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## INTRODUCTION

"Man is the only animal that laughs and weeps; for he is the only animal that is struck with the difference between what things are and what they ought to be."

William Hazlitt

## WHAT THINGS ARE

People with physical disabilities are first of all people, who happen to have a physical condition which limits some of their activities. Throughout this report, the phrase "people with physical disabilities" is used to place the emphasis where The Task Force believes it properly belongs-on people. When the specific nature of a disability is necessary to understand a problem or recommendation, this report refers to "people with mobility problems", "people with sight disabilities", or "people with hearing disabilities". Although these phrases seem awkward and unnecessary at first, the Task Force has become convinced that derogatory labelling and the consequent devaluation of the individuals involved is in itself a significant problem. Words do matter, as we have learned from people who live with the labels every day. People do respond to and internalize the expectations and reactions of others around them. Unless physical disability becomes recognized as just one fact about an individual who also has unique qualities of mind and personality, the full integration and acceptance of people with physical disabilities cannot occur. The term "disability" is preferable to "handicap" because it implies only a physical condition and is free of the patronizing connotations often associated with "handicap". A disability may or may not be a disadvantage in specific circumstances. The Task Force has become convinced that people have only physical disabilities; society supplies the handicaps.

Wisconsin's citizens with physical disabilities are your friends and neighbors. They come from every part of the state, from every social and economic group, from every race and creed. Their ranks include 62,000 school children, 56,000 housewives, and members of every occupational group. The 1970 census counted over 212,000 people with physical disabilities in the workforce. Thousands more are in schools and colleges or in nursing homes and other institutions. Many of Wisconsin's senior citizens are also people with physical disabilities. Studies by the Division on Aging of the population over 65 indicate that 49% of these older residents have continuing or chronic health problems; 31% experience difficulty going up and down stairs; 23% have trouble hearing an ordinary conversation; and 14% cannot see well enough to read a newspaper.[1]

The number of people with physical disabilities is steadily increasing. Every day children are born with birth defects, sustain injuries, or contract diseases which will leave permanent effects. Highway and industrial accident rates are climbing and the Vietnam conflict produced more veterans with severe disabilities than any other war in American history. Thousands of other people suffer heart attacks, strokes, inner ear disorders, kidney disease, and other conditions which in some way impair their functioning, even though the disability is not immediately visible. The advances of medicine and rehabilitation are helping these people to survive and to acquire the skills and education which enable them to live full and productive lives. People with physical disabilities constitute a large and growing segment of the population.

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[1] U.S. Census, 1970, Characteristics of the Noninstitutional Population 16-64 With Work Disability, Table 169; Legislative Audit Report, Department of Public Instruction, 1972; Mid-Continent Surveys, Inc. The Needs of Wisconsin's Older People: An Assessment of the Social Status of Wisconsin's Elderly Through Social Indicator Methodology, 1971.

## THE GOVERNOR'S CHARGE

In Executive Order 54, Governor Lucey recognized that artificial barriers limit people with physical disabilities in the full enjoyment of their civil rights. He charged the Task Force with investigating the full range of problems and with preparing a report which "details the barriers they encounter and outlines practical recommendations to eliminate those barriers..."

In its investigations the Task Force learned that although people with physical disabilities are unique, the problems they encounter are common to large numbers of persons and to people with a wide variety of disabling conditions. Census data indicates that people with physical disabilities are disproportionately unemployed or living on very limited incomes, even though they are as well educated as the general population. People with physical disabilities experience a common frustration when planners and policy makers fail to comprehend their needs or even to admit their numbers and the validity of their needs. They must function daily in a physical environment for mythical "normal" persons. They experience the condescension of people who see only the disability and dismiss an entire life as "tragic". They are labelled, segregated, isolated and sometimes institutionalized by a society which purports to "pity" or "serve" them. They suffer overt discrimination in education, employment, housing, credit, transportation, and public accomodations which is illegal when practiced against any other minority group. The Task Force believes that social, psychological, and architectural barriers violate the fundamental human rights of people with physical disabilities. The basic issue is the right of people with physical disabilities to develop and exercise their talents fully in any way they choose. They seek the right to live independently, as fully competent adults, making

their own choices about their lives and living with the consequences of those choices. They do not seek special privileges, protection from the world, or a subsidized existence.

## THE TASK FORCE'S APPROACH TO THE PROBLEMS

In responding to the Governor's charge, the Task Force departed significantly from traditional methods of assessing the needs of people with physical disabilities. Program planners have studied needs according to categories defined by agency functions or the diagnosis of specific disabling conditions. The Task Force began with the premise that people with physical disabilities were much like other people, knew a great deal about their own problems, and sought integration into the mainstream of community life. Eleven of the 30 citizen members are people with physical disabilities. The remaining members are people with demonstrated expertise, either as volunteers or professionals, in related fields. The Task Force actively sought the assistance of all concerned Wisconsin residents, especially people with physical disabilities. In a series of 8 regional public hearings, over 400 witnesses testified about the problems and possible solutions. This problem oriented approach broke down traditional categories and demonstrated common needs among people with a variety of disabling conditions.[2]

The Task Force developed a committee structure to concentrate on specific problem areas including Housing, Buildings and Grounds, Transportation and Streets, Employment and Consumerism, and Recreation and Open Spaces. Ad hoc groups also formed to study problems which extended beyond the committed structure. Each committee assumed responsibility for problem definition, ana-

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[2] See Appendix for complete list of hearings and witnesses.

lysis, and formulation of preliminary recommendations.[3]

Committee members reviewed the testimony and relevant literature to develop comprehensive lists of the problems encountered. They ranked these lists according to the magnitude and severity of the problems and the feasibility of remedial action by state and local government. Staff assistants then gathered the necessary data to answer questions such as: Who is affected by the problem? Does it affect all people with physical disabilities, people with a particular disability, or a particular segment of that population? Is the problem state-wide or concentrated in particular regions? Which agencies, if any, have current responsibility for the problem area? What are the limitations and strengths of existing programs? What impact will proposed solutions have on existing agencies and programs? How much will proposed solutions cost? What criteria can measure progress toward a solution? How will recommendations be enforced?

On the basis of this data, the committees made preliminary recommendations. They consulted professionals in the state agencies, the university system, and in independent practice to determine the feasibility of these proposals and to predict consequences of implementation. They consulted representatives of voluntary and professional associations concerned with the problems. The entire Task Force then debated each committee's recommendations, accepting, rejecting, or amending them.

## WHAT THINGS OUGHT TO BE

This report is the result of those final deliberations. As much as possible the Task Force worked by consensus with the vast majority of the recom-

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[3] See Appendix for complete list of standing and Ad hoc committees.

mendations receiving unanimous or nearly unanimous support. Fundamental agreement exists about the basic goals of independent living and about the significance and severity of the problems. In a few instances, differences arose about the desirability or feasibility of proposed solutions. On these issues, a majority of the Task Force members, present and voting, carried a recommendation. Minority members were invited to submit written statements of their views, and those submitted are included as minority reports.

The Task Force believes that it has initiated a continuing effort to secure the rights of people with physical disabilities. The first two chapters of this report, "The Task Remaining" and "Civil Rights" are fundamental. The succeeding chapters outline the problems encountered in specific areas and the recommended solutions which can be implemented by state or local government. In some instances, the Task Force identified problems which require federal action because of federal jurisdiction, the federal-state partnership in funding some social services, or the magnitude of the problems themselves. A separate chapter discusses these problems and includes recommendations for Wisconsin's representatives in Washington. The Appendix includes supportive data for the recommendations. Every recommendation of every chapter is designed to further opportunities for self-determination and independent living, unimpeded by the social, psychological, architectural, and transportation barriers which now circumscribe those oppotunities.

## THE NEED FOR A CONTINUING VOICE

## TO ASSURE RESPONSIVE STATE ACTION

The Task Force hearing and research process revealed an astonishing lack of information for and about people with physical disabilities. Even the simple fact of their existence as a sizeable percentage of the population is not universally accepted. Few policy makers, planners, or design professionals are aware of their special needs. Many of the problems this report identifies are the products of ignorance and design thoughtlessness. Many of the recommendations concern the planning process for the full range of services which state and local governments provide, control, or review. Integration of people with physical disabilities requires that designers of the physical environment and of public services become aware of this group and routinely consider and plan for their needs.

Removal of existing barriers, the prevention of new ones, and the development of responsive social programs will require a continuing voice for people with physical disabilities. At every level of government, information must be collected, disseminated, and incorporated into the continuing process of public planning. Sensitive and effective implementation of the Task Force recommendations also requires a systematic means of communicating the needs of people with physical disabilities to responsible state and local officials. As circumstances change and new ideas develop, citizens with physical disabilities need a review mechanism which assesses the impact of proposals on the group and communicates their needs to policy makers. The Task Force believes that the most effective way to insure implementation of this process is to assign specific responsibility for it to a single office. Unless this process develops, every barrier in Wisconsin could disappear tomorrow and the problems would recur within a few years.

A permanent voice from the community of people with disabilities could also provide service agencies with vital consumer feedback on their policies and programs. Therefore, THE TASK FORCE RECOMMENDS:

To the Governor:

1. Change the name of the Governor's Committee on Employment of the Handicapped to Governor's Committee for People with Disabilities to reflect a wider range of concern. Direct that committee to expand its activities while continuing a program focusing on employment problems.

2. Appoint citizen members to that committee, including representatives of all major groups of people with physical disabilities, representatives from voluntary associations working with the problems, and professionals in relevant fields.

3. Direct the committee to:

a. Implement the Task Force recommendations pertaining to it, including encouraging the formation of local committees and providing them with information and assistance; developing and disseminating design criteria to state and local planning agencies; and communicating needs to state agencies involved in carrying out Task Force recommendations.

b. Establish an ombudsman program to investigate complaints and problems encountered by people with physical disabilities and to resolve these with appropriate state agencies wherever possible. This process should include systematic client feedback to social service agencies.

c. Train public employees in the special needs of people with physical disabilities and the impact of agency programs on the group.

4. Direct each state agency charged with implementing recommendations of the Task Force, including the Department of Health and Social Services, Department of Public Instruction, Department of Industry, Labor, and Human Relations, Department of Administration, Department of Natural Resources,

Department of Revenue and Department of Transportation, to appoint one person from each relevant division to serve as liaison to the committee to facilitate the flow of information and resolution of problems.

The work of a restructured committee with expanded responsibility will require some commitment of state resources to the program. At present, the state investment is an annual appropriation of $2200. Federal funds provide one-half time position for committee staff. THE TASK FORCE RECOMMENDS:

To the Governor:

5. Inclusion in the budget for the next biennium funds to provide the committee with a full time executive secretary, legal advisor, a researcher, an investigator-ombudsman, and clerical support. The committee appropriation should also include funds to reimburse the actual expenses of citizen volunteer members. In the interim before the next budget, THE TASK FORCE FURTHER RECOMMENDS that the executive office request funds from BOGO to begin implementation of the committee program.

TO ENCOURAGE BETTER PLANNING

Planning on the local level, particularly the design for tax supported facilities and programs, has an even more immediate impact on the lives of people with physical disabilities. Designing with the needs of people with disabilities in mind does not add substantial expense in either planning or construction. Ignoring those needs until after construction is completed creates either the high social costs of segregating one segment of the population or the high fiscal costs of reconstructing existing facilities.

Wisconsin Statutes encourage the creation of numerous local planning groups including planning commissions (Sections 62.23 and 59.37) housing authorities (59.075, 61.73, and 66.40), mass transit authorities (59.967 and 66.94), park commissions (27.02 through 27.05, 27.07, 27.08) and rural

planning committees (27.015). Cities, towns, and counties also have numerous departments and commissions concerned with the construction and maintenance of public use facilities which are not established pursuant to specific state statutes. If every such agency consulted a group of people with physical disabilities repetition of the design mistakes of the past could be prevented and a total system of designing for the entire population could be begun. A single board of citizens with physical disabilities within each jurisdiction should be able to provide consultation and advice to all local planning agencies. To assist local officials on planning for people with physical disabilities, THE TASK FORCE RECOMMENDS:

To the Legislature:

Amendment of those sections of the statutes which authorize creation of county and municipal planning authorities to require those authorities to consult with boards of people with physical disabilities before contracts are let for construction or alteration of facilities.

To the Executive Officers of Municipalities and Counties:

Appointment of local boards of citizens with physical disabilities to advise public officials and planners on their needs, appropriate design criteria, and the impact of specific proposals on the group.

These local committees should advise the state committee on their needs and priorities and, on a regional basis, should choose representatives to the state committee.

## TO ACQUIRE MORE INFORMATION

In addition to providing planners with information on the needs of people with physical disabilities and appropriate design criteria, the state and local committees should offer agencies feedback on their programs affecting people with physical disabilities and actively identify areas for

modifications or improvements. Effective implementation of both design criteria and program recommendations requires development of a data base which does not now exist. Both state and local officials need to know that a significant percentage of their constituencies have some type of physical disability and need specific consideration. In the public hearings, the Task Force repeatedly encountered elected public officials, civil servants, and independent professionals whose daily work affected people with physical disabilities but whose knowledge was limited to assumptions and stereotypes. Because social, physical, and psychological barriers erected by society segregate people with physical disabilities, they remain an invisible population to most able-bodied people. Because people with physical disabilities remain invisible, society continues to ignore their needs and perpetuates the segregations. One conversation illustrates this cycle:

Mayor: "We don't need curb ramps in our city because we have no handicapped people here."

Task Force Member: "How do you know there are no handicapped people in the city?"

Mayor: "Because you never see them on the streets."

The lack of adequate demographic data is one indication of the low priority previously accorded the needs of people with physical disabilities. The United States census (1970) included one question on work-related disability but has never attempted to count all people with physical disabilities. Better statistics are available on livestock populations and the incidence of color television sets than on the incidence of disabling conditions.

Serious problems limit the collection of adequate information. The census is the most accurate method, but it is exceedingly expensive (an estimated 2.5 million dollars for Wisconsin with no variations in the standard federal questionnaire or data processing). Changing the content of the questions to include physical disability adds approximately $500,000 to that

cost. Problems of definition of disability arise from the traditional practice of developing population data from individual diagnosis rather than from the problems encountered as a result of specific conditions. In some instances, diagnosis almost automatically indicates the presence of specific difficulties, but this is not universally true. Many different conditions may create similar problems. Planners need the answers to relatively simple questions such as: How many Wisconsin residents cannot hear an ordinary conversation? How many cannot see well enough to read a newspaper or book? How many have a mobility problem which creates difficulties going up and down stairs? In combination with standard census data about age, income, work, and place of residence, the answers to these questions could for the first time provide planners with something more than assumptions as a basis for designing programs and facilities. To generate and maintain the necessary population information, THE TASK FORCE RECOMMENDS:

To all state agencies involved in gathering population information:

That they include questions relating to the incidence of problems created by physically disabling conditions in their data gathering instruments and in data analysis.

Questions should be problem oriented. The categories of sight, hearing, and mobility problems should become as routine as race and sex are now.

To the Bureau of Health Statistics:

That the Bureau immediately develop estimates of the Wisconsin population of people with physical disabilities from existing scattered sources.

Possible sources include: the National Health Surveys which include estimates of the incidence of specific disabling conditions; applications for social security disability payments from the Social Security Administration; the 1970 census sample study of work disability; and statistics developed by agencies which work with people with disabilities. These

include the Division of Vocational Rehabilitation, the Wisconsin Association for the Deaf, the Bureau of the Blind, the Department of Public Instruction, the Workmen's Compensation Division, and the Division of Mental Hygiene. By extrapolating from national estimates and collating state estimates, the Bureau should be able to arrive at an estimate of the total state population of people with physical disabilities including the school age, elderly, and institutionalized populations which are not accounted for in the 1970 census study of work disability. The Task Force recognizes the possibilities for error and duplication arising from combining many sources of data which were developed for different purposes and based upon different criteria. However, the Task Force believes this is the only way to arrive at workable estimates in the near future. In view of the magnitude of the population and the severity of the problems, such estimates are needed almost immediately to demonstrate the needs and the size of the impact of decisions affecting people with physical disabilities upon Wisconsin citizens.

Accurate estimates which correlate disability with employment, earnings, area of residence and work, age, and family status are much more helpful than general estimates and will be needed for program planning. In order to provide such accurate estimates, THE TASK FORCE RECOMMENDS:

To the Legislature:

Authorization of funding for a sample study of Wisconsin's population which is large enough to accurately describe people with physical disabilities, their problems, social, and economic conditions.

These recommendations involve only statistical information. They will not violate agency rules of confidentiality. Planners and agencies have on many occasions requested the development of a central registry of people with physical disabilities which includes identification of specific individuals

by name, social security number, or other devices. While such a registry would make the lives of bureaucrats substantially easier, THE TASK FORCE DOES NOT SUPPORT A REGISTRY OR ANY SIMILAR PROPOSALS. Where names and addresses of people with physical disabilities are kept, strict rules of confidentiality should be adopted. Too many problems of stigmatization and potential misuse of information are involved. The Task Force believes that it is the responsibility of the service agencies to develop a better public information and case finding system. Individuals with disabilities wish to retain their rights of privacy. They should be informed of the availability of services and have the opportunity to request such services if desired. But no permanent record of their names, disabilities and locations should be kept.

TO BRING SERVICES TO PEOPLE WHO NEED THEM

> "As I first lost my sight I had to ask around to find out where to go for services and my eye doctor who is I felt very qualified just didn't seem to know where to send me now that I was blind....It was really through a friend of mine that I found it (training for people with sight disabilities in her home town)."
> Wausau Public Hearing
> Teacher who spent a year after loss of her sight without knowing of available help.

Some system of information and referral is required to assure that all Wisconsin citizens are aware of the programs and services provided by state, local, and volunteer agencies to meet their needs. With the proliferation of public and private agencies, each of which has different purposes and eligibility criteria, citizens with a right to know about the resources provided to meet their needs often face a bewildering maze. Too many people fall into the "cracks between desks" or have no idea of how to approach their government for assistance. Recognizing that all citizens have a need to be able to contact their government effectively and that people with physical disabilities wish to be integrated into services

provided for everyone wherever possible, THE TASK FORCE RECOMMENDS:

To the Legislature and the Division on Aging:

Appropriation of funds to continue and expand the Wisconsin Information and Referral Service to include at least one center in every county, a public information campaign to educate citizens about the availability of the service, and provisions for follow along assistance.

The Wisconsin Information and Referral Service is a federally funded pilot program to develop a manual system for centralized information and referral for all citizens. The service now includes 13 centers providing some services to 33 Wisconsin counties. The federal funding runs out in September, 1974. The federal funding included start up funds for gathering and collating information on available services, both public and private. If federal funds are not available, the Task Force recommends that state funds continue the project. Ultimately the project should serve the entire state. The service is most needed by people who are not personally informed or skilled in the process of locating appropriate state or private agencies. At present, those most in need of the service are least likely to know about it. If the service is continued, a multi-media advertising campaign should assure that knowledge about the service is generally available. Follow along services include periodic checks to assure that a referral contact was made and was appropriate and that further referrals are provided to the same individual as needed. These services are particularly important for the disadvantaged, the relatively uneducated, those with language or cultural barriers, and the just plain confused.

If the Wisconsin Information and Referral Service is continued and expanded, THE TASK FORCE RECOMMENDS:

To the Wisconsin Information and Referral Service and the Governor's Committee for People with Disabilities:

Review of the SEARCH booklet used as a data gathering instrument to assure that it is complete and relevant to the needs of people with physical disabilities. Because the project had to work with existing agency categories, the present system is more diagnostic than problem oriented. Both approaches are necessary to provide an adequate guide to available services.

The Task Force is convinced that an adequate system of information and referral is important to all citizens of the state. But it is absolutely essential to people with physical handicaps. Therefore, if an integrated system of information and referral is not established, the TASK FORCE OFFERS ALTERNATIVE RECOMMENDATIONS:

To the Department of Health and Social Services:

If the information and referral project is not continued, the data amassed must not be lost. At least one central office in Madison should continue. This modest version of the project should include an information program geared to social service and other professionals who serve people with physical disabilities.

To the Governor and the Legislature:

Adequate funding should be provided for a central information office and for continual updating of the data.

Retaining the information will solve only part of the problem. Individuals with physical disabilities still need a guide to services available locally. Therefore, if the project is not continued THE TASK FORCE FURTHER RECOMMENDS:

To the Governor and the Legislature:

Expansion of the budget and authorization of the Information and Referral Service now mandated by Section 51.437 (c) and (d), Wisconsin Statutes, for people with developmental disabilities to include services

to people with physical disabilities.

Currently, this service is available in 16 counties. The state plan for services to people with developmental disabilities includes expansion to a wider geographic area and provision of follow along services as a goal. Adding people with physical disabilities to these county based services requires state funding for both research and case work.

Adding physical disabilities to the developmental disabilities information and referral service represents short term economy. However, proliferation of agencies according to the specific disabilities is responsible in large measure for the complexity of the problem and represents long term extravagance. Because information and referral is vital, the Task Force prefers a fragmented system to no system. This is however clearly less desirable than a single, unified system where any Wisconsin resident, regardless of the nature of the problem, can obtain skilled answers to questions about government and private services.

## MINORITY REPORT

I strongly oppose the concept of an on-going committee in any form, but particularly in the form recommended. I believe that creation of this committee, the expenses they will undoubtedly incur, and the fiscal ramifications of hiring and paying a full time executive secretary, legal consultant, researcher, and investigator-ombudsman and clerical staff, is nothing more than the extension and addition of a costly bureaucracy, the Wisconsin taxpayer should not be forced to finance. In my opinion, this recommendation will severely injure the over-all excellence of the content of the final report. I see no reason to establish "another" state department, when existing departments could be streamlined with workable guidelines to include implementations of the purposes and goals of the on-going committee.

Nancy Crowley
Manitowoc

## CIVIL RIGHTS

> All men are born equally free and independent, and have certain inherent rights; among these are life, liberty, and the pursuit of happiness; to secure these rights, governments are instituted among men...
> Article I, Section II, Wisconsin Constitution

The basic aim of Constitutional governments, security in the exercise of fundamental rights, remains largely unfulfilled for people with physical disabilities. Social institutions, including government itself, deny citizens with physical disabilities the full exercise of their rights through ignorance, indifference, arbitrary policies, and overt discrimination. The state must recognize its own responsibility for the problems faced by people with disabilities, act to remedy its own discriminatory practices, and assure through appropriate legislation that others may not discriminate.

People with physical disabilities suffer some degree of reduced functioning as a direct result of their medical condition. Each person with a physical disability experiences his or her own unique set of physical limitations. But as a group, people with disabilities suffer socially imposed limitations. With the passage of civil rights legislation, the state has recognized that disadvantaged groups of citizens require specific legislation to assure the exercise of their rights. People with physical disabilities must be included in the process and guaranteed the same protections afforded other minority groups.

Discrimination against people with physical disabilities assumes many forms. Failure to consider the needs of this segment of the population too often creates a physical environment in which the person with a disability cannot effectively exercise his or her rights. The traditional design of

government buildings with their long flights of stairs denies citizens with mobility problems access to the seats of government. In practice denial of access either limits or denies such fundamental civil rights as the right to vote, to assemble freely, and to petition for redress of grievances. Architectural barriers also deny equal protection of the laws, by preventing one class of citizens from using the facilities and services provided by tax dollars such as public schools, libraries, and recreational facilities. Architectural barriers in the private sector deny rights so basic that most Americans take them for granted, including the right to work and to travel freely.

Testimony at Task Force public hearings indicated overt discrimination against people with physical disabilities--discrimination which is illegal when applied to other minority groups. People with disabilities are asked to leave restaurants, bowling alleys, and other public places because "your presence might make people who are here to enjoy themselves uncomfortable." The Task Force received numerous complaints of excessive taxi fares from people who must rely on that form of transportation because they cannot climb the steps of buses. The Public Accomodations Law prohibits discrimination through refusal of service or differential rates charged to members of minority groups. Under that law, customer preference is not a legal defense against a charge of discrimination based on race, creed, or national origin. But the Public Accomodations Law excludes people with physical disabilities. Open housing does not apply to people with physical disabilities even when they can find an accessible home or apartment. Landlords legally can and do evict, refuse to rent, or fail to renew a lease because of a tenant's physical disability. Admissions officers in schools and colleges deny even the opportunity to compete for entrance

because of stereotyped notions about the intellectual abilities of people with physical disabilities. Children with physical disabilities continue to be educated in segregated schools--a situation which the United State Supreme Court, in Brown v. Board of Education, ruled inherently unequal when segregation was based on race.

Public attitudes and prejudices discriminate against people with physical disabilities in subtle ways which cannot always be met by legislation. But the state can end its own participation in the process. Public agencies perpetuate discrimination when their policies label, segregate, and ultimately institutionalize those who differ from the "norm". While few public officials would use obviously derogatory terms such as "cripple" or "gimp", the statutes, the administrative rules, and policy statements are filled with more genteel alternatives such as "the handicapped", "the blind", "the deaf and dumb", and professional variations such as "the client" and "the patient". In this process of labelling, one factor related to a person is magnified until the person becomes equated with the disability, a process which ultimately dehumanizes and devalues the person involved.

Subtler forms of discrimination will not disappear until people with physical disabilities become part of the mainstream of community life and and become known as individuals, rather than as "cases" or "problems". Legislative and executive action can hasten the process of integration and act to protect people with disabilities in the exercise of their rights. Therefore, the Task Force recommends specific actions in the following areas:

## VOTING

One's vote is an average citizen's most effective and direct means of communicating with government. It is fundamental to a sense of participation in the political process. But inaccessible polling places, together with unnecessary complications and confusion about the absentee voting process prevent many people with disabilities from exercising this right. To assure that all citizens who wish to vote have a reasonable opportunity to do so, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Legislation requiring at least one accessible entrance and place of voting at each polling place or requiring "receipt of ballot at door" now permitted but not required under Section 6.82 (1) of the Wisconsin Statutes.

People with physical disabilities prefer integration with the general population wherever possible. Election officials choosing polling places when more than one site is available should select the more accessible location and provide temporary ramps and bypasses wherever possible. When no alternatives exist, election officials should be required rather than simply permitted, to provide for receipt of the ballot at the door.

2. Legislation standardizing absentee ballot procedures which requires the development of lists of permanent absentee voters, provision for mailing absentee ballot applications to the permanent list, and publication of information about eligibility and procedures for absentee balloting.

Absentee voting procedure will continue to be necessary for many people with physical disabilities who are living in institutions, unable to leave their homes, or residents of districts without accessible transpor-

tation or polling places. Protecting the integrity of the election necessitates absentee procedures which are somewhat more complicated than those used for voting at the polls. However, honest elections are not incompatible with assuring that all those eligible to vote receive adequate information and can exercise that right with a minimum of procedural difficulty.

Remedial legislation should require that municipal clerks offer new registrants and applicants for absentee ballots an opportunity to identify themselves as permanently in need of absentee procedures. All persons so identified should be placed on a permanent absentee list, with the municipal clerk required to mail an absentee ballot application to them sufficiently in advance of the deadlines to assure them full opportunity to secure a ballot and to vote. In addition, local election officials should be required to publish absentee procedures and deadlines in newspapers qualified under Chapter 985 sufficiently in advance of elections to assure that electors may secure applications and ballots to vote. This information could either be published separately or included with the official notification and sample ballot, if these are printed early enough to satisfy absentee requirements.

## FAIR EMPLOYMENT PRACTICES

Wisconsin's Fair Employment Law prohibits discrimination on the basis of age, race, creed, color, handicap, sex, national origin or ancestry by employers, licensing agencies, employment agencies, and labor organizations. Wisconsin's inclusion of people with disabilities within the statute makes the state a national leader in securing their employment rights. However, people with disabilities are still not as well served by the Fair Employment Law as they might be.

The term "handicap" is both ambiguous and stigmatizing. Almost any individual has experienced something which could be construed as a "handicap" in comparison with others in society. At the same time, the term has a negative tone which emphasizes limitations rather than the abilities of individuals. To avoid administrative ambiguity and to set a standard for removing labels, THE TASK FORCE RECOMMENDS:

To the Legislature:

Amendment of the Fair Employment Law to substitute the term "mental or physical condition" for the term "handicap".

The same law which prohibits discrimination in the conditions, terms, and privileges of employment for other protected groups specifically permits such discrimination against people with physical disabilities. Section 111.32 (5) (f) states:

> "An employer's exclusion of a handicapped employee from life or disability insurance coverage, or reasonable restriction of such coverage, shall not constitute discrimination."

The Task Force recognizes that in individual cases, it may not be possible for an employer to provide absolutely equal life, disability, or medical coverage for an employee with a physical disability. An individual employer cannot be expected to bear the entire financial burden of extraordinary medical or insurance costs. All such decisions, however, should be made on an individual basis.

The present law permits automatic exclusion of all people with physical handicaps as a class. Individuals whose prognosis includes progressive involvement, extraordinarily high medical costs such as kidney dialysis, or who have a very short life expectancy, may not be insurable under standard plans. But in many instances, the presence of a particu-

lar disability bears no relation to insurability for other purposes. Exclusion of an employee from group health coverage also involves the exclusion of dependents and creates undue hardship when a family budget must meet the ordinary medical expenses for which others are insured. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Amendment of the law to prohibit automatic exclusion of people with physical disabilities as a class, while permitting reasonable restriction of such policies on an individual basis.

The Fair Employment Law now does not include religious organizations within its definition of employers. Religious organizations need the right to discriminate on the basis of religion for purposes of religious education and practice. But hospitals, schools, and related institutions which hire hundreds of people in Wisconsin should not be exempted from the obligations imposed upon all employers to deal with minority groups on an equitable basis. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Amendment of the Law to permit discrimination only for purposes directly related to religious education, belief, or practice.

## PUBLIC ACCOMODATIONS

Section 942.04 of the Wisconsin Statutes defines as criminal the denial of rights to individuals in public places of accomodation or amusement on the basis of race, color, creed, national origin, or ancestry. The definition of discrimination includes refusal of access, refusal of service, and differential charges. THE TASK FORCE RECOMMENDS:

To the Legislature:

Amendment of the statute to extend these protections to people with physical disabilities.

The law against discrimination in public accomodations includes a specific section prohibiting discrimination in auto insurance either by denial or rate differential. The Task Force recognizes both that people with physical disabilities suffer from bias in auto insurance sales and that greater risks may be involved in the case of particular individuals or disability groups. To meet the need of people with physical disabilities for auto insurance at reasonable cost and the need of insurers to cover the genuine risk with appropriate classifications, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Amendment of the statute to include people with physical disabilities.

2. Provision that it shall not constitute discrimination for an insurance carrier to charge a differential rate on the basis of disability, if the insurer supplied actuarial data to the insurance commissioner to substantiate the additional risk involved.

By definition, discrimination involves making judgements on the basis of class rather than individual differences. Actuarial tables might justify an insurer in establishing higher rates for a class with a higher incidence of costs. Membership in a class is not the only criterion, however. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

3. Requirements that after an initial experience of three years, premiums for drivers with physical disabilities must be based on individual driving records.

The Public Accomodations Law is difficult to enforce because it is a criminal statute. Local district attorneys must enforce it, or the aggrieved party must find his own attorney. The gathering of evidence under criminal statutes is considerably more difficult because of the stricter standards of proof and the necessary Miranda warnings. The Task Force believes that the purpose of civil rights laws is to remedy discrimination and to prevent its recurrance, not to punish offenders by a criminal process. To achieve these ends, and to provide a remedy more accessible to the public, THE TASK FORCE RECOMMENDS:

To the Legislature:

4. Decriminalizing the Public Accomodations Law and establishing an administrative remedy comparable to that provided in the Fair Employment Practices Law.

This procedure would permit the Department of Industry, Labor, and Human Relations, Equal Rights Division to investigate and attempt conciliation. If conciliation fails, the case must be submitted to a local district attorney for prosecution. Assuring the civil rights of the respondent often requires the district attorney's office to repeat the investigatory process.

## OPEN HOUSING LAW

Section 101.22 of the Wisconsin Statutes declares it to be "the policy of this state that all persons shall have an equal opportunity for housing regardless of race, color, religion, national origin or ancestry" and prohibits discrimination in the sale, lease, or rental of housing. THE TASK FORCE RECOMMENDS:

To the Legislature:

Extension of these protections to people with format physical disabilities.

The Open Housing Law includes a provision which prohibits gathering evidence by means of testing. Any person who does not intend to avail himself of his rights under the act may seek to secure housing for the purpose of proving that discrimination has occurred. This prohibition limits evidence to the word of complainant against the respondent or admissions of guilt. This provision seriously limits the effectiveness of the act, and is currently under judicial review. Removal of the prohibition should receive serious consideration, perhaps confining testing activities to the unpaid efforts of individuals.

## NONDISCRIMINATORY CONTRACTS

Section 16.765 of the Wisconsin Statutes requires all contracting agencies of the state to include in all contracts a provision obligating the contractor not to discriminate against any employee or applicant for employment because of race, religion, color or national origin. It further obliges all contractors to pose in conspicuous places notices of the nondiscrimination clause and provides a complaint and investigatory process through the Equal Rights Division. Repeated violations of the nondiscrimination clause may result in termination of the contract without violation and placement of the contractor upon a list ineligible for future state contracts.

The state exercises considerable economic power as a major purchaser of goods and services, power which has effects whether consciously used or not, either to perpetuate or to alter existing practices. In its capacity as a contractor, the state may require more of employers who seek its business than it does of those whose operations are strictly within the private sector. Mere nondiscrimination binds all employers

under the Fair Employment Law. To achieve the public policy of providing more employment opportunities for people with disablities, the state can require contractors to go beyond nondiscrimination and actively to seek out those who have traditionally suffered in the employment market. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Amendment of the Nondiscriminatory Contracts Law to include people with physical disabilities.

2. Amendment of the statute, directing the Equal Rights Division to develop rules which assure that contractors aggressively seek to remedy the effects of discrimination and to employ those persons with physical disabilities wherever possible.

For example, contractors could be required to list all job openings with the Wisconsin State Employment Service and the Division of Vocational Rehabilitation, to identify their policies in all advertisements to specify those jobs which could be filled by people with disabilities, to assure that prospective applicants learn of the opportunities available.

## EDUCATION

People with physical disabilities have suffered unequal educational opportunities because of exclusion, segregation, and failure to accomodate their needs within the school systems. With the passage of Chapter 89, Laws of 1973, the Wisconsin Legislature made a major step in overcoming this discrimination by requiring school districts, counties or CESA districts to provide for the education of all children with exceptional educational needs. The new law encourages education of these children along with their peers in the normal classroom setting wherever possible. It

provides the districts with a reimbursement of 70 percent for the expenses incurred in meeting exceptional needs.

Problems with equal educational opportunity remain. The Education Chapter of this report makes specific recommendations on the implementation of Chapter 89 to assure that the goal of equal educational opportunity for all children in public elementary and secondary schools is met. The Task Force also believes, however, that the right of children with disabilities to an equal public education should be incorporated into the Wisconsin Statutes prohibiting school districts from discrimination on the basis of religion, nationality or color, to establish education in the normal setting as a fundamental requirement rather than a preference.

No existing statutes prohibit discrimination against people with physical disabilities who seek private education or admission to post-secondary programs whether public or private. The Task Force has received numerous complaints of colleges, universities, and technical schools, both public and private, which refused even to examine or consider for admission people with physical disabilities. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Amendment of Section 118.12, Wisconsin Statutes, which prohibits exclusion or segregation of any school pupil on the basis of religion, nationality, or color to include children with physical disabilities.

2. Legislation prohibiting discrimination solely on the basis of physical disability by any educational institution, public or private, at any educational level.

To be effective, an anti-discrimination statute should prohibit discriminations in admissions to any institution, to any school or program, and to any curricular or extra-curricular activity solely on the basis of

physical disability. Refusal of admission on the basis of inability to perform the required work at the same standard set for other students should not constitute discrimination. The provisions of this statute should be included in reciprocal agreements between Wisconsin and the educational institutions of other states.

Enforcement of equal educational opportunity in public elementary and secondary schools should be established in the Department of Public Instruction which administers both Section 118.12 and the appeals process developed by Chapter 89. Enforcement of a new statute covering higher education and private schools should include an administrative remedy, and should be specifically assigned to an agency with powers to investigate, conciliate, hold hearings and issue binding orders subject to judicial review.

## CREDIT OR LOANS

The same attitudes and stereotypes which limit the educational and employment opportunities of people with physical disabilities hamper their attempts to obtain consumer credit and mortgage loans. Patronizing assumptions about the fragility of people with disabilities appear to have more weight in the decision making process than relevant factual material such as actual earnings and steady employment.

In the 1973 session, the Wisconsin Legislature enacted a law prohibiting discrimination in the granting of loans or credit on the basis of sex or marital status. THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Amendment of Chapter 88, Laws of 1973, to extend its provisions to people with physical disabilities.

With the passage of Chapter 88, the state accepted some responsibility for securing individual rights by prohibiting a practice and providing penalties. The omission of any enforcement procedure, however, forces those who suffer discrimination to provide their own police force by retaining an attorney. The only remedy available does not provide relief for those who suffer most, the relatively poor or poorly informed. THE TASK FORCE RECOMMENDS:

To the Legislature:

2. Amendment of the statute to provide reasonable redress by assigning responsibility for enforcement to a state agency and granting that agency the necessary powers.

## DISCRIMINATORY STATUTES AND RULES

Witnesses at the public hearings identified specific language in the statutes and administrative rules which clearly discriminated against people with physical disabilities or which included terms they found offensive. The most flagrant example, Section 255.10 of the Wisconsin Statutes, prohibits the "infirm" from serving on juries. To remedy this clear denial of individual rights, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Amendment of the statute to prohibit exception, exclusion, or disqualification of jurors with physical disabilities unless the judge finds that the individual clearly cannot fulfill the responsibilities of a juror. The judge's decisions should consider only individual limitations in relation to the case. That determination must not include socially imposed limitations such as the structural or architectural barriers of a building, courtroom, jury box or other facility.

