Expanding Opportunities For People with Disabilities

Harriet Jackson Scarupa
dogs strolled on the lower level of the Washington Hilton Hotel, Seeing Eye dogs on the leashes of their blind owners. A sign gently reminded this particular public that wheelchairs were not permitted on the escalators. Another sign above a table indicated this was the place for the hearing impaired to make arrangements if they needed the services of an interpreter.

Meanwhile, a steady stream of people—both those with obvious disabilities and others—lingered in the exhibition hall, where representatives of a variety of companies, government agencies, rehabilitation services, disability rights groups, manufacturers of high-tech aids designed for the disabled, and even an instant wheelchair repair service shared space.

This was the setting for the 1990 Annual Meeting of the President’s Committee on Employment of People with Disabilities, which drew between 3,500 and 4,000 participants to the nation’s capital in early May. The theme of the meeting: “Agenda for the ’90s: Full Employment for All.”

During the meeting’s opening session, President Bush gave the cause of maximizing the employment and other potentials of people with disabilities a boost when he expressed his continuing support of the Americans with Disabilities Act [ADA]. The sweeping new legislation aims to give the employment and other potentials of people with disabilities a boost when he expressed his continuing support of the Americans with Disabilities Act [ADA]. The sweeping new legislation aims to give

### A Unique Resource

HURT began operations in July 1988 and is funded by a $2.2 million, five-year grant from the National Institute on Disability and Rehabilitation Research of the U.S. Department of Education. Located on the university’s west campus, it is one of 38 research and training centers in the nation supported by the institute. But it is the only one “focusing across categories on the employment needs of minorities,” explains Sylvia Walker, the center’s director and a member of a congressional task force established relative to passage of the ADA. “We’re concerned with minorities across the board, but given the high proportion of African Americans with disabilities, that’s where we place much of our emphasis.”

Jay Rocklin, executive director of the President’s Committee, calls the center’s work “absolutely essential” and explains why. “At a national conference we conducted at Howard in 1987 on the employment problems/successes and issues facing disabled Black Americans, we determined some statistics that are kind of shocking. And that was that 82 percent of all disabled Black Americans are unemployed and of the 18 percent who are, 65 percent earn $4,000 or less a year.

“I see the Howard center as a catalyst for bringing attention to this issue and also for beginning to develop some creative solutions. If we continue to do what we’ve done in the past, we’re going to continue to live with the problem. So what we need is some new thinking and new ideas and new solutions.”

As for “bringing attention to the issue,” consider this scene at the “Minorities with Disabilities” symposium.

With two interpreters on either side of her signing her message for any hearing impaired members of the audience, Walker opened the program with a charge to “help us celebrate the capabilities and the potential of people with disabilities.” The em-
phasis on this particular symposium, she added, was "the preparation of minority youth with disabilities for future employment."

At the symposium's four panels, representatives from the worlds of rehabilitation, education, government, business, religion, science and technology exchanged views on the issue. But the scene-stealer was a blind 14-year-old named Thomas McKeithan.

During what was billed as a "Dialogue in Science and Technology between Students and Professionals," he was asked what adults could do to help students with disabilities get ready to enter the job market. "Don't just shove them out in the workplace," he answered. "Teach them how to fill out a job application, to learn to take notes, to learn to listen...Teach them what they need to know. Don't feel sorry for them. Help them."

Earlier, during his more formal presentation, he directed his message to other young people with disabilities. It was part recipe for success, part paean to determination. One excerpt: "You have to use your own abilities and have good study habits. You have to love and respect yourselves." Another excerpt: "The technology today for blind and disabled people is just great. There are some problems, but you can't let them get in your way. Say, 'I can make it.' Don't say to me, 'A blind person cannot achieve.' If that were so, how could I make honor roll?"

A final excerpt, this one almost a chant: "You can make it. Regardless of what people say, you can make it. Many times I felt like giving up, but I kept on going. I still achieve. Achieve. Work hard. You can achieve somehow, some way, somehow."

McKeithan has been involved in a number of programs run by the Howard center, including a contest it sponsored for youth on the theme of "Embracing Diversity." At the symposium, Walker and Rocklin presented him with a plaque for his award-winning essay in that contest. He had received similar recognition at a conference held at Howard in late March. That conference, "Future Frontiers in the Employment of Minority Persons with Disabilities," was also co-sponsored by the Howard center and the President's Committee.

