilitation Act which

in some respects takes precidence and in some respects has higher standards than the Americans with Disabilities Act. Now there has been a problem with compliance with 504 and the Rehab Act and that's largely due to the factr that that law was not publicized to the extent that ADA has been publicized. It's also due to the fact in part that the penalty for not complying with the REhabilitation Act were not nearly as strict as those penalties that relate to the Americans with Disabilities Act. Additionally you need to consider the state laws, the human resources laws, as well as the state building codes, which at this time needs to be updated to be as nearly as possible consistent with the ADA guidelines. I think that will help us all. I would think the most important thing and the first thing for each of you to do if you haven't done it already, is a survey of your policies, practices, programs, and facilities. And do that using the checklist that we've given you. You're welcome to call the ADA Technical Assistance Center at 520-0232. and if you're on the road and think of it, we have an 800 number also, but for the time being remember 520-0232 and each of you should have a brochure that gives that number as well as the 800 number. One good example of how a survey can be of value and be done with comparatively little cost is that _____ of Dr. Wainerdi's the other night. The mission that I'm supposed to _____ is in appropriate terms despite the cost and that is a group of boy scouts led by one Stuart Kennedy, a disabled scout working on his Eagle Scout badge produced what I think is a fabulous survey of the Medical Center proper. NOt the individual institutions, but the Medical Center facility. Mary would you be

kind enough to hold up those two volumes on the center of the table there. This represents the kind of effort that can be done perhaps by your own employees, perhaps by family members or volunteers, that help, not only help to understand the nature of the problem, but can help people to understand why it's a problem. The alternative is to hire a consultant firm that will cost tens of thousands of dollars to come in and do this. I would say Buyer Beware, when it comes to those consultants. We've been reviewing some of the work that consultants have been doing on the ADA and frankly we find it to be of poor quality. Many people in the marketplace are saying a lot to get ADA consultation and they're not getting their money's worth for it, in my estimation. So please be careful in working with consultants in the industry. Inclosing I'd just like to say that ADA represents real progress by our society, the patients at TIRR and your hospitals don't have to fear their environment, like they used to, they don't have to fear the loss of their job, in many cases, the loss of their families. Attitudes are changing as we speak. The "do by" attitude for people with disabilities is becoming the norm rather than the "do for" attitude. People with disabilities apply for school and work without the fear of discrimination and if they are discriminated against they have the power of the law and the penalty behind the law to protect them and all of us can rest easier knowing that if some unexpected circumstances occur in our future, our opportunities won't be artificially limited by architectural or attitudinal barriers. In the past two decades, this Medical Center has made enormous progress. Each one of our

institutions has shared in that progress. The bathrooms at Methodist, now, at least in the new part, are accessible. The front door at Baylor is accessible, finally. Even the automatic bathroom doors at TIRR enable me to go to toilet without waiting on a passer-by. The campus now enables me to go from one end to the other without risking my life by rolling down the street. But there is a lot to be done. A few weeks ago, a friend of mine, who wanted to use the amature radio station at M. D. Anderson called and said, now how do I get up those steps? So somebody needs to take a look at that. A few weeks ago, a friend of mine, who went to the Doctor's Club, how do I get in the bathroom?, who happened to be in a wheelchair. A few weeks ago, I discovered and I continue to, Louisa, we need to talk about those recessed buttons at the elevator outside in the Clinic Building. You're going to keep me in line, right? So you can see that there's a lot to be done, but we have the foundation for progress in the Americans with Disabilities Act...end of tape.