One task force cannot review all of Wisconsin's statutes and codes in depth with limited time and resources. The Task Force is concerned, however, that other discriminatory statues and rules may remain in force. To assure the elimination of every remnant of discrimination from Wisconsin's laws and codes, THE TASK FORCE RECOMMENDS:

To the Legislature:

2. Amendment of Section 227.033 of the Wisconsin Statutes to extend its protections to people with physical disabilities. This section requires that administrative rules operate equally on all persons affected by them and that they shall not discriminate on the basis of race, creed, color, national origin or ancestry. Rules which single out people with physical disabilities should be permitted only if they are strictly necessary to an agency's function and can be supported by data demonstrating that necessity.

3. Direct the Legislative Council in consultation with advisors from the major groups of people with physical disabilities to review all references to them in the statutes to determine any disadvantage suffered which is not borne by the general population. Direct the Council to report recommendations to amend the statutes to extend to people with disabilities any right or privilege enjoyed by the citizenry.

4. Direct the Legislative Council in consultation with advisors from the major groups of people with physical disabilities to identify all language used in the statutes which the advisors find offensive and to recommend substitutions which are acceptable to those affected.

Since people with physical disabilities find terms such as "cripple" or "deaf and dumb" which now appear in Wisconsin statutes offensive and demeaning, these designations should be changed to terminology which is

both acceptable to those affected and which retains the essential meaning of the law.

To the Governor:

1. Direct all administrative agencies to review the rules they enforce, to identify any relating to people with physical disabilities, and to report those rules to the restructured Governor's Committee for People with Disabilities.

2. Direct the Governor's Committee to review all rules reported by the agencies for possible discriminatory impact on people with disabilities; to seek voluntary agency changes if it believes that a rule operates unreasonably to disadvantage people with disabilities; and to seek a hearing on the merits before the Joint Committee for Review of Administrative Rules if the issue is not voluntarily resolved.

## RIGHT TO ACCESSIBLE PUBLIC BUILDINGS

Inaccessible and unusable buildings are a form of discrimination against people with physical disabilities. Thoughtless design prevents citizens with mobility problems from exercising their rights and denies them equal benefits from the expenditure of tax dollars. State and local government actions built structures which a significant portion of the population cannot use. Because of its participation in the creation of barriers, the Task Force believes that government must assume an affirmative obligation to remove the barriers and to assure equal access to tax supported facilities and services. Therefore, THE TASK FORCE RECOMMENDS:

To the Governor:

1. Require all state agencies to survey their sites to determine their accessibility and usability by people with physical disabilities. Require

the agencies to report any necessary modifications to the Department of Administration, Bureau of Facilities Management.

2. Urge officials of cities, towns, villages, and counties to make a similar survey and to report their needs to the Bureau.

3. Direct the Bureau of Facilities Management to appoint representatives to consult with people with mobility problems and to develop priorities for making facilities accessible and usable. The offices of the Division of Vocational Rehabilitation should receive a top priority because rehabilitation services are designed for and essential to people with physical disabilities. Priority should also be considered for sites which require only minor modifications, sites which have a high frequency of public use or a high frequency of use by people with physical disabilities, and sites which are essential to the exercise of basic rights, including the seats of government.

4. Direct the Bureau to prepare both state and local cost estimates and timetables based upon the priorities established.

5. Incorporate into the budget process, over a period of five years, the funds necessary to make all state facilities fully accessible and usable for people with mobility problems.

6. On the basis of cost estimates and priorities established for local units of government, recommend to the Legislature the appropriation of funds to assume 50% of the cost of remodeling for accessibility on the local level.

People with mobility problems also need access to federal government offices, especially Social Security offices. In 1968 and 1970, the United States Congress enacted legislation to require accessibility in new structures. The Vocational Rehabilitaiton Act of 1973 created an Architectural

and Transportation Barriers Compliance Board to insure compliance with the architectural barriers legislation, to investigate approaches to the elimination of barriers, and to make recommendations to the President and to Congress. To assist in the elimination of barriers in federal buildings, THE TASK FORCE RECOMMENDS:

To the Governor's Committee for People with Disabilities:

1. Survey through local committees federal buildings and report to the committee on modifications needed to make them accessible.

2. Report all violations of federal architectural barriers provisions to the appropriate compliance officers.

3. Identify to the federal government those services which are most essential to people with disabilities and the specific locations of inaccessible facilities in Wisconsin. The Governor's Committee should urge removal of the barriers, and offer all possible cooperation, including assistance in searching for accessible sites.

## CIVIL RIGHTS OF RESIDENTS OF NURSING HOMES

Most civil rights recommendations seek equal treatment and integration into the mainstream of life. Other sections of this report encourage the same ends by making recommendations to eliminate barriers, to provide accessible housing, and to develop programs which assist people with physical disabilities to remain independent. Implementation of these recommendations will, over a period of years, prevent the institutionalization of people who do not need full time skilled care. However, for many years older people and people with physical disabilities will continue to live in nursing homes and similar institutions because no other suitable place exists. The intent of this recommendation is to insure that minimal standards of human dignity

and assurance of fundamental rights are observed and enforced within these institutions. Therefore, THE TASK RECOMMENDS:

To the Legislature:

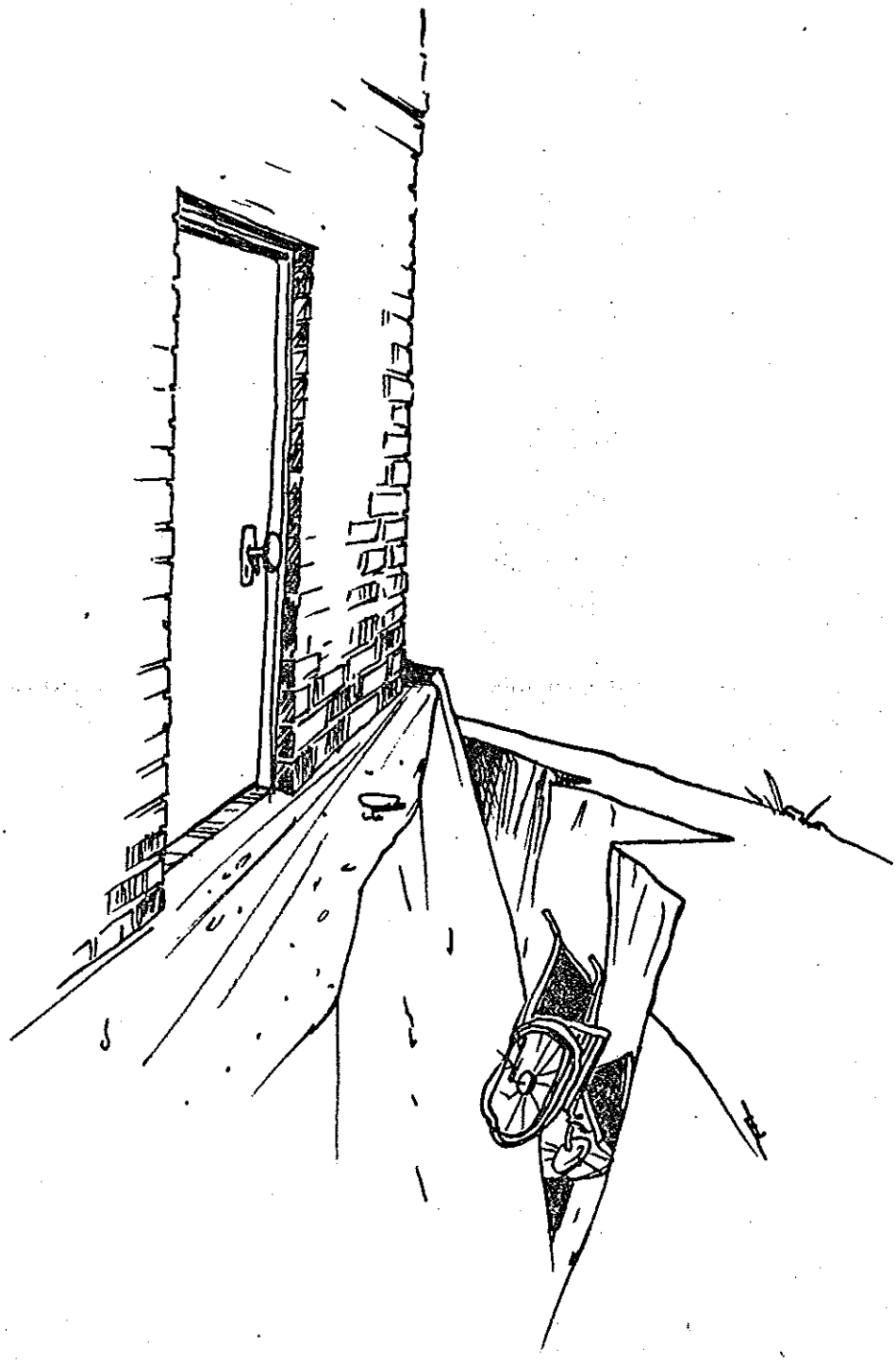
Enactment of a bill of rights for the residents of nursing homes, county homes, and intermediate care facilities. This bill of rights should insure protection of the basic rights of residents including protection of civil and religious liberties, the right to independent personal decisions and knowledge of available choices, the right to private and unrestricted communication with others, the right to present grievances, to manage financial affairs, to appropriate medical care, to privacy, to courteous and fair treatment, and to freedom from physical or mental abuse.

The bill of rights for nursing home residents should be incorporated into the licensing process for nursing homes. Every such facility licensed should be required to post the bill of rights prominently and to include it within every contract for services and to provide a copy to every patient or his legal guardian.

In nursing homes which are certified to receive public money in any form, the certification or contract prodedures should incorporate the bill of rights and in addition require evidence of staff training to implement the rights, provide facilities and assistance for residents councils to adjudicate grievances, provide an appeals mechanism for individuals who believe their rights have been violated, and require a guarantee that patients supported by public funds will receive precisely the same care and treatment as patients supported by private means.

Civil Rights Laws do not give rights to anyone. All citizens already have fundamental rights under both the U.S. and Wisconsin Constitutions. The ability of individuals to assert their rights, however, varies considerably

according to their understanding, personal resources, and the attitudes and practices of other persons. These recommendations intend to provide a process which assists people with disabilities in securing their rights and provides redress when their rights are violated.



## DESIGNING THE PHYSICAL ENVIRONMENT

"First we shape our buildings and then they shape us."
Winston Churchill

"The main purpose of architecture is to meet the needs of all human beings."
Richard Peeples
Architect
Appleton Public Hearing

The design of most buildings imposes a form of architectural bondage on people with physical disabilities. Narrow doors and steps deny persons with mobility problems access to buildings or severely limits their use of buildings. Heavy doors and inadequate hardware create sometimes insurmountable difficulties for older people, arthritics, and other persons with limited arm and hand functions. Warning systems which rely solely on sound, fail to protect persons with hearing impairments. Inadequate signage, overhanging obstructions, and improper railings create hazards for people who cannot see. None of these design faults is inevitable. None of them is particularly difficult or expensive to avoid. Architectural barriers are the product of habit, indifference, and ignorance.

Overcoming ingrained patterns of behavior and thought to design an environment which accommodates the needs of all people requires a systematic attack on every point in the design and construction process where errors can occur. This chapter includes recommendations for each part of a complex process of education, legislation, code revision, and law enforcement. The Task Force believes that each recommendation is essential for the creation of a barrier-free society. While partial implementation would improve the lives of people with physical disabilities to some degree, only a coordinated and comprehensive approach will enable people with physical disabilities

to move about freely in our society. To continue the process of education and implementation, THE TASK FORCE RECOMMENDS:

To the Governor's Committee For People With Disabilities:

Creation of a permanent subcommittee on barrier free design to continue research and recommendation as circumstances change and to advocate full implementation of these recommendations in both public and private buildings.

## EDUCATION OF DESIGN PROFESSIONALS

Witnesses at the Task Force public hearings testified to the limited knowledge among design professionals about people with physical disabilities. Designers cannot plan for the entire population if they do not know about the large numbers of persons with physical disabilities, the nature of disabling conditions, and the design problems these conditions create. When accessibility is provided, the design often concentrates on providing entrance to a building for persons in wheelchairs, but ignores the interior use of a building and the needs of people with a variety of other disabling conditions.

Currently, few educational opportunities exist to assist the professional in understanding the problems. There are no requirements that students understand barrier-free design or that professionals in practice update their skills. Since people with physical disabilities are an increasing percentage of the population and the types of disabilities are becoming more diverse and complex, it is imperative that design professionals become aware of the design needs of people with a variety of disabling conditions. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Legislation directing the Department of Regulation and Licensing, Examining Board for Architects, Engineers, and Land Surveyors, to incorporate questions into licensing examinations for architects and engineers which require applicants to demonstrate knowledge of the design needs of people with physical disabilities and of the relevant Wisconsin statutes and codes.

To the University of Wisconsin and the Vocational Technical and Adult Education Board:

Development of curriculum materials for students in professional and paraprofessional design courses which will create an understanding of the design needs of people with physical disabilities and of the relevant statutes and codes.

To the subcommittee on barrier-free design of the Governor's Committee:

Work with professional organizations including the Wisconsin Chapter of the American Institute of Architects, the Wisconsin Society of Professional Engineers, and the University of Wisconsin Extension Division to develop and provide short courses of seminars for licensed professionals in practice to increase their understanding of the design needs of people wit' physical disabilities.

To the Department of Regulation and Licensing, Examining Board of Architects, Engineers, and Land Surveyors:

Requirements that practicing architects and engineers complete a short course or otherwise demonstrate knowledge of barrier-free design as a condition of retaining their licenses.

To the Wisconsin chapters of professioaal associations, such as the American Institute of Architects, Professional Engineers in private practice, National Society of Professional Engineers, American Society of Civil Engineers, and the American Society of Landscape Architects:

The Task Force urges that they work within their national associations to consider training in the design needs of people with physical disabilities as a factor in granting accreditation to institutions of higher education.

## CODE IMPROVEMENTS

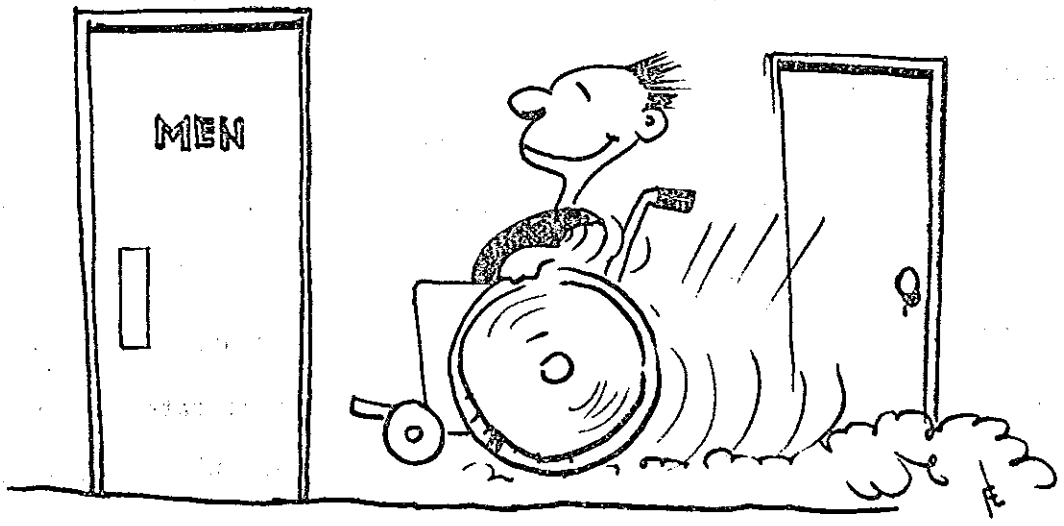
The present Wisconsin Statutes and Administrative Codes require accessibility only in entrances to public buildings and in rest rooms. Although Section 101.13 of the Wisconsin Statutes states that the Department (Industry, Labor and Human Relations) "shall by rule provide minimum requirements to facilitate the use of public buildings by physically handicapped persons where traffic might reasonably be expected by such persons," the Wisconsin Building, Heating, Ventilating, and Air Conditioning Code requires only accessible entrances and water closet compartments. Chapter 201, Laws of 1973, added requirements for accessible and usable restrooms, including internal accessibility and usability, which were otherwise ignored.

The recent announcement by the Department of Industry, Labor and Human Relations of creation of a committee to review codes related to accessible and usable buildings provides a vehicle for establishing comprehensive standards. Code requirements should reflect a minimum, enforceable level of the design needs of people with physical disabilities. In the following articles, the Task Force noted both the essential minimum and desirable features which could not or should not be enforced by a building code, but which must be approached in another manner. THE TASK FORCE RECOMMENDS:

To the Code Revision Committee of the Division of Industrial Safety and Building, Department of Industry, Labor and Human Relations:

Adoption of the minimum level in these articles as the building code for Wisconsin. THE TASK FORCE URGES that design professionals and enforcement personnel strive to incorporate as many of the less essential features as possible into their designs.

These code recommendations represent an extension of the specifications of the American National Standards Institute, ANSI, A. 117.1 (referring to accessibility of buildings and grounds.) The ANSI specifications have been thoroughly researched. Other states, including Illinois, Minnesota, and North Carolina with extensive legislation on accessibility have incorporated ANSI standards into their codes, in whole or in part. Since many Wisconsin architectural firms also practice in Illinois and Minnesota, the ANSI format should be familiar and relatively easily assimilated. A revised code should include a clear statement of the intent of requirements to enable designers to understand the problems and apply their talents to creative solutions rather than simply following prescribed formulae. Therefore, this model includes sections on design for people with physical disabilities and the design problem presented by a variety of disabling conditions.



## 1.0 DESIGN FOR PEOPLE WITH PHYSICAL DISABILITIES

In recent years, people with physical disabilities have emerged as a distinct minority group whose participation in the life of the community is a matter of civil rights. Many of the handicaps of this population are not so much the product of their disabilities as they are the results of architectural designs which discriminate against them. It becomes the designer's responsibility to insure full accessibility and usability of all public buildings.

The designer's efforts should extend the spectrum of the population for which a specific facility is intended. This implies designs which meet the needs of everyone. It does not mean the construction of separate entrances, ramps, etc. designed exclusively for people with physical disabilities. Buildings designed for the entire population will be safer and easier to use, and will particularly benefit children, older persons, and people with temporary disabilities.

Consideration of the needs of people with physical disabilities should occur early in the design process so that special features can be an integral part of the overall design. Accessibility built in at the design stage results in little or no extra cost. When features are added as after thoughts on a completed design, they will often be clumsy, inadequate and costly.

## 2.0 PHYSICAL DISABILITIES:

Physical disabilities include a wide spectrum of conditions. Each disability in some way limits an individual's functioning, but the limitations themselves are widely divergent. In addition to qualitative differences, each type of disability includes varying degrees of severity ranging from mild inconvenience to almost total incapacitation. This article categorizes some major disability groups to enable designers to understand the problems presented.

2.1 DISABILITIES OF ACTION:

This group includes disabilities affecting interaction with the environment for purposes of use or mobility.

2.11 NON-AMBULATORY DISABILITIES:

Impairments that, regardless of cause or manifestation, for all practical purposes confine individuals to wheelchairs.

This type of disability presents the greatest design problems since it completely alters the anthropometric dimensions of an individual. In many cases, individual members of this group also have restricted use of their arms and hands.

2.12 SEMI-AMBULATORY DISABILITIES:

Impairments that cause individuals to walk with difficulty or with insecurity. Individuals using braces or crutches, amputees, arthritics, spastics, and those with pulmonary and cardiac problems may be semi-ambulatory. Although these disabilities do not limit activity as much as confinement to a wheelchair, they still present serious problems of mobility and use. Closely related to the requirements of this group are the needs of a large class of people with temporary disabilities.

2.13 DISABILITIES OF INCOORDINATION:

Faulty coordination or palsy from brain, spinal or peripheral nerve injury. Disabilities in this group also limit the effective use or manipulation of an architectural environment.

National Health Survey data indicates that 38 persons per 1,000 are affected by an orthopedic condition. In Wisconsin, over 6,000 citizens are members of this group.

## 2.2 DISABILITIES OF PERCEPTION:

This group includes disabilities arising from sensory impairments which limit the reception of data about the environment.

According to National Health Survey data, 6.08 individuals per 1,000 are affected by pereeptual impairments. In Wisconsin, approximately 15,000 persons belong in this group.

### 2.21 SIGHT DISABILITIES:

Total blindness or impairments affecting sight to the extent that the individual is insecure or exposed to danger in public areas. Blindness fundamentally effects space perception and restricts the individual to the senses of touch and hearing. The average user of the architectural environment relies almost exclusively on visual cues. Orientation for the person with a severe sight disability requires special auditory or tactile cues. Partial impairment is not as limiting, but presents difficulties with the recognition of signage and obstacles.

### 2.22 HEARING DISABILITIES:

Hearing disabilities create difficulties in communication and prevent individuals from hearing warning signals. Serious warnings usually rely entirely on auditory stimuli because sound is not confined to the line of sight. Dangerous environments such as traffic and specialized danger signals such as tornado warnigns also rely on auditory signals.

## 2.3 COMPLEX DISABILITIES

### 2.31 AGING:

The aging process gradually reduces mobility, flexibility, coordination and perception, often combining perceptual problems with those of diminished

motor control. This increasingly numerous group will benefit from any design feature incorporated to meet the needs of other people with physical disabilities.

2.32 OTHER DISABILITIES:

A variety of physical disabilities are associated with heart diseases, digestive disorders, or general infirmity. While these groups present few design problems, they also benefit by the elimination of fatiguing flights of stairs and other barriers.

The best available estimate of total population of people with physical disabilities is 12.3% or 311,000 individuals in Wisconsin. These estimates include disabilities which are not directly related to architectural barrier problems but exclude the population over 64.

3.0 GENERAL DESIGN CRITERIA:

This section details the altered anthropometrics of individuals with physical disabilities. An understanding of these differences is essential to creating a barrier free environment.

3.1 WHEELCHAIRS:

The spatial requirements of wheelchairs impose rigid restrictions on design. Because they are essential to the mobility of persons with non-ambulatory disabilities these requirements should be met wherever possible. Other machines facilitating mobility, such as the automobile, have also had an overwhelming influence in shaping the design of the environment.

3.11 DIMENSIONS OF A WHEELCHAIR:

Collapsible wheelchairs of tubular metal construction are most commonly used. The standard model of all manufacturers fall within the following limits:

a) Length: 42 inches. The inclusion of foot pedals or leg rests will extend this by another 14 inches to a total of 56 inches.

b) Width, when open: 25 inches. Note that space for hands and arms must be provided, adding at least 7 inches for a total of 32 inches.

c) Height of seat from floor: 19 1/2 inches.

d) Height of armrest from floor: 29 inches.

e) Height of pusher handles (rear) from floor: 36 inches.

f) Width, when collapsed: 11 inches.

Some models, particularly electric ones, may exceed these dimensions.

## 3.12 FUNCTIONING OF A WHEELCHAIR:

The dynamics of a moving chair are more relevant to design than static measurements.

a) The fixed turning radius of a standard wheelchair, wheel to wheel, when pivoting on a spot, is 18 inches. The fixed turning radius, front structure to rear structure is 31 1/2 inches.

b) The average turning space required (180 and 360 degrees) is 60 x 60 inches. A more elongated turning space, 63 inches x 56 inches, is preferable. In an open corridor, a minimum of 54 inches between the two walls will allow a complete turn.

c) A minimum width of 60 inches is required for two individuals to pass each other.

d) A wheelchair should not be required to negotiate a slope greater than 1 foot rise in 12 feet. A wheelchair and its process is extremely hazardous. With electric wheelchairs, weight precludes lifting.

## 3.13 FUNCTIONING OF AN ADULT IN A WHEELCHAIR:

In addition to the wheelchair's physical dimensions, the designer must consider the functioning of persons seated in a chair which differs

considerably from that of a standing or walking person.

a) The average unilateral vertical reach is 60 inches and ranges from 54 inches to 78 inches.

b) The average horizontal working (table) reach is 30.8 inches and ranges from 28.5 inches to 33.2 inches.

c) The bilateral horizontal reach, both arms extended to each side shoulder high, ranges from 54 inches to 71 inches and averages 64.5 inches.

d) An individual reaching diagonally, as required in using wall-mounted dial telephone or towel dispenser, would make the average reach (on the wall) 48 inches from the floor.

In addition, the force a seated person is able to exert, on a door handle for example, is also limited.

3.2 CRUTCHES:

Most individuals using braces, crutches, or canes are able to manipulate within the specifications prescribed for wheelchairs. Doors may present special problems because of the necessity of manipulating the prosthetic device and the door handle simultaneously. Able-bodied persons carrying a heavy bundle encounter the same difficulty. The inconspicuousness of a laterally extended crutch tip makes it a source of vulnerability in heavily trafficked areas. The small size of the crutch tip and the pressures exerted by it necessitates a firm, flat surface and the avoidance of wide grilles.

a) On the average, individuals 5 feet 6 inches tall require 31 inches between crutch tips in normally accepted gaits.

b) On the average, individuals 6 feet tall require 32.5 inches between crutch tips in normally accepted gaits.

## 3.3 PEOPLE WITH SIGHT DISABILITIES:

The most important design parameter for people with sight disability is the limitation of perception to the reach of hand or foot, somewhat extended by use of a cane. Obstacles, orientation or change of direction are apparent only if signalled by physical features within the immediate range of the person. The ability to detect small textural variations, ridges, etc. varies considerably among different individuals.

## 4.0 BUILDINGS:

Access to and use of public buildings are essential to the needs of people with physical disabilities. Accessibility is necessary not only for consumers, but also for employees. Access is essential, not only in entering a building conveniently, but also in moving about to all major areas of the building, both horizontally and vertically. After mobility, designers should consider the ancillary uses of the building including toilet facilities, seating facilities, telephones, water fountains, orientation and safety measures.

## 4.1 MOBILITY:

Essentially all public buildings should be accessible in all of their areas to everyone.

### 4.11 BUILDING ENTRANCES - Minimum Requirements:

Access is the basic requirement for mobility. People in wheelchairs should have convenient entrances to a significant section of a building.

a) The primary entrance (exit) and at least one other exit of every public building should be usable by people in wheelchairs. The primary entrance should be on a common level with the main corridor, lobby, service or other essential areas or be on a common level with an elevator or interior ramp leading to these.

4.11 BUILDING ENTRANCES - Minumum Requirements (continued):

b) When a building contains a number of different public areas, all such areas shall have separate accessible entrances or be approachable by a reasonable route from the primary entrance.

c) Entrances are accessible only if they are unlocked from both sides at all times when the building is in normal use.

4.12 DOORWAYS:

Doorways are among the most serious barriers to persons with physical disabilities and their adequate design is essential to mobility.

4.121 DOORS - Minimum Requirements:

a) All doors, except those opening into maintenance or storage areas shall be no less than 36 inches in width and shall be operable by a single effort.

b) Two leafed doors must be operable by a single effort or one of the leaves must meet requirements for a single door.

c) Bypasses available to persons with mobility problems should be provided where turnstiles are used.

DOORS - DESIRABLE:

a) Automatic doors, timed for slow moving traffic, are preferable. If utilized, such doors shall be no less than 40 inches in width.

4.122 DOOR HARDWARE - DESIRABLE:

a) Knob handles, relying on friction, do not provide adequate grip for people with hand and arm limitations or for people encumbered with packages. Lever type handles are preferable.

b) Door closers should use a time delay mechanism.

c) Maximum pressure to open a door should not exceed 8 pounds.

d) Door catches and locks requiring simultaneous use of both hands should be avoided.

e) Doors with kickplates will better withstand the impact of wheelchairs, crutches, and canes.

4.123 ACCESS TO DOORS - Minimum Requirements:

a) The floor surface on the inside and outside of each doorway shall be level for a distance of 5 feet from the door and shall extend 1 foot beyond each side of the door. In outside areas where drainage is a problem, a gradient not exceeding 2 percent is acceptable.

b) Thresholds should be flush with the floor wherever possible. When this is not feasible, thresholds shall have bevelled edges and shall not exceed 1/2 inch in height at the door openings.

c) 1 1/2 to 2 inches of unobstructed space on the knob side of the door is necessary to permit maneuvering of a wheelchair in opening the door.

ACCESS TO DOORS - DESIRABLE:

a) Side hung doors in a corner position should swing toward the adjacent wall surface.

4.124 DOORS IN SERIES - Minimum Requirements:

Vestibules, where there are 2 consecutive doors to a single entrance, should avoid a trapping effect for wheelchairs by providing a space of at least 84 inches between doors. Vestibule doors should open in the same direction so the door swings do not conflict. Where vestibules require 90 degree turns, turning space of at least 4 feet x 4 feet must be provided.

4.13 FLOORS - Minimum Requirements:

Floors must have complete continuity to be usable to the person with non-ambulatory or semi-ambulatory disabilities. Ridges or steps may make the entire space beyond completely inaccessible.

a) Floors of all significant areas on a given story shall be of a common level throughout or connected by ramps. There should be no difference in the level between a corridor and the floor of toilet rooms, meeting rooms or dining rooms. Sunken or raised areas, platforms, etc., should have at least one ramp of appropriate slope.

b) Floor surfaces should be non-slip.

FLOORS - DESIRABLE:

a) Carpets should be inset to lie flush with adjacent surfaces. Deep piles and padding offer too much resistance to a wheelchair and should be avoided.

4.14 ELEVATORS:

Elevators are a convenience for average adults, but essential to the mobility of people in wheelchairs. They are also very important for the semi-ambulatory, for older people, and for people with heart and pulmonary disorders. Escalators are totally inaccessible to persons in wheelchairs and hazardous to people with more limited mobility problems. Escalators should never be used in place of elevators, although they may be desirable as additional equipment.

Minimum Requirements:

a) Elevator access shall be provided to all floors or levels normally used by the general public and/or employees in all public buildings over 2 stories and in all buildings over 1 story with an occupancy of 100 or more. Administrative buildings of county, municipal and state government, school buildings, hospitals, and nursing homes shall have elevators provided in buildings over 1 story. In two story buildings, an appropriate interior ramp may replace the elevator. Levels not intended for public use or for use by employees where the nature of the work itself precludes the employment of people with physical disabilities shall be exempt from these requirements.

b) Public elevators should have cars at least 6 feet 4 inches by 4 feet 5 inches.

c) Elevator doors should provide a clear opening of at least 32 inches.

d) Time delay for doors in the open position should be sufficient to permit persons in wheelchairs to reach the door opening from the most remote call button.

e) Elevator control buttons, call buttons, switches or emergency signals should be placed no higher

4.14 ELEVATORS - Minimum Requirements (continued):

than 4 feet above floor level and have tactile identification such as raised symbols.

f) All elevator cars should have handrails, mounted at 32 inches.

ELEVATORS - Desirable:

a) Larger car dimensions are desirable in facilities with a high proportion of wheel chair users such as nursing homes, extended care facilities, and hospitals.

b) In facilities which have a high degree of usage by older persons or people with visual disabilities, auditory identification of floors is recommended.

c) Elevators should be adjusted to reduce the gap between floor still and elevator floor to a minumum to prevent trapping wheelchair casters and crutch tips.

d) Scuff proof material or kick plates extending 16 inches from the floor for car walls will withstand usage by wheelchairs, crutches, etc.

4.16 RAMPS:

Stairs cannot be negotiated by people in wheelchairs and present serious difficulties to semi-ambulatory people. Ramps are necessary wherever a level change occurs which is too small to warrant an elevator. Ramps which are an integral part of the design can provide elegant solutions and avoid a clinical appearance. In exterior situations, the landscape can often be graded to obviate the need for ancillary ramps.

RAMPS - Minimum Requirements:

a) The present State Building Code which requires a 1:12 ramp slope should be modified to permit a slope up to 1:8 for a very short ramp when other solutions are not feasible.

b) Ramps should be at least 5 feet wide.

c) Ramps should have non-skid surfaces to provide adequate traction for wheelchairs.

RAMPS - Minimum Requirements (continued):

d) Exterior ramps should be adequately maintained and kept free of snow and ice.

e) Ramps should have handrails on both sides. Handrails should be 32 inches above the ramp surface and extend for 1 foot beyond the top and bottom of the ramp.

f) The maximum length for ramps should be 20 feet. When longer ramps are necessary, platforms with a minumum length of 5 feet should be required at 30 feet intervals for rest and safety.

g) Level platforms at turns on a ramp.

RAMPS - DESIRABLE:

a) When ramps are part of corriders, they should have the same width as the corridor to prevent obstacles.

b) Canopies, roof extensions, or built-in heating, are desirable to prevent hazards on exterior ramps.

4.17 STAIRS:

Stairs can inhibit a sizable proportion of the population from using major parts of public buildings. Persons who can use stairs, but whose mobility is restricted require specific stair designs.

Minumum Requirements:

a) To accommodate the semi-ambulatory, steps should, wherever possible and in conformity with existing step formulas, have risers not exceeding 7 inches.

b) Surfaces of stair treads should be non-slip.

DESIRABLE:

a) Open risers can be hazardous to older people, children, and people prone to dizziness. Where used, they should be designed so that a cane or crutch tip will not slip through the opening. When open-riser stairways are not located between walls, stair bases should be used to prevent lateral slippage of canes and crutches.

4.17 STAIRS - DESIRABLE (continued):

b) Carpeting should be securely fixed, and of low-pile and minimally padded.

c) Contrasting the color of the tread with the color of the risers will aid persons with sight disabilities, especially those with depth perception problems.

d) Steps or stairways should have risers with non-projecting rounded nosings. Abrupt square nosings present hazards to semi-ambulatory individuals. Sloped risers projecting a maximum of 1 and 1/2 inches are preferable on closed riser stairways.

e) Stairs should have a continuous handrail on at least one side, but preferably both. Handrails should be 32 inches above the nosings of the treads and extend one foot beyond the top and bottom of the stairway.

4.2 USE:

The subsidiary functions of a building are essential for its full use to provide significant convenience. Features such as toilets, seating, telephones and water fountains which facilitate the use of a building should be provided to all people in all public buildings.

4.21 TOILETS - Minimum Requirements:

a) Every public building shall have one toilet room for each sex conveniently located and accessible to persons with physical disabilities. Buildings with occupancy over 100 should be required to provide an appropriately increased number of toilet facilities.

b) Toilet rooms should be located on a floor accessible to persons in wheelchairs and have an appropriate doorway. A minimum of 5 feet x 5 feet clear unobstructed floor space is necessary inside the toilet room to allow functioning of wheelchair users.

c) To be accessible to wheelchair users and other individuals with impaired mobility, a watercloset compartment should conform to the following specifications:

4.21 TOILETS - Minimum Requirements (continued):

1. Width of the stall shall be at least 4 feet. The distance from the face of the wall to the outside of the door when closed shall be at least 57 inches. The door of the stall must be able to close to afford privacy.

2. To allow the person in a wheelchair to transfer, the watercloset shall be offset within the compartment. Either 32 inches of clear space must be provided between the watercloset and the wall, or the side partition of the stall opposite the offset watercloset must have a 12 inch clearance between the floor and the bottom of the partition, to allow for wheelchair foot rests to pass under the partition. The top surface of the watercloset should be no less than 18 nor more than 19 inches from the floor.

3. The door opening must provide at least 32 inches of clear space. The door must swing outward so that it can simultaneously be opened and entered by an individual in a wheelchair. A pull handle must be provided on the outside of the door.

4. The stall shall have handrails on at least one side wall nearest to water closet and on rear wall, 33 inches high, and parallel to the floor, 1 1/2 inches in outside diameter, with 1 1/2 inches clearance between the rail and the wall. Handrails must be fastened securely and able to support a load of 250 pounds. Half of the length of the side handrail shall extend beyond the front of the water closet.

d) Toilet rooms shall have at least one sink with a narrow apron mounted with the lower edge of the apron 30 inches from the floor. The space beneath the sink shall not be enclosed nor have obstructions which would prevent access by persons in wheelchairs. Hot water pipes in this space must be insulated so that individuals without sensation in their legs will not inadvertently burn themselves.

e) If mirrors or shelves are installed, the set above the accessible sink shall be no higher than 40 inches above the floor.

f) At least one towel dispenser, electric hand drier, and disposal unit, where these are provided, shall be mounted no higher than 48 inches above the floor.

DESIRABLE:

a) Vertical handrails in toilet compartments, in addition to the required horizontal handrails.

4.22 SEATING ACCOMMODATIONS:

Appropriate seating may either be essential to the use of a building or an important convenience.

Spaces for wheelchairs should be an integral part of the overall floor plan; should not be inferior to other seating spaces for viewing or listening, and must be fully accessible to persons in wheelchairs. Spaces may be occupied by portable or easily removable seating for the able-bodied when not in use by persons in wheelchairs.

Minimum Requirements:

a) Public places of assembly with fixed seating arrangements should provide space for persons in wheelchairs based on a percentage of the fixed seating capacity. Wheelchair spaces should be provided for 10% of seating in facilities with a capacity of less than 200, 5% for facilities seating 200-2,000, and 3% for facilities seating over 2,000.

DESIRABLE:

a) Facilities relying on a large volume of transient customers such as supermarkets, shopping centers, etc., should provide appropriate seating for rest. Frequent opportunities to rest are necessary for older people, persons with heart disease, persons with temporary disabilities, and for the semi-ambulatory.