### Activities

Participating in national meetings and sponsoring or co-sponsoring conferences... just two of the activities of the Howard center.

It also conducts research, provides fellowships and training for graduate students, runs a youth leadership training program, coordinates a parents advocacy group, serves as a clearinghouse of information, and produces and disseminates publications and videotapes.

The center's work is not done in isolation, but through extensive collaboration. It has a national advisory committee; has set up task forces in Washington, D.C., Atlanta, Detroit, Los Angeles and New York City; includes in its network not only the President's Committee, but also a wide range of other entities, among them: Harlem Hospital; the Queens (N.Y.) Independent Living Center; the United Church of Christ; the National Institutes of Health; the Native American Research and Training Centers at Northern Arizona University and the University of Arizona. Also: NASA, the American Association for the Advancement of Science, AT&T, IBM and Digital Equipment (the latter five all having a vested interest in increasing the nation's technical and scientific manpower from all groups.)

"We touch base with 2,000 to 3,000 people in one way or another," Walker estimates. "Some may be just getting our newsletter (there are about 2,000 on our mailing list); we reach about 800-1000 through conferences; the task force groups have 20 to 30 people in them; our advisory group, at least 40; the youth group, 60, but we had 200 turn out for a youth career day.

"For the most part," she adds, "we are a support center versus being a direct service center.' That is: the center does not itself train individuals for jobs or place them in jobs, but all its activities share the same ultimate goal: to increase the employability and employment of minority people with disabilities.

Underlying that goal is its philosophy, as spelled out in its literature, that "every individual, no matter how severely disadvantaged or disabled, can benefit from competent, appropriately designed rehabilitation and related services."

Three Questions

Before taking a closer look at some of the projects of the Howard center, there are a few questions that need to be answered to help put these projects into perspective.

First: Who are these people with disabilities?

The immediate image of a blind person with a cane or a Seeing Eye dog or a crippled person with crutches or in a wheelchair comes to mind. But the scope of those with disabilities is far larger than this.

Walker, who is herself legally blind, gives a more precise breakdown: "There are five major categories of people with disability: those who are deaf or hearing-impaired; the visually-impaired and the blind; those with physical disabilities; those with chronic health problems, such as arthritis and sickle cell disease; and, finally, those with mental disabilities, and these might include mental illness and mental retardation."

Second: What about terminology?

In recent years, the term "people with disabilities" has replaced the term "handicapped." Explaining this shift, Walker says: "There's more of a stigma with the term 'handicapped,' which evolved out of the concept of someone with a cap in hand begging. 'Handicapped' is used more in the context of the limitations that society places on you, whereas the term 'disability' is more related to the physical impairment. But there are people who are not overjoyed with that term either. There are other terms, such as 'physically challenged,' which Ted Kennedy Jr. [the Massachusetts senator's son, who lost a leg to cancer] has introduced."

There's also been a shift from saying "the disabled" or "disabled people" to "people with disabilities." This may seem like quibbling, but to Walker and other disability rights activists there's a principle involved. "When you say 'people with disabilities'—instead of 'disabled people'—you're emphasizing that the person is..."
Jay Rochlin, executive director of the President's Committee on Employment of People with Disabilities, and Sylvia Walker, director of the Howard University Research and Training Center for Access to Rehabilitation and Economic Opportunity, presenting Thomas McKeithan (center) with an award for an essay he wrote in a contest sponsored by the center.

Reviewing plans for the Howard center are (left to right): Charles Asbury, director of research; Sylvia Walker; and Satwant Kaur, director of training.
what’s most important, not the disability," she observes.

Third: Where do African Americans fit into the whole disability picture?