THANK DR. WAINERDI this oppor., also vision on dis., understanding also w vision..DR. SPENCER my mentor, .. inspiration for the field of rehab .. understood it better and communicated it to more..NEW OPTIONS--1972

also want to recognize 2 people under whose leadership TIRR continues to be acknowledged as one of if not the most outstanding rehab programs in the world ... CB and LA .. I thank them for their support

introduce 2 colleagues..from ILRU & SWRDBAC..LG(20 yrs), WW

MARY SCHIFLETT med center access
NITA WEIL

Pioneers--people for whom the ADA has special meaning
it reinforces, validates their work & their beliefs

5----------

SUBJECT: ADA

Substantial topic---interesting background and history
interesting development
" legis. history
philosophically interesting law
technically challenging requirements
many implementation considerations

to address all these issues would take about 2 wks--in fact, we have EEOC contract for 1 week trng program on Title 1 alone

since we're not going to be here 2 wks, we've brought materials (gifts) .. and I'll touch only briefly on each of these aspects, if we have time, slides, questions but first

I want to share with you a personal perspective on why the ADA is..and why it is so important!

I grew up small, rural, homogenious, economically secure

Nov 20, 1967 seatbelt drinking
Christmas--"the men"
[quick] Dr. Don Wright rehab---options Rancho, RIC, Craig, TIRR not Rusk (NYC) visits Nita, Carter why TIRR is so good

mother and I ... the walk
[quick] feelings--embarressed, frustrated, angry, sad
most people don't know when they are discriminating or when they are discrim. against

10----------

home and college---ORU

[quick] the selection, the conversation

TU Dean Carter

[quick] one bldg. reasonable accom.

~~Mike Phillips. sidewalks~~

~~[quick] Houston ITRR--IL, UH access (vineberg) Spencer~~
~~1973 rehab act 504 ORU 1977 finished doctoral orals~~

15 ~~20~~----------

You all know there is a story behind ~~every law--not many written by committees~~--Burgdorf, Dart nights, weekends, holidays
84 NCD about to fold--86 report--recomm law, WH, OMB
approval circulation--advocacy--state legis.
~~no action~~
87 winter--88 report (13 pages)--weicker, cuello intro
89 harkin, hoyer serious
meeting Bush in 86..support in 89..Thornburg
Senate passage in 90--debate--harkin sign language
later House--5 committees--signing 3,000 plus people

UNDERSTAND---CIVIL RIGHTS LAW

PATIENTS AND VISITORS HAVE RIGHTS

DO NOT DISCRIMINATE

5 sections 1 & 3 most pertinent

definition ..... slides

numbers ..... "

concepts reasonable accomo. slides...examples
undue hardship EMPLOYEES
other issues ..... slides
F & J CHECKLIST

Public Accomo. ... most med center facilities
readily achievable
path of travel
private transportation
ADAAG ADA access guidelines

SURVEY---DO TRANSITION PLAN--DO IT

Example--med center survey--Stuart Kennedy
--hold up--
180 hours surveying, more than that
writing report -- great job
national model -- congrats -- DO IT

30----------

IN CLOSING

ADA represents real progress by our society.
patients at TIRR and in other rehab programs
don't have to fear their environment
attitudes changing -- do by not for
~~Today, I see mothers and fathers pushing loved ones who happen to be in wc over to eat on S. Main without fear of unknown barriers~~
People with dis. may apply for school and work
without fear of discrim.
and all of us can rest easier knowing that if some unexpected circumstances occur, our opportunities won't be artificially limited by architectural or attitudinal barriers

Med Center progress in last few years
individual instit.
bathrooms in Methodist patient rooms
front door at Baylor
automatic br doors on public br at TIRR campus
go from TIRR to TWU without having to drive on Moursund

but much to be done
radio club at MD Anderson
bathrooms at Drs club
recessed push buttons on that clinic bldg elevator at TIRR

You can see I'm quite passionate about this subject

I hope you share some of my passion

If this nation and this world are to survive, I believe it is imperative that we discover how to enable every person to reach his or her full potential.

Rehabilitation has taught us something about how that is done---
People with disabilities can teach us much more.....

THANK YOU ..... THANK DR W.
questions (if time)

PLEASE FEEL FREE TO CALL

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