4.23 TELEPHONES - Minimum Requirements:

a) In every building where public telephones are provided, at least one phone should be accessible to and usable by people with physical disabilities.

b) Accessible telephones must be placed so that dial, handset, and coin slot can be reached at a height of less than 48 inches from the floor. The underside of any shelf under the phone should clear the floor by 30 inches.

c) Copies of the telephone directory should be made accessible when phones are installed.

d) Where banks of telephones are installed, at least one must have an adjustable earphone amplifier for persons with hearing disabilities. Amplified telephones should carry an identifying mark.

DESIRABLE:

a) Clusters of telephones should have at least one accessible phone.

b) Push button phones facilitate dialing by persons with limited wrist, arm, or finger movement.

c) Tactile letters or numerals on the dial and large print on instruction assist persons with sight disabilities.

4.24 WATER FOUNTAINS:

When water fountains are provided in a public building, at least one such fountain on each accessible floor should be usable by people with physical disabilities.

a) Water fountains should have spouts and controls near the front and should be hand operated or hand and foot operated.

b) Conventional floor mounted water coolers can be used if a small fountain is mounted on the side of the cooler, 30 inches from the floor. This arrangement is very useful for children.

c) Wall mounted, hand operated coolers can serve the entire population if they are mounted so that the top surface is 36 inches above the floor.

d) Alcoves for fountains should be avoided unless the alcove allows additional space for the width of a wheelchair.

e) Fully recessed fountains are not recommended.

4.25 CONTROL DEVICES - Minimum Requirements:

a) Switches and controls for light, heat, ventilation, air conditioning, fire alarms (inside buildings), and all similar controls should be placed no higher than 48 inches from the floor.

b) No more than 2 switches should be located on a single plate.

c) Electrical wall outlets should be located at least 24 inches above the floor.

4.25 CONTROL DEVICES - DESIRABLE:

Especially in buildings with a high frequency of use by older persons or people with physical disabilities.

a) Avoidance of thermally activated buttons.

b) The actions of switches should be simple and positive. A pushpad clipped over a rocker action switch permits easy operation by forearm or elbow. A large push button is convenient for people with finger or hand disabilities.

4.3 ORIENTATION

Orientation within a building for people with physical disabilities requires special efforts to direct them to facilities designed for their use and to facilitate their general circulation within a building.

4.31 SIGNAGE - Minimum Requirements:

a) Raised numbers or letters shall be used to identify exit doors, toilet room doors, and such doors to offices or rooms which are customarily provided with signs. Identification should be placed on the door or on the wall adjacent to it at a height of five feet above the floor.

b) Entrances, toilets, and other facilities accessible to persons in wheelchairs should be identified by using the standard logo for wheelchair accessibility.

c) All entrances not accessible to persons in wheelchairs shall be provided with signs indicating direction to the nearest accessible toilet room entrance.

DESIRABLE:

a) Where building directories are provided, accessible facilities should be listed. Where directional signs are provided inside the building, accessibility information should

4.31 SIGNAGE - DESIRABLE (continued):

be included. Such signs are particularly needed when accessible facilities are located at some distance from main circulation areas.

4.32 NON-VISUAL CUES - DESIRABLE:

Designers almost always signal continuity within a building by the use of visual cues such as color or pattern. Tactile cues, such as different floor textures, could facilitate use and circulation by people with sight disabilities.

4.4 SAFETY AND EMERGENCY MEASURES:

The increasing mobility of people with physical disability requires corresponding safety and emergency measures in all public buildings. These precautions will benefit the entire population, particularly children, older Americans, and people with temporary disabilities.

Minimum Requirements:

a) The management of every public building should devise and test procedures for the notification and safe evacuation of people with physical disabilities in the event of fire or other emergencies. These procedures should be written, kept on file, and made familiar to key employees delegated responsibility to carry them out.

b) Warning or emergency signals are usually auditory. Auditory signals should be accompanied by visual ones, such as a system of flashing lights, to warn persons with hearing impairments.

c) Doors not intended for normal use which lead to areas which might be hazardous for persons with sight disabilities should be made identifiable to the touch by knurling the door handle or knob. Such doors might lead to loading platforms or boiler rooms.

DESIRABLE:

a) Low hanging or protruding signs, ceiling lights, and similar fixtures in corridors or traffic passages should be avoided. A minimum height of 7 feet above the floor is recommended.

## 5.0 GROUNDS:

Grounds, walkways, and parking facilities are vital to accessibility of a building. Appropriate grading of the landscape can be a useful aid in assuring accessible building entrances. Ground can easily be brought up to the entrance level. If the requirements of people with mobility problems are considered at the design stage, the need for exterior ramps can be almost entirely obviated.

The private automobile is usually the only form of transportation available to people with physical disabilities. Many persons in wheelchairs are able to drive their own cars and disembark unassisted. Parking lots and ramps which form the prime intersection of building function and transportation therefore require particular attention.

### 5.1 - WALKS - Minimum Requirements:

a) Public walks should be at least 48 inches wide and have a gradient not greater than the requirements for ramps.

b) Walks should be of a continuing common surface not interrupted by steps or abrupt changes in level.

c) Cracks which cause a vertical shift or horizontal separation exceeding 1/2 inch should be corrected.

d) Signs should give directions to the nearest accessible entrance. Signs are particularly important for long walks or at a fork leading to alternative entrances, only one of which is accessible.

### 5.2 PARKING LOTS AND RAMPS - Minimum Requirements:

a) In parking lots and ramp spaces that are accessible and in reasonable proximity to the building served or adjacent to the ramped entrances should be set aside for people with physical disabilities. At least one reserved space should be provided in lots and ramps for each 20 spaces, or fraction thereof.

b) Parking spaces suitable for persons with physical disabilities require a level open space 12 1/2 feet wide.

5.2 PARKING LOTS AND RAMPS - Minimum Requirements (continued):

c) Reserved spaces should be located so that people in wheelchairs do not have to move behind parked cars.

d) Reserved spaces should be clearly identified with the international symbol of accessibility in a standard color.

## IMPLEMENTATION OF REVISED CODES

The development and adoption of a comprehensive building code is only a first step. Present requirements are scattered throughout the codes. To assist design professionals in compliance, THE TASK FORCE RECOMMENDS:

To the Division of Safety and Buildings of the Department of Industry, Labor, and Human Relations:

Publication of all the accessibility, usability, and safety requirements for people with physical disabilities as a separate section of the code.

The revised code should apply to all places which the general public uses. In particular, the existing law exempts hazardous occupancies and defines service stations as hazardous occupancies. Thus, legally, their rest rooms need not be accessible. While the Department may need to designate gasoline stations or other facilities as hazardous occupancies for other plan review purposes, this designation should not preclude enforcement of accessibility rules in places designed for public use. Therefore, THE TASK FORCE RECOMMENDS:

To the Division of Industrial Safety and Buildings:

Adoption of administrative rule extending codes for people with physical disabilities to all public use facilities. The revised code must be enforced at every stage of the design and construction process including plan review and state and local inspection. To be fully effective, the code's application must be extended as widely as possible. Particular care must be taken to assure that facilities which have a high frequency of use by people with physical disabilities or which are vital to their well being or protecting of their civil rights are in full compliance.

Incentives are needed which encourage voluntary adoption of accessibility features by the owners of structures which are not covered by the codes. Finally, remedies must be available to aggrieved citizens if the agencies are not responsive to their needs.

## ENFORCEMENT OF STATE AND LOCAL BUILDING CODES

Wisconsin has a uniform building code which applies to all construction except one and two family dwellings, certain agricultural buildings, and temporary buildings used during the construdtion process. This code provides a minimum standard for the entire state, although some jurisdictions have local codes which meet or exceed state standards.

The issuance of local building permits does not necessarily mean there is a local building code or local enforcement personnel. The U.S. Advisory Commission on Intergovernmental Relations estimated that 12,000 units of government are issuing permits, but only 5,000 of these have any kind of building code program. Although DILHR is responsible for the enforcement of codes in all parts of the state, the agency has insufficient staff to perform all the necessary inspections, particularly in more remote and less densely populated areas. In some cases, the agency may not even be aware of construction of buildings of less than 25,000 cubic feet which are covered by the code but are too small to require plan review. Plans for buildings of less than 50,000 cubic feet need not carry the signature of a licensed professional architect or engineer. In some instances, local officials issue permits for the construction of buildings which should he reviewed but which do not carry the state stamp of plan approval. Small buildings, particularly those designed for franchise retailers, often come

from other states which do not have accessibility requirements. Code violations can be repeated endlessly unless local building officials are aware of and enforce the code strictly. Without local codes and enforcement provisions local building permits become a revenue source and a tool for tax assessments rather than a tool for enforcement of code requirements, which are established to assure the health, safety and welfare of the public.

Even in areas which have local codes and enforcement personnel, Wisconsin has no uniform standards to ensure that building inspectors or officials who issue building permits possess the training or knowledge required to enforce the codes. The additional qualities of interest and sensitivity which are vital to enforcement of accessibility provisions are the products of individual concern rather than of any systematic training programs. In many jurisdictions, few people with the necessary qualifications are available for jobs which pay less than these same qualifications earn in private employment. In smaller units of government, enforcement personnel must perform multiple functions including building, heating, plumbing and electrical inspections, zoning administration, and property tax assessment. Frequently, the volume of construction is not sufficient to justify the expense of employing someone qualified to do the job.

In order to insure uniform interpretation and enforcement of the codes, particularly the accessibility requirements, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Legislation to establish standards of competence and a mandatory certification procedure for all local and state building inspectors. Standards should be developed by the Department of Industry, Labor, and Human Relations, Division of Safety and Buildings. In order to assist local

inspectors in meeting those requirements, the division should expand its existing training program for inspectors, Presently the Department certifies personnel from cities which voluntarily seek referrals from the Department for local approvals of buildings which would otherwise be a state responsibility.

2. Legislation to establish a county wide system of building inspection to cover all areas of Wisconsin except those municipalities which already have an adequate system, approved by the Division of Safety and Buildings, which is more efficient than a county system could be expected to be.

3. Legislation requiring officials of units of government subject to county inspection to notify county inspectors of any permits issued for buildings which are subject to the codes and which do not carry the Department stamp approving the plans.

## STATE AGENCY ENFORCEMENT PROCEDURES

The Division of Safety and Buildings reviews plans for buildings in excess of 25,000 cubic feet. The agency is responsible both for approving plans which conform to all requirements and for granting variances when necessary.

In order to remind the reviewers to check for accessibility compliance and to alert construction and on-site inspection personnel of the need for compliance in later stages of the process, THE TASK FORCE RECOMMENDS:

To the Legislature:

Legislation establishing the international symbol of accessibility as a state standard to be used for applicable purposes and attaching standards to its use.

## VARIANCES

The Task Force recognizes that intelligent application of a building code to widely varying sets of individual circumstances occasionally requires the granting of variances. The Task Force believes that such variances to accessibility requirements, which can bar an entire class of the population from the use of buildings, should be held to an absolute minimum. In no case should the administrative agency grant variances to facilities which can be expected to have a high frequency of use by people with physical disabilities including hospitals, nursing homes, doctor's offices, and senior citizen centers. Variances should also not be granted to units of government for facilities such as schools, office buildings, or recreational facilities which are intended for public use. Government bears a particular responsibility to assure that publicly supported facilities are equally available to all citizens.

In order to assist the Division of Safety and Buildings in assuring that variances are held to a minimum and do not create undue difficulty for people with physical disabilities, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Legislation prohibiting variances in buildings with high frequency of use by people with physical disabilities and publicly supported facilities.

2. Legislation requiring a "Disability Impact Statement" to be filed with all requests for variances from accessibility codes. The impact statement should estimate the number of people who will be prevented from using the building if a variance is granted, the specific location of buildings in the same community offering the same or similar services which are

accessible. In addition, the impact statement should set forth the reasons for the variance request and estimate any additional costs involved in compliance.

## CHANGES IN THE COMPLIANCE SYSTEM

The Division's enforcement responsibilities also include on-site inspections. In contrast to local inspectors who usually have the authority to issue on-the-site stop-work orders to achieve compliance, in most cases state inspectors must obtain a court injunction. The Department uses the following procedures to achieve compliance:

1. On-site inspection finds noncompliance with building regulations.
2. By policy, the Department pursues voluntary compliance unless there is imminent danger to life or limb.
3. If voluntary compliance is not obtained, a mandatory compliance order is issued with a specific deadline. A mandatory order attaches a fine to violations, although the fine may be waived if compliance is achieved by the deadline.
4. Failure to meet the deadline for mandatory compliance initiates a prehearing investigation followed by a final notice for immediate compliance. On-going inspections are conducted until the prehearing investigation. After that time inspections are made only upon the special request of the Department of Industry, Labor, and Human Relations or the Justice Department.
5. An informal show-cause hearing may be held to show cause why legal proceedings should not be initiated.
6. The Department requests the Justice Department to proceed with action.
7. Priorities and procedures of the Justice Department are followed prior to the first appearance in the courtroom.

8. After the court proceedings, a decision is made. The court decision is final and a mandatory injunction may be imposed to force compliance. Obviously, this procedure is very time-consuming and relies heavily on the interest and enthusiasm of the prosecutors.

The Task Force believes that changes in the compliance system are necessary both during and after the completion of construction. Ideally, compliance should be assured for buildings over 25,000 cubic feet through the plan review process when changes are least expensive. But human error does occur in plan review, contractors do not always follow approved plans precisely, and the plans for some buildings are not reviewed at all. Prevention of continuing violations and a speedy resolution of complaints are vitally important both to assure the rights of people with physical disabilities and to save extensive rebuilding costs in cases where violations are found. To assure firm and timely enforcement of the codes, THE TASK FORCE RECOMMENDS:

To the Chairman, Department of Industry, Labor, and Human Relations:

1. Direct the Division of Industrial Safety and Buildings to conduct a periodic analysis at four year intervals of building regulation enforcement procedures to determine ways to make enforcement more rigorous and uniform. The Division should report to the Commission and to the Legislature any statutory or rule changes which in its judgment would improve enforcement.

2. Direct the Division of Industrial Safety and Buildings to issue mandatory compliance orders immediately rather than voluntary orders, whenever accessibility violations are discovered. The Task Force suggests implementation of this procedure only after the use of the graphic accessibility

symbol and impact statement have been in force for a period of time sufficient to assure familiarity with their meaning and purpose.

To the Legislature:

1. Adoption of a joint resolution requesting the legislative auditing agencies, in their regularly scheduled review of the Department of Industry, Labor, and Human Relations, to direct specific attention to the effectiveness of the enforcement procedures employed by the Division of Industrial Safety and Buildings.

2. Legislation allowing the legislative auditing agencies to conduct periodic analysis of county or municipal building regulation agencies.

THE TASK FORCE URGES the Attorney General to direct his staff to prosecute accessibility violations with all possible speed and vigor.

Although the Task Force believes that people with physical disabilities should not need to provide their own law enforcement agencies, the right of private citizens to institute proceedings to secure compliance with the law should be protected. If state and local agencies fail to apply administrative remedies, citizens should be able to pursue their complaints in the courts. To assure that this option remains viable, THE TASK FORCE RECOMMENDS:

To the Legislature:

Legislation guaranteeing the rights of citizens to seek a remedy for complaints in the courts if administrative agencies fail to act on reported accessibility violations within a specified period of time. To be fully effective, such legislation should provide for citizens to recover costs and reasonable legal fees if they prevail.

## ACCESSIBILITY IN EXISTING BUILDINGS

New code provisions and enforcement methods will ultimately make Wisconsin accessible to people with physical disabilities. But since they apply only to new construction, people with mobility problems will continue for years to be excluded from many existing structures. The passage of Chapter 202, Laws of 1973, extended the provisions of the present accessibility law (101.13--2) to buildings undergoing major structural remodeling. The Task Force believes that the requirements for remodeled buildings should maintain the same level as those for new construction. Therefore, THE TASK FORCE RECOMMENDS:

To the Department of Industry, Labor, and Human Relations:

As new codes for accessibility are developed, use power of administrative rule to apply those codes to structures covered by Chapter 202.

For many years, the vast majority of public buildings will not fall under any statutory requirement. To encourage the owners of public buildings to make their properties accessible, THE TASK FORCE RECOMMENDS:

To the Legislature:

Legislation offering tax deductions to property owners who voluntarily incur the expense of making their properties accessible.

## AVAILABILITY OF ACCESSIBLE HOUSING

The shortage of low and medium income housing which affects all Wisconsin residents, particularly those in rural areas, is especially severe for people with mobility problems who must find accessible homes. The existing accessibility law exempts apartment buildings of fewer than 20 units and no state building code covers one and two family dwellings. While full accessibility of every new living unit is not necessary, the Task Force

believes that some fully accessible apartments must be required. The development of codes for conventional and manufactured one and two family dwellings and mobile homes, should incorporate the less rigorous standard of "adaptability." Homes designed with doors and corridors of sufficient width and one level entrance could be converted for the use of persons with mobility problems without great additional expense.

People with severe disabilities sometimes require limited care as well as accessible housing. The lack of both now confines many individuals to nursing homes who do not need full nursing care at incalculable human and substantial fiscal costs.

To increase the supply of housing available by and usable to people with physical disabilities, THE TASK FORCE RECOMMENDS:

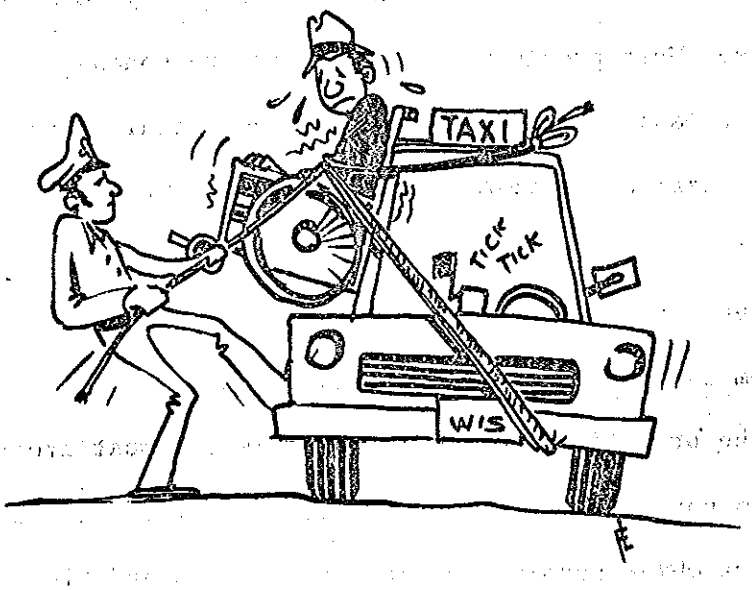
To the Legislature:

1. Legislation requiring at least one fully accessible and usable apartment in each new apartment building of 20 units or less. A minimum of 5% of the apartments constructed in larger projects should be fully accessible.

2. Legislation adopting codes for conventional and manufactured one and two family dwellings and amending the code for mobile homes to incorporate the standards of "adaptability."

3. That the Department of Local Affairs and Development investigate the costs, demand, and feasibility of at least one pilot project of limited care housing for people with physical disabilities. This investigation should include a thorough search of all available federal funding sources. The Department of Local Affairs and Development should submit a full report to the Legislature and the Governor's Committee.

Full implementation of the recommendations on Housing, Buildings, and Grounds will require several years. The process of education of design professionals and enforcement personnel and revision of the building codes should precede substantial changes in enforcement procedures to give the agencies, local officials, and the design and building professions the opportunity to learn about the design needs of people with physical disabilities. Firm enforcement and substantial penalties for violations will also be needed to assure that the intent of the codes becomes reality. The removal of architectural barriers is fundamental to the implementation of all recommendations for independent living. The success of rehabilitation, employment, education, and recreation, and other policies and programs, and the exercise of civil rights all depend upon an environment designed to enhance rather than limit independent mobility.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## TRANSPORTATION AND STREETS

### "You Can't Get There From Here"

> "Taking a college program for a young man to attend the University, the major expense is not books, is not tuition, is not medical expense; the major expense is transportation, running anywhere from nine to twelve hundred dollars per semester to get a young man from the VA Hospital down to the University of Wisconsin -- Milwaukee."
>
> Rehabilitation Counsellor
> Milwaukee Public Hearing

Personal mobility is necessary for every form of participation in society. Most people need convenient, reasonably priced transportation to get to and from work, education and training, religious activities, medical care and recreation and social events. Transportation is essential to the process of personal, vocational and social development. It is a need so basic that the United States Supreme Court has ruled that freedom to travel is a fundamental right.[1]

The privately owned automobile is the most frequently used means of transportation. Many people with physical disabilities drive their own cars which permit them greater freedom and flexibility. But individual automobiles are expensive to own, operate and maintain. Ownership costs are frequently higher for people with physical disabilities than for others. Insurance costs may be higher and people with physical disabilities often need cars large enough to permit storage of a wheelchair behind the front seat. Larger cars entail higher costs and concume more energy. In many communities, persons who are unable to

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[1] See Dunn v. Blumstein, 405 U. S. 330, 338 (1972); Shapiro v. Thompson, 394 U. S. 618, 629-631, 634 (1969).

drive their own cars because of physical disability, age, or economic circumstances are totally isolated. There is no transportation system at all for persons too young or too poor to drive, for senior citizens,[2] or for persons with physical limitations too severe to enable them to drive.

People with physical disabilities and senior citizens require a variety of transportation options, including mass transit, privately owned vehicles, and common carriers such as buses, trains and airplanes. Their needs extend to all auxiliary facilities including roads, parking lots, and terminal buildings. The driver with a mobility problem also needs reserved parking in wider stalls near his or her destination and streets and buildings which allow free movement after leaving the car.

Mass transit systems in Wisconsin are not usable by persons who have difficulty climbing steep steps. Taxicabs are not always available, sometimes charge discriminatory rates, and may refuse service because of the additional time and effort required to serve persons with physical disabilities. Trains and inter-city buses are difficult or impossible to use. Vans equipped with lifts or ramps are available in some areas, but these services are prohibitively expensive for regular use. The combination of these transportation barriers prevents many citizens with physical disabilities from travelling at all and involuntarily imprisons them in their homes.

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[2] The Wisconsin Board on Aging, Memorandum of March 15, 1974, To the Governor and the Legislature calls social isolation the "number one killer" of elderly persons. It further reports that fully 1/4 of Wisconsin's senior citizens live below the poverty level, and that elderly persons suffer severe problems when they are cut off from a role in society.

## A TOTAL SYSTEM

Meeting the needs of people with physical disabilities requires viewing the entire network of roads, buses, taxicabs, automobiles, and related facilities as a system. At every point in that system, the needs of people with physical disabilities must be considered and planned for. Although this report must isolate segments of the system for analysis and recommendations, the integration and mobility of people with physical disabilities will not be achieved if barriers remain in any area.

## PUBLIC MASS TRANSIT

Section 16 of the Urban Mass Transportation Act of 1964, as amended by PL 91-453 in 1970, states:

> "(a) It is hereby declared to be the national policy that elderly and handicapped persons have the same right as other persons to utilize mass transportation facilities and services; that special efforts shall be made in the planning and design of mass transportation facilities and services so that the availability to elderly and handicapped persons of mass transportation which they can effectively utilize will be assured; and that all Federal programs offering assistance in the field of mass transportation (including programs under this Act) shall contain provisions implementing this policy..."

A considerable gap exists between this stated policy of the United States Government and the designing, acceptance and funding of programs to implement it. In Wisconsin few communities have applied for available federal funds and therefore are not subject to the stated national policy.[3]

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[3] In October, 1973, the Task Force surveyed the 21 Wisconsin communities with mass transit systems. NONE OF THESE communities had buses equipped to make them accessible to non-ambulatory passengers, although two reported plans to acquire such vehicles when federal funds or more appropriate designs became available. Although the survey indicated plans to replace 241 of the 962 vehicles operating in the state at some unspecified future date, the majority of responses indicated no capital improvements budget provisions and no plans to seek federal funds for modification or replacement of existing buses. The city of Madison has received approval for federal funds for three adapted buses.

Making buses accessible to all potential passengers will require substantial capital investments by transit companies which already face severe financial problems. Federal and state funds will be essential to any significant improvement in public mass transportation facilities and may be used as an incentive to provide transportation for the whole population. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Amendment of the Wisconsin Constitution's "internal improvements" clause to enable the state to provide funds for capital improvements and modifications in mass transportation systems.

2. Expansion of the Highway Commission's membership and responsibilities to include all transportation concerns, particularly mass transit systems.

3. When state aid to mass transit becomes a reality, allocation of specific sums solely for the purpose of making transportation accessible to persons with mobility problems.

Establishing the circumstances which permit the state to assist mass transit companies, and even the provision of funds, are only a beginning in meeting the needs of persons with physical disabilities. An enterprise so vast will require the use of available federal monies. Wisconsin consistently ranks at the bottom of listings of states receiving federal funds. The Task Force believes that state agencies should accord the highest priority to using their expertise to assist local communities in securing all federal assistance for which they are eligible. Therefore, THE TASK FORCE RECOMMENDS:

To the Department of Transportation:

Establishment of a system for disseminating information on available federal funds and for providing all possible assitance to local communities

seeking such funds. In the mass transportation area, this system should include a search for all federal monies available, communication of eligibility requirements to local communities, and information on the intent of federal law on accessible transportation and on the availability of suitable vehicles and adaptive equipment.

To all Wisconsin communities with publicly supported mass transportation:

Application as soon as possible for federal mass transit assistance, including within their requests for new or replacement equipment specifications to make these vehicles accessible and usable to persons with mobility problems.

## SPECIALIZED PUBLIC TRANSPORTATION

Gradual replacement of renovation of existing equipment with vehicles designed or modified to accomodate non-ambulatory passengers, will eventually meet the basic transportation needs of many of Wisconsin's citizens with physical disabilities. But it will be of no assistance to citizens residing in communities without public mass transportation. Within urban areas, people with physical disabilities need transportation now. Public transportation need not mean a bus at the corner. Taxicabs, minibuses, adapted vans, limited routes for senior citizens and persons with physical disabilities are all alternatives which should become part of the transportation planning process now.

Transportation has always been a mixture of public and private enterprise. Publicly funded highways, roads, terminal facilities, and subsidies to private enterprise marked the development of the existing transportation network. More recently, an acceptance of public responsibility for ownership and operation or subsidy of mass transit systems has developed. The

definition of a public interest in transportation must expand to include additional areas if the needs of people with mobility problems and older citizens are to be met. This means that all public-use vehicles such as taxicabs and specialized van services must be considered part of the transportation resources of a community and incorporated into overall planning. Many communities will find in the planning process that supplementing existing service with smaller vehicles for specialized services on more limited routes will meet the needs more economically and efficiently. To begin the process of planning for the entire population, THE TASK FORCE RECOMMENDS:

To the Legislature:

Provisions in any bills offering assistance to communities for capital improvements or subsidy of transportation operations which prohibit the expenditure of state monies until a plan is submitted which considers the needs of the entire population, including senior citizens and persons with mobility problems.

To the Department of Transportation:

Development of planning criteria which will assist local communities to survey their needs and utilize all available resources to meet the transportation needs of persons with physical disabilities and senior citizens. Federal funds are available for transportation of specific groups by means other than standard mass transportation systems. The Department should communicate information about such programs to local communities and assist them in preparing applications. Currently, some Wisconsin communities are using funds available under the Older Americans Act for dial-a-bus and similar systems.

## TAXICABS

For the foreseeable future, people with mobility problems will rely heavily on taxicabs and similar services. Even if accessible buses were available, some people with severe disabilities would still require portal to portal transportation. These needs are immediate. Existing taxicab services, however, are not uniformly available. Taxis and services using adapted vehicles must charge fares which are prohibitive for regular use or for those on limited incomes. Local units of government do not always exercise their powers to regulate taxi companies, and in some locations people with physical disabilities suffer excessive charges or refusal of service because of the extra time and effort which might be involved. To assure that existing services are utilized as fully as possible by people with physical disabilities, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Legislation authorizing and funding a subsidy to create a reduced standard cab fare for persons who cannot use other means of transportation and whose incomes fall near or below the poverty line.

2. Legislation creating an income tax deduction for employed persons with physical disabilities who must incur excessive transportation costs in traveling to and from work.

To Wisconsin Municipalities:

Excercise their authority to regulate taxi-cab companies to assure that taxi service for citizens with mobility problems is adequate, nondiscriminatory, and reasonably priced.

To the Governor's Committee for People with Disabilities:

Preparation and distribution of printed materials to taxi and bus com-

panies and other common carriers which are suitable for the orientation of drivers in the special needs of people with physical disabilities and the driver's obligation to provide assistance.

## TRANSPORTATION OF STUDENTS WITH PHYSICAL DISABILITIES TO PUBLIC ELEMENTARY AND SECONDARY SCHOOLS

During the 1971-1972 school year, 1,130 students with disabilities were transported to public schools in Wisconsin. With the implementation of Chapter 89, Laws of 1973, making public education mandatory for children with exceptional needs, these numbers may be expected to increase. These children travel in vehicles owned and operated by school districts or contractors, under standards established in Chapter MVD-17 of the Wisconsin Administrative Code. A revision committee for MVD-17 is now at work, attempting to develop standards which provide for safe seating and restraining devices and for qualified personnel in attendance. THE TASK FORCE RECOMMENDS:

To the MVD-17 Review Committee:

That in following the prescribed process for creation of administrative rules, they actively seek the advice of educators, parents, school bus drivers, and safety specialists concerned specifically with the safe transportation of students with physical disabilities. The review committee should recommend to the legislature any changes necessary which are beyond its powers of implementation.

## INTER-CITY BUS SYSTEMS

Barriers in vehicles and in terminal facilities prevent people with physical disabilities from leaving their cities of residence. To remove these barriers, THE TASK FORCE RECOMMENDS:

To the Legislature:

Authorization and funding of a Department of Transportation engineering and feasibility study which develops reasonable alternatives and cost estimates for making inter-city bus service accessible to and usable by people with mobility problems.

To the Department of Industry, Labor and Human Relations:

Administrative action or legislative recommendations to ensure that all terminal facilities are accessible and usable by people with physical disabilities.

## PRIVATELY OWNED AUTOMOBILES

### Licensing and Registration of Vehicles

Under Wisconsin Law, citizens with physical disabilities are entitled to the use of special license plates designated DA or VET which makes them identifiable to law enforcement personnel and which entitle them to specific parking privileges. These privileges are presently limited to auto owners or licensed drivers and to passenger cars. People with severe disabilities or children with disabilities may not own or operate a vehicle themselves, but still need to use these parking privileges. Persons for whom transfer to a regular car seat is difficult often prefer using vans where they can remain seated in a wheelchair rather than using standard automobiles. To extend parking privileges to all persons with disabilities who need them, THE TASK FORCE RECOMMENDS:

To the Division of Motor Vehicles:

1. Adoption of a rule extending the DA plate privilege to vehicles used to transport a family member with a disability, such as a minor child, who may neither own nor operate the vehicle himself.

2. Adoption of a policy that vans without seats behind the driver's seat, which are usually classified as trucks, may be considered passenger cars for parking purposes when they are used to transport people with physical disabilities.

Drivers with DA license plates testified that law enforcement officers frequently are not familiar with the meaning and privileges attached to the DA combination. Consequently, these drivers have difficulty exercising their parking privileges. During months when license plates with similar letter combinations should be renewed, drivers with DA plates are frequently stopped and must explain repeatedly why they are not violating the law. Drivers from other states with similar designations on their license plates report that they cannot obtain parking privileges accorded to Wisconsin citizens with physical disabilities. To assure that parking privileges for persons with physical disabilities are extended to all persons who need them, THE TASK FORCE RECOMMENDS:

To the Division of Motor Vehicles:

1. That it phase out all license plates with the prefix A (eg AA, BA, etc.) except the DA combination to make the DA plates more distinctive.

2. That it survey other states to determine their equivalents of a DA plate and extend Wisconsin parking privileges for persons with disabilities to visitors who need them. The results of this survey should be communicated to local police authorities, together with an explanation of the privileges attached to DA plates.

To The Wisconsin State Patrol:

Inclusion in its training programs for new officers and others in service training of officers, information on the meaning and privileges associated with DA and VET license plates. This training should also

include instruction on safe methods of handling and moving people with physical disabilities in the event of accidents. Materials and resources developed for this training program should be made available to local and county authorities.

## Driver's Education for Citizens with Physical Disabilities

Most public high schools in Wisconsin and the Vocational, Technical, and Adult Schools offer courses in driver education. Driving instruction for students with physical disabilities requires adapted vehicles and specialized training for the instructor. The Department of Public Instruction makes a specially equipped car available to school districts on an appointment basis, and some school systems have their own equipment. But there are no special requirements for the training of instructors of students with physical disabilities. THE TASK FORCE RECOMMENDS:

To Wisconsin School Districts:

That at least one teacher of driver education in every school district develop competency in the instruction of students with physical disabilities. Competency should include skills in evaluation of drivers with physical disabilities, identification and appropriate use of adaptive aids, and practice teaching of students with physical disabilities. The competent instructor should be able to differentiate among various temporary and chronic physical and mental disabilities which can affect driving ability and should be able to train potential drivers in methods compensating for such disabilities.

## Energy Crisis

Barriers in streets, public transportation, and related facilities make people with physical disabilities more dependent than other citizens upon private automobiles. It is impossible for non-ambulatory persons to modify

their life styles to use public transportation. They must depend upon their cars for all their transportation needs from long distance trips to running errands. This extraordinary need must be considered in gasoline allocation planning.

Federal allocation procedures involve only bulk distribution of gasoline. In the event of rationing, the State Office of Emergency Energy Allocation will control 3 per cent of the state's gasoline resources for emergency and hardship situations. THE TASK FORCE RECOMMENDS:

To the Director, Office of Emergency Energy Allocation:

Development of quidelines for determining "hardship" in transportation which specifically include total dependence on an automobile because of physical disability as a significant indication of extraordinary need for energy.

Vocational, Technical, and Adult School Repair Services

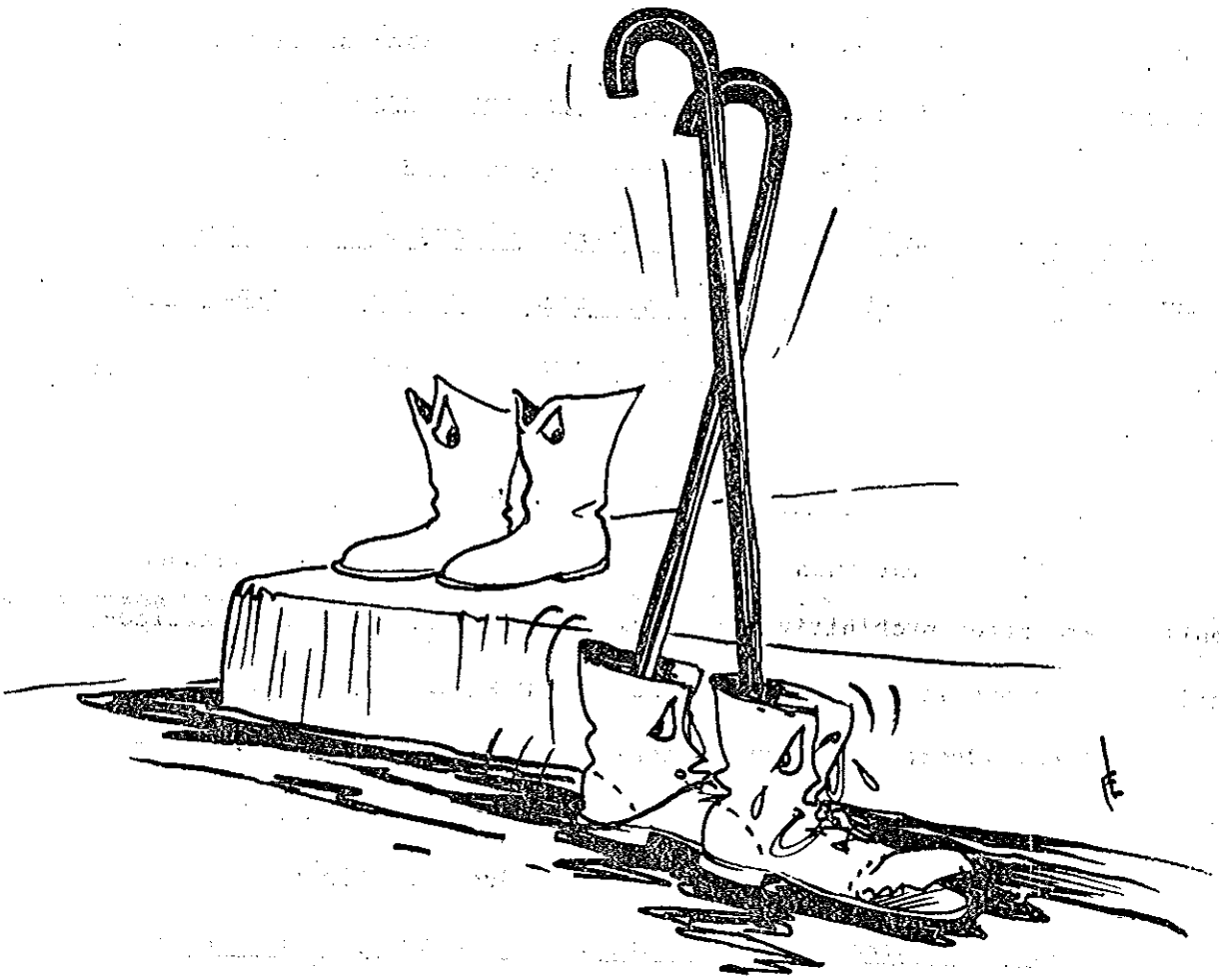
The costs of maintaining an automobile which is vital to personal mobility are often prohibitive for persons on limited incomes, particularly for persons living on Social Security Disability payments alone. The vocational educational system repairs cars as part of the practical training of student auto mechanics. THE TASK FORCE RECOMMENDS:

To the Vocational, Technical and Adult Education Board:

That the Board give highest priority to free or reduced cost services to drivers with physical disabilities who present evidence of need.