The answer: disproportionately. According to a statistical report drawn from 1980 Census Bureau Data, 14.1 percent of African Americans between the ages of 16 and 64 suffers from at least one serious disability, compared to 8.4 percent for whites. [See F. Bowe, Black adults with disabilities: A statistical report drawn from Census Bureau data, U.S. Government Printing Office, Washington, D.C., 1985]

Walker tends to speak of a "combination of variables" to explain the disproportion. That is: Because African Americans are more likely to be poor, that means they’re more likely to have inadequate health care and inadequate diets, a factor in low birth-weight babies who are more prone to any number of problems, for instance. It also means they’re more likely to live in dilapidated housing where there is greater exposure to such health hazards as lead paint and asbestos; to work at the type of physically demanding jobs that make one more vulnerable to accidents; to be perpetrators or victims of violent crime; to be caught up in the destructive downward spiral of substance abuse.

These are among the indicators of "an inexorable and odious connection between poverty, race and disability," as two researchers at another conference co-sponsored by Howard have pointed out.

Poverty also serves to prevent African Americans with disabilities from having access to the kinds of services and aids they need if they are to reach their fullest potential. Walker for example, recently purchased a close circuit reader, which magnifies printed type on a television monitor. It retails for about $2,000, putting it out of reach of someone who wouldn’t even understand the concept of discretionary income. The same is true for other examples of the new and often amazing "assistive technology" that have opened up the educational and employment frontiers of even people with severe disabilities. (E.g., There are now computers someone who is paralyzed from the neck down can operate by wiggling a head pointer or blowing on a pneumatic straw.)

In addition, low-income Black families are likely to be less aware of the rehabilitation services that a person with disabilities may be eligible for than their more affluent, better educated counterparts. This ignorance is often coupled with cultural attitudes that, though often well-intentioned, actually end up hurting—instead of helping—a family member with disabilities. "Many Blacks—and Hispanics, also—have the attitude that ‘We need to take care of our own’ or ‘We’ll just make do,’ instead of turning outside the family for help," Walker observes. "I think whites have been socialized to be more aggressive in terms of going after whatever services are available."

What it all adds up to: The Howard University Research and Training Center for Access to Rehabilitation and Economic Opportunity has its work cut out for it. To do that work, it has a staff of nine and a number of outside consultants.

Research

The center is overseeing seven research projects over a five-year period.

The most ambitious of these studies involves analyzing data tapes acquired from the National Center for Health Statistics in each year of a five-year period, starting with 1986. Through this analysis, the center seeks to identify the prevalence and distribution of disability amongst economically disadvantaged minority groups to see if there are any identifiable trends, reports Charles Ashbury, a professor of educational psychology in the School of Education, who serves as director of research for the center.

As for the why of the study, he says: "If we’re talking about people with disabilities the first thing you want to do is document how many they are, where they are, what kind of disabilities they have. If you want to make an impact on public policy, you can’t attack all the problems at once; you can’t deal with different types of disabled people all at one time; you have to prioritize what you’re going to do. And you don’t know how to prioritize until you study the prevalence of disability across the entire country."

In a paper he delivered at the "Future Frontiers" conference at Howard, he shared some of his findings from the 1986 data. One of these findings: "...approximately one in six persons with paralysis of the extremities is Black." Elaborating the obvious, but a very important obvious, he added, "This fact has profound implications for one’s ability to work, since most employment opportunities are likely to require ability to use the upper and lower limbs in some fashion."
Light Who's Legally Blind

sight, she'd sit in the front of the classroom in order to see the blackboard, and she'd hold things up close to her face (something she still does) in order to read her books. "I did have difficulty reading," she recalls, "and I think that was related to not seeing well." The combination of having poor eyesight, being Black, being poor and being female meant that in elementary school she constantly had to deal with teachers' low expectations of her capabilities.

In the first year of high school, she was placed in a special program for slow readers. By her sophomore year, she demonstrated she could read well enough to be placed in an accelerated English class. That was a marker of what she describes in a wry confession, this one accompanied by a laugh: When she's called upon to deliver a speech, she says, "I always quote and I do identify with people like David and Moses, people others may have seen as weak and not able, but whom God selects and gives what they need to do what He needs done. I think it's part of what I call my Messiah complex."

While Sylvia Walker may not be a Messiah, she has made a name for herself as a vigorous advocate for the needs of people with disabilities, especially those from minority groups. Observes Jay Rochlin, executive director of the President's Committee on Employment of People with Disabilities: "She is known nationally and is highly regarded and respected."