STREETS

Travel on public streets involves obstacles and hazards for people with physical disabilities. Minimizing or eliminating these obstacles through appropriate design and planning and through effective law enforce-



ment will create an environment which meets the needs of people with physical disabilities and is safer for everyone.

Curb Ramping

The Wisconsin law requiring ramping of new or replacement curbing has added a new dimension to the mobility of people with physical disabilities. Expanding that law to require ramping of areas which are heavily travelled or basic to the needs of people with physical disabilities would enable them to move about more independently without waiting for existing curbs to crumble. THE TASK FORCE RECOMMENDS:

To the Legislature:

Amendment of Chapter 98, Laws of 1973, to require the installation of temporary or permanent curb ramps at intersections adjacent to buildings which house public offices or services, in locations which are heavily travelled by the general public such as commercial areas and transportation terminals and areas which are frequently used by people with physical disabilities including hospitals, nursing homes, and rehabilitation facilities.

The only enforcement provision of Chapter 98 states, "The district attorney, on his own motion or upon the complaint of any person, may bring an action in circuit court to require a municipality to comply with this section." This permissive approach to enforcement anticipates a level of awareness on the part of local engineers or district attorneys which may not be warranted. Many officials still harbor myths about the small numbers, fragility, and necessity for home confinement of people with mobility problems. These officials need to become sensitive to the needs and size of this largest of Wisconsin's minority groups. But people with mobility problems cannot wait for a prolonged educational process and need

enforcement of the law immediately. Every curb which is not constructed properly will remain an obstacle for thirty or forty years. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

That it request the Legislative Council to study alternative methods of enforcement and report the most effective methods.and that it amend Chapter 98 to include the effective enforcement provisions. Alternative methods considered should include: (a) requiring the district attorney to act upon complaint of a citizen; (b) identifying the person responsible for designing or letting contracts for curb construction and providing an individual penalty for failure to comply; and (c) adopting provisions allowing individuals who sue for compliance to recover reasonable legal fees from the municipality if their suit is successful.

Better dissemination of information about curb ramping requirements would prevent the necessity for prolonged or expensive litigation. To inform local governments of the provisions of this law, THE TASK FORCE RECOMMENDS:

To the Department of Administration:

Inclusion of copies of Chapter 98 in mailing of revenue sharing checks to local governments.

## White Cane Law

Section 346.26 of the Wisconsin Statutes protects pedestrians with sight disabilities by requiring motorists to stop before approaching within ten feet of persons carrying a white cane, even though the person may be violating normal pedestrian rules. In order to improve enforcement of these provisions, THE TASK FORCE RECOMMENDS:

To the Division of Motor Vehicles:

1. That the Division consider assessing an additional point against driving records for violations of this law, since the offense clearly endangers life.

2. Inclusion of a full explanation of the law in the Manual for Motorists and of a question about its provisions in the written examination required for the licensing of drivers.

3. That the Division of Motor Vehicles urge public and private driver education programs to emphasize the content and importance of the white cane law.

The second section of 346.26 states:

> "Nothing in this section shall be construed to deprive any totally or partially blind person not carrying the white or red and white cane or walking stick of the rights of other pedestrians crossing highways..."

This provision assures people who use dog guides or who can manage without any assistance equal protection under the law. The same section, however, continues:

> "...nor shall the failure of such totally or partially blind pedestrian to carry such cane or walking stick be evidence of any negligence."

This provision places a burden on the motorist to identify and accord special treatment to an individual with a sight disability, even though that person is not carrying the distinctive cane. The Task Force believes that people with physical disabilities are able, willing, and eager to assume reasonable responsibility for their own actions and do not seek preferences which are unnecessary or unduly burden the general public. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Amendment of Section 346.26 (2), Wisconsin Statutes, to delete the phrase, "nor shall the failure of such totally or partially blind pedes-

trian to carry such cane or walking stick be evidence of any negligence."

## Traffic Controls

People with sight disabilities could benefit from modifications to traffic controls to include an audible signal. THE TASK FORCE RECOMMENDS:

To the Legislature:

Funding for a pilot program to experiment with traffic control signals to develop an audible system which is acceptable to the general public, technically feasible, and usable by persons with sight problems. If such a pilot program proves successful, extension of audible signals to all major intersections would be a logical long-term goal.

## Dog Guides

Well bred and well trained dog guides offer some individuals with sight problems reliable assistance for independent travel. But several problems of the owners of dog guides have been called to the Task Force's attention.

Wisconsin has no dog guide training schools and animals brought in from other states vary greatly in quality of temperament and training. An inferior dog can lead its owners into hazards made more dangerous by misplaced confidence.

Public ignorance of the needs and rights of dog guide owners also creates difficulties. Although both state and federal statutes define the rights of persons using dog guides, the Bureau of the Blind reports numerous instances of discrimination and failure to comply with the law. Witnesses at the Task Force public hearings testified to problems encountered when strangers attempted to pet or feed working dog guides. To assist the owners of dog guides, THE TASK FORCE RECOMMENDS:

To the Bureau of the Blind:

1. Development of consumer guidelines to assist individuals and groups which sponsor dog guide purchases in evaluating these animals. The bureau should also work with national groups to secure standards for dog guide training schools.

2. Preparation of printed and brailled materials outlining the rights and privileges of dog guide owners, the legal recourse available and penalties incurred when proprietors of public facilities deny access to persons using dog guides. These materials should be distributed to persons with sight disabilities and to proprietors through professional and business associations.

To the Wisconsin Council for the Blind:

That the council design, have manufactured, and sell or distribute labels for dog guide harnesses which indicate that the dog should not be touched or fed.

Personal mobility is the goal of these recommendations. Writing in the California Law Review, Jacobus Tenbroek described what mobility means:

> "Movement, we are told, is a law of animal life. As to man, in any event, nothing could be more essential to personality, social existence, economic opportunity, --in short, to individual well-being and integration into the life of the community -- than the physical capacity, the public approval, and the legal right to be abroad in the land." [4]

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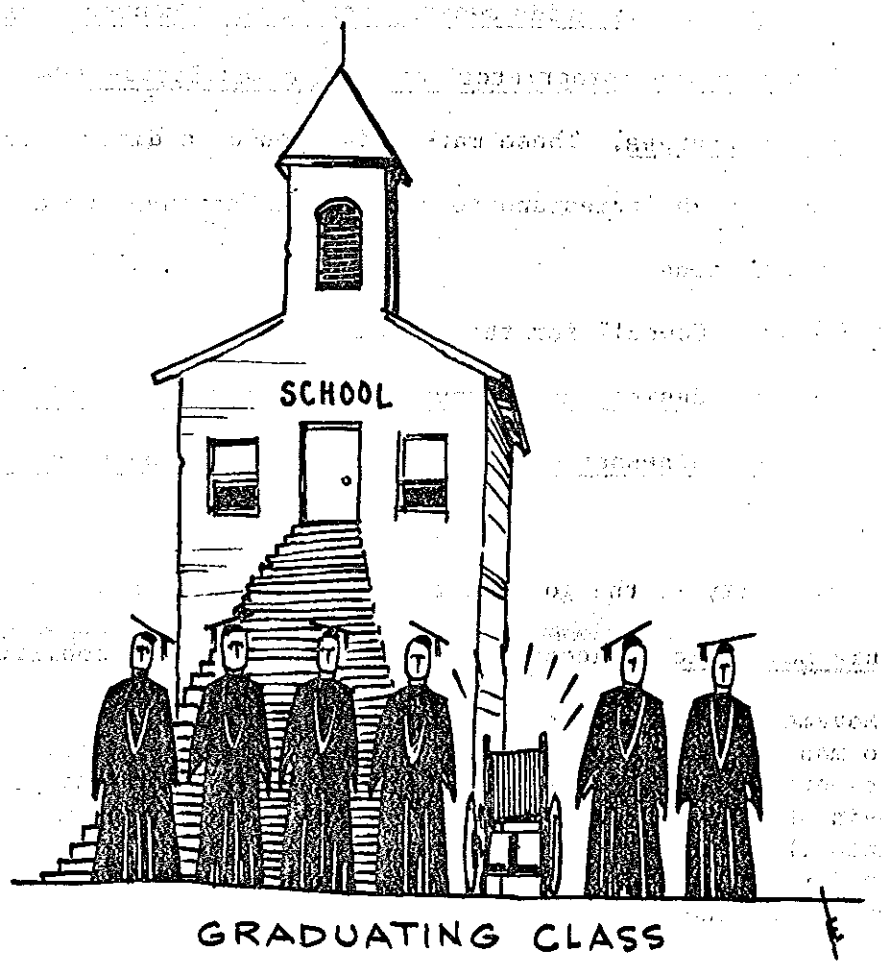
[4] Jacobus Tenbroek, "The Right to Live in the World: The Disabled in the Law of Torts", 54 California Law Review, p. 841 (1966).




GRADUATING CLASS

## EDUCATION

With the recent passage of Chapter 89, Laws of 1973, the Wisconsin Legislature recognized public responsibility for the education of all children, including those with exceptional educational needs. Mandatory education of children with disabilities is a fundamental step in assuring those children opportunities to grow into independent adulthood. Chapter 89 requires local school districts, counties or CESA's to provide appropriate education for all children with exceptional educational needs between the ages of 3 and 21. This legislation strongly encourages integration of children with physical disabilities into regular classrooms in their neighborhood schools wherever possible. It dispels the idea that children with disabilities must be segregated into therapeutic institutions which may have limited educational offerings.

Chapter 89 is an accomplishment of major significance. Additional steps, however, will be needed to assure that the goal of equal educational opportunity for children with disabilities is met.

The education of all children is a process which begins at birth. By the time children enter the public educational system, even if that system begins at age 3, they have already acquired a large store of information and some fundamental attitudes in their homes. Parents of children with physical disabilities need special assistance in meeting their children's needs. The need for counseling is acute when the parent first learns of the child's disability, often when the child is an infant or in very early childhood. Reaching these parents and helping them to understand and cope with a child's disability as early as possible is essential to giving the child the best possible start in the crucial pre-school years.

The integration of children with physical disabilities into classrooms once reserved only for the "normal" child, may create difficulties for educators and for children at first. If teachers are to meet the needs of children with disabilities, they must become familiar with the nature of physcial disabilities, and the psychological implications of various disabilities. Teachers must develop appropriate teaching methods for and realistic expectations of children with exceptional needs. Certification requirements can assure that new teachers receive education and training in this area and in-service programs for previously ceritified teachers can keep them abreast of current research and accepted practice.

Therapy services previously provided in orthopedic schools should now move out to the children in the schools they will be attending. Many more physical, occupational, and speech therapists must be added to local school district staffs. Children who can attend regular school programs should not be denied rehabilitation services which will keep them there or help to improve their physical condition.

As these professionals become a part of the educational system, their competency must be assured and their roles clearly defined. Physical and occupational therapists working in public schools should be certified through the Department of Public Instruction, just as psychologists, speech correction specialists, and other teaching personnel who work with children with physical disabilities are certified now. Certification criteria for therapists in school systems have been developed in other states, and the need for special certification is particularly evident in Wisconsin with the passage of Chapter 89.

In newly integrated classes, children themselves must be educated to understand their peers with physical disabilities, just as they now receive

human relations training in the individual differences of other minority groups. Early and continuing exposure to people with disabilities and information about the associated problems will help all children to become concerned and sensitive adults.

Children with physical disabilities must be exposed to an entire curriculum suited to their needs. A child with a disability must not be excluded from physical education; instead, an adaptive physical education program which is physiologically suited to the child's needs must be developed to assure maximum physical functioning and a healthy lifetime interest in physical fitness. Classes in music, art, science, language or any other subject must be offered to all students; and no student should be excluded from any course offered because the classroom is physically inaccessible.

Chapter 89 extends through high school graduation or age 21. Young people with physical disabilities also require opportunities for advanced training in vocational, technical and adult schools or in colleges and universities. Special adult education programs are also necessary, particularly for adults with hearing impairments who need to keep abreast of changes in their professions and areas of interest, to maintain their reading skills, and to protect themselves as consumers.

Research and experimentation must continue and expand to find the optimum methods for educating people with a variety of disabling conditions.

Finally, the Task Force is convinced that even carefully conceived legislation does not automatically operate to solve the problem it was designed to overcome. Continuous monitoring of the implementation of Chapter 89 and of programs established under its provisions is necessary to assure that the intent of the law is carried out and to suggest any additional refinements which might be desirable.

## PARENT COUNSELING PROGRAMS

> "Nothing in your educational background prepares you for having a child with a disability. You don't know anything about what to do or where to go for help. You don't even know what questions to ask. The doctors don't help. For months they say you are overly concerned. Then in five minutes after a diagnosis you are supposed to know what to do. All they say is be sure to love the child-as if any parent wouldn't. The therapists helped some. But it was only when I began to find other parents that I got any real help."
>
> Witness
> Madison Public Hearing

The presence of a child with a physical disability can have profound impact on the entire family. Parents feel isolated, and often experience conflicts and guilt feelings about having a child with a disability. Parents and siblings both experience frustrations in dealing with a child with a disability. They need concrete and practical assistance in the most effective ways of dealing with a child with a physical disability. Assistance to the families of children with disabilities should begin as soon as the child is diagnosed. The smooth functioning of the family, especially in the crucial pre-school years, is essential if children with physical disabilities are to reach their full potential.

In the past, medical and educational personnel have often failed to consider parental contributions to the child's growth when developing training and treatment programs. Rigid prejudgments of the future were often pronounced, labels were attached without explanation, and valuable second opinions never sought. Too often parents were left in devastating situations with almost no information or assistance.

Some associations such as the Spine Bifida Association, United Cerebral Palsy, The Easter Seal Society and others have attempted to provide support to parents and families of children with physical disabilities. Personal

adjustment problems in such families, however, may require professional help. Existing services are scattered in Wisconsin, and vary considerably in scope and eligibility requirements. Counselling services should be available to all families who need them, whatever the disability and wherever they live in the state.

Under Chapter 89, Laws of 1973, parent counselling programs may be provided by school boards, county boards, and cooperative educational service agencies. These programs will receive 70% state funding. Parent counselling is time consuming, however, and it is often difficult to convince administrators on limited budgets that the need must be met. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Amendment of Chapter 89, Laws of 1973, to make provision of parent counselling services mandatory. These programs should be available to all parents of a district, regardless of the child's age. The school districts should widely publicize and recruit parents for the program. Parent counselling services should provide assistance in dealing with parental guilt, sibling adjustments, and methods of dealing with a child with a disability. It should provide information on medical, educational, and the psycho-social aspects of disability on available community resources. A good program will enable participants to gain support from other parents and to develop realistic expectations for the child.

## TEACHER CERTIFICATION

The Task Force strongly supports the concept of "mainstreaming" or placing students with physical disabilities in regular classes in neighborhood schools, wherever this is possible. In large measure, the success of main-

streaming will depend upon the understanding and abilities of classroom teachers.

Although some teachers understand the abilities and disabilities of children with physical problems, many others do not. Some teachers operate under the burden of myths and half-truths and fear the introduction of children with physical disabilities into their classrooms. Teachers need accurate information to assure them that they are not being asked to do the impossible. They should know, for example that a child with a physical disability does not necessarily have an intellectual disability and that the child experiences the same feelings as other children. They should understand the educational problems created by different disabling conditions and effective methods of surmounting those problems.

In Wisconsin, teacher certification through the Department of Public Instruction is the administrative mechanism for assuring that classroom teachers meet minimum standards of competence. The program involved both the certification of individual teachers and approval of the curricula of Wisconsin's teacher training institutions.[1] At least once every four years, a team of evaluators visits every teacher training institution, reviews the program, and assigns approval status. Graduates of approved instate programs are certified through institutional verification that they have completed an approved curriculum. Transcript review is required for certification of graduates from other programs.

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[1] During the 1971-72 school year, the Department of Public Instruction issued, 16,658 new initial certifications to teachers, renewed 18.302 certificates, and granted 7,344 new life certificates. It is apparent that many teachers are reached quickly through the certification process.

To assure that Wisconsin teachers will be adequately trained to meet the educational needs of children with physical disabilities, THE TASK FORCE RECOMMENDS:

To the Department of Public Instruction:

1. Require that a course concerning children with disabilities become a required part of the teacher education curriculum in approved programs.[2] Only graduates of programs including such a course would then be automatically eligible for initial three year certification. Teacher training institutions should also encourage their students to seek experience with children with disabilities through practice teaching, summer work programs, or volunteer activities.

2. Limit new teachers who have not completed a course on children with disabilities to a one-year license. A one year credential is currently granted to enable the employment of persons who have completed degree teacher education programs but who have course work deficiencies that must be removed within a specified time.

3. Issue unlimited (life) certificates only to those teachers who have taken a course on children with disabilities or who can supply verification by a principal or superintendent that they have acquired this information through inservice programs or workshops.

4. Strongly encourage local school districts to provide inservice training programs on children with disabilities. Inservice training programs should involve minimal costs in those districts which employ special education and

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[2] The Department of Public Instruction recently established a "human relations" requirement for teacher certification which includes preparation and experience in six areas of human relations. This recommendation is in keeping with the Department's methods in the past and could be added as another area to the human relations requirement.

rehabilitation personnel who are qualified to plan and direct the programs. In areas where no specialists are available, the Department of Public Instruction should assist districts by providing resource staff to conduct programs or by establishing a central program itself.

## EDUCATION TO INCREASE UNDERSTANDING

As children with physical disabilities enter the mainstream of public education, their classmates must be educated to understand the nature and meaning of physical disability. The Task Force believes that children need education in all "individual differences" of minority groups, including people with physical disabilities. The communication of factual information about physical disabilities and the development of healthy attitudes toward people with physical disabilities should be considered part of the public educational system's responsibility in developing good citizens. Therefore, THE TASK FORCE RECOMMENDS:

To Wisconsin School Boards:

Development of curriculum materials which expose all students to information concerning people with physical disabilities. This material can be added to the curriculum through a wide range of subject areas including history, psychology, American problems, and social studies courses. Where they exist, Human Relations Departments can develop material and instruct teachers on methods of presentation. Other school systems can develop materials through their Cooperative Educational Service Agency affiliations.

Communication is essential to human understanding. People with hearing impairments are effectively isolated by the inability of hearing persons to communicate with them. In July, 1973, the National Education Association adopted the following resolution:

"The NEA believes that the lack of communications between the hearing and the deaf has seriously detracted from the potential of a broadly distributed group to contribute fully to our total society-a mutual loss to all citizens. It is a tragic waste of human resources to have a significant portion of the population effectively isolated by a society that does not comprehend the language of signs.

The Association recommends that the language of signs be included as a relevant part of a total communication program in secondary schools, colleges, and adult education.

The Association urges all schools and other community organizations to actively encourage the participation of deaf children and adults in their regular programs; and shall encourage federal, state, and local governments to expand their programs for more complete integration of the deaf into our society."

This recommendation is striking in its reversal of traditional assumptions about the relationship of people with physical disabilities to the rest of society. In the past, people with physical disabilities were expected to conform to the standards of the able-bodied population. Society expected people with profound hearing loss to learn to read lips and to simulate speech and placed the onus on them if they failed. The problem is not just that people with hearing impairments cannot communicate with others, but that hearing people cannot communicate with the deaf. Therefore, THE TASK FORCE RECOMMENDS:

To the Boards of Education, the University System; and the Vocational Technical and Adult School Board:

That sign language be incorporated as an elective course offered for credit. Sign language might be offered as part of human relations, language, speech, or drama programs in elementary and secondary schools and colleges.

## EDUCATIONAL NEEDS OF PEOPLE WITH HEARING IMPAIRMENTS

### Instructional Methods

Educating the hearing population to understand and communicate with persons who have impaired hearing will facilitate integration. Serious problems remain, however, for educating children with profound hearing loss. Throughout the public hearing process, the Task Force received testimony from parents, educators, and adults with severe hearing disabilities about the difficulties of educating children and the low vocabulary and reading comprehension levels of the graduates of many special education programs. A serious division of opinion exists about the best method of educating children with hearing disabilities. Both the advocates of "oralism" and of "total communication" (which includes sign language) are convinced that their approach better serves the needs of the children.

The Task Force does not have the expertise to resolve this conflict, but believes that it must be resolved in favor of the method offering the best opportunities to the children. Therefore, THE TASK FORCE RECOMMENDS:

To the Governor:

Appointment of a special study committee to evaluate both methods, their benefits and liabilities for children with hearing impairments, and to make recommendations to the Governor, the Legislature, and the Department of Public Instruction about optimum ways of communicating with children who have hearing impairments and about any additional resources needed to implement the recommendations. Programs using both methods exist in Wisconsin. These can be evaluated in terms of their results both on the academic and social functioning of children who participate in them. The special study committee should include educators with experience in special education for children with hearing

losses, including practitioners of both methods, adults with hearing impairments who understand the problems of functioning in a hearing world, and parents of children with hearing losses.[3] The independence, completeness, and integrity of the data are essential to the credibility of this committee's recommendations. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Appropriation of funds to supply the study committee with its own staff of professionals skilled in research techniques and testing and measurement.

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[3] DPI's Advisory Committee on Deaf Education did conduct a 9 month survey by interviewing graduates of and dropouts from special education programs. This survey, financed by an HEW grant, concentrated on social and job adjustment and did not include any academic measures. The results have not been published.

## Job Training

Communications barriers and biases on the part of employers limit the opportunities of hearing impaired persons to learn "on the job" as many employees do. It is imperative, therefore, that persons with hearing impairments receive adequate vocational training prior to seeking employment.

Currently, there is no comprehensive vocational-technical training facility in Wisconsin which fully meets the needs of students with hearing disabilities. The State School of the Deaf at Delevan is primarily prevocational. In an increasingly complex employment market, students must receive advanced training if they are to compete successfully. Both the North Central Technical Institute at Wausau and the Milwaukee Area Technical College offer special programs and supportive services for students with impaired hearing at the pre-vocational and vocational levels. Other local vocational-technical schools are willing to admit students with hearing disabilities into their regular programs. But they do not offer the supportive services and special educational aids that the students need, and students are forced to drop out of regular courses because they cannot follow the lectures and discussion.

The Task Force vigorously supports mainstreaming wherever possible. The education of persons with hearing impairments, however, requires additional consideration. For those persons who must have special communications aids to succeed academically, it is essential to provide services and facilities which help them to conquer the learning difficulties inherent in their disabilities. This means integration into the regular curriculum as much as possible, but standing by with supportive services and special classes if they are necessary.

It is not feasible economically to equip every vocational-technical school in Wisconsin to incorporate all of these supportive services into their programs. Representatives of the Wisconsin Association for the Deaf who testified at the public hearings expressed a strong preference for avoiding a proliferation of possibly inadequate programs in favor of "a strong program of training and services designed to meet the special needs of the deaf." Therefore, THE TASK FORCE RECOMMENDS:

To the Vocational Technical and Adult Education Board:

Development of a proposal to take advantage of federal funds available under Section 102. 6 (a) of the Vocational Education Amendments of 1968, for establishing one comprehensive vocational-technical program to serve people with hearing impairments. The program need not be segregated; it should be designed and administered so that students with hearing disabilities can reap maximum benefit from the time spent in classes.[4]

To the Legislature:

After the development of a proposal, appropriation of the state funds required for matching purposes to secure the federal grant.

## Adult Education

Adults with hearing disabilities need continuing educational opportunities designed specifically to meet their communications problems. In addi-

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[4] An example of such a program (although an incomplete one due to scarcity of funds) is the Hearing Impaired Program at North Central Technical Institute at Wausau. Here the student undergoes an extensive pre-vocational program, primarily an evaluation, during which he receives supportive services, personal guidance, developmental reading assistance, and special instruction that he needs as a person with a hearing disability. He is then expected to enter the regular program to the greatest extent possible. Such a regimen enables the student to cope in a hearing environment with a minimum of difficulty.

tion to courses normally available to the hearing population, these adults expressed a need for courses which help them to cope with the hearing world and problems peculiar to their disability. Witnesses at the public hearings, including representatives of the Wisconsin Association for the Deaf and educators of persons with hearing disabilities, stressed a need for "survival" information, including leadership development, techniques of communicating needs to public officials, and daily living skills. Many adults need to learn how to open a checking account, how to read and when to sign a contract, how to find insurance, and other consumer information.

The need for continuing educational opportunities is greatest among adult persons with hearing impairments who do not have well developed skills for communicating with the hearing world. Classes must use teaching methods designed for adults with hearing disabilities, the materials must be geared to their reading levels, and a classroom environment created which encourages rather than inhibits attempts at communication.

At this time, adult education is virtually closed to these people in Wisconsin. The only available option is attendance in a hearing class which requires hiring an interpreter to translate lectures and asking classmates to make copies of their notes. The environment of the hearing classroom and the time consuming process of communicating through an interpreter also inhibits persons with hearing impairments in these situations from asking questions or participating in discussions. To meet the educational needs of adults with hearing disabilities, THE TASK FORCE RECOMMENDS:

To the Wisconsin Service Bureau for the Deaf, the University of Wisconsin Extension, the Center for Studies in Vocational and Technical Education at UW-Madison, the Vocational, Technical and Adult Education Board, and the Division of Vocational Rehabilitation:

Development of a joint committee to prepare a plan and seek funding for a Program in Continuing Education for Adults with Hearing Impairments.[5] The planning stages should include consultation with members of the community of people with hearing disabilities so that courses can be structured around their needs. The program should offer both general courses which are usually taught to the hearing population, but using methods and modifications of structure developed for students with hearing disabilities and courses designed solely to meet the problems of coping with a hearing world.

The Center for Studies in Vocational and Technical Education at the University of Wisconsin-Madison is currently working on a project to modify existing vocational-technical programs to meet the needs of persons with disabilities. The Task Force believes that ultimately all vocational-technical and higher education programs should be equipped to instruct all people, regardless of their special needs.

## HEALTH SUPPORT SERVICES IN SCHOOLS

Children with physical disabilities need professional attention for their physical problems in order to succeed in their academic programs. Only a small number of therapists (7 occupational therapists and 28 physical therapists) are presently working in public schools in ten Wisconsin communities. Others are concentrated in orthopedic schools or serve children on an out-patient basis through clinics and hospitals.

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[5] There is precedent for a statewide network of special classes for adults with hearing disabilities. From 1966 to 1969, the Wisconsin Program in Continuing Education for Deaf Adults offered a range of courses in four areas of the state. The program ended when federal funding under Title I expired. Members of the Advisory Committee to the program, many of whom are still active in the field, would be excellent sources of information.

The need for an expanded, comprehensive system of health services in the schools has been stressed in a variety of reports and studies.[6] With the implementation of Chapter 89, students with physical disabilities in public schools will need screening, provision of services, and follow along services, including work with teachers and other school personnel to help them in working with the children. Chapter 89 provides occupational and physical therapy services, but special efforts are needed to define the role of therapists in the educational setting and to assure that all children who need therapy receive it.

At the present time therapists need no special certification credentials to work in the public schools, but must be registered or licensed to practice in their special fields. In some instances, therapists working in the schools have been required to obtain teacher certification which is not directly related to their role. Working with children in a public school requires particular competence in pediatrics. The present lack of standards creates confusion both for the therapists and for school administrators and personnel. Therefore, THE TASK FORCE RECOMMENDS:

To the Department of Public Instruction:

In consultation with professional associations of therapists, development of certification requirements appropriate to their employment as therapists in the public schools.[7]

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[6] For further information see: Horace K. Tenney, "The Care of Crippled Children in Wisconsin," as quoted in State of Wisconsin, Governor's Health Planning and Policy Task Force, Research and Information Supplement II, (Madison, Department of Administration, Nov. 1972) pp. 571-576; C.D. Schoenwetter, "Proposal for Pilot Program to Provide Comprehensive Health and Educational Services to Young Children," (unpublished paper, April, 1972).; and State of Wisconsin, Department of Public Instruction, "Physical-Multiple Handicapped Program" (unpublished paper, date unknown).

[7] Other states have taken the lead in developing certification for therapists as Educational Staff Associates. Examples of criteria used in the State of Washington and statements from other professional organizations appear in the Appendix to this report.

The Department of Public Instruction has prepared tentative guidelines for the employment of therapists under Chapter 89, although these have not yet been published, gone to public hearing, or be formally adopted. These guidelines have been adapted from those used in orthopedic schools, and have created some concern among professional therapists. Particular problems arise over the selection of multi-disciplinary teams for screening children, the requirement of a medical prescription for therapy, and the provision that therapists may be employed only to provide direct services and not as consultants.

The Task Force believes that implementing Chapter 89 will require flexibility and cooperation between professional groups to work out mutual problems for the benefit of the children. Therefore, THE TASK FORCE RECOMMENDS:

To the Department of Public Instruction:

Consultation with professional associations of therapists to define the role of the therapist in the public school situation prior to formal adoption of the guidelines.

## IMPLEMENTATION OF CHAPTER 89

The enactment of Chapter 89 during the 1973 session of the Wisconsin Legislature followed a long period of intense study by the Legislative Council, the Legislative Fiscal Bureau, concerned legislators, and organizations representing people with physical, developmental, and mental disabilities.

By extending compulsory attendance laws to children with disabilities and requiring school districts to meet their needs, Chapter 89 initiated extensive changes in Wisconsin's educational system which affect every part of the state. The law requires individual screening by a multidisciplinary team and the development of an educational plan appropriate to each child's special needs. All children between 3 and 21 who have special needs and are not high school gradu-

ates are eligible for services.

Implementation of a program of this magnitude presents enormous difficulties to the administrative agency and local school districts. The Task Force cannot make recommendations about public education of children with physical disabilities until the law has had a chance to operate. Witnesses around the state, however, did raise several concerns about its implementation which should be studied when data becomes available.

Areas of concern included:

(1) fear of the proliferation of a large number of inferior programs for children with hearing and sight disabilities, with no one program able to provide for all of their needs.

(2) fear that the funding provisions, which reimburse local districts for 70% of most special educational costs will induce districts to segregate rather than mainstream children.

(3) fear of substantial additional costs to local districts which will not be reimbursed, placing an inequitable burden on local property taxes in smaller jurisdictions. Examples of such costs included additional administrative staff and the expense of reducing class size if mainstreaming was to be successful.

(4) fear that children with mobility problems would be "mainstreamed onto the first floor" and denied opportunities offered in other inaccessible parts of school buildings.

To meet these areas of concern, THE TASK FORCE RECOMMENDS:

To the Department of Public Instruction:

Adoption of a rule requiring that mainstreamed students have access to the entire curriculum available to able-bodied children at that grade level in the school. The Task Force believes that funds available under Chapter 89

should include reimbursement for making a curriculum accessible through building modifications.

To the Legislature:

Adoption of a resolution requesting the Legislative Audit Bureau in cooperation with the Department of Public Instruction to conduct a study to review the implementation of Chapter 89 after three years of operation to determine the extent to which the legislative intent of equal educational opportunity is being met and to make recommendations to the Department of Public Instruction and the Legislature for any modifications necessary to insure that the intent is met.

This study should:

(1) review reports required of local districts by DPI under Chapter 89 to ascertain the effects of the chapter, noting the numbers of children who are mainstreamed, the number who are in special classes, and the supporting reasons for an "educational plan" requiring segregation of children with physical disabilities.

(2) survey by questionnaire, interview, or other appropriate means the local school district officials responsible for implementing Chapter 89 to determine: (a) the proportion of children with physical disabilities who are mainstreamed; (b) the average class size including mainstreamed students contrasted with the average class size in the system; (c) additional costs to the local district incurred by implementing Chapter 89 which are not reimbursed; (d) any problems encountered in implementing Chapter 89 together with recommendations for improvements.

Other problems to be explored relate to: (1) the effectiveness of any census undertaken by the district including the age at which children with physical disabilities come to the attention of school authorities; (2) the

age question should be correlated with the type of disability, since early identification is particularly important for the development of vocabulary skills in children with hearing impairments; (3) the incidence of usage of the permissive features of Chapter 89 such as in-service training and parent education programs.

(3) Review curricula of segregated facilities educating children with physical disabilites, who do not also suffer a mental disability, and compare curricula with those offered by child's home school district.

(4) Report to the Legislature on the implementation of Chapter 89, specifically on the degree to which programs meet the legislative intent of providing equal educational opportunity and the stated intent that in placement "preference is to be given, whenever, appropriate, to education of the child in classes along with children who do not have exceptional educational needs". The report should include recommendations to the Legislature and the Department of Public Instruction for any modification in statutes, rules, or funding which would further the stated intent.

## REHABILITATION

Every person with a physical disability should have the opportunity to participate in a rehabilitation program designed to enable that individual to reach and maintain an optimum level of functioning. This optimum level may mean a job outside of the home, assumption of homemaking activities, or the achievement of a more satisfying life at home or in an institution.

Extent of the rehabilitation program should be limited only by the severity of the disability and the personal motivation of the person with a physical disability. Through public testimony and studies of rehabilitation programs, The Task Force learned that many other considerations currently determine whether or not a person who needs rehabilitation services will actually receive them.

If the person with a physical disability had the good fortune to choose the right health insurance many years prior to a disability, there may be adequate coverage for rehabilitation. If the insurance policy does not provide adequate coverage for services or pays only for services performed in a hospital, the rehabilitation program may be drastically reduced. There are few people who can afford to pay for all needed rehabilitation services with their personal resources.

Place of residence may determine an individual's chances of receiving rehabilitation services. Rehabilitation professionals, like other medical specialists, tend to cluster in the more densely populated southern areas of the state. Rehabilitation facilities may be hundreds of miles away, and in many counties there are no home health services of any kind.

A physician's knowledge of rehabilitation services available and his ability to utilize allied health workers are also crucial factors in de-

livering services to patients who need them. Medical school courses do not adequately prepare physicians to deal with the physical and psychological aspects of disability. Physicians in training seldom work with rehabilitation personnel to learn what is possible through comprehensive rehabilitation programs.

Archaic state laws currently force parents to bring their children with physical disabilities to the University Hospital in Madison for a specific consultation even if the specialist to be consulted is available closer to home. Under the county-state funding program for children with disabilities, the county of residence must send the child to Madison or forfeit the state share of funding for the child's treatment.

The federal-state program of vocational rehabilitation also fails to meet adequately some of the needs of people with physical disabilities. A look at the number of clients with physical disabilities accepted by the Division of Vocational Rehabilitation and the amount of money spent on them for client services indicates that people with physical disabilities do not receive a proportionate share of services. Furthermore, the federal quidelines require an anticipated result of "gainful employment" for individuals accepted for services. This criterion prevents many persons with severe physical disabilities from receiving rehabilitation services which could keep them out of institutions or which could make their personal lives more satisfying.

Comprehensive rehabilitation centers which provide a continuum of services ranging from immediate post-trauma care to final vocational evaluation are needed for everyone with a disability. They are especially necessary for the complicated rehabilitation programs required by persons

with multiple disabilities or spinal cord injuries. The rehabilitation of a quadriplegic patient, for example, requires the services of many different rehabilitation specialists who possess the knowledge and techniques required for quality service. Competent rehabilitation requires a coordinated, team approach to each individual.

This chapter presents specific problem analyses and recommendations to insure access to rehabilitation programs for all citizens of Wisconsin; the recommendations seek to assure people with physical disabilities that those responsible for rehabilitation services in this state are adequately prepared and concerned for each person's total welfare.

## ALLIED HEALTH MANPOWER

The nature of health problems has changed drastically in the past forty years. While in the past, infectious diseases dominated the medical picture, today, the leading causes of death are chronic diseases. The likelihood of dying of an infectious disease is now 6 in 100; but of every 100 males born in the United States this year, 83 are likely to die of a chronic disease.[1] Many of the chronic diseases have a gradual onset as opposed to the fairly abrupt onset of infectious diseases, which typically send the patient quite promptly to the physician. Chronic diseases have an indefinite duration, in contrast to the more finite duration of infectious diseases.

The delivery of health care services, however, continues to be geared to the infectious diseases with far too few resources allocated for the re-

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[1] Glazier, William H., "The Task of Medicine," Scientific American, Vol. 228, No. 4, April, 1973.

habilitation of the ever-increasing number of persons with chronic physical disabilities. The system is essentially passive, depending upon the client presenting himself for services. Treatment is delivered on a one-to-one basis, which is costly, inefficient, and not always desirable. Therapists who can provide the needed services are not available equally throughout the state. There is a great disparity in the ratio of therapists available per 100,000 population in the southern and northern parts of the state. In a 1972 report, 17 counties were without any employed physical therapist in any type of health facility.[2] In 1967, 37 counties were without occupational therapy services.[3] This affected 27 per cent of the state's population, or 1,140,000 persons. Eighteen counties of the state also lack home health care services.[4]

The Task Force believes that a statewide policy must be adopted and financial support offered to help county governments serve the rehabilitation needs of their populations. Public health departments must change the delivery system from one-to-one treatment basis to include public health programs concerned with rehabilitation needs. Self-help classes, safety-in-the-home, ambulation aids, and home exercise programs are easily adapted to public education. Individual treatment should still be provided for those who required it, but the public will profit from educational programs and consumers will become informed of agencies and resources which exist for their benefit. Therefore, THE TASK FORCE RECOMMENDS:

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2 Wisconsin Physical Therapy Manpower Survey, 1972, Wisconsin Physical Therapy Association.

3 Poole, Mary Ann, Wisconsin Occupational Therapy Association Manpower Survey, May, 1967.

4 "Organization of Local Public Health Services," Health Planning and Policy Task Force Final Report, 1972, pp. 30,31.

To the Legislature:

Legislation authorizing and funding county public health programs which include rehabilitation services.[5] Guidelines developed for the implementation of county public health programs should include both the provision of rehabilitation services to individuals who require them and public education programs concerning rehabilitation. Guidelines should encourage the hiring of public health teams which include rehabilitation specialists. The Task Force also supports guidelines which require that no client be denied services because of inability to pay and that no person should have to travel more than 30 minutes one way to reach appropriate care.

Hospitals and professional associations can also assist in assuring that allied health manpower is distributed and utilized as effectively

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[5] Assembly Bill 498 (1973) sought to establish county public health programs and to provide state funding up to 75% of the costs for providing basic public health services. Although AB 498 did not specifically require rehabilitation services, it did require home health services, health education and information services, which are necessary for persons with physical disabilities. The Task Force endorses the concept of county based care to insure that citizens in all areas of the state have access to the services they require without proplonged travel.

Cost estimates are attached to AB 498. Two counties would have qualified immediately for funds. Cost estimates for 1973-74 were estimated at $403,404. In the following year, when additional populations could be covered, cost estimates were $7,405,710. Maximum cost for covering the entire state under the formula and limits in the bill was $10,927,874. annually. It was also estimated that 90% of the state aid would result in savings to the counties, a shift from property taxes to general program revenue. State administrative costs were estimated at $21,316 for the first year, and $51,560 for the second, based on a staff of four employees.

The Assembly Health and Social Services committee recommended passage by a vote of 8-3. The bill never emerged from Joint Finance.

as possible. In some areas of the state, therapists employed in hospitals and institutions are not available to the public outside of the institution. Thus, they serve only that part of the population which presents itself to them. The Task Force believes that hospitals should view themselves as health care institutions serving the entire population of their areas, and that rehabilitation professionals should become more involved within the wider community. Therefore, THE TASK FORCE RECOMMENDS:

To Associations of Rehabilitation Professionals:

1. That they educate and encourage their members toward a wider involovement through activities such as eva.uating patient's home situations prior to or immddiately after discharge from a hospital and developing skills in referring clients to other appropriate agencies to continue a comprehensive program until the client reaches a maximum level of achievement.

Encouraging allied health professionals to practice in areas of the state which need their skills is essential to an adequate distribution of rehabilitation services. Both public policy and the policies of professional organizations should assist new professionals and persons returning to practice after several years employ their skills where they are most needed. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Legislation authorizing and funding an educational loan forgiveness program for therapists who will work for a designated number of years in areas of the state which lack manpower in their specialties.

To professional organizations:

Development of programs to encourage their members to practice where their skills are needed. Such programs should particularly emphasize a return to practice by therapists residing in understaffed areas. Profes-

sional associations can coordinate and develop resources such as short courses, in-service programs, or supervised work experience programs to assist therapists returning to practice to update their skills.

## ACCREDITATION OF REHABILITATION FACILITIES

A lack of quality control in the provision of rehabilitation services results in less than satisfactory services for many persons with disabilities served by rehabilitation facilities. The Task Force believes that all rehabilitation facilities --medical, mental and vocational-- should be subjected to scrutinous evaluation standards by an appropriate agency.

"Accreditation" is one means for assuring the public that facilities have met certain basic standards typically associated with satisfactory services. Accreditation originally was developed to provide for non-governmental control of public services such as the education of teachers and other professionals. Physician training programs were the first to be accredited. Later the concept was used to initiate an accreditation program for the facilities in which these trained professionals work, such as hospitals, sanitaria, mental health facilities, and so on. Recently, the accreditation movement has advanced to include rehabilitation facilities. The Joint Commission on Accreditation of Hospitals (JCAH) provides for standards for accreditation of facilities and services within hospitals, and the Commission on Accreditation of Rehabilitation Facilities (CARF) accredits rehabilitation facilities.

In Chapter 90, Laws of 1973, the Department of Health and Social Services was given the power to determine standards for all health and social services purchased by the department, by county public welfare agencies, or by boards established under s. 51.42 or 51.437, Wisconsin Statutes.

The process of developing standards has not been completed, although the Department has verbally accepted the standards of the Commission on Accreditation of Rehabilitation Facilities (CARF) for the purposes of the Division of Vocational Rehabilitation (DVR). The Department plans to reevaluate the adequacy of CARF standards for its purposes after three years, at which time standards may be made more stringent if necessary. THE TASK FORCE RECOMMENDS:

To the Department of Health and Social Services:

Official adoption of the CARF standards for rehabilitation facilities.

The Task Force also urges the Department to prohibit the expenditure of state and state-administered monies in rehabilitation facilities which have not met these standards. A short period of time, perhaps three years, should be allowed for implementing changes made necessary by the new requirements.

## PHYSICIAN EDUCATION: REHABILITATION MEDICINE

> "A young man fell at a local institution here, dislocated his shoulder. He was off work for three months and of course he was not given any kind of physical rebuilding. ...He was put at rest for three months and then his shoulder was healed and he thought he could go back to work. Now this is a common problem with people who have been injured. Physicians as a rule, I think, do not necessarily think about physical conditioning the way they would with an athlete who had been injured."
>
> Neurosurgeon
> La Crosse Public Hearing

Testimony by physicians, medical students, and patients clearly indicates that physicians with adequate training to treat chronic disabling conditions are rare in Wisconsin. Part of the problem is that medical schools fail to train students to deal with these conditions

and fail to interest them in specialties oriented toward treating this kind of condition. Medical education today teaches categories of subject matter, including specific courses in biochemistry, microbiology, anatomy, etc., rather than upon orienting the curriculum around information and skills physicians need in actual patient care practice. The curriculum for continuing education programs exhibits similar problems. Patient care research is badly needed to evaluate where the system falls short and how it can be improved.

Physicians generally agree that physical medicine is an unglamorous specialty; consequently, medical education has not emphasized the care and treatment of chronic disabilities. Students and practicing physicians receive little training and guidance in dealing with physically disabled persons. One evidence of physician's lack of information comes from a recent study in a Philadelphia hospital in which staff physicians were asked to list the ten most disabling conditions; not one physician got more than five right.[6]

Another part of the problem is simply the lack of physicians in Wisconsin. Wisconsin ranks last among midwestern states in retaining its medical school graduates and less that 50% settle here. The state also ranks below the national average in ratio of population per primary-care physician (776 to 1); in the northwest district of Wisconsin the ratio is 2092 to 1, while in the southern district the ratio is 849 to 1.[7] Physiatrists, or physicians who speicalize in directing rehabilitation medicine

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[6] Williamson, John W., "What Questions to Ask, The Answers May Tell.", Hospital Practices, Sept. 1969, pp. 113-115.

[7] Health Task Force Research and Information Supplement; Vol. II, November, 1972, pp. 756-757.

programs, are in especially short supply. Not one Wisconsin medical school graduate has entered the specialty within the last five years. The Commission on Education in Physical Medicine and Rehabilitation estimates the need for physiatrists to be one physiatrist per 100,000 population.[8] Wisconsin therefore needs approximately 45 physiatrists, although only 15 are avaiable-and most of them practice in the Madison or Milwaukee areas.

The Department of Rehabilitation Medicine at the UW-Madison Medical School has not been staffed by a fully certified physiatrist for several years. Currently a two-week elective is offered in the third or fourth year, but few students elect the course. This course emphasizes sports medicine rather than physical medicine and rehabilitation. There is no indication that supervisors in other clinical clerkships or rotations are particularly qualified to teach rehabilitation medicine.

The situation at the Medical College of Wisconsin is similar. Direct interviews with graduates of the college reported problems with patient-care instruction and little or no exposure to physical medicine, physical therapy, occupational therapy, or orthopedic appliances and their use.[9] The Task Force did not detect any organized attempts to evaluate patient and community needs and to implement necessary changes in the curriculum.

Since physicians tend to locate their practices near the areas where they complete their residencies, the lack of any residency program in re-

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[8] Henry R., "Manpower Needs By Specialty," JAMA, 1972, Vol. 219 No. 12, pp. 1625.

[9] Interviews conducted in November, 1973, by Mrs. Mary Jane Broadd, Task Force Member.

habilitation medicine in Wisconsin contributes to the shortage of physiatrists in the state. The University of Wisconsin - Madison Medical School will not initiate a residency program in physiatry until at least 1976. That program will probably emphasize cancer, cardiac, and pulmonary disorders since federal grants for study and training in these areas are readily available. Funds for training and research in neuro-muscular and skeletal disorders are scarce; thus these studies may not be emphasized in the planned program. The shortage of funds for research and teaching in rehabilitation medicine makes it difficult to attract young physicians to the available residencies in the state. A residency program at the Medical College of Wisconsin attracted only four applicants for eight residencies in physiatry available in July, 1974.

Developing a medical school program of stature is an enormously complex and difficult undertaking. The Task Force believes, however, that a high caliber residency program should both attract physiatrists to practice in Wisconsin and begin to get rehabilitation medicine instruction to all medical students and to physicians in practice. This instruction is crucial if physician awareness of the medical and rehabilitation needs of persons with chronic disabling conditions is going to be increased. Therefore, THE TASK FORCE RECOMMENDS:

To the Governor and the Legislature:

1. Support for legislation and funding to establish a residency program in rehabilitation medicine, which meets the standards of the American Board of Physical Medicine and Rehabilitation and which places primary emphasis on the study of neuro-muscular and skeletal disorders. Resident physicians should be exposed to patients with physical disabilities, occupational therapy, physical therapy, and the use of orthotic appliances. Resi-

dent physicians should also be involved in follow-up research to define gaps in the treatment program and ultimately to outline areas for further training.

To be effective, the program should include fellowships for residents and funding for full time faculty, travel, and related expenses. Any hospitals or clinical facility connected with a medical school, or any Rehabilitation Medicine Department should be eligible for the grant. Universities and rehabilitation hospitals will, in a sense, be competing for the grant which should be awarded to the most qualified, innovative program planned. The Task Force suggests that the Health Policy and Planning Council or some other appropriate group be designated by the Governor to evaluate program plans and award the funds.

2. Support for legislation establishing and funding a summer program in rehabilitation medicine for medical students (as opposed to the residency program for physicians). The Task Force believes this is an excellent way to interest medical students in rehabilitation. The program should offer students a stipend for expenses ($300 per month was the amount available in a model Ohio program) in order to attract students.

3. Support for legislation developing a grant program to medical students who elect to take a rehabilitation clerkship lasting at least two or three weeks. This program is similar to state programs allowing forgiveness of loans to students planning to enter occupations which suffer a manpower shortage in Wisconsin. The Task Force believes that loan forgiveness is not effective for medical students who generally expect large incomes after graduation. Medical students need money before graduation; however; therefore, a grant of $150 to $200 could be an effective incentive to study rehabilitation early in their careers.

4. Financial support for continuing education in rehabilitation medicine until physician interest in the topic is increased sufficiently to provide the usual two-thirds funding from physicians taking the course. The physician continuing education program should actively recruit physicians for this course.

To the Governor:

Direct the Health Policy and Planning Council to analyze further possibilities for bridging the gaps in physician education in patient care. Consumers as well as providers of services should serve on this committee.

To the Curriculum Committees in the Wisconsin Medical Schools:

The Task Force urges consideration of the feasibility of requiring medical students to take specific training in rehabilitation medicine before graduation. The Task Force believes that the present system of relying upon students to acquire information about rehabilitation incidentally in their clinical work is inadequate.

To the State Medical Society:

The Task Force urges all possible action to increase physician awareness of the medical and rehabilitation needs of people with physical disabilities. Adopting study projects, encouraging continuing education, and establishing seminars are activities which might aid this process.

## PHYSICIAN EDUCATION: PSYCHOLOGICAL ASPECTS

> "My 18 year old son was injured in a motorcycle accident. At that age, naturally, he had many problems and concerns. He wanted answers. Can I marry?, become a father? We looked everywhere for over a year. No one, no one would talk with him about it."
>
> Witness
> Appleton Public Hearing

Within the medical and rehabilitation professions, a widely held assumption is that the psychological state of an individual patient has a direct relationship to rehabilitation progress. Literature suggests that the "best theraputic instrument is a treating physician whose skill and training in psychology and whose knowledge of the whole person enable him to evaluate and treat the psychosocial aspects of the patient's disability."[10]

Research indicates an acute need for psychological adjustment counseling among hospitalized patients with catastrophic disabilities and their families. An estimated one-third of all patients in a chronic disease hospital are sufficiently psychologically disturbed that their rehabilitation states interfere with their rehabilitation.[11] In a recent study approximately 70% of all patients in a Veterans Administration Hospital, approximately 321 patients per month, expressed an interest in one or more counseling services.[12] Another investigation found all patients studied, reported a need for counseling, although only 7 of the 51 received such services.[13]

Witnesses at the public hearings repeatedly testified that physicians know little about their psychological needs and problems. Medical students and practicing physicians seem to have a degree of uneasiness about persons

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[10] Weinstein, Morton R., "The Illness Process," JAMA, 1968, Vol. 204, No. 3, pp. 117-121.

[11] Hartz, J. "Human Relationships in Tuberculosis", Public Health Reports, 1950, Vol. 65, p. 1292.

[12] Rice, Ronald G.; Ghertner, Stuart J.; Rene, Alice Dunlap; "Assessing Rehabilitation Counseling Needs in anHospital Setting," Rehabilitation Psychology, 1972, Vol. 19, No. 2, pp. 85-88.

[13] Bidwell, Bloria; Berner, Bernard; Meier, Robert D.; Rehabilitation Psychology, 1972, Vol. 19, No. 2, pp. 80-84.

who may not be "cured" in the traditional biological sense. Physicians who avoid giving attention to psycho social dimensions of disability and illness fail to provide important facets of patient care.

Despite the obvious need, medical schools have traditionally offered doctors in training little exposure to people with physical disabilities and related psychological problems. The Medical College of Wisconsin, for example, offers an eleven-session interviewing techniques course which includes one lecture on sexuality and disability. Continuing education programs for physicians in Wisconsin do not deal at all with the psychological issues of disability. To educate physicians about the psycho social aspects of physical disability, THE TASK FORCE RECOMMENDS:

To Wisconsin's Medical Schools:

1. Consider adding a specific course on the psychological aspects of physical disability to the curriculum. The subject matter of the course should include self and body image, coping techniques, the requirement of mourning, sexuality, terminal illness, family relations and parental adjustment. The format should include participant involvement and consultation and discussion with patient "experts" as well as traditional teaching methods.

2. Revise bulletins for pre-medical students to suggest coursework in psychological and social aspects of chronic and disabling conditions as appropriate preparation for medical school admissions.

3. Support the efforts of researchers who undertake studies of patients' and physicians' understanding of psychological needs which are associated with chronic disabling conditions.

To the University of Wisconsin, Department of Continuing Education - U. W. Medical Center:

1. Establishment of seminars and workshops on the psychological aspects of chronic and physically disabling conditions. The Task Force urges additional state funding for this part of the program, since physician interest may be too low at present to provide the usual two-thirds financial support from fees of physicians attending the course. The Task Force believes that course work in these topics must be provided even if the courses cannot generate this level of income. A recruitment program could be established to develop interest in the courses.

2. Include topics such as "Sex and Spinal Cord Injury", and "Physical Disability and Body Image" in the Audiotape Journal and Dial Access Library services which are currently provided to physicians in practice. (See Appendix for suggested resource materials and addresses where they may be obtained.)

3. Add a specialist on the psychological effects of disability to the staff of the telephone consultant service of the Department of Continuing Education.

To Wisconsin Hospitals:

Add consultants to their staffs, on a full time or contract basis, who are trained in rehabilitation psychology. Consultants should be available to all hospital patients.

To the State Medical Society:

The Task Force urges the Medical Society to work for revisions in the medical curriculum and the development of study and continuing education programs designed to increase physician awareness of the psychosocial aspects of physical illness among persons with chronic disabling conditions.

## STATE-COUNTY FINANCING OF MEDICAL TREATMENT OF PHYSICALLY DISABLED CHILDREN

Under Chapter 142 of the Wisconsin Statutes, county judges may direct state-county financing for the cost of hospitalization of medically indigent county residents. The Division for Handicapped Children of the Department of Public Instruction, however, must approve all such financing for physically disabled children. The statute governing this financing was originally passed in 1937 when the Orthopedic Hospital at the University in Madison was the only medical facility with orthopedic consultation available. The statute as currently worded has been interpreted as allowing state financial assistance to children only when the treatment occurs at the UW Hospitals. Counties may opt to treat the child within their county; but if they do, the state share of the medical cost is lost.

This out-dated law has caused many hardships. Because children with disabilities must be treated at the University Hospitals to be eligible for state-county aid, parents must bring their children to Madison from great distances. Parents must either take considerable time from work and other family responsibilities, to be with their children during the hospitalization, or they must leave the child alone with strangers and return home. Outpatients may have to travel 300 or even 500 miles merely to obtain a diagnostic consultation.

The Task Force believes that consumers should have a choice in selecting providers of services. Testimony at the public hearings held by the Task Force revealed that some parents of physically disabled children are displeased with the orthopedic consultation services offered at the University Hospitals. These parents should have the option of bringing their children to other clinics for these services.

Chapter 142 has become an anachronism in the 1970's, when expert help is available in many places in the state. Dr. H. K. Tenney, head of the medical services program of DPI's Division of Handicapped Children, has expressed support for revising the statutes and providing money for treatment at any hospital or clinic which has the appropriate services available. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Amendment of the statutes and appropriation of sufficient funds to allow state-county cost sharing for treatment of eligible physically disabled children at any hospital or clinic which can provide appropriate care.

## FEDERAL-STATE VOCATIONAL REHABILITATION SERVICES

Throughout the public hearings held by the Task Force, testimony identified problems and raised basic questions about the delivery of vocational rehabilitation services. Part I of this section discusses problems in the delivery of services. Part II discusses four basic questions, in summary fashion, to provide a broader perspective of the issues and problems associated with vocational rehabilitation services for people with physical disabilities. These fundamental questions are:

1. Are a reasonable number of people with physical disabilities being served through publicly supported programs and services?

2. To what extent can present policies and programs be viewed as equitable or effective in meeting the needs and expectations of different disability groups?

3. To what extent have the administrative policies and practices of the key state agency, the Division of Vocational Rehabilitation, been congruent with the needs and expectations of the different disability groups served?

4. In the final analysis, what might be said of Wisconsin's investment in the vocational rehabilitation of adults and youths with physical disabilities?

Part III is a list of Task Force Recommendations concerning needed changes in vocational rehabilitation services.

## DISCUSSION OF PROBLEMS

### A. Distribution of Vocational Rehabilitation Resources

Physically disabled people as a group have not been adequately served through resources controlled by the Division of Vocational Rehabilitation. Wisconsin has tended to show a great deal of concern over the problems associated with mental illness, alcoholism and drug abuse in the state vocational rehabilitation program. While no one, least of all those individuals with physical disabilities, themselves, would argue that those affected by mental or behavioral disabilities do not merit concern, it becomes clear that the provision of programs and services has been marked by gross inequities.

An estimated 332,275 Wisconsin citizens ages 16 through 64 have disabilities which affect their employment possibilities. Physically disabled people constitute 73% of this disabled population, mentally retarded people and those with other developmental disabilities account for nearly 16%, and those affected by mental or nervous conditions constitute more than 11%.

It might seem reasonable to expect that patterns in the delivery of vocational rehabilitation services would reflect patterns of incidence. They do not, and it is on this issue that physically disabled people have a reasonable basis for criticizing the state agency's performance.

1. Funds for purchase of services. Well over half of the state agency's operating budget is earmarked for the purchase of services needed by clients accepted for vocational rehabilitation. During Fiscal Year 1972, more than

$11 million was spent for this purpose, benefiting 24,154 clients. Yet when one views the distribution of caseload and expenditures, the allocation of resources to serve physically disabled people in no way approximates the incidence of physical disabilities.

Based on estimated incidence, individuals handicapped by physical disabilities constitute about 73% of the state's disabled population, ages 16 through 64. Yet, in Fiscal Year 1972, people with physical disabilities accounted for only 43.6% of the total caseload receiving purchased services through community based agencies. On the other hand, those considered handicapped by mental or nervous conditions make up less than 12% of the same population, but were able to command 44.5% of the monies expended for the purchase of services.

| TYPE OF DISABILITY | % OF STATE'S DISABLED POPULATION | % OF STATE AGENCY CASELOAD, PURCHASED SERVICES, BY 1972 |
|---|---|---|
| Physical Disabilities | 72.79 % | 43.6 % |
| Developmental Disabilities | 15.64 % | 11.9 % |
| Mental Disabilities | 11.57 % | 44.5 % |

The processes traditionally used by the state agency in deciding how the funds earmarked for the purchase of services will be divided up among the district offices is partly to blame for these rather obvious disparities. The system, highly complex and fully understood by a relatively small number of administrators, effectively rewards the counselors who accept cases offering good prospects for early closure at a minimal investment of federal and state funds. Clearly those with physical disibilities that are permanent and difficult to overcome represent a disadvantaged clientel in competing for the scarce resources.

FIGURE 1.

| TYPE OF DISABILITY | ESTIMATED INCIDENCE PER 1000 POPULATION AGES 16 - 64 | ESTIMATED NUMBER OF DISABLED PERSONS AGES 16 - 64 |
|---|---|---|
| Physical Disabilities: | | |
| Amputations/Orthopedic Conditions | 38.14 | 100,557 |
| Heart Disorders | 16.38 | 43,190 |
| Digestive Disorders | 6.80 | 17,933 |
| Visual Impairments | 4.65 | 12,246 |
| Hearing Impairments | 1.45 | 3,835 |
| All Other Physical Disabilities | 24.30 | 64,084 |
| Total Physical Disabilities | 91.72 | 241,845 |
| Developmental Disabilities: | | |
| Mental Retardation | 19.06 | 50,252 |
| Epilepsy | .65 | 1,722 |
| Total Developmental Disabilities | 19.71 | 51,974 |
| Mental Disabilities: | | |
| Mental and Nervous Conditions | 14.59 | 38,456 |
| Total Mental Disabilities | 14.59 | 38,456 |

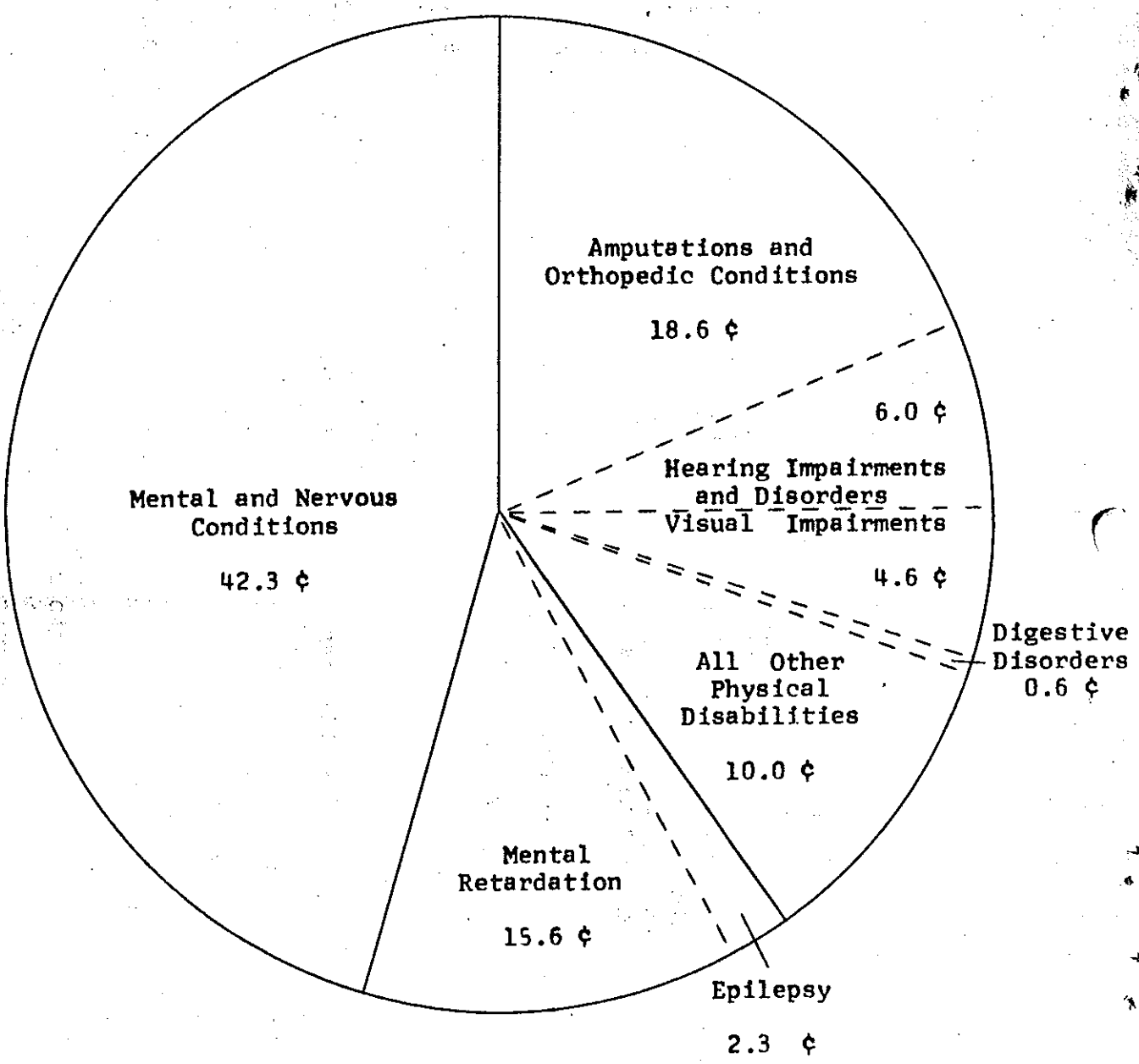
INCIDENCE AND ESTIMATED NUMBER OF DISABLED PERSONS, AGES 16 - 64, IN THE STATE OF WISCONSIN, FISCAL YEAR 1973

Data Source: Division of Vocational Rehabilitation

Figure 2

THE PURCHASED SERVICES

DOLLAR: WHO GETS HOW MUCH?




All data based on Fiscal Year 1971-72 reported caseload and expenditures, Division of Vocational Rehabilitation

2. Cases accepted for services. Some of the testimony offered during the Task Force hearings reflected dissatisfaction over the Division of Vocational Rehabilitation's performance in accepting cases for vocational rehabilitation services. This type of criticism is not new and often reflects a personal experience or perception of the problem. The question remains, "Is there good reason for attempting to alter division policies and practices in managing its rehabilitation caseload?" The answer would have to be "Yes!"

The following data, illustrating the problem, are drawn from Fiscal Year 1973 experience:

| MAJOR DISABILITY GROUP | PERCENT OF DISABLED POPULATION AGES 16 - 64 | PERCENT OF REHABILITATION SERVICES CASELOAD |
|---|---|---|
| Physical Disabilites | 72.8 % | 39.4 % |
| Developmental Disabilities | 15.6 % | 13.4 % |
| Mental and Nervous Conditions | 11.6 % | 47.3 % |

One reason for the obvious disparity in the way different disability groups are treated is the agency's policy of assigning high priority to the vocational rehabilitation of institutionalized adults, including public offenders confined to state correctional institutions. The adult offender was handled statistically under the heading "mental and nervous condition" since, it was argued, the individual had engaged in deviant social behavior. A recent agreement shifted administrative responsibility for the vocational rehabilitation of adult offenders from the Division of Vocational Rehabilitation to the Division of Corrections. It will be some time, however, before those currently receiving services "work their way out of the system".

Those clients included under the heading "mental and nervous conditions" constitute the largest segment of the caseload elected for service by the

agency and offer the best potential for closure in the shortest period of time. These clients along with persons with hearing impairments and epileptics, run a rate of acceptance 10 to 15 times that of clients handicapped by heart disorders. The rate of case closure adds insight to the issue of case acceptance. The rate of closure for those with mental or nervous conditions is 18 times that of those disabled by heart conditions, and nearly seven times that of those handicapped by amputations or orthopedic conditions.[14] The past year's caseload demonstrates an administrative strategy which equates low risk and high success.

In comparing those cases finally accepted for vocational rehabilitation to the incidence of different disabilities, the state agency caseload represents a gross imbalance in the distribution of available resources. Statistically, those citizens with severe physical disabilities, including amputations or orthopedic conditions, heart or digestive disorders, are not being served very well at all, while those with handicapping conditions relatively easy to overcome are served quite well. This pattern in the delivery of vocational rehabilitation services has not really changed at all over the last several years. Data since July 1, 1970 shows a consistent preference for serving certain types of disabilities.

Individuals categorized as being handicapped by mental or nervous conditions constitute 47.25% of the agency's caseload even though they make up

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[14] Figure 3. Figure 4 presents statistial data showing the estimated number of Wisconsin citizens, aged 16 through 64, with disabilities and the number of cases accepted for services in Fiscal Year 1973. The number of cases accepted for services (24,763) constitute about 7.45% of the total population of people with disabilities (332,275). The usual temptation is to pass judgment on the state agency's performance in this area by comparing cases accepted (or closed as rehabilitated) with the number of referrals during the same period of time. There are a number of problems in moving the individual from the statistical category of "referrals" to "cases accepted" and these problems are frequently beyond the agency's ability to effectively manage.

| TYPE OF DISABILITY | DISABILITY AS % OF DISABLED POPULATION[1] | AS % OF ALL CASES ACCEPTED FOR VR SERVICES[2] | RATE OF ACCEPTANCE[3] | % OF CASES CLOSED[4] | RATE OF CLOSURE[5] |
|---|---|---|---|---|---|
| Physical: | | | | | |
| Amputations and Orthopedic | 30.3 | 18.9 | 4.9 | 19.0 | 2.6 |
| Heart Disorders | 13.0 | 3.2 | 1.9 | 3.1 | 1.0 |
| Digestive Disorders | 5.4 | .9 | 1.3 | .9 | .6 |
| Visual Impairments | 3.7 | 3.4 | 6.8 | 3.2 | 3.5 |
| Hearing Impairments | 1.2 | 4.0 | 25.8 | 3.7 | 13.1 |
| All Other | 19.3 | 9.0 | 3.5 | 8.7 | 1.8 |
| Developmental: | | | | | |
| Mental Retardation | 15.1 | 11.7 | 5.8 | 11.6 | 3.1 |
| Epilepsy | .5 | 1.7 | 23.9 | 2.0 | 15.5 |
| Mental: | | | | | |
| Mental and Nervous Conditions | 11.6 | 47.3 | 30.4 | 50.6 | 17.9 |

[1] Disabled population, ages 16-64, estimated to number 332,275, Fiscal Year 1973.
[2] Total accepted for vocational rehabilitation services, Fiscal Year 1973: 24,763.
[3] Rate of acceptance equals all cases accepted for vocational rehabilitation services divided by the estimated disabled population.
[4] Figure represents type of disability as percentage of all cases closed as successfully rehabilitated, not rehabilitated after services were provided, and not receiving services after the client had been accepted. Total cases closed: 13,598.
[5] Rate of closure equals all cases closed divided by estimated disabled population.

ACCEPTANCE AND CLOSURE OF CASES SERVED BY THE DIVISION OF VOCATIONAL REHABILITATION, FISCAL YEAR 1973

FIGURE 3

Data Source: Division of Vocational Rehabilitation

FIGURE 4

DISABLED POPULATION AND CASES ACCEPTED FOR VOCATIONAL REHABILITATION SERVICES, FISCAL YEAR 1973

| Column 1<br>TYPES OF DISABILITIES | Column 2<br>ESTIMATED NUMBER DISABLED PERSONS IN POPULATION AGES 16-64 | Column 3<br>DISABILITY AS % OF TOTAL DISABLED POPULATION | Column 4<br>TOTAL CASES ACCEPTED FOR REHAB SERVICES DURING FY 1973 | Column 5<br>DISABILITY AS % OF CASES ACCEPTED |
|---|---|---|---|---|
| 1. Physical Disabilities | | | | |
| a. Amputation/Orthopedic | 100,557 | 30.26 % | 4,680 | 18.90 % |
| b. Heart Disorders | 43,190 | 13.00 % | 803 | 3.24 % |
| c. Digestive Disorders | 17,933 | 5.40 % | 229 | .93 % |
| d. Visual Impairments | 12,246 | 3.69 % | 833 | 3.36 % |
| e. Hearing Impairments | 3,835 | 1.15 % | 990 | 4.00 % |
| f. Other Physical | 64,084 | 19.29 % | 2,218 | 8.96 % |
| Total: Physical Disabilities | 241,845 | 72.79 % | 9,753 | 39.39 % |
| 2. Developmental Disabilities | | | | |
| a. Mental Retardation | 50,252 | 15.12 % | 2,898 | 11.70 % |
| b. Epilepsy | 1,722 | .52 % | 412 | 1.66 % |
| c. Cerebral Palsy | - | - | - | - |
| d. Other Developmental | - | - | - | - |
| Total: Developmental Disabilities | 51,974 | 15.64 % | 3.310 | 13.36 % |
| 3. Mental Disabilities | | | | |
| a. Mental/Nervous Conditions | 38,456 | 11.57 % | 11,700 | 47.25 % |
| Total: Mental Disabilities | 38,456 | 11.57 % | 11,700 | 47.25 % |
| TOTAL: ALL TYPES OF DISABILITIES | 332,275 | 100.00 % | 24,763 | 100.00 % |

Data Source: Division of Vocational Rehabilitation

only 11.57% of the disabled population, ages 16 through 64. The nearly 165,000 Wisconsin citizens affected by missing limbs, orthopedic problems or "other" physical disabilities numerically constitute a major part of the caseload picked up during the past fiscal year but fare poorly in the ranks based on rate of acceptance and rate of closure. For example, heart conditions cause one of every eight disabilities, but for each person so affected and accepted for vocational rehabilitation, 33 individuals affected by other disabilities are accepted for services. By contrast, those affected by mental or nervous conditions number one out of about six individuals with disabilities, but almost one out of every two were accepted for services.[15]

From the viewpoint shared by professionals and administrators, there may be reason to argue for the allocation of resources on a cost-benefit basis or, in other words, investing a disproportionate amount of funds in those individuals who can be rehabilitated in a relatively short period of time and constitute a good risk from the standpoint of sustained future employment. Ranked by rate of closure, those with mental and nervous conditions, epilepsy, hearing and visual impairments reflect this approach to the problem.

But, from the standpoint of human justice, those with more challenging disabilities, have a right to expect more equitable distribution of resources, made available under federal and state laws. That equity is not reflected in the state agency's caseload over the past several years.

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[15] Figure 5 (Appendix) ranks nine disabling conditions by their incidence, the number of cases accepted by the state agency for vocational rehabilitation services, the rate of acceptance and the rate of closure. Closure of a case does not necessarily imply the case was successfully rehabilitated; the division may find it necessary to close out cases in the event a client dies or moves out of state before rehabilitation services are actually provided, or the client's program of rehabilitation may be effectively terminated for other reasons.

| TYPE OF DISABILITY | RANKED BY INCIDENCE | RANKED BY CASES ACCEPTED FOR REHAB SERVICES | RANKED BY RATE OF ACCEPTANCE | RANKED BY RATE OF CLOSURE |
|---|---|---|---|---|
| Amputation/Orthopedic Conditions | 1 | 2 | 6 | 6 |
| Other Physical Disabilities | 2 | 4 | 7 | 7 |
| Mental Retardation | 3 | 3 | 5 | 5 |
| Heart Disorders | 4 | 7 | 8 | 8 |
| Mental and Nervous Conditions | 5 | 1 | 1 | 1 |
| Digestive Disorders | 6 | 9 | 9 | 9 |
| Visual Impairments | 7 | 6 | 4 | 4 |
| Hearing Impairments | 8 | 5 | 2 | 3 |
| Epilepsy | 9 | 8 | 3 | 2 |

RANKINGS OF DIFFERENT DISABILITIES BY INCIDENCE, NUMBER OF CASES ACCEPTED FOR REHABILITATION SERVICES, RATE OF ACCEPTANCE AND RATE OF CLOSURE: WISCONSIN DIVISION OF VOCATIONAL REHABILITATION, FY 1973

FIGURE 5

CASELOAD AND CLIENT COSTS IN THE PURCHASE
OF SERVICES FOR HANDICAPPED CITIZENS:
STATE OF WISCONSIN, FISCAL YEAR 1971-72

| PHYSICAL DISABILITY | DISABILITY AS PART OF PURCHASED SERVICES CASELOAD | AVERAGE COST PER CLIENT | DEVIATION FROM AVERAGE COST PER CLIENT |
|---|---|---|---|
| Amputations and Orthopedic Conditions | 19.91 % | $ 433 | - 3.13 % |
| All Other Conditions | 9.94 % | $ 465 | + 4.03 % |
| Visual Impairments | 4.20 % | $ 512 | + 14.54 % |
| Hearing Impairments | 4.18 % | $ 439 | - 1.79 % |
| Hearing Disorders | 2.67 % | $ 362 | - 19.02 % |
| Epilepsy | 1.88 % | $ 555 | + 24.16 % |
| Digestive Disorders | .83 % | $ 333 | - 25.50 % |
| TOTAL/AVERAGE | 43.61 % | $ 447 | |

All data based on Fiscal Year 1971-72 actual caseload and expenditures.

FIGURE 6.