A reminder though: None of the accomplishments on which her national reputation rests have come easily. Asked what has pushed her to achieve against such great odds, she answers:

"I think part of it might go back to the fact that I wasn't cared for by my [biological] parent and I see myself as being very fortunate that I was cared for, that I did survive—whether it is in an academic setting or just in life."

"Along the way, other people have provided me with support and encouragement. I've had some extreme opportunities, quite frankly. Even though I may have encountered low expectations in elementary and high school, when I finished Hunter I was told I had outstanding abilities and should continue my education, and people helped me to do that. So, I think I've tried to really just give back some of the things that have come to me."

Another study, which draws its data from 300 questionnaires completed about individuals in eight cities, aims to pinpoint the obstacles that prevent or discourage minority individuals with disabilities from seeking or using vocational rehabilitation services. These obstacles can include low self-esteem, lack of a support system, having no access to transportation and having had prior negative experiences with rehabilitation professionals.

Still another study examines the link between disability and substance abuse, drawing its subjects from patients treated at Harlem Hospital in New York City. It is being conducted by Herbert Thornhill, director of the hospital's department of rehabilitation medicine, and Dennis HoSang, the department's administrator for professional services.

Thornhill's observations on the link between substance abuse and disability sound like a report from a war zone. "We're on the front lines and see it [this link] every day," he says. "We see it in terms of the physical disability being caused by substance abuse, in some instances, and then we see it indirectly. There's just this horrible epidemic of physical trauma, physical violence and out of that kids are getting shot in the back and the head. Those who survive come in mangled and they become patients for us and they're straightened out neurologically, medically, physically and then they have to be helped to be integrated into society and that's not being done. That's just not being done."

"So," Thornhill explains, "we want to document the situation and share that information with people who are responsible for policy and funding. It's like these people [physically disabled substance abusers] weren't in mind when they made up the health care budget."

A fourth study ties into another major societal problem: youth suicide. Consider just this one fact: Suicide is the second leading cause of death in the U.S. for people between the ages of 15 and 24, as a recent article in The Washington Post has pointed out. [Traffic accidents come first.]

Eva Molnar, clinical associate professor of pediatrics at Howard, and Roberta Clark, program coordinator at the Edward C. Mazique Parent Child Center in Washington, are heading up this study. Their subjects are "approximately 125 economically disadvantaged inner-city adolescents ages 13-18," to quote from an overview published by the center. These teens, who are

http://dh.howard.edu/newdirections/vol17/iss3/3
enrolled in a Job Corps program in the nation's capital, will be given a standard published test that is traditionally used to measure degrees of depression and its extreme expression, suicidal thoughts.

Asked how such research relates to the center's mission to increase the employability and employment of people with disabilities, Asbury turns into somewhat of a scold. "When we talk about disability here at the center, we don't just limit it to physical disability," he says. "All disabling conditions are within our purview. Depression is a very, very debilitating disability that often affects everything in a person's life, including his or her ability to prepare for a career or hold a job." As for suicide, he exclaims, "The ultimate of being disabled, of course, is to be dead!"

And the ultimate aim of the study, he says, is to "find out what kind of things might be instrumental in preventing depressed people from being successful suicides or, in another vein, to ameliorate the circumstances surrounding their feelings of misery so they can be productive."

The center's three other research projects have the following titles, which, unfortunately, reflect the same fondness for jargon that mars much of the center's literature: "Examination of Sociological and Psychosocial Variables which Facilitate Career and Employment Success Among Minority Persons with Disabilities;" "Development of a Model for Predicting Employment Outcomes in Minority Populations;" and "An Identification of Factors that Enable Families to Cope with the Stresses of Disability Minority Group Membership."

"We hope everything the center does will have an impact on policy," says Asbury, speaking not just of its seven research projects, but its seven training projects as well. "The information that is generated from all these research and training centers is widely disseminated and is also funneled back into the government."
Dr. Walker or Mr. George Covington or Miss Kaur and they see the obstacles they've had to overcome in order to achieve, it’s an inspiration.” [As a young girl growing up in India, Kaur was stricken with polio. It left her with one leg shorter and weaker than the other, causing her to walk with a noticeable limp. “But,” she says, “I don’t think of myself as ‘disabled’ because I think I can do anything that anyone else can do.”]