FIGURE 7

PROGRAM APPROPRIATIONS AND EXPENDITURES:

VOCATIONAL REHABILITATION

| Fiscal Year: | 1971-72 | 1972-73 | 1973-74 | 1974-75 |
|---|---|---|---|---|
| Continuing Balance from Previous Year: | 339,634 | 322,858 | 137,795 | - |
| General Purpose Revenue | 661 | 678 | 13,086 | - |
| Program Revenue | 338,973 | 322,180 | 124,709 | - |
| Appropriation for Current Fiscal Year: | 19,238,022 | 20,694,771 | 22,627,600 | 24,578,000 |
| General Purpose Revenue | 4,069,399 | 4,767,514 | 5,223,300 | 4,422,900 |
| Program Revenue-Federal | 14,777,028 | 15,480,434 | 16,877,100 | 19,612,300 |
| Program Revenue-Non Federal | 391,595 | 446,823 | 527,200 | 542,800 |
| Fiscal Year Expenditure: | 18,887,588 | 2-,340,803 | - | - |
| General Purpose Revenue | 3,702,172 | 4,216,075 | - | - |
| Program Revenue | 15,185,416 | 16,124,728 | - | - |
| Lapsing Balance at End of Year: | 367,211 | 539,032 | - | - |
| General Purpose Revenue | 367,211 | 539,032 | - | - |
| Program Revenue | - | - | - | - |

Data Sources: Fiscal years 1971-72 and 1972-73, Annual Fiscal Report, State of Wisconsin.
Fiscal years 1973-74 and 1974-75, Chapter 90, Laws of 1973.

ANALYSIS OF VOCATIONAL REHABILITATION EXPENDITURES:

THE STATE OF WISCONSIN, FISCAL YEAR 1973

| EXPENDITURE SOURCE: | STATE GENERAL PURPOSE REVENUE | FEDERAL PROGRAM REVENUE | STATE AND FEDERAL REVENUE |
|---|---|---|---|
| EXPENDITURE LEVEL: | $ 4,216,075 | $ 16,124,728 | $ 20,340,803 |
| PER CAPITA EXPENDITURE: | $ .95 | $ 3.65 | $ 4.60 |
| EXPENDITURE PER CASE REFERRED: | $ 178.50 | $ 585.62 | $ 764.12 |
| EXPENDITURE PER CASE CLOSED: | $ 376.97 | $ 1,441.77 | $ 1,818.74 |

All data based on Fiscal Year 1973 actual expenditures and caseload.

FIGURE 8

B. Services for Severely Disabled People

1. Eligibility criteria. The Rehabilitation Act of 1973 requires that special emphasis be given to the vocational rehabilitation of those individuals with more severe disabilities not very well served in the past. In some cases this has been difficult to achieve because of federal regulations governing elibibility for services.

These federal quidelines limit eligibility for federally-aided vocational rehabilitation services through the following criteria: 1) there must be the presence of a physical or mental disability; 2) there must be the existence of a substantial handicap to employment; and 3) there must be a reasonable expectation that vocational rehabilitation services may render the individual fit to engage in a gainful occupation. The approved definition of "gainful occupation" includes (as of January 1969) the following outcomes:

1. Employment in the competitive labor market;
2. Practice of a profession;
3. Self-employment;
4. Homemaking;
5. Farm or family work, including work for which payment is in kind, rather than in cash;
6. Sheltered employment; and
7. Home industries or other gainful homebound work.

Some individuals referred to the Division of Vocational Rehabilitation are too severely handicapped to engage in a gainful occupation as defined above, unless the definitions are "stretched" somewhat. For instance, the client may need services in order to achieve independent living instead of requiring institutionalization or extensive care from relatives or employees. Another example is the client needing services who will be able to work in a "gainful

occupation" for only a limited number of hours per week. This kind of client should be eligible for services even if the expected outcome will produce only supplementary income. In some cases, clients with these expected outcomes are accepted for services; at other times, in different offices, perhaps, very similar clients will be rejected.

2. Homebound Occupations. In Wisconsin, the Division of Vocational Rehabilitation operates a "homecrafters" program for individuals to make craft products at home, which are then marketed through a variety of outlets. Homebound programs are necessary for people whose disabilities are so severe that they cannot move outside their homes. Problems arise, however, in assuring that persons in homebound programs must be at home, that they receive a reasonable return for their efforts, and that the particular occupation involved is suited to persons with the disability concerned.

C. Architectural accessibility of vocational rehabilitation offices. Physically disabled people with mobility problems sometimes find that vocational rehabilitation is unavailable to them simply because the offices housing the services are inaccessible. Some DVR offices, such as the office in Rhinelander, are located in inaccessible buildings. In addition, some offices in accessible buildings do not have accessible parking or adequate access from the street. Some of the rehabilitation facilities do not provide for total accessibility.

The Task Force believes that offices or facilities providing rehabilitation services should be accessible to all groups of eligible disabled individuals, including those with mobility problems. Division of Vocational Rehabilitation facilities must be exemplary in accessibility.

D. Costs and benefits for the rehabilitation dollar.

State appropriations for the vocational rehabilitation of people with

disabilities remain fairly constant and represent, at best, a marginal investment in a potentially productive enterprise. On the surface, it would seem that Wisconsin has reason to claim a leadership role in serving the vocational rehabilitation needs of its citizens with physical disabilities. Comparing the amounts expended for this purpose with public spending in other states, Wisconsin does indeed rank among the leaders.

The total, state-managed vocational rehabilitation program is supported by an annual appropriation of around $4.75 million; this is, by comparison, approximately one million dollars under the amount appropriated for the operation of the Grand Army Home. Matched by federal grants, total state-federal spending for vocational rehabilitation in Wisconsin amounts to around $20 million annually. The actual fiscal year expenditures for 1972-1973 represent a per capita expenditure of only $4.60, a most modest amount given the potential return on public investment in individuals with a good potential for rehabilitation and return to the labor force. Measured in other terms, the average cost for each case closed by the agency during fiscal year 1973 is $1,818,74. The investment of state general purpose revenue funds represents only 20.7% of this total. In effect the state's direct investment in each case closed by the state agency amounts to $376.97, or 95¢ per capita, an embarrassingly modest sum.

While different cost-benefit studies tend to yield different results, there is general acceptance for the notion that in a majority of cases, investment of reasonable sums for the vocational rehabilitation of people with disabilities will yield measurable returns, both economic and social. The difficulty and danger in citing a specific cost benefit ratio have to do with assigning costs to future benefits and creating an atmosphere in which critical decisions affecting human beings with physical disabilities become

the concerns of cost analysis.

It may be useful to know if the investment of one dollar in the vocational rehabilitation of an individual with a disability will yield long-term returns totaling four dollars, or six dollars, or nine dollars. It is more essential that those controlling the public purse-strings appreciate the demonstrated fact that rehabilitation and job placement, even among people with more severe disabilities, is an attainable goal offering both direct and indirect benefits. Given the number of people with disabilities who could move into the labor market if they received services, the amount expended by Wisconsin for vocational rehabilitation must be viewed as a marginal investment.

## PART II SUMMARY

A. Are a reasonable number of disabled individuals being served through publicly supported programs and services?

On the surface, it would appear that the Division of Vocational Rehabilitation performs reasonably well in providing rehabilitative services. During the past fiscal year, nearly 25,000 cases were accepted for rehabilitation. This caseload represents about 7.5% of the total disabled population, ages 16 through 64. The number of cases closed during the same period as "successfully rehabilitated" is also fairly impressive: 11,184.

Given the present level of federal-state investment in the vocational rehabilitation of Wisconsin's handicapped citizens, the state agency has reason to point with pride to its statistical success. However, it is evident that the physically disabled, except for the visually or hearing impaired, are not being served in reasonable numbers.

Among the estimated 225,764 youths and adults under age 65, and affected by physical disabilities other than visual or hearing impairments, only 7,930 were accepted for vocational rehabilitation during 1973. In other words, those who constitute approximately 68% of the disabled population make up less than three percent of the cases accepted for rehabilitation.

B. To what extent can present policies and programs be viewed as equitable or effective in meeting the needs and expectations of different disability groups?

There are different actors in the policy-making process as it affects delivery of rehabilitative services to the handicapped: The U.S. Congress, the federal bureaucracies, state legislatures, governors and state bureaucracies.

Policy and programming inequities, as they are reflected in federal programs, have been attracting Congressional attention. The Rehabilitation Act of 1973, for example, clearly requires special emphasis be given to the vocational rehabilitation of those individuals with more severe disabilities were not very well served in the past.

The new federal law also mandates the use of an administrative process binding the rehabilitation counselor and the client together in a contractual arrangement, one requiring at least an annual assessment of the provider's performance in meeting the client's individual needs and expectations. And while Wisconsin, in effect, has used the written agreement to plan the delivery of needed services, the federal law gives the client legal grounds for demanding an accounting of the public agency's stewardship.

In the past, the policy of assigning top priority to serving those who are institutionalized in mental or correctional facilities has contributed to gross inequities in the way different disability groups are served.

These inequities can be corrected with relative ease through the legislative and budgetary processes. But both the Governor and the Legislature need to exercise continuing concern over the way different disability groups are treated under the law and administrative policies.

C. To what extent have the administrative policies and practices of the key state agency, the Division of Vocational Rehabilitation, been congruent with the needs and expectations of the different disability groups served?

We can conclude that the agency's policies and practices favor persons with "mental and nervous" conditions whose rehabilitation is relatively fast and inexpensive. The rate of case closure would fall off significantly if the selection of clients was regulated in a fashion that requires the incidence of the different disabilities be used in building the caseload. To meet the rehabilitation needs of Wisconsin's citizens with physical disabilities, the agency must assume the risk of establishing priorities, budget mechanisms, and evaluations of professional staff which create incentives to serve the often difficult, time-consuming clients with severe physical disabilities. Adoption of a policy of emphasizing services to persons with severe physical disability would create risks for the agency which must account to the federal government, the Legislature, and the Governor for the economical and efficient expenditure of public monies. In effect, the elected and appointed official involved in policy-formulation would have to work out an agreement reflecting a mutual willingness to accept risks in the provision of vocational rehabilitation services.

D. In the final analysis, what might be said about the State of Wisconsin's investment in the vocational rehabilitation of youths and adults with physical disabilities?

Wisconsin citizens with physical disabilities have been the victims of neglect. The per capita expenditure for the vocational rehabilitation of people with physical disabilities is simply not a reasonable figure given what we now know about the immediate and long-term return in the rehabilitation of youths and adults.

The obvious question to be asked then is, "How much should or could Wisconsin reasonably invest in the vocational rehabilitation of the handicapped?"

There are social, economic and political problems in working out an answer to this question. If the Governor and Wisconsin Legislature indeed agree that present levels of expenditure for this purpose are inadequate, then agreement on the issue of how much, for whom, over what period of time, and how will services be financed will be the product of the political decision-making process.

This much is certain: The success of professionals working in the private sector in securing the rehabilitation of disabled adults, and the benefits derived by business and industry, clearly demonstrate the vast potential which vocational rehabilitation services offer, a potential which state governments have barely begun to appreciate.

## PART III RECOMMENDATIONS

To the Governor:

1. Require an annual program performance audit aimed at insuring a more equitable distribution of vocational rehabilitation services among the three major disability groups: physical, mental and developmental. Building upon Congressional intent in the passage of Public Law 93-112, the Rehabilitation Act of 1973, this program performance audit should place special emphasis on the extension of services to those specific disabilities not well served by public agencies in the past.

2. Use the budgetary process, beginning with the 1975-77 biennium, as the specific administrative means for monitoring the Department of Health and Social Services' policies and practices in the purchase of rehabilitative services, financed through the appropriation of state and federal funds. Purchased services need to reflect not only the needs and expectations of people with disabilities, but also the relative difference in needs for service among the different disability groups and particularly those specific disabilities not well served in the past.

3. Use the budgetary process, beginning with the 1975-77 biennium, as the specific administrative means for monitoring the overall delivery of vocational rehabilitation services, services which should represent a reasonable response to the needs and expectations of individuals with disabilities.

4. Require total accessibility, including parking and street access, for all state operated rehabilitation offices and facilities. Remodeling for accessibility is already established as a priority in the state budget. If necessary, the Governor should direct that top priority for allocation of these monies go to offices of the Division of Vocational Rehabilitation. A reasonable time period, up to a maximum of three years for difficult cases, should be allowed for compliance.

5. Direct an agency outside the Department of Health and Social Services, to undertake an objective, independent assessment of state programs and fiscal policies in the area of vocational rehabilitation. This assessment should reflect concern over two critical issues in serving people with physical disabilities: 1) Assuming no significant change in the levels of federal or state expenditures for vocational rehabilitation, how might the range of resources available to the state be used more effectively, especially to meet the needs

of people with severe physical disabilities? 2) Assuming a willingness and capacity on the part of the state to increase its investment in vocational rehabilitation, what sort of rational policies might be adopted for generating new revenues and allocating additional resources ?:

To the Division of Vocational Rehabilitation:

1. Drawing upon data available to professionals in rehabilitation, provide the Governor and the Legislature with a concise report describing the estimated costs and probable benefits in rehabilitating individuals with different types of disabilities.

2. Develop internal policies and procedures, including allocation of budget and evaluations of professional staff, which provide effective incentives for serving people with severe physical disabilities.

3. Develop "new" occupations for severely disabled homebound individuals. Remote computer programming, microfilm equipment operation, and data entry processing are examples of relatively modern and remunerative occupations for clients in the homebound program.

## MEDICAL REHABILITATION IN THE WISCONSIN COLONIES

Wisconsin should guarantee optimal medical rehabilitative treatment to all people residing in state institutions. Testimony from medical professionals has revealed that residents of the Wisconsin Colonies may not always receive adequate or optimal rehabilitative treatment. During the hearings, several examples were cited in which chronically limited physical conditions could have been eased if proper treatment had been given initially. Knowledgable professionals have reported that many older residents have contractures or other problems which could have been prevented if therapy had been available initially.

The Wisconsin Administrative Code, Chapter H 34, deals with regulations for "Intermediate Care Facilities - Public Institutions for the Retarded". These regulations, effective November 1, 1972, require that certain services be provided at a level consistent with the resident's need. Included are: education and training services, physical and occupational therapy, psychological services, speech pathology and audiology, and other special services.

All three Wisconsin Colonies, however, have cited problems in providing physical and occupational therapy to all residents who can benefit from the therapy. Central Colony, in its Annual Report on July 1, 1973, reported that 328 residents were enrolled in occupational and physical therapy programs, but that 383 others who need these services currently are not being served. Southern Wisconsin Colony released a special report on September 1, 1973, which dealt with the progress made in implementing 27 recommendations of an Evaluation Team Report issued after their June, 1972, visit. One of these recommendations was as follows:

> "A consistent overtone of pessimism is noted in the area of physical or rehabilitative medicine. Proper emphasis must be placed on adaptive wheelchairs and appliances with an active physical therapy and occupational therapy program that will carry over into the thirteen cottages."

Southern Colony replied that a request was being made for additional personnel in occupational therapy, physical and recreation therapy, and physical medicine and orthopedic surgery. Braces, wheelchairs, and other supplies and equipment were also hoped for. The Colony report stated:

> "The Colony has long been aware of the lack of Physical and Occupational Therapy services for residents in the 13 resident cottages. Although the Colony does have an excellent Occupational and Therapy program within the confines of Wallace Hospital, the numbers of staff and equipment is not adequate to meet the needs of at least 300 residents who could benefit from a prescribed regular regimen program of Occupational and Physical Therapy."

Nothern Colony has cited similar problems of lack of staff and resources. Again, infirmary patients do best in receiving therapy; extending OT and RT services to residents of the cottages is a major problem.

In the Department of Health and Social Services Biennial Budget Request for 1973-75, a request was made to extend OT, PT, and Activity Therapy at the Colonies. The cost of new and changed services was estimated to be $16,400 GPR for 1973-74, and $328,900 GPR for 1974-75. The request included 12.5 new positions for therapists and 17.5 positions for therapy assistants. Unfortunately, the approved budget included only 6 new therapy positions and no new positions for assistants.

Intermediate Care Facilities such as the Colonies will be required to meet staffing standards of the Joint Commission on Accreditation of Hospitals in the near future if federal Title 19 money, essential to the operation of the Colonies (one estimate is that over 90% of the residents receive some Title 19 benefits), is to be kept. It is quite possible that federal legislation will require these standards to be met in 1976. The Colonies now

hope to meet these standards by 1980-but this will be possible only if the staff increases (such as the one described above for therapists) are authorized and the resident population is reduced to 750 at each institution.

The Task Force concludes that the Colonies need money for adequate rehabilitation staff and equipment now. Therefore, THE TASK FORCE RECOMMENDS:

To the Governor:

Include within the budget for the 1975-1977 biennium, additional funds to extend occupational, physical, and activity therapy to Colony residents capable of benefiting from such treatment programs but who are not now receiving treatment due to staff shortages.

## SPINAL CORD INJURY TREATMENT

Spinal cord injuries occur in the United States to approximately 25 persons per million of population each year.[16] In Wisconsin, this ratio would result in an estimate of 100 persons annually who suffer spinal cord injuries. The treatment of a single patient with a spinal cord injury extends through on-the-scene care at an accident, transportation to a hospital and emergency care, intensive medical care in a hospital followed by a rehabilitation program. The treatment of each patient may continue indefinitely.

Problems for the persons with a spinal cord injury arise at each step in this process. Improper handling or treatment in the early stages after

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[16] This estimate is low since Arizona is 30 per million, and Neveda 50 per million (From the 1972 Grant Progress Report, SRS Grant No. Rd 3367-M-70). Since Wisconsin's figure was not available in the report, an estimate of 25 per million is used because it is the figure used for the U.S. as a whole.

injury can increase the injury and subsequent disability and limit the effectiveness of later rehabilitation. The passage of legislation setting standards for ambulance attendants promises to alleviate the problems in initial care and transportation which have caused serious injury and paralysis in the past. A need remains, however, to develop standards for subsequent phases of treatment.

Although the incidence of spinal cord injury is low, the cost of caring for one person is estimated in the hundreds of thousands of dollars. In Wisconsin, an estimated $2,350,000 is spent to treat the 100 persons suffering spinal cord injuries each year. If the subsequent costs of maintenance, treatment of complications, loss of income and loss of taxable dollars were added to the figure, the cost would approach $40,000,000 annually.[17] These costs increase dramatically when non-coordinated care increases the likelihood of complications. If pressure sores develop in the first two months after injury, the cost increases by $7,000. If pneumonia develops in the first two months, the cost rises an estimated $3,000 per person. Other complications which arise after injury also demand expert and expensive care. Provision for centralized, high quality care reduces complications and therefore greatly reduces costs. Dr. John Young, a nationally recognized expert on the care of spinal cord injuries, estimates that a centralized treatment center can reduce the present cost by 20 to 30 percent.[18]

The high cost and complexity of adequately treating persons with spinal cord injuries require the adoption of long range plans to provide optimum care. At the same time, more limited actions are required immediately to prevent

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17 Young, John S., Development of Systems of Spinal Injury Management with a Correlation to the Development of Other Esoteric Health Care Systems. Paper presented at the 29th Congress on Occupational Health, American Medical Association in Sept. 1969. Page 2.

18 Ibid.

additional injuries from occuring in the treatment process and to assure persons with spinal cord injuries that their care meets minimum standards.

## LONG RANGE GOALS

Ideally, Wisconsin citizens who suffer spinal cord injuries should be able to receive care from a regional system that provides optimal emergency evaluation, initial medical treatment, sophisticated team rehabilitation, and literally lifetime follow up care. These services should be available to all citizens with spinal cord injuries, regardless of their source of funding or area of residence in the state. Since the incidence of spinal cord injury is low and the cost is high, one comprehensive treatment and rehabilitation facility should be adequate for Wisconsin. This single center should be supplemented by high standards of emergency care and outpatient services after a patient returns home which are available throughout the state.

To begin systematic efforts to reach this long range goal, THE TASK FORCE RECOMMENDS:

To the Governor:

Direct the Health Policy and Planning Council to formulate a plan for the establishment of a spinal cord injury treatment center and related services in Wisconsin. The Governor is urged to appoint a representative group of experts in the field and allied fields to assist the Council in formulation of the plan. The Task Force urges that the planning process begin immediately, so that implementation of the plan can be a reality in 1980.

## SHORT RANGE GOALS

Until a centralized system of treatment becomes a reality, standards and policies must be established for spinal cord injury treatment within

the present "non-system" to eliminate needless suffering and cost. Therefore, THE TASK FORCE RECOMMENDS:

To the Governor:

Direct the Health Policy and planning Council to establish standards for facilities capable of providing expert initial care and subsequent rehabilitation for persons with spinal cord injuries. The Joint Commission on Accreditation of Hospitals and the Commission on Accreditation of Rehabilitation Facilities have already developed some standards.

To the Legislature:

Legislation requiring all facilities accepting spinal cord injured patients for initial treatment or subsequent rehabilitation to meet the standards developed by the Health Policy and Planning Council. If a facility which fails to meet these standards receives a spinal cord injured patient, the facility should immediately arrange for transportation of the patient to the nearest facility designated as capable of providing initial treatment to spinal cord injured patients.

To the Department of Health and Social Services:

Adoption of a policy permitting persons with spinal cord injuries who receive medical assistance to be cared for out of state in qualified facilities, if no state facilities can provide optimum care for their particular condition.

The Task Force concentrated on identifying gaps and problems in the delivery of rehabilitation services. The goal underlying the analyses and specific recommendations in this chapter is the development of a comprehensive rehabilitation system. The Task Force believes that effective delivery of rehabilitation services should meet several fundamental criteria.

Wisconsin residents should have access to a rehabilitation system which provides a continuum of services according to the needs of each individual. Services should range from full institutional care through supportive services in the home to outpatient care or counselling to full independence. Throughout the rehabilitation process, services should strive to maintain the greatest amount of independence possible in each individual case. People with physical disabilities themselves should have opportunity to provide input into the services they receive and to make decisions and control their own lives as much as possible. To assure responsive services, the Task Force also believes that they should be located and controlled as close to the individuals who need them as is possible. Finally, the delivery of rehabilitation services should be integrated into the delivery of other social services.

The Task Force recognizes that the specific nature of services and of individual problems will create different mechanisms for the delivery of different services. In each case, the Task Force believes that the basic goal of rehabilitation and the measure of its success, is the integration of people with physical disabilities as fully as possible into the mainstream of community life.

# ADMINSTRATION OF MEDICAL ASSISTANCE PROGRAM IN WISCONSIN

"When you call that office with a question, three Philadelphia lawyers get together with a fellow from the syndicate to give you an answer you can't understand."

Witness
Milwaukee Public Hearing

The Medical Assistance Program in Wisconsin, or "Medicaid" as it is often called is a federal-state-local program providing for the health care of persons with medical and financial need. Recipients of medical assistance and providers of services testified at every Task Force public hearing about their frustrations in understanding the program and applying for benefits or reimbursement for services, and the inability of the medical assistance system to respond quickly and equitably to specific situations of medical need.

The Task Force examined voluminous testimony and correspondence supplied by witnesses and staff studies and data describing the Medical Assistance Program, particularly as that program's administration reflects government's capacity to meet human needs. The investigation found the administration of Medicaid in Wisconsin deficient in several areas:

1. There is a marked lack of knowledge among those who provide health care services and supplies concerning administrative policies and procedures, service delivery guidelines, and reimbursement of costs.

2. Particularly as the program serves the permanently and totally disabled, Medicaid's administration has been marked by an absence of equity and simple human compassion in serving people with more severe physical and developmental disabilities.

3. As is too frequently the case with publicly financed categorical assistance programs, seeking approval in cases not covered by existing rules or guidelines results in delay or denial of services. Delay in medical or rehabilitative services can cause deterioration in physical condition and prolong or limit the effectiveness of services which are ultimately provided.

4. An inadequate number of those in need are being served.

ACCESS TO GUIDELINES ON SERVICES AND ALLOWABLE COSTS

The frustrations expressed by providers of services are largely the outgrowth of lack of knowledge concerning the way decisions are made and criteria for deciding whether or not a prescribed service will be allowed under the provisions of Title XIX. This lack of information forces physicians, allied health professionals, institutions, and medical equipment suppliers to chose between assuming a risk of non-payment and meeting the patient's need or denying services and supplies until payment is authorized even though delay will result in additional problems which could be avoided.

Three interelated concerns are relevant.

First, providers need to know precisely what services are authorized as part of the assistance available to Title XIX recipients. The more unique the health care needs of the recipient, the more crucial it becomes that a provider know what options are open in prescribing services and supplies.

Second, is the matter of fees, and the need to know in advance both what costs can be reimbursed by the insurance contractors and the customary rates of reimbursement.

Third, providers need physical access to the guidelines in order to make basic decisions. Providers testified and supplied written documentation to support their contention that access is exceedingly difficult. Solo practi-

tioners and small suppliers, especially those geographically removed from Madison and Milwaukee have the greatest difficulty with this problem. Larger practices and institutions which employ full time specialists with insurance problems have fewer difficulties. To assist providers in making decisions which enable them to meet the needs of people with physical disabilities promptly, THE TASK FORCE RECOMMENDS:

To the Department Of Health and Social Services:

1. That the state's contract for administration of the Medical Assistance Program should include provision for the printing and public distribution, in whole or in part, of guidelines which describe services and costs usually allowed under the program, as well as periodic supplements describing changes. Reasonable costs associated with the printing and distribution of the different materials would be borne by the providers of services and supplies, participating in the Medical Assistance Program and requesting the guidelines.

2. That the state's contract for administration of the Medical Assistance Program should include provision for toll-free telephone access, by providers and consumers of services, to the office of the contract administrator, for the purpose of obtaining answers to questions concerning services and costs.

## ADMINISTRATIVE REVIEW

The general rule-of-thumb governing provisions of services and supplies under Title XIX says that when a health care service or item exceeds $30 in cost, and is not among those described in the guidelines, specific approval must be obtained by the provider before delivery. This guideline creates problems in the provision of health care items such as beds, braces, and

wheelchairs to people with physical disabilities. These items routinely cost more than $30. Under these guidelines the purchase of any wheelchairs which are unusually expensive, technically requires specific prior approval.

Obviously, this procedure results in unnecessary delays in the provision of such services or equipment. As of October 1, 1973, the Bureau of Medical Services had a backlog of an estimated 100 cases, dating back about a month. Guidelines could be revised to prevent the necessity for this review procedure in the majority of cases involving a specific item or service. Most of the remaining cases involving an exception to the guidelines could be reviewed and resolved by the contractors with only the most exceptional issues resolved by the Bureau of Medical Services, Division of Family Services.

A "peer review" procedure is needed in cases when services intended for recipients known to be physically disabled must be presented to the Bureau for approval. Delivery of health and health related services to disabled people entails extraordinary use of specialty skills in diagnosis, care and treatment. The prescription of services and supplies covered under Title XIX often stems from the judgment made in a case by highly trained, experienced specialists.

While it is true that the administrative review required in cases referred to the state agency involves health care professionals, it is also true that in many cases the judgment of medical and dental specialists are being reviewed by generalists whose own technical competencies and first-hand knowledge of the case in question may present some practical problems. Critics of the present system are asking two distinct, yet interrelated questions: 1) Is it really necessary that the judgment of professional health care personnel, directly involved in the provision of a service, be reviewed? 2) If such judgments do need to be reviewed, is it reasonable to

expect that the professional reviewing the decisions of a peer be at least as qualified and competent in the specialty involved? If one accepts the notion that a fundamental principle of administrative review is public knowledge concerning the processes and criteria governing case determination, then the providers have a reasonable complaint. To expedite administrative review of Title XIX applications, THE TASK FORCE RECOMMENDS:

To the Department of Health and Social Services:

1. Revision of the Title XIX Guidelines so that the vast majority of cases involving a request for a particular kind of item, service, or plan of service, will fall within the guidelines. The maximum amount of $30, over which certain health care supplies and equipment cannot be provided to the individual without prior authorization from the state agency, needs to be substantially increased to reflect current price levels. In addition different amounts will be appropriate for different items or plans of service.

2. Delegation of authority and responsibility for the professional review of claims, service plans, and requests for exceptions to the improved guidelines governing the Medical Assistance Program, to the contract administrators, permitting the contractor to utilize resources for professional review at the lowest practical level in the service delivery system.

3. Develop an expeditious appeals process, including the capability of providing peer review, in those instances where the decision of the contractor is challenged.

4. Include within the state's contract for administration of the Medical Assistance Program, provisions for the printing and public distribution in whole or in part of the manual describing all basic policies and procedures of the program as well as periodic supplements describing changes.

Reasonable costs associated with the printing and distribution of the materials should be borne by administrators or providers, participating in

the Medical Assistance Program and requesting the administrative manual.

5. Include within the state's contract for administration of the Medical Assistance Program, provision for toll-free telephone access by administrators, providers and consumers of services, to the office of the contract administrators for the purpose of obtaining answers concerning administrative policies and procedures.

6. In association with the insurance carriers and key professional groups, conduct workshops on a state and regional basis permitting newly certified providers, of health care services and supplies to acquire the knowledge needed for successful participation in the program.. An opportunity to update the knowledge of previously certified providers, including the administrative staff of health care facilities or interested health care professionals, should be considered a related responsibility.

7. Require that where the health care services, supplies and equipment being provided under the Medical Assistance Program are clearly intended for a recipient known to have a physical disability, professional review of the case provide for comment by health care professionals with demonstrated knowledge in working with the type of disability involved.

## CONSISTENCY IN APPLYING GUIDELINES

Testimony offered during public hearings supports the contention, made by providers and by recipients, that administrative decisions affecting delivery of health care services are marked by alarming inconsistency, even when those decisions are made by the same individual. Equity in the handling of Title XIX cases is a fundamental concern of the Task Force. Clearly, comparable situations should be judged in a comparable fashion, based on rules known in advance.

Therefore, THE TASK FORCE RECOMMENDS:

To the Department of Health and Social Services:

1. In cooperation with the insurance carriers and key professional groups, design and distribute to certified providers of health care services and supplies, standardized forms, supported with clear and concise instructions, to insure the presentation of all facts needed by the contractors and the state agency in their administration of different cases. The objective should be prompt, rational decisions based on a knowledge of all facts in a case.

2. Prepare and make available a digest of exceptional cases and decisions made in these cases as a consequence of program administration.

## FINDING THOSE IN NEED

Fixed points for information and referral, coupled with provisions for follow-along services, reflect an assumption that the potential recipient of a service will actively seek assistance. Experience suggests that this is not uniformly the case. It also seems quite apparent that demonstrated interest among units of government for promoting maximum participation in health and social service programs tends to be a bit low. Given the traditional arrangement for financing many of these programs, some Wisconsin counties were understandably anxious about expanding the recipient caseload.

The state's assumption of county costs under various health and social service programs should serve as some incentive for Wisconsin counties, particularly those in the non-urban areas of Wisconsin, to make sure that their own residents benefit from the services available to them. It will still require a significant investment, in dollars and energy, by the different state agencies to stimulate counties and larger municipalities in working toward this goal.

The Task Force believes that this is a serious problem. In Wisconsin an estimated 25,000 handicapped individuals, receiving assistance under Aid to the Blind or Aid to the Permanently and Totally Disabled programs, were also receiving medical assistance under Title XIX during the past fiscal year. In no way does this number approach the total number of individuals probably in need of assistance.

For example, the 1970 U.S. Census of population estimated 93,188 Wisconsin citizens, between the ages of 16 and 64, to be disabled, unable to work, and living on an income under $2,000 per year. The same data show that an estimated 46,350 disabled individuals lived in families required to exist at or below federal poverty levels.

Only a small fraction of the adults with physical disabilities, in Wisconsin, potentially qualified for assistance under current Title XIX guidelines, are in fact certified as eligible. It is unlikely that their health and health-related needs are being met adequately through other programs offering the range and level of services authorized under the Title XIX Medical Assistance Program. Information concerning the availability of services, eligibility requirements, and procedures for gaining access to needed services must be more effectively disseminated. Therefore, THE TASK FORCE RECOMMENDS:

To the Governor:

Direct the Secretary, Wisconsin Department of Health and Social Services, to propose an administrative mechanism, estimate probable costs, and recommend the means for funding an effort to locate and establish the eligibility of no less than 80% of the population, assumed to be permanently and totally disabled, for services under the Medical Assistance Program or alternative health care programs. This plan of action should be completed

in time to permit its consideration and adoption as part of the 1975-77 biennial state budget.

## A NOTE ON THE IMPLEMENTATION OF TITLE XVI

People with mental and physical disabilities currently receiving services under Title XIX will, in many instances, be picked up under Title XVI, the new Supplemental Security Income Program, effective January 1, 1974. The state estimates that the number of disabled individuals carried on the state's caseload because of a disability will grow to about 18,400. This number includes 15,800 individuals and an estimated 1,300 couples.

The removal of age restrictions in the federal definition of disability will permit the potential transfer of an estimated 8,000 individuals from the state's current AFDC caseload to the disability caseload. All of the disabled who have been determined by the Social Security Administration as eligible for payments under Title XVI can also be approved for medical assistance under Title XIX.

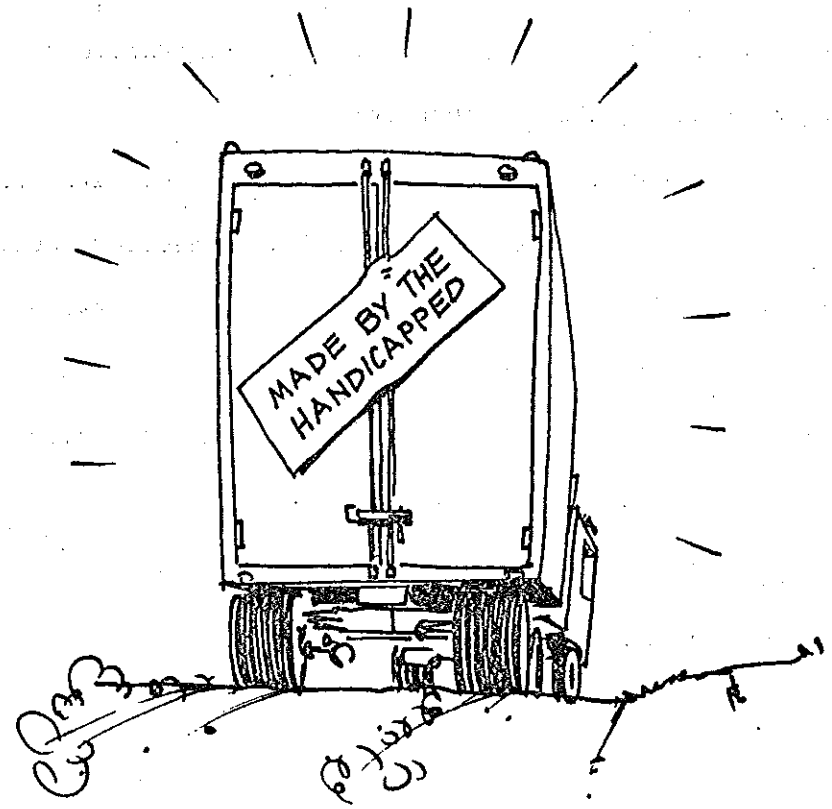
The implementation of Title XVI, at least as it affects the provision of health care services under Title XIX, may very well serve to create new problems and accentuate old problems unless the state, in cooperation with the Social Security Administration, moves vigorously and without too much delay in heading off some of these problems. At least one of these problems needs to be described here.

The traditional point of entry for individuals needing medical assistance and qualifying for coverage under Title XIX has been the county social services department. Despite criticism of county social services, these agencies represent entree to a relatively comprehensive range of services including health, homemaker, transportation, social, socio-legal, pro-

tective, rehabilitation and other supportive services. In the process of determining an individual's eligibility for benefits under Title XIX or other publicly-supported services, the county agency has had a potential for providing direct access to a host of services within the community.

With the advent of Title XVI, the point of entry from the standpoint of determining eligibility will be the Social Security Administration district office, an agency assigned rather specific administrative responsibilities as opposed to service delivery functions.

The Governor, when speaking on the problems associated with Wisconsin's health care delivery system, has frequently alluded to needless duplication, fragmentation and gaps in service delivery. The state will have to make a concerted effort to work very hard and very carefully with the Social Security Administration to insure that the individual making application for benefits under Title XVI, and thus presumably a potential recipient of medical assistance under Title XIX, is provided with the follow-along services needed to insure accessibility to all needed services.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## EMPLOYMENT AND CONSUMERISM

> "I have a tonal speech defect resulting from a cleft palate and cleft lip. I graduated from Whitewater State College, have nine credits toward my master's...Since being laid off in 1970, I have had 325 interviews and more applications. I'm either too well educated, not enough educated, too much experience, not enough experience, experience in the wrong field, can't be retrained. We need help in finding employment."
>
> Witness
> Milwaukee Public Hearing

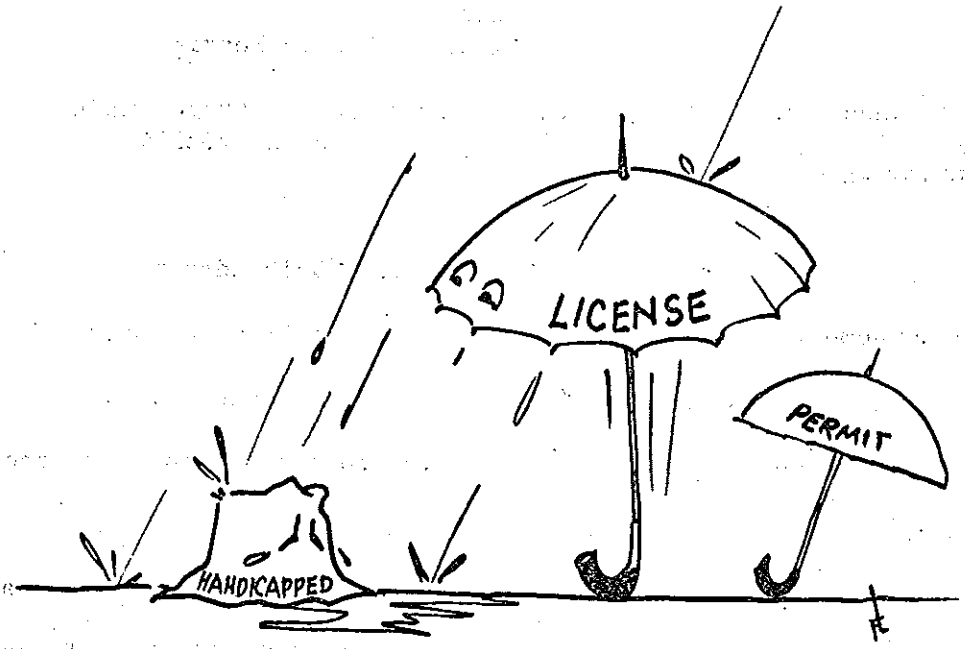
> "It's been very difficult being unemployed for three years and having five years of college behind you and really wanting to work."
>
> Witness
> Janesville Public Hearing

In contemporary society, earning and controlling the spending of income are primary responsibilities of independent adults. It is as workers that most people define their relationships to society and are accorded the respect of being useful and contributing members of society. As consumers, individuals share in the process of economic decisions and establish a way of living which expresses their individual preferences and meets their needs.

Government has recognized the fundamental importance of these economic relationships in far reaching labor and consumer protection legislation and programming. But these laws and programs have not usually considered the special needs of people with physical disabilities. The first part of this chapter looks at the problems of people with physical disabilities in their attempts to become part of the labor force and, when successful, as employees. The second part focuses on people with physical disabilities as consumers of goods and services.

## STATE EMPLOYMENT AND LICENSING

State government is a major employer in Wisconsin. About 50,000 individuals hold full-time positions. Through the licensing process, the state also influences the ability of people to move into many professions and skilled occupations, in both the public and private sectors.




Both as an employer and the licensing authority for selected c cupations, the State of Wisconsin administers examinations that largely determine who shall be employed, advanced in their jobs, and licensed to practice their professions. Both oral and written examination can work to the disadvantage of persons whose disability creates difficulty in speaking or writing. Therefore THE TASK FORCE RECOMMENDS:

To the Department of Regulation and Licensing and the Bureau of Personnel:

The adoption of special provisions for the administration of examinations to persons with physical disabilities, including special provisions for the place and mode of examination.

Special arrangements should include, but not be limited to, permitting oral or written examination where these are not the rule but a physical disability makes either writing or speaking difficult, provisions for readers for persons with sight disabilities and of interpreters for persons with hearing disabilities, and periodic scheduling of examination in accessible locations.

While it can be argued that Wisconsin's Fair Employment Practices Act covers these examination processes and already prohibits discrimination against people on the basis of physical disability, the ground rules for enforcement place the burden for understanding the law and initiating remedial action on the affected individual. The Task Force thinks that the State of Wisconsin should assume the initiative and move toward a "reasonable accomodation" in the examination process.[1]

Through its affirmative action programs, the State of Wisconsin has assumed a special responsibility for assuring that increasing numbers of traditionally disadvantaged persons become part of the state's work force. Because people with physical disabilities suffer from employment discrimination, THE TASK FORCE ALSO RECOMMENDS:

To the Governor:

Amendment of Executive Order 39 to include people with disabilities.

Executive Order 39 required all state agencies to develop plans and programs for the recruitment, training, and promotion of historically disadvantaged groups, including women and minorities. This action would be consistent with the steps being undertaken by agencies at the federal level and by private employers with federal contracts under PL 93-112,

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[1]See appendix, Employment and Consumerism - I - for Federal Rules requiring affirmative action and reasonable accomodation for people with physical disabilities by federal contractors.

The Rehabilitation Act of 1973, adding "the handicapped" to groups designated for special, affirmative action.

Affirmative Action Officers in each state agency and the University of Wisconsin System should be required to:

1. Identify and cultivate outside resources to aid in the recruitment of people with disabilities, including groups and associations working with the physically and developmentally disabled.

2. Review personnel policies, procedures, and job specifications to eliminate requirements which effectively discriminate against people with disabilities. Job restructuring to meet the needs of people with disabilities is also appropriate.[2]

3. As part of existing affirmative action and human relations training activities, promote better understanding of problems facing people with disabilities, especially the socio-psychological barriers which prevent their employment or cause problems in a public agency.

4. Develop a system offering special recognition to supervisory personnel hiring and training people with disabilities, and promoting affirmative action within a work unit.

5. Survey all agency work sites to determine the degree of accessibility, feasibility of modifying a work site, and need for special parking arrangements.

6. Develop reasonable goals and timetables for hiring and promoting people with disabilities, much the same as are required now for minorities and women.

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[2]The Department of Administration in "Project Skill" funded by the Manpower Administration of the U.S. Department of Labor has begun the process of job restructuring and specialized placement for persons with emotional problems and persons with developmental disabilities.

All of these actions parallel existing programs to increase employment among minorities and women. Since affirmative action programs already exist or are under development in different state agencies and the University of Wisconsin system, their expansion to include people with disabilities should not cause extraordinary increases in workload, nor should it require substantial additional funds and manpower.

Adoption of these recommendations will go a long way in adding to the credibility of state government in Wisconsin as an equal opportunity employer.

## WISCONSIN STATE EMPLOYMENT SERVICE

People with physical disabilities present unique job placement problems, and they are not receiving all the help they need from the Wisconsin State Employment Service. That agency is short of staff and lacks sufficient time to work out very complex job placement problems. It has few employment counsellors who fully understand specific disabilities; and it is hampered by a lack of continuing effective communication with the Division of Vocational Rehabilitation.

According to Division of Vocational Rehabilitation data, 26,000 individuals with physical disabilities actively sought work in Wisconsin in 1972. The Division estimates the unemployment rate among people with physical disabilities as being four to five percent above the national unemployment rate for all workers.[3] But even the higher estimate is misleading since unemployment rates are based on individuals actively seeking work and do not include those who have stopped looking out of frustration or those who are underemployed, either in terms of time or skills.

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[3]"Estimates of the Disabled Population", prepared by the Division of Vocational Rehabilitation, 1972.

About 80% of all Wisconsin State Employment Service counsellors have graduate training in their profession and they are generally well trained in counselling techniques and manpower problems. However, their knowledge of specific disabilities and the job placement problems of individuals with physical disabilities is limited. The loss of many federally funded positions, coupled with strains growing out of changes in work assignments and case loads, have added to past difficulties in meeting the needs of job applicants with disabilities. A major, new inservice training effort is needed, along with improved interagency coordination. Accordingly, THE TASK FORCE RECOMMENDS:

To the Legislature:

Creation and funding for one full-time position in the state office of the Wisconsin State Employment Service to acquaint WSES district office personnel with the special needs and abilities of people with physical disabilities; to coordinate WSES activities with those of the Division of Vocational Rehabilitation; and to recommend additional steps needed in extending full services to people with physical and other disabilities.

## PRIVATE EMPLOYMENT AGENCIES

Although existing statutes prohibit discrimination by private employment agencies in accepting and placing clients with disabilities, rules for the licensing, inspection, and regulation of private agencies do not permit the State of Wisconsin to deal effectively with discriminatory practices unless the aggrieved individual files a formal complaint.

Wisconsin requires each private employment agency to report monthly on the number of applicants served and referrals and placements made, by sex and minority classification. These reports are a matter of public

record. Adding another reporting classification -- the physically disabled -- would provide useful data and would add to private agency awareness of responsibilities under the Fair Employment Practices Act. Therefore, THE TASK FORCE RECOMMENDS:

To the Department of Industry, Labor, and Human Relations:

Revision of the existing monthly report required of private employment agencies to require reporting the number of applicants with physical disabilities served, given referrals, and placed in jobs.

The Equal Rights Division, Department of Industry, Labor and Human Relations, administers the Fair Employment Practices Act in an effort to stop discrimination by employers, employment agencies, licensing agencies, and labor organizations. Under the law, discrimination is prohibited on the basis of race, sex, creed, national origin, age or handicap. The law requires that a complaint be filed before an investigation is launched or remedial action taken. Cases on file show that complaints alleging discrimination on the basis of race or sex greatly outnumber those relating to handicapping conditions. If people with physical disabilities are to effectively use the laws designed to protect them, they need to be more aware of these provisions and how a complaint is filed. Therefore, THE TASK FORCE RECOMMENDS:

To the Equal Rights Division, Department of Industry, Labor, and Human Relations

That private employment agencies be required to state, on the job applicant's copy of a contract, that complaints of alleged discrimination may be made to the Equal Rights Division. Such a sample statement might read:

The State of Wisconsin establishes the fee scale used by a private employment agency and prohibits our discriminating against you on the basis of

race, creed, sex, national origin, age or handicapping condition.

If you have a complaint about the fees charged or feel discrimination has taken place, you have the right to file a formal complaint with the Equal Rights Division of the Department of Industry, Labor, and Human Relations. You should write or call the Equal Rights Division, their address is Post Office Box 2209, Madison, Wisconsin, 53701. Their telephone number is Area Code 608 - 266-3145.

At present, contracts do contain a statement that complaints can be made to the Equal Rights Division, but the statement appears on the employment agency's copy of the contract; it does not state the basis for lodging a complaint, nor does it give the address of the Equal Rights Division.

## WORKMEN'S COMPENSATION

"I don't understand a single word those insurance fellows said to me, but I understand this check for $240 just fine."

> Letter to the Task Force from a small businessman after he successfully complained to the Wisconsin Compensation Rating Bureau about excess premiums charged for employees with physical disabilities.

People with physical disabilities are sometimes denied employment simply because employer assume having a worker with a disability on the job will cause their Workmen's Compensation premiums to increase. Although the Workmen's compensation statutes prohibit discrimination in rates, rating plans, and employee selection procedures on the basis of physical disability, most employers are not aware of these provisions or of coverage available through the Wisconsin Assigned Risk Pool.

Section 102.08, Wisconsin Statutes, permits blind or epileptic job applicants to waive their rights to Workmen's Compensation for injuries resulting from blindness or epilepsy, while retaining coverage under Workmen's Compensation for other injuries. But what if the employer will not hire an applicant unless a waiver is signed? In effect, this section of the statutes conflicts with other sections prohibiting discrimination against employees with physical disabilities, including blindness and epilepsy. If a job applicant does sign the waiver and an injury occurs, prolonged and costly litigation can result. The purpose of Workmen's Compensation is the elimination of litigation through an insurance process which defines employer liability and meets an injured worker's needs. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Amendment of the Workmen's Compensation statutes to eliminate waivers for blind and epileptic employees for injuries arising from blindness or epilepsy.

The employer's legitimate concern about excessive insurance costs must be met. The Wisconsin Compensation Rating Bureau operates an assigned risk pool which insures employers of people with physical disabilities by spreading the risk over a larger group of the insured. This allows the employer who hires people with disabilities to maintain low, reasonable premium rates. Employers who are familiar with assigned risk coverage also generally know that hiring people with physical disabilities will not affect their premiums.

The Workmen's Compensation Laws also prohibit discriminatory practices by insurance companies insuring workers and employers in Wisconsin. Section 205.05 (3), Wisconsin Statutes, reads:

> "(Insurance) rates or rating plans shall not take into account the physical impairment of employees. Any employer who applies or promotes any oppressive plan of physical examination and rejection of employees or applicants for employment shall forfeit

> the right to the advantages of experience rating. If the department of Industry, Labor, and Human Relations finds that grounds exist for such forfeiture, it shall file with the (insurance) commissioner a certified copy of its findings which...shall automatically suspend any experience rating credit which may accrue to such employer."

Another section of the statutes applies to large companies which are self-insured and exempted from carrying insurance policies. Section 102.31 (4), Wisconsin Statutes, states:

> "If an employer who has...been granted exemption from the carrying of compensation insurance shall arbitrarily or unreasonably refuse employment to or shall discharge employees because of a non-disabling physical condition, the department (of Industry, Labor, and Human Relations) shall revoke the exemption of such employer."

If strictly enforced, both provisions would effectively penalize the employer who discriminates against people with physical disabilities. Under either provision the employer would find that his overhead costs increase. The immediate problem seems to be one of employers knowing about the existence of an assigned risk pool and the statutory prohibitions against and penalties for discrimination against people with physical disabilities. Therefore, THE TASK FORCE RECOMMENDS:

To the Department of Industry, Labor, and Human Relations:

1. <u>That the Workmen's Compensation Division inform all insurance carriers, and all employers who buy coverage or are self-insured of the provisions of the Workmen's Compensation Law prohibiting discriminatory practices and of the operations of the Wisconsin assigned risk pool</u>.

2. <u>That the Division of Equal Rights which process complaints of discrimination on the basis of "handicap" and the Workmen's Compensation Division coordinate their activities to insure that the provisions of these laws are strictly enforced</u>. This coordination should include the development of policies and procedures which refers all findings of discrimination

on the basis of handicap to the Workmen's Compensation Division for action. The two divisions should also develop a common working definition of "non-disabling physical condition." THE TASK FORCE RECOMMENDS that no physical condition should be considered "disabling" for these purposes unless it directly impairs an individual's ability to perform the particular job in question.

## THE COUNCIL FOR CONSUMER AFFAIRS

In 1972, Governor Lucey created the Wisconsin Council for Consumer Affairs. It was designed to serve as the focal point for consumer complaints; to evaluate the organization and effectiveness of existing consumer programs; to assess the effect of federal legislation on Wisconsin consumers; and to recommend actions that need to be taken on behalf of consumers.

During its own short life, this Task Force has sought ways to make known some of the needs of Wisconsin consumers with physical disabilities. We have found that many of the groups organized to protect the consumer are not aware of the unique problems faced by people with physical disabilities. Few consumer groups, including the Council for Consumer Affairs, have members with physical disabilities. Therefore, THE TASK FORCE RECOMMENDS:

To the Governor:

Appointment of a consumer knowledgable about the problems of people with physical disabilities to the Wisconsin Council for Consumer Affairs, to join those representing other distinct minority interests in voicing the special needs of their population in Wisconsin.

## INSURANCE FOR PEOPLE WITH DISABILITIES

Any consumer needing any kind of insurance is interested in obtaining the best coverage at the most reasonable cost. In this respect, the consumer

with a physical disability is quite like other consumers. But because the individual with a disability is affected by a handicapping condition, he or she finds it more difficult to find good coverage at reasonable, non-discriminatory rates. Because of the large number of companies selling insurance in Wisconsin, the wide variations in policies, and the technical language and expertise required, consumers find it inordinately difficult to compare insurance offered them or to find policies for unusual conditions. Therefore THE TASK FORCE RECOMMENDS:

To the Legislature:

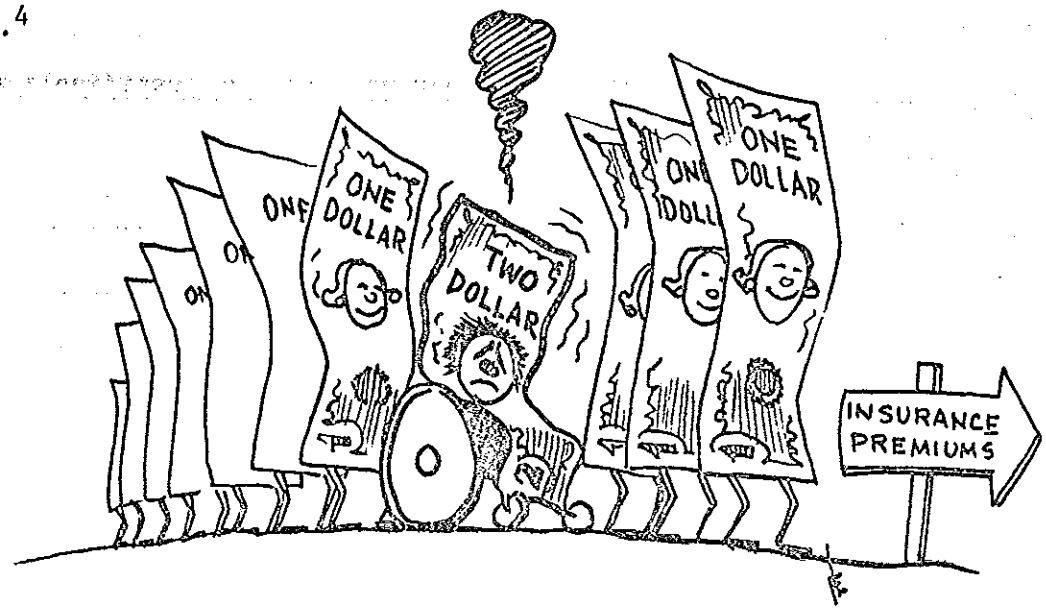
Legislation establishing an Insurance Information Service in the office of the Insurance Commission to provide consumers with information that is current, reliable and presented in clear, non-technical language. The service should offer comparative information about insurance companies permitted to do business in Wisconsin, the types of insurance available, rates, and other data useful to the consumer.

People with physical disabilities, and all citizens who may in the future incur a disability, have particular problems with health insurance, particularly with provisions for rehabilitation services. Many persons covered by group health plans testified at the hearings that they simply assumed rehabilitation services were included until the need arose and they found the services needed could not be provided. Rehabilitation benefits vary considerably among policies as do definitions of available services, and the institutions in which such services may be provided. Some insurance policies pay for rehabilitation services only when they are provided in a facility which includes a surgical suite. The presence of a surgical suite is a valid indicator of some kinds of care, but bears no direct relation to the processes of rehabilitation. Maintenance of a

surgical capability in institutions devoted to rehabilitation can unnecessarily raise overhead costs for the institution, and therefore ultimately raise fees charged to patients and their insurers. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Legislation setting standards for health insurance sold in Wisconsin. This legislation should direct the Insurance Commissioner to promulgate rules setting required standards for such insurance. THE TASK FORCE FURTHER RECOMMENDS that the Insurance Commissioner direct special attention to standardizing and defining language relating to the rehabilitation provisions of health insurance policies. Such rules should recognize that the Commission on Accreditation of Rehabilitation Facilities provides a more comprehensive and relevant standard for certification of rehabilitation services than the existence of a surgical suite or hospital accreditation.[4]




[4]AB 490, 1973 Session, introduced by request of Governor Lucy and the Health Policy and Planning Task Force incorporated some of these provisions. It received a favorable recommendation for the Committee on Insurance and Banking and was referred to Joint Finance. It failed to emerge.

People with physical disabilities often encounter insurance rates which are based on assumptions about the risks presented rather than upon established facts. Witnesses at the public hearings testified to paying auto insurance premiums at two and three times the rates charged for able bodied drivers, even though they had driven for many years without accidents or violations. Studies in other states challenge the assumption that the presence of a physical disability in itself creates greater risks.[5] The present insurance statutes presume that equitable and minimum rates grow inevitably out of a competitive insurance market. Insurers simply file rates as they become effective. To assure that insurance rates do not discriminate on the basis of assumptions about physical disabilities, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Legislation requiring insurance companies to file proposed rates 30 days in advance of their effective date, permitting the Insurance Commissioner to review and specifically approve rates as justifiable and non-discriminatory.

2. Legislation amending the Public Accomodations Act to prohibit discrimination in auto insurance on the basis of physical disability alone. Rates should not be considered discriminatory if the insurer can provide data to the Insurance Commissioner demonstrating that members of a particular disability group in fact incur higher costs than other drivers. Such legislation should further require that after an initial experience of three years, individuals classified as high risks because of membership in a disability group, be rated on the basis of their own driving records.

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[5]Section 160.55, Wisconsin Statutes.

## FIRE PROTECTION FOR PEOPLE WITH DISABILITIES

State statutes protecting people with physical disabilities against the threat of fire in public places are quite limited. For example, the law requires the management of a hotel "to warn all guests and employees in time to permit their evacuation in case of fire." This presumes that all guests, including people with mobility problems, have the physical capacity to use stairwells or other emergency exits.

Standard procedure requires firefighters responding to an alarm to check each room. Under this procedure, given enough time, all guests could be evacuated safely. But if management maintained records showing what rooms, if any, were occupied by people with physical disabilities, firefighters could give priority to those rooms.

Essentially, the same problem affects people with physical disabilities, older persons, and small children in their own homes or apartments. In the event of a fire, the firefighters responding to a call must systematically search a residence to make sure no lives are threatened. Only a small number of communities have made an effort to uniformly identify homes, apartment buildings and specific rooms usually occupied by persons who require assistance.

During the public hearings, firefighters in several cities testified to the desirability of identifying rooms occupied by people needing aid. Many of them also expressed a concern about the practice of lodging older persons and people with physical disabilities on floors which are higher than the capabilities of the apparatus to evacuate them safely.

Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Amendment of Section 160.55, Wisconsin Statutes, to require hotels and motels to offer guests the opportunity to register themselves as needing assistance in an emergency, and requiring the hotel or motel to keep a record of where each person with a physical disability is lodged. Hotels and motels should also be required to lodge persons needing assistance on the ground level or the lowest floors housing guests. In no instance should a person registered as needing assistance be lodged on a floor higher than that designated as "safe" by the local fire department. The designation of "safe" floors should be based on the capabilities of apparatus normally available to the fire company or companies assigned the first alarm.

Primary responsibility for fire fighting remains at the local level. THE TASK FORCE STRONGLY ENCOURAGES:

All organized fire departments, including the state's 755 volunteer fire departments:

To develop systems for the identification and marking of rooms in single and multiple family dwellings which are usually occupied at night by small children, persons with mobility problems, and senior citizens. In municipalities served by full-time or combination fire departments, such a system should include maintaining a central index available to the alarm operator or dispatcher and permitting information on the location of designated rooms to be relayed to the fire company assigned the first alarm. The implementation of such a system should include a public information program to inform citizens of the opportunity to come forward and register if they choose.

## HEARING AIDS

Some measure of hearing loss is one of the most common physical disabilities. The Department of Health, Education and Welfare estimates one in every four health impairments among the nation's civilian, non-institutionalized population is a loss of hearing. One of every six families may have a member who is hard of hearing. The incidence of some hearing loss among the population 70 and over is almost 100%, and over half of all persons wearing hearing aids are 65 or over. Many are living on marginal incomes. Young children with congenital hearing defects also depend on well-fitted hearing instruments. Within the general population noise pollution is creating substantial hearing loss. In 1968 approximately one million workers were thought to suffer from serious hearing loss due to high noise levels in places of employment.[6]

The consumer with a hearing problem does not always get an adequate and honest hearing evaluation, appropriate treatment, or a properly fitted and reasonably priced hearing instrument.

Complaints filed by consumers with the Wisconsin Hearing Aid Dealers and Fitters Examining Board follow a consistent pattern. They indicate that all too often: (1) hearing aid dealers and fitters lack training; (2) examinations are not conducted in a noise-free environment; (3) the five audiological tests, considered the minimum needed to determine if an instrument is required, are not administered; (4) clients are sold hearing aids when an aid is not needed; and (5) the costs of hearing aids are high.

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[6]Welch and Welch, Physiological Effects of Noise, Plenum Press, New York, 1970; Hearings of the Senate Subcommittee on the consumer Interests of the Elderly, "Hearing Loss, Hearing Aids, and the Elderly," 1968.

Offering a reasonable range of hearing instruments to select from does not seem to present a major difficulty for manufacturers. But to make sure these instruments are dispensed and fitted at a fair cost to the consumer, by trained, competent personnel, on the basis of comprehensive examination meeting professional standards will require some action by the State of Wisconsin. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Legislation requiring the re-examination of hearing aid dealers every five years, motivating the individual dealer to continue his education and training.

As is generally true within other health related fields, the range of knowledge, skills and technology available in serving the needs of a consumer with a hearing problem grows with each passing year. Present laws governing the licensure of hearing aid dealers do not require a periodic re-examination of the dealer's current knowledge and skills. This legislation would motivate individual dealers to continue their education and training and encourage the application of new technology in serving the consumer.

2. Legislation establishing standards and licensing requirements for audiologists and speech pathologists.

The Task Force believes that all professionals offering medical services to the public should meet established standards of competence. It does not believe, however, that professional certification or licensure should restrict unduly the services that any qualified individual renders to the public or that entrance requirements should restrict unnecessarily the numbers of individuals qualified to practice their profession. Therefore, THE TASK FORCE OPPOSES some provisions of licensing bills

which were introduced in the 1973 session of the Legislature. The Task Force opposes provisions of Assembly Bill 1313 (1973) which would have prohibited licensed audiologists from entering into a dealership for the sale of hearing aids. It also opposed Assembly Bill 1256 (1973) which would have required that all hearing aid dealers earn an undergraduate degree in a hearing health field by 1976, and a master's degree by 1980. The Task Force believes that these requirements would create a hardship for some hearing aid dealers, without necessarily assuring greater competence to their customers. Hearing aid dealers serving the population outside Wisconsin's major urban centers might be especially hard pressed to meet the new requirements, and face loss of their licenses.

3. Legislation requiring that the semi-annual requirement for electronic calibration of audiometers used to measure sensitivity in the fitting and sale of hearing aids be extended to include audiometers found in clinics operated by audiologists and all other facilities serving individuals with hearing problems. At the present time, only audiometers used by hearing aid dealers and fitters are subject to the provisions of Section 459.085, Wisconsin Statutes.

The Wisconsin Statutes regulating the distribution of hearing aids also seek to avoid the possibility that instruments dispensed by hearing aid dealers by their advice would be substituted for medical disgnosis or treatment. Section 459.03 (2) (b). It requires that each hearing aid purchased be accompanied by a statement, part of the dealer's receipt, that "any examination or representation made by a licensed hearing aid dealer and fitter in connection with the fitting and selling of this hearing aid is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state and therefore must not be regarded as medical opinion or advice."

The Task Force believes the idea should be conveyed in simpler language and presented well before the decision to purchase a hearing aid is made. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

4. Amendment of Section 459.03(2)(b) to require that a simpler statement be printed on the customer's copy of the purchase contract, that the statement be read before a contract be signed, and that each dealer be required to prominently display a sign carrying the statement.

A sample statement should read:

"A hearing aid dealer is licensed to fit and sell hearing aids.

Any examination administered by a hearing aid dealer should not be taken as medical opinion or advice.

If you have been told or feel you have a hearing problem, you should see a physician."

## TELEVISION AND THE HEARING IMPAIRED

People with hearing impairments often watch television and they experience undue alarm, when the word "WARNING" or "EMERGENCY BULLETIN" flashes on the screen accompanied only by a voice they cannot hear. Recognizing the special needs of people who are deaf or have impaired hearing, the Federal Communications Commission encourages--but does not require--television broadcasters to make use of visual captions in broadcasting emergency information. Television station managers often object to this practice, however, because of the cost of purchasing expensive character generating equipment which might see only limited use. Other alternatives to meet this need do exist, however, and THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Legislation requiring television stations broadcasting from Wisconsin to use visual captions or sign language as part of emergency bulletins originating in the broadcast area, especially bulletins regarding possible threats

to life or property. These bulletins should be broadcasted for the benefit of the hearing impaired no later than 15 minutes following the original broadcast of a bulletin to the general audience. Implementation of this recommendation will not require stations to purchase special equipment. A lettered sign containing the essential information or an interpreter using sign language would suffice. The initial verbal announcement should also ask viewers to inform their neighbors with hearing disabilities of the announcement.

2. Legislation funding a pilot project assessing the costs and benefits in presenting one local news broadcast each day with accompanying captions or signing for the benefit of people with hearing impairments.[7]

3. Incorporation into legislation regulating cable television of provisions which actively encourage television stations broadcasting from Wisconsin to experiment with methods of communicating news and entertainment to people with hearing impairments.

## CERTIFICATION OF MEDICAL EQUIPMENT FITTERS

Medical equipment which is properly fitted and well maintained is essential to the well being of people who must rely on it. Because these purchases are so individual and involve a relatively small number of consumers, there is little reliable consumer information available. In Wisconsin, there are no laws or standards governing the fitting and sales of medical equipment, even though improper equipment can create discomfort and deteriorate an individual's physical condition. Vendors of medical supplies and equipment often do not have the expertise to recommend the appropriate equipment and to properly instruct consumers in its use. Repair and maintenance services are also inadequate at times.

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[7]Some Wisconsin Television stations have begun promising efforts to communicate with people with hearing impairments, notably TV 4 Milwaukee and WAEO Rhinelander.

The Task Force believes that state government should move to insure that consumers of medical equipment have some means of assuring that they are receiving proper fit and maintenance. While the licensing of medical equipment fitters, comparable to the licensing of hearing aid dealers and fitters would seem an appropriate course of action, the Task Force thinks this would cause unnecessary hardships among small suppliers of medical equipment. Licensure would create particular problems in small communities where the sale of medical equipment and supplies is often part of the local pharmacist's responsibilities. Strict licensing requirements might very well work to the disadvantage of the consumer in such situations.

Certification on the other hand, would be voluntary and when coupled with an effective program of public information may encourage the consumer to seek out the medical equipment fitters who have been certified by the state on the basis of demonstrated knowledge and skills. Certification would enable people who are totally dependent on adequate medical equipment to seek out qualified sources with some assurance, while leaving untouched the wide range of sources in smaller communities which are particularly helpful for people with temporary disabilities.

Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Legislation establishing a system of certification of medical equipment fitters in each of the major classes of equipment prescribed for use; for example, traction, inhalation therapy, orthopedic braces, supports and cervical collars, and wheelchairs.

Implementation of this recommendation would involve several distinct step

1. Creation of a board of examiners within the Department of Regulation and Licensing. Its membership should include medical professionals, consumer, and dealer representatives.

2. The board should determine the necessary areas of examination and types of certification. Certification should reflect demonstrated competence in one or more of the designated areas.

3. The board should prescribe an examination, both theoretical and practical, to determine competence in each area; administer the examination; and award certification.

4. Within the authority established by the legislature, the board should establish administrative rules to carry out a certification program. The board should establish standards of ethical behavior as well as standards of competence, and provide a means for the revocation of certification when standards are not maintained.

5. Once the basic program is implemented, the board should provide for periodic re-examination and re-certification to assure that medical equipment fitters remain abreast of devleopments in the field.

6. Certification should be based on knowledge and skills gained through formal course work, independent study, on-the-job training, and related means. The prescribing of mandatory course work or completion of undergraduate degree work may not be appropriate to this field.

7. An effective certification program requires that the consumer know the meaning and intent in certifying an individual medical equipment fitter. Therefore, certified fitters should be free to advertise their certification.

## FACILITATING COMMUNICATION
## BETWEEN THE HEARING AND NON-HEARING POPULATIONS

The basic inability of the hearing and non-hearing populations to communicate with each other is at the root of many problems faced by persons with hearing impairments. The ability to communicate with others is essential to smooth functioning in a society; indeed, communication is vital to survival itself. For the deaf, communication with the hearing world is arduous, fragmented and time-consuming. It is hard to be a wise, inquiring consumer, and to avoid being taken advantage of, if one can only ask questions of a salesperson by writing notes. It is virtually impossible for a concerned deaf mother, for example, to involve herself in the education of her child if she cannot participate in a PTA meeting or confer with the child's teacher. Nor can a person with a hearing impairment perform well in a job interview situation if the interviewer must rely solely on written resumes and, again, on an exchange of notes.

The person with a hearing disability wanted to communicate in a hearing situation must secure the service of an interpreter, usually through the Registry of Interpreters for the Deaf. Acceptance by the Registry requires a high degree of proficiency; it is federally regulated, and its standards are extremely rigid. Once accepted, the interpreter will charge a fee for services, ranging from $5 to $15 an hour. The fee is not optional; it is required of those admitted to the Registry.

There are at least two practical problems at work here. The mandatory fee charged by interpreters who join the Registry is prohibitive for many persons. Many situations do not require that the person interpreting have the level or range proficiency demanded by the Registry. The sort of

interpreters available through the Registry are not necessarily the type needed by the person with a hearing disability embarking on a shopping trip, attending a PTA meeting, or social gathering, or on a personal errand.

Therefore, THE TASK FORCE RECOMMENDS:

To the State Service Bureau for the Deaf:

Implementation of a pilot project to locate, list and organize an informal network of person throughout the state, reasonably proficient in signing, and willing occasionally to volunteer their services to aid deaf persons in a variety of personal transactions.

The listing suggested might indicate each individual's level of proficiency in interpreting. They should be allowed to negotiate fees, if any, on a one-to-one basis with the deaf person utilizing their services.

Although a network of volunteer interpreters would meet many of their routine needs, people with hearing disabilities may require sophisticated interpretive services in their dealings with agencies of government, yet there are only three formal situations where Wisconsin law presently provides for interpretive services.

1. Section 269.55, Wisconsin Statutes, specifies that in any trial in which a deaf person is accused of a felony or misdemeanor, or is being judged as to mental well-being, an interpreter must be provided by the unit of government conducting the trial or examination. The deaf party, however, is expected to pay the interpreter's fee unless unable to do so.

2. Under Section 115.53 (6), Wisconsin Statutes, every pupil with a hearing disability between the ages of 16 and 21, enrolled in a public high school or vocational, technical and adult school, is entitled to financial aid, not exceeding $125 annually, to defray interpretive costs.

3. Finally, the Division of Vocational Rehabilitation generally provides funding for interpretive services needed by a student with a hearing

disability in university courses related to vocation, in job training and job interview situations. The Division's authority to provide this assistance is limited to situation preparing an individual for a vocation.[8]

There are of course, many situations in which persons with hearing disabilities can expect to come into direct contact with state agencies. For example, a person with a hearing disability might apply for employment through the Wisconsin State Employment Service; file a complaint with the Equal Rights Division; seek taxpayer assistance from the Department of Revenue; or ask the help of the Office of Consumer Protection. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature and the State Service Bureau for the Deaf:

Legislation authorizing and funding a program to be operated by the Service Bureau for the Deaf to provide interpreters for people with hearing disabilities in their contacts with state agency representatives.

Individuals could be required to reimburse the bureau for costs involved subject to their ability to pay. For person unable to pay part or all of the costs in providing interpretive services, the state should share or assume full costs.

## INDEPENDENCE IS THE GOAL

Each recommendation in this section is designed to create conditions which enable people with physical disabilities to function as independently as possible as employees and as consumers. Economic independence is a fundamental prerequisite to their full integration into and acceptance by the community. As self sufficient individuals, people with disabilities

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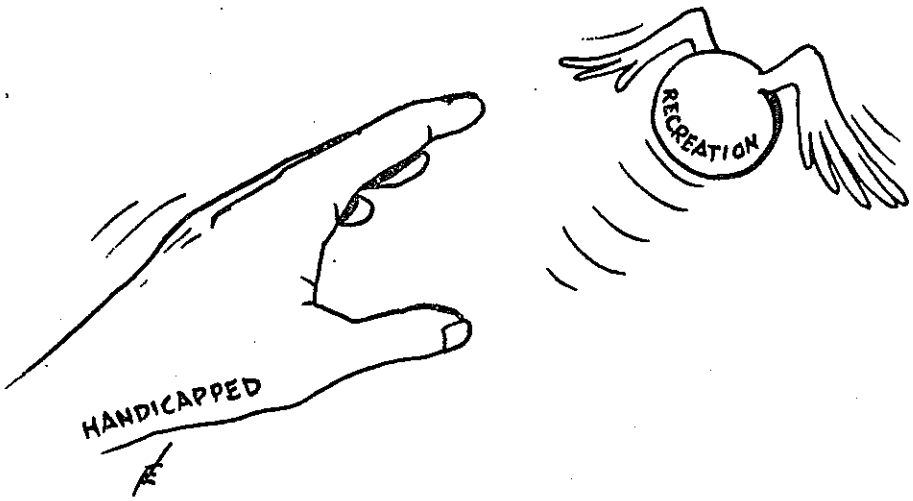
[8]The Vocational Education Amendments of 1968 provide limited funds, under Section 102.6 (a) for people with disabilities in need of special educational programs and services, including interpretive services. However, these funds have not been effectively utilized because of the federal-state matching requirements.

will themselves be able to overcome some of the social and psychological barriers, when they become an accepted part of working and commercial environments.

MINORITY REPORT

I oppose establishment of a new department referred to in this recommendation as an "Insurance Information Service." I believe that the present State Insurance Commissioner's Office can handle the work load described in this recommentation.

Nancy Crowley, Manitowoc


RECREATION
HANDICAPPED

## RECREATION

Social interaction and physical activity are necessary for the physical and mental health of all people. As leisure time continues to increase for members of our society, most people are spending an increasing amount of time and money for recreation. Such opportunities remain limited however, for people with physical disabilities. Architectural barriers in recreational facilities, lack of information about accessible facilities and activities and lack of activity programs which can include people with physical disabilities are responsible for this problem. All too often the only leisure time activity readily accessible to people with disabilities is that of sitting in front of a television set or on the porch.

In a recent survey,[1] physically disabled Wisconsin residents demonstrated a clear desire to participate more fully in recreational activities. Of the 490 persons polled, 39% specifically cited physical barriers as a factor limiting their use of parks and recreation areas and 55% of this group cited lack of activities. Survey respondents were presented with a list of 35 recreational activities and were asked if they presently participated in this activity, or if they would like to participate if the activity were available or modified to meet their needs. The results for almost every activity show a considerable gap between the number participating in the activity and the number of people who would <u>like</u> to participate.