Kaur and the teachers of students in the program have noticed a definite improvement in the participants’ communication skills, confidence levels and overall behavior, she reports. “At our first meeting in October of last year, the students were so shy,” she elaborates. “‘No one wanted to come up to the mike and if they did, they didn’t feel confident enough to say ‘Hi, I’m so and so and I go to such and such school.’ Now, when they come up to the mike, they stand straight and tall and they can look at the audience and say what they want to say. It’s really wonderful to see that.”

Madalyn Evans, 18, is a recent participant in the program and also has worked in the center’s office for the past two summers, helping out with clerical tasks. She has an easygoing manner; gets A’s in her schoolwork and talks eagerly about her ambition to be a nurse. She’s also a 4-foot-1 “little person” (the preferred term these days for dwarf.)

Explaining why she signed up for the program, she says: “Dr. Walker said it would give me more exposure, that there would be kids my age, and we’d get to see things and learn about different things.” She’s found that. In fact, she was interviewed following a trip the center arranged for the group to visit the Goddard Space Flight Center, where she and a few others heard several NASA employees, including a blind African American electronics engineer, discuss their work.

She also says the group is one in which she’d feel comfortable talking about any problems she’s had related to her disability—such as the way people stare at her wherever she goes. As she puts it, “I think I could talk about things like that here because there are some who have problems worse than mine.”

Advocacy

This sense of empathy also runs through another demonstration project the center sponsors as part of its training efforts. And that’s a group that brings together parents of children with disabilities to share information on available services for children with disabilities and legislation affecting children with disabilities; to offer support when a parent is feeling overwhelmed; and to band together to help combat stereotypes about people with disabilities and increase public awareness about their needs.

The Parents Advisory Committee, as the group is called, is small (a dozen people at best), partly, perhaps, because its regular monthly meetings are at such an inconvenient time for working parents (II:30 on a weekday morning.) But it is able to reach more people through the dissemination of its biannual newsletter, which has a circulation of 2,500 and is distributed through schools, churches, supermarkets and community organizations.

Shirley Dyer, who has an autistic 16-year-old daughter, serves as the group’s president. When asked why the group is so important to a parent like her, she bristles a bit, then answers: “Well, it’s important not just to ‘a parent like me,’ but to the general public, simply because there are so many children with handicapping conditions. You rarely see them in public places and when people do see them, they are treated as if they’re aliens. And that’s only out of ignorance.

“So, it’s the position of this committee that we need to help in whatever little way we can so that children with handicapping conditions and the circumstances of their families can be known to the general public.

“We need to help in whatever little way we can so that children with handicapping conditions and the circumstances of their families can be known to the general public. That will make it easier for our children to go out into the world…”

—Shirley Dyer

That will make it easier for our children to go out into the world—to be educated, to get jobs, to socialize, to be accepted.”

There’s another reason public awareness about people with disabilities is so important, she believes. And that is this: “Every one of us can become a handicapped person at any given moment or could have a child who’s handicapped, or later, a grandchild who’s handicapped, or friends who are handicapped or have handicapped people in our lives in some way. We’re not apart from it. I think we need to get away from this ‘them’ and ‘us’ syndrome.”

Not surprisingly, the center has found in Dyer a compelling conference speaker. At its “Future Frontiers” conference, she spoke on the topic: “Maximizing Potential: The Parents’ Role.” Later, at a meeting of the Parents Advisory Committee, she explained to those who couldn’t attend the conference how the topic of her remarks relates to the employment of people with disabilities, the overall conference theme. She put it simply: “Before you can consider employing someone like my daughter, you have to deal with maximizing potential.”

Maximizing the potential of people with disabilities—for employment and every other endeavor in life. That’s what the disability rights movement—which, in turn, was inspired by the civil rights movement—is all about. That’s what the Americans with Disabilities Act is all about. And that’s what the Howard University Research and Training Center for Access to Rehabilitation and Economic Opportunity is all about.

When you ask Sylvia Walker why Howard should be involved in this effort, she has a ready answer:

“Since its founding in 1867, Howard has traditionally focused on the needs of persons who are outside the mainstream in order to give them equal access to opportunity, and also Howard’s philosophy is to develop every individual to his or her fullest potential. And I think that’s consistent with our mission here at the center.”