The Task Force believes that action is needed in three problem areas in order to bridge this gap:

1. Elimination of physical barriers which prevent full accessibility of recreational activities;

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[1] Survey done by Michael L. Ries, 1973. Using four main categories of people (aid users, low vision, blind, deaf, balance coordination), Ries compiled data regarding specific types of physical considerations, use of recreation facilities, and abilities to engage in physical activities. The specific data is available upon request.

2. Development of a system to provide information about facilities and activities which are accessible to physically disabled people;
3. Development of programs that aid physically disabled people in becoming involved in recreation activities.

## ACCESSIBILITY OF RECREATIONAL FACILITIES

The lack of accessible recreation facilities came up repeatedly at Task Force public hearings. Most state, county, city, and neighborhood parks are inaccessible to physically disabled people because of physical barriers or hazards to safety. Only a very small number of privately owned recreation facilities, such as restaurants, taverns, bowling lanes, campgrounds, or tourist lodges are accessible. Publicly owed facilities (including sports stadiums, coliseums, arenas, theaters, swimming pools, fairgrounds, convention centers, etc.) are typically inaccessible or provide only minimal access. Facilities which provide an accessible entrance often have other barriers--perhaps inaccessible toilets, steps, poorly-graded pathways, no handrails along ramps and stairways, drinking fountains and telephones, which are out of reach. Seating accommodations in theaters or similar places rarely accommodate people in wheelchairs. Where seating space for wheelchairs is provided, it is often segregated from other seating, forcing the person with a disability to sit separately from friends or family.

### Problems of Design

If all new facilities were designed with physically disabled people in mind, the problem of accessibility would eventually be eliminated. Currently designers of buildings in Wisconsin are required by statute and code to plan for a certain degree of accessibility in new buildings. Public

buildings or places of employment, constructed after July 1, 1970, must provide "reasonable means of ingress and egress by the physically handicapped." The codes now require provision of ramps where necessary, with handrails, level platforms, and specified maximum slope; large doors; directions to accessible entrances; access from ancillary parking lots; and accessible toilet facilities.

Designing facilities to make recreational activities completely accessible to people with physical disabilities presents some additional problems. Therefore, THE TASK FORCE RECOMMENDS:

To the Department of Industry, Labor and Human Relations, Safety and Buildings Division:

1. Adoption of rules requiring all activity areas in recreation facilities to be totally accessible. The building code currently does not require all activity areas in new public buildings to be fully accessible. This is a problem in bowling alleys, for example, where the entrance and spectator areas may be accessible but steps prevent people from reaching the bowling lanes. Similarly, the first floor of a gymnasium may be perfectly accessible, but the swimming pool might be in the basement at the bottom of a flight of stairs. Bowling and swimming are recreation activities which many physically disabled people can enjoy; new facilities for these and other recreation activities should certainly be designed to enable people with physical disabilities to participate.

2. Adoption of rules requiring ancillary areas, necessary for participation in recreation activities, to be accessible. All areas and byways which must be negotiated in order to participate in the activity available in the facility should be completely accessible. This includes, for example, the bathing house and entrance to a swimming area, or locker rooms and entrance to a gymnasium.

3. Adoption of rules requiring special seating provisions to accommodate persons in wheelchairs within recreational facilities and at recreational activities. Seating must be available in theaters, restaurants, spectator sports arenas, participant sports areas, and the like. Seating space for persons in wheelchairs should be of reasonable visual and acoustical quality, should be easily accessible to an exit, and should not be segregated from regular seating.[2]

4. Adoption of rules requiring accessibility of service station restrooms. The present building code does not require new service stations to have accessible restrooms because these stations are classified as hazardous occupancies. This presents an especially difficult problem for travelers with physical disabilities who must rely on automobile travel to get to recreational areas because other modes of transportation are usually inaccessible.

Swimming is a recreational activity which almost all people with physical disabilities can enjoy and which has a therapeutic value for many. In the survey of recreational needs and desires of people with physical disabilities, 53% indicated a desire to participate in swimming.

The Board of Health administers Chapter H 71 of the Wisconsin Administrative Code which includes health provisions for public bathing places, including "any place open to the public for swimming or recreational bathing, together with shores, buildings, equipment and appurtenances pertaining thereto, irrespective of whether a fee is charged for the use thereof." The Department of Industry, Labor, and Human Relations administers Chapter IND 50 of the code, which governs other aspects of swimming facilities such as bathhouses and changing room facilities.

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[2]Specifications on the quantity of such seating are included in the chapter on Designing the Physical Environment

The Task Force believes that public bathing places and related facilities should be as accessible as possible to people with physical disabilities. Therefore, THE TASK FORCE RECOMMENDS:

To the Board of Health:

Amendment of the Wisconsin Administrative Code, Chapter H 71 to require:

1. Permanent steps with handrails to aid entrance and egress to all pools.

2. Water depth in pools of 18 to 30 inches at the shallow end, rather than the depth of 30 to 36 inches presently required. This change would offer greater safety to small children and non-swimmers. Modification of drainage and circulation systems to prevent water stagnation in the shallow end of the pool around the stairs may also be necessary.[3]

3. Ramps with handrails for access to all natural bathing beaches for swimming.

4. Storage areas for applicances, wheelchairs, etc. which are convenient to the edge of the pool.

5. All other specifications as outlined by the National Easter Seal Society for pool construction.

To the Department of Industry, Labor, and Human Relations, Division of Safety and Buildings:

Adoption of rules requiring elimination of physical barriers in bath-houses or changing rooms and all related facilities.

## PLANNING FOR ACCESSIBILITY

Only careful and informed planning can assure that public facilities

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[3]The Task Force does not intend these recommendations to apply to olympic sized competition pools because their implementation would preclude use of the pools for competition.

do not contain barriers which prevent their use by people with physical disabilities. In Wisconsin, public agencies have been very receptive to suggestions for improving the accessibility of their facilities. The Department of Natural Resources, for example, has been working to improve existing facilities and designs for new ones. The Highway commission has also cooperated in designing and conspicuously marking accessible rest areas. Officials readily admit, however, that the lack of information and design criteria is still a problem.

A systematic method of providing guidance on accessibility to state agencies in the initial planning phases of public projects would assist their efforts and avoid the need for costly reconstruction of mistakes. Therefore, THE TASK FORCE RECOMMENDS:

To the Governor's Committee for People with Disabilities:

Establish a permanent subcommittee on recreational opportunities which will develop criteria for evaluating the accessibility of existing and proposed recreational facilities; consult with state and federal agencies operating in Wisconsin concerning development and construction projects of publicly owned recreational facilities; develop priorities for the long term task of remodeling existing state recreational facilities to provide accessibility; and maintain a close liaison with private groups of recreation professionals such as the Wisconsin Association of Health, Physical Education and Recreation, and the Wisconsin Parks and Recreation Association.

On the local level, the problems of planning for people with physical disabilities are compounded. To provide local planning agencies with the assistance they need to design for the entire population, THE TASK FORCE RECOMMENDS:

To Local Boards of Persons with Physical Disabilities:[4]

1. That they propose and review local recreational and activity programs to assure that programming is available for people with physical disabilities.

2. That they consult with local planning groups during the design, and construction phases of all new and remodeling projects for recreational facilities owned or operated by the local government. The Task Force proposes a very simple consultation system including the following steps.

a. The local board should first submit a general accessibility check list or guidelines to the planning agency.

b. The planning group should submit a brief "statement of impact on people with physical disabilities,"[5] detailing accessible and inaccessible features (and the necessity of the latter) to the local board along with plans and other materials requested by the board.

c. When plans are finally submitted to a building inspector, a planning commission, a city or county board for approval, the plans should be accompanied by the "statement of impact on people with physical disabilities" and the approving or disapproving comments of the board.

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[4]This recommendation refers to the Boards described in the Chapter, "A Continuing Voice." One local group of people with physical disabilities should be able to advise all local planning groups, including those concerned with recreational facilities. Madison and Manitowoc have already appointed such boards.

[5]The idea of a "statement of impact" on people with physical disabilities is modeled upon the Department of Natural Resources program for local governments requesting ORAP funds for outdoor recreation project. See the Appendix for further details.

## ACCESSIBILITY FOR STATE RECREATIONAL AREAS

The Bureau of Parks and Recreation of the Department of Natural Resources currently has a program to make state parks more accessible to people with physical disabilities. All new construction in state parks is required to include certain accessibility features, and some of the guidelines developed in Design Standards to Accommodate People with Physical Disabilities in Park and Open Space Planning by Task Force Member, Michael L. Ries, are being used for aspects such as accessible picnic table design. In addition, the Department recently initiated a program to make at least one restroom, one camping, and one picnic facility in each park accessible to people with physical disabilities. This is a minimum standard for all state parks. Instructions and guidelines for accessibility have been sent to each state park manager, all of whom have been asked to develop the minimum level of accessible facilities within their current park budgets. The majority of parks should have begun their projects by the summer of 1974. Under this program visitors with disabilities will be asked to check in with the park manager to learn the location of accessible facilities.

The Task Force commends the Department of Natural Resources for this progressive initiative. To complete this project, THE TASK FORCE RECOMMENDS:

**To the Department of Natural Resources:**

1. Develop a comprehensive program in consultation with the Governor's Committee to make general use areas of state parks accessible to people with physical disabilities. "General use areas" include parking facilities, concession stands, pavilions, shoreline fishing areas, fishing piers, boat ramps and docks, other outdoor activity areas, and any other facilities commonly used by the public.

Completion of this program in state parks should come within five years. The recommended timetable is one year for evaluation, one year for development of final remodeling plans, and three years for completion of the designated remodeling projects. No additional appropriations are expected to be necessary to finance this project; a change in priorities for the use of presently available state and federal funds, however, will be necessary. In this biennial budget period, the following funds are available for development projects in state parks:

$1,066,000 LAWCON funds (federal land and water conservation funds)
5,500,000 ORAP funds (state Outdoor Recreation Act Program funds)
$6,566,000 Total funds available for development projects

This $6.5+ million budget is for acquisition and development alone; there is no restriction in using this money for remodeling projects. A separate budget of $2,650,000 is allocated for operations this year. Clearly, making Wisconsin's state parks accessible to disabled people would not take long if accessibility remodeling projects were given a high priority in the allocation of development funds. THE TASK FORCE RECOMMENDS:

To the Department of Natural Resources:

Accord a high priority in the allocation of these funds to remodeling for accessibility.

While there are still a relatively small number of accessible picnic and camping sites in state parks, finding an accessible site may be difficult for people with physical disabilities unless some means is devised for reserving them. THE TASK FORCE RECOMMENDS:

To the Department of Natural Resources:

Implementation of a policy within its new campsite reservation system to reserve accessible sites for campers with disabilities until less accessible sites are full.

Adopt a policy of requesting able-bodied picnickers and campers to leave accessible sites for people with physical disabilities.

## ACCESSIBILITY FOR OTHER STATE RECREATIONAL FACILITIES

Other state owned recreational facilities such as state fairgrounds, University sports and spectator facilities, and recreation facilities within other state institutions, also require remodeling for accessibility. The Governor's budget now includes remodeling for accessibility as one of five construction priorities. To assure that recreational facilities are not overlooked in the process, THE TASK FORCE RECOMMENDS:

To the Governor:

1. Direct the Department of Administration to inventory state recreational facilities (other than parks) to determine the feasibility and cost of remodeling for accessibility, and to consult with the Governor's Committee For People with Disabilities to establish priorities for achieving full accessibility.

2. Include within the budget funds to complete a remodeling program within five years. In some cases a portion of user fees or spectator fees could be used to finance the program.

## REMODELING FOR ACCESSIBILITY ON THE LOCAL LEVEL

In the past only a few publicly owned recreation facilities have been designed with the needs of people with physical disabilities in mind. Throughout Wisconsin, there are parks, playgrounds, fairgrounds, sports stadiums, coliseums, gymnasiums, arenas, theaters, auditoriums, convention centers, conservation areas, zoos, and swimming pools which are inaccessible to people with physical disabilities. Remodeling for accessibility will

require both local initiative and financial assistance from the state. Therefore, THE TASK FORCE RECOMMENDS:

To local agencies and commissions responsible for the administration of a recreation facility:

1. Evaluation of all existing facilities for degree of accessibility to people with physical disabilities, consulting the local board of persons with disabilities on their priorities and using criteria developed by the Governor's Committee for People with Disabilities as a guide. This phase of the project should be completed within a year.

2. Development of an over-all plan for remodeling publicly owned recreational facilities for full accessibility to areas commonly used by the public. A realistic plan should include budgetary considerations including local resources, federal and state revenue sharing funds, and categorical state and federal aids.

3. Development of a timetable and a local list of priorities and reasonable expectations. This process should involve local citizens with disabilities and the local unit of government. it should be completed within a year after evaluation. Priorities lists and cost estimates should be filed with appropriate groups including the Governor's Committee for People with Disabilities, the local advisory group, and the Department of Natural Resources Bureau of Aid Programs.

Carrying out the suggested remodeling of publicly owned recreational facilities will require some state aid to local governments. Currently the main source of state funding for local recreation projects is the ORAP and LAWCON PROGRAM.

This money is available only for outdoor recreation projects. However, facilities such as shelter buildings, toilets, parking lots, nature trails, outdoor swimming pools, and bathhouses for outdoor swimming areas may be

eligible to receive funds. Approximately $1,000,000 of state funds is available for this program each year. In addition, $3 million in federal LAWCON funds is normally available, although only $900,000 was available this year.

Accessibility remodeling is an authorized project, eligible for this funding. In the past, however, this kind of project has been rare. By policy, ORAP and LAWCON funds are allocated first to land acquisition projects, then to projects for building basic facilities, then basic playground facilities, and last to expensive facilities such as swimming pools. Each year however, some money has been available for low-priority swimming pools by the end of the year. If accessibility remodeling projects were to be given the highest possible priority, a sizeable amount of remodeling could be done using these ORAP and LAWCON funds each year.

In order to facilitate remodeling of existing publicly owned recreation facilities at the local level, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Legislation adding to ORAP eligibility criteria, a requirement that local governments evaluate their recreational facilities and develop a remodeling plan as described previously. Reasonable progress toward completing the remodeling plan according to the timetable established should be required to maintain eligibility. This provision should require that local governments file the necessary documents with the Department of Natural Resources, Bureau of Aid Programs, along with other planning materials already required for eligibility.

To the Department of Natural Resources:

1. Adopt a policy of giving the highest possible priority to requests for funds for accessibility remodeling.

2. Actively seek applications for accessibility remodeling funds by notifying the various jurisdictions that money is available for these projects.

ORAP and LAWCON funds are only available for outdoor recreational facilities. To enable local communities to remodel other facilities such as auditoriums and arenas, THE TASK FORCE RECOMMENDS:

To the Legislature:

Appropriations of funds to assist local communities in remodeling indoor recreational facilities for accessibility. Eligibility criteria for these funds should include the evaluation and plan procedures described in the recommendations to local governments.

The Task Force believes that people with physical disabilities have waited long enough for accessible recreation facilities. Changes in building codes and full consultation with boards of people with physical disabilities should prevent future development of inaccessible recreation facilities with public funds. It is extremely unfortunate that so many recreation facilities have been built--with public funds--but which cannot be used by a large part of the physically disabled population. The extensive remodeling projects recommended will doubtless be expensive, although the costs cannot even be estimated until the evaluation process is complete. However, this remodeling must be done only once. Then, if new buildings are designed more carefully, the problem of inaccessible publicly owned recreational facilities will be eliminated.

## TRAVELERS' PROBLEMS: REST AREAS AND WAYSIDES.

Travelers with mobility problems have complained of difficulty in planning travel routes with accessible restrooms and facilities spaced along the way at reasonable distances. Only a very small proportion of privately

owned gasoline filling stations and eating places along highways are fully accessible. Filling station restrooms almost always have a step at the entrance, narrow doors, and narrow toilet stalls. New filling stations are not now required to provide accessible toilets, but the Task Force has recommended change in this rule.

The few facilities which are accessible are not always identified by the international symbol of accessibility along the highway or in travel guides and many of them are closed at night. The Task Force has concluded that the only way to ensure accessible restroom facilities and information about their location is for the state to develop a system for doing so.

There are 11,920 miles of Interstate, U.S. numbered, and state numbered highways in Wisconsin. Approximatley 6,000 miles are part of the "Federally Aided Primary" (FAP) system, which consists of the most heavily traveled section of highway in the state. A system of accessible restrooms is definitely needed for this section of the state highway system. The same kind of system is also needed along officially designated "scenic routes" in Wisconsin. These scenic routes are sections of highways and roads, sometimes located in urban areas but more often found in rural areas, along which tourists are likely to travel.

The Wisconsin Division of Highways already has a program of revamping waysides to make them accessible. This project is scheduled for completion

during the next two years. In addition, all new facilities built will be fully accessible. American Standards Association specifications are being used to provide wide toilet stalls and doors, grab bars and outward-opening stall doors, elimination of steps, and provision of ramps with the appropriate slope where necessary.

Division of Highways policy is to provide restroom areas on freeway-expressway parts of the "Federally Aided Primary" system every 35 to 55 miles whenever possible. Completion of currently-planned rest areas, part of the freeway-expressway plan for 2093 miles of the 6,000 mile FAP system, is expected by 1990. These plans, however, will not be sufficient to meet the target of providing facilities every 35 to 55 miles along the entire FAP system. A maximum of 30 more facilities, most or all of which could be placed upon sites already owned by the state, will be needed to meet the goal for the FAP system.

The 6,264 "scenic route" miles were designated in 1964 under a program in which states were required to develop a plan for scenic highways in order to be eligible for certain federal funds. Under this program, 1,994 miles of state trunk highways, 2,453 miles of county trunk highways, and 1,817 miles of local roads and streets became part of this project. Costs of land, right-of-way, corridor protection, and improvements to the highway, landscaping, and provision of facilities such as waysides and rest areas were studied and reported in 1964. The degree to which these plans were accomplished is unknown. One Division of Highways official did report that "there have been some funds for this project, but not to the extent originally suggested."

In order to provide for accessible restroom facilities along the FAP and scenic route highways systems, the TASK FORCE RECOMMENDS:

To the Governor:

Establish a state policy of providing accessible restrooms along the FAP system and along scenic routes spaced no more than one hour's driving distance apart.

The first priority in implementing this policy should be to establish a system of accessible rest room facilities, open year round during the more heavily travelled times of day, spaced approximately one hour's drive apart, along the "Federally Aided Primary" system. Rest areas and waysides owned and maintained by the state are preferred, but state, county, and local park or other facilities which meet accessibility criteria could form part of the system. After completion of the FAP system, the same plan should be implemented on the scenic route system.

To assure that travelers with physical disabilities can find the facilities designed for their use, THE TASK FORCE RECOMMENDS:

To the Department of Transportation and the Department of Natural Resources:

Marking of these facilities on the official highway map and descriptions of them in appropriate publications for travelers.

Meeting the first priority with a totally stated owned and operated system requires a maximum of thirty more facilities. If all facilities are placed on existing state owned sites, the maximum cost for the project is estimated at $450,000. Some federal aid may be available for parts of the project. Existing park or privately owned facilities in the general area might meet the need temporarily. But by 1990, the additional sites should be built by the state. The number of existing state owned sites for meeting the second priority is unknown, so costs cannot be estimated.[6]

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[6]See Appendix

## PRIVATELY OWNED RECREATIONAL FACILITIES

The building code changes outlined in this chapter and in the chapter on designing the physical environment will require new privately owned recreation facilities which are open to the public to provide full accessibility to all activity areas. Existing facilities present a more difficult problem because of the costs involved. The Task Force hopes that recommendations made in the Taxation chapter will encourage remodeling for accessibility by private property owners. A sufficient number of people with physical disabilities live in most areas to make it profitable for at least some owners of recreational facilities to make their properties accessible. THE TASK FORCE STRONGLY URGES all owners of recreational facilities to make their properties as accessible as possible. In many cases the cost will be minimal.

## INFORMATION ABOUT RECREATION

People with physical disabilities and their families face problems in locating accessible facilities or learning about regulations which specifically affect them. Often there is no way, other than trial and embarrassment, that a person can know for sure which places are accessible. A person with a physical disability may be able to acquire information by word of mouth about accessible places in his own area, but finding them in an unfamiliar area usually presents difficulties.

The "accessibility" logo is an internationally understood symbol. The Task Force believes the logo should be used as widely as possible, but only on facilities which meet standard criteria of full accessibility. THE TASK FORCE RECOMMENDS:

To the Legislature:

Legislation officially adopting the logo as a state symbol, attaching standards to its use, and prohibiting its display in places which do not conform to accessibility criteria and attaching a penalty to misuse. Standards for display of the symbol should be developed from the recommendations for building code changes in the chapter on Designing the Physical Environment. A first offense should incur a minimal fine to cover the cost of inspection. Subsequent offenses should incur a heavy fine.

To the Division of Health:

Train health inspectors in the meaning and criteria established for use of the symbol and direct them to check for compliance as part of their routine inspections and to report non-compliance to the Division of Safety and Buildings or a local building inspector.

To the Division of Safety and Buildings:

Investigate violations reported by private citizens or health inspectors to determine if a violation has occurred.

The Task Force also encourages the use of the logo by the owners of accessible facilities both on their premises and in their advertising. Promotion of the logo may be advantageous to the hotel and restaurant industries. Tourism and recreation rank as the third largest industry in Wisconsin. There is no advantage to businesses when people with physical disabilities stay home because they cannot locate accessible recreation facilities. The profitability of using the logo has been demonstrated both in Champaign, Illinois and in Hot Springs, Arkansas. After the University of Illinois made its campus barrier free, the businesses near campus eliminated barriers to attract student customers with physical disabilities. Elimination of barriers also proved a profitable way to attract customers in Hot Springs.

Several other actions can help provide information about accessible facilities and special programs for Wisconsin's citizens and visitors with physical disabilities. THE TASK FORCE RECOMMENDS:

To the Department of Natural Resources:

1. Institution of a program to use the accessibility logo on signs located at parks and other recreational site entrances, when these sites are accessible. The Department's Bureau of Parks and Recreation currently has a program to expand the accessible facilities in state parks. The program includes asking entrance control personnel to inform visitors with disabilities of appropriate facilities. Information concerning the location and scope of accessible facilities should be provided at the entrance stations and in appropriate publications.

2. Include descriptions of special provisions and eligibility for hunters and fishermen with physical disabilities in Department publications such as hunting and fishing regulations, pamphlets and guides to state parks and forests. Current publications do not mention special provisions which include free fishing licenses to people who are "75% disabled or more for purposes of social security, retirement or other disability benefits" or who have sight impairments to such a degree that they "cannot read ordinary newspaper print with or without corrective glasses." Hunters who are unable to walk and require a wheelchair or prosthetic applicance for mobility may apply for a standing automobile permit, under which the person is allowed to shoot from a parked car. Hunters with this disability also have special privileges in the issuance of party permits, which allow shooting an extra deer. The Big Game hunting pamphlet is too small to include all the regulations, but it should mention that there are special provisions and direct the reader to further information.

3. The Division of Tourism and Information should take all possible steps to encourage the suppliers of literature on recreational facilities which are distributed by Tourism Centers to include in their literature information about accessibility. Although publications for the current year are already printed, the form letter sent by the Division to information suppliers should include this suggestion for next year's materials.

To the Department of Natural Resources:

4. Develop a uniform system of signs bearing the logo designating the direction to or location of all accessible recreational sites. These signs should have raised or recessed letters and symbols or include braille for visitors with sight disabilities. The Division of Highways already has an adequate system of signs with the logo along highways to indicate accessible way sides and rest areas. The use of symbols in state parks is less systematic.

To the Department of Transportation:

Include accessibility logos to indicate accessible state park facilities on the official highway map. The map already includes symbols to locate state parks, public hunting and fishing grounds, county parks and forests, public camping grounds, and state tourist information centers. Changing the "map explanation" symbols to provide information on accessibility should not be too difficult.

To Local Chambers of Commerce:

Development of a public service project to compile directories for public use of accessible recreation and tourist facilities in their communities.

To the Wisconsin Telephone Company:

As a public service, encourage the use of the symbol in yellow pages

advertising eligible facilities and provide a separate section under "Restaurants", "Motels" and "Taverns" to indicate accessible facilities. The Wisconsin Telephone Company and the National Paraplegia Foundation-Milwaukee Area Chapter have already begun a cooperative effort to encourage use of the logo in advertising.

These recommendations avoid setting up special facilities to provide information to people with physical disabilities. The Task Force believes existing information sources should include accessibility information, both for people with physical disabilities and for the education of the general public.

## TECHNICAL ASSISTANCE TO COMMUNITIES DEVELOPING PROGRAMS AND REMODELING PROJECTS

Local communities which want to establish programs for people with physical disabilities or build or remodel facilities with accessible designs, need technical assistance and information to implement their goals. In some instances, more technical assistance will be needed than can be supplied by local boards of citizens with physical disabilities. Therefore, THE TASK FORCE RECOMMENDS:

To the Department of Local Affairs and Development:

Development of necessary resources and staff expertise to provide technical assistance to local communities where it is needed.

To the University of Wisconsin - Extension Division:

Development of workshops and seminars on accessibility remodeling and recreational programming for people with physical disabilities which can be made available throughout the state.

## PHYSICAL EDUCATION FOR PHYSICALLY DISABLED CHILDREN

The Task Force believes that a physical education program which contributes to a child's physical or motor development is as important as any other part of the school curriculum. It is particularly important that children with physical disabilities be able to participate in their school physical education program.

The laws governing participation in physical education programs are vaguely written. Section 118.01(3) of the Wisconsin statutes states that "physical instruction and training shall be provided for all pupils." The Physical Education Consultant for the Department of Public Instruction reports that physical education is considered mandatory at all grade levels unless the pupil is excused with a doctor's note. Such an excuse, however, is easily obtained. Many physically disabled students may fail to receive physical education in the schools not because they are completely unable to participate, but because the teachers and the programs are not geared to accept them and whatever special requirements they may present.

Whenever possible, physically disabled children should be allowed to participate in regular physical education class activities. When this is not possible, "adaptive" activities, either within a regular class or in a completely adapted program, should be provided. Section 121.02(2) of the Wisconsin Statutes states that school districts classified as eligible for the highest level of state aid must have "sufficient pupils and the proper teacher-pupil ratio to be able to provide a modern enriched educational program as defined by the department..." In accordance with this provision, the Department of Public Instruction has printed guidelines called "Characteristics of a Modern Enriched Program." These guidelines state that an

approved physical education program should provide adaptive activities for students who cannot participate in the regular program because of physical handicaps or other limiting factors. These remain guidelines, however; they are not mandatory. No inspection is carried out to insure that these guidelines are followed.

There are several indications that adequate adapted physical education programs are rarely available in Wisconsin schools. Dr. Lane Goodwin, coordinator of the Physical Education Programs for the Handicapped at the Univeristy of Wisconsin at La Crosse, surveyed the adapted physical education programs in the state in 1972. Even after a follow-up card was sent, only 31 per cent (125 out of 408) of the school districts returned the questionnaire. On these 125 districts, only 20 per cent provided any kind of adaptive physical education. Probably, even fewer of the non-replying districts have adaptive programs.

A survey done three years ago by the Department of Public Instruction to discover the training and fields of specialty of Wisconsin physical education teachers amply documents the lack of trained personnel for adapted physical education-special education programs in 1972. It found that the professional training for the staff teaching adaptive physical education was, on the average, only one course at the undergraduate level.

The requirements for a license to teach physical education-special education are minimal; only three courses dealing with exceptional children are required beyond the regular requirements for teacher certification and physical education specialization. This is a total of 9 semester hours of special training, and as little as 1 hour may be taken as a practicum in working with exceptional children. Regular physical education teachers who do not specialize in working with exceptional children are not required to

take any classes which would help them to deal with disabled children in a regular classroom situation.

Chapter 89, Laws of 1973, provides for mandatory special education programs for handicapped children which fit the individual needs of the children. The local school district is responsible for seeing that each child receives the special instruction he or she needs, and the state reimburses the local districts for 70 percent of the cost of providing this additional education. Chapter 90, Laws of 1973, requires school districts to meet certain standards in 13 areas of education, including physical education, within three years in order to continue receiving state aid. The standards for physical education and adaptive physical education are currently being set by a special task force. It is hoped that the process of defining Chapter 89 and developing standards for these provisions of Chapter 90 will include identification of physical education as one of the educational programs which must be provided to physically disabled children, tailored to suit their needs.

The Task Force believes that high quality physical education programs, staffed by physical education instructors who are trained to teach physically disabled children, should be provided for all physically disabled primary and secondary school children. In order to insure that physical education programs are provided for all physically disabled children, THE TASK FORCE RECOMMENDS:

To the Department of Public Instruction:

An official interpretation of Chapter 89, Laws of 1973, including physical education among the educational needs of disabled children which must be served by the school program. Legislative action should be taken if an interpretation is insufficient to serve this end.[6]

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[6] If Chapter 89 were to be interpreted as including physical education among the needs which must be served, then the cost of setting up the--continued---

In order to staff these physical education programs with people competent to deal with physically disabled children's special needs, THE TASK FORCE RECOMMENDS:

To the Department of Public Instruction:

1. Modify state teacher certification requirements to require specific course work, for all certified physical education teachers, to enable them to work with mainstreamed physically disabled children;

2. Modify certification requirements for physical education teachers with a specialty in special education to include at least three credit hours of clinical practice;

3. Establish an extensive in-service training program to train physical education instructors already working in the schools to work with mainstreamed physically disabled children.

## TRANSPORTATION TO RECREATION PROGRAMS

Funding for the transportation of people with physical disabilities to and from recreation programs is crucial since the public transportation system is not accessible to them. Currently there is no state or federal money for such transportation for people under age 60. The chapter of this report on "The Federal Role" includes recommendations for actions on the federal level for both children and adults.

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6 programs and providing in-service training would be funded under this chapter. Accurate figures for the number of school children with physical disabilities who would require a modified physical education program are not now available. Probably the total will include the 4,998 children of school age (Kindergarten through 12th garde) who are "crippled or have other health disorders" and the 300 visually handicapped children not attending special classes. Many of the approximately 2800 physical education teachers in Wisconsin will be affected by these recommendations if large numbers of physically disabled children are successfully "mainstreamed."

There is an opportunity for the state to help provide recreational programming and transportation for children with physical disabilities through the implementation of Chapter 89, Laws of 1973. The statute specifically includes transportation assistance for educational purposes as an item eligible for state aids. It does not, however, specifically mention transportation to and from recreational activities sponsored by or associated with the schools. The Task Force believes that since recreational programming is conducted by school districts in conjunction with school programs, it should be considered an educational function and covered by transportation aids. Therefore THE TASK FORCE RECOMMENDS:

To the Department of Public Instruction:

Adoption of an administrative rule or a policy which defines recreational programming as an educational function covered by all state aids under Chapter 89.

MINORITY REPORT

"I would like the final report to show that I strongly oppose the recommendation that gas station restroom facilities in all new construction be required to be accessible to the physically handicapped persons. The present energy crisis which has and will in the future limit private vehicular travel on our highways, will negate the tremendous fiscal expenditure these priorities propose. I DO NOT support this recommendation, in it's submitted form."

Nancy Crowley
Manitowoc

# TAXATION

People with physical disabilities and their families frequently face the dismal prospect of life on the fringe, or in the depths, of punishing poverty. The federal government's 1970 study of the permanently and totally disabled population showed more than 93,000 Wisconsin citizens, between the ages of 16 and 64, as (1) disabled, (2) unable to work, and (3) living on an annual income of less than $2,000. The state-wide per capita income, for the same period, was estimated to be $3,794. The same federal study pointed out about one-half of Wisconsin's disabled people live in family units whose income matches or falls below national poverty standards.[1]

Once caught in the patterns of poverty, it becomes difficult for people with physical disabilities to break out, just as it is for many of the poor. To change their condition, to become reasonably self-sufficient and productive, usually requires people with physical disabilities and their families to make special use of already limited resources. It is rare to find an individual with a disability unwilling to make this investment with some help and encouragement. The Task Force concludes that it is time to adopt new, more equitable tax policies reflecting government's willingness to share in that investment.

## Personal Income Taxes

The federal government has traditionally accorded the blind special treatment under the internal revenue codes. A blind taxpayer submitting a federal income tax return, and the taxpayer with a blind spouse are each entitled to an additional individual exemption of $750 in reporting gross

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[1] Health, Education, and Welfare study, "On Aid to the Permanently Disabled," 1970.

SPECIAL PROVISIONS AFFECTING HANDICAPPED RESIDENTS UNDER STATE PERSONAL INCOME TAX LAWS

| | |
|---|---|
| Arizona | Additional exemption for blind taxpayer or spouse: $500. |
| California | Additional credit against net tax liability for blindness: $8. |
| Colorado | Additional exemption for blind taxpayer or spouse, or mentally retarded dependent: $750. |
| Delaware | Additional exemption for blind taxpayer or spouse: $600. |
| District of Columbia | Additional exemption for blind taxpayer or spouse: $500. |
| Georgia | Additional exemption for blind taxpayer or spouse, physically handicapped or mentally retarded taxpayer: $700. |
| Hawaii | Additional exemption for blind taxpayer: $5,000. |
| Idaho | Additional exemption for blind taxpayer or spouse: $750. |
| Indiana | Additional exemption for blind taxpayer or spouse: $500. |
| Iowa | Additional credit against net tax liability for blind taxpayer or spouse: $15. |
| Kansas | Additional exemption for blind taxpayer or spouse: $600. |
| Kentucky | Additional credit against net tax liability for blind taxpayer or spouse: $20. |
| Louisiana | Additional exemption for blind taxpayer, spouse or dependent, for mentally retarded taxpayer, spouse or dependent, or for taxpayer, spouse of dependent with limb loss: $1,000. |
| Maine | Additional exemption for blind taxpayer or spouse: $1,000. |
| Maryland | Additional exemption for blind taxpayer or spouse: $800. |
| Massachusetts | Additional exemption for blindness varies with amount and nature of income. |
| Minnesota | Additional credit against net tax liability for blindness varies with age and marital status. |

| | | |
|---|---|---|
| Mississippi | Additional exemption for blind taxpayer or spouse: | $750. |
| Montana | | $600. |
| New Jersey | | $650. |
| New Mexico | | $750. |
| New York | | $650. |
| North Carolina | | $1,000. |
| North Dakota | | $750. |
| Oregon | | $750. |
| Rhode Island | | $750. |

| | |
|---|---|
| South Carolina | Additional exemption for blind taxpayer: $800. |
| Utah | Additional exemption for blind taxpayer or spouse: $750. |

SPECIAL PROVISIONS AFFECTING HANDICAPPED RESIDENTS UNDER STATE PERSONAL INCOME TAX LAWS

## Recapitulation

Number of states with special provisions affecting handicapped residents under state personal income tax laws . . . . . 28

Number of states with special provisions affecting the blind taxpayer, the taxpayer with a blind spouse or dependents . . . . . 28

Number of states with special provisions affecting the mentally retarded taxpayer, the taxpayer with a mentally retarded spouse or dependents . . . . . 3

Number of states with special provisions affecting the physically handicapped (other than the blind) taxpayer, the taxpayer with a physically handicapped spouse or dependents . . . . . 2

income. Partial blindness, meeting the tests set by the federal government, is treated in the same fashion. There are no comparable provisions under federal law for the taxpayer with another type of handicapping condition.

A quick review of tax policies in those states levying a tax on personal income (some 44 states and the District of Columbia) shows 28 states make special provisions reducing the tax burden of individuals or families affected by handicapping conditions. Each of the 28 states provides either one additional exemption or a tax credit in the case of blindness. The basic policy is comparable to that of the federal government; both blind taxpayers and taxpayers with a blind spouse may claim an exemption ranging from $500 to $5,000. The median exemption allowed is $750.

Only three states among the 28 offer some significant relief for taxpayers affected by other handicapping conditions. Colorado, Georgia and Louisiana provide for an additional exemption in the instance of mental retardation. Georgia also provides an additional exemption of $600 for a physical disability (including blindness); Louisiana allows an additional $1,000 exemption for the taxpayer, spouse or dependent with a missing limb. Despite continuing efforts to enact legislation reducing the tax burden of individuals and families affected by handicapping conditions, there have been only modest achievements.

Effective tax relief requires a definition of disability which extends to many different conditions but remains narrow enough to prevent the creation of a "loophole" for persons who do not have a disability. While a legal definition of blindness exists, there is no single definition of other disabilities which is at once simple enough to be administered by the Department of Revenue and inclusive enough to assure that relief is extended to all persons with disabilities. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

1. Adoption of a joint resolution directing the Legislative Council in cooperation with technical experts from the Department of Revenue to develop a workable definition of disability for tax relief purposes. Other agencies have developed definitions of a variety of disabling conditions for their own purposes. Some of these are included in the Appendix to this report.

2. Amendment of the Wisconsin Statutes levying a tax on personal income to permit all taxpayers with a physical disability, including the totally and partially blind, and taxpayers with a spouse with a disability to claim one additional exemption in reporting gross income.

As a basic approach to providing tax relief, the effective impact in allowing an additional exemption is concentrated among those taxpayers who earn at least a moderate income. For those individuals and families attempting to make ends meet on a low income, the additional exemption has no utility since there usually is no effective tax liability in their case.

Most money payments to a person with a physical disability under different provisions of the Social Security Act are based on the amount of other income received. Whatever the amount of payments under the federal program, they are excluded in reporting gross income. The same is true of disability payments under Workmen's Compensation, income protection and some other insurance plans. Since these money payments are frequently the main (if not only) source of income for people with physical disabilities, and since they are excluded in reporting gross income under federal and Wisconsin laws, it becomes evident the allowance of an additional exemption is not a viable solution to the financial problems of individuals and families with low incomes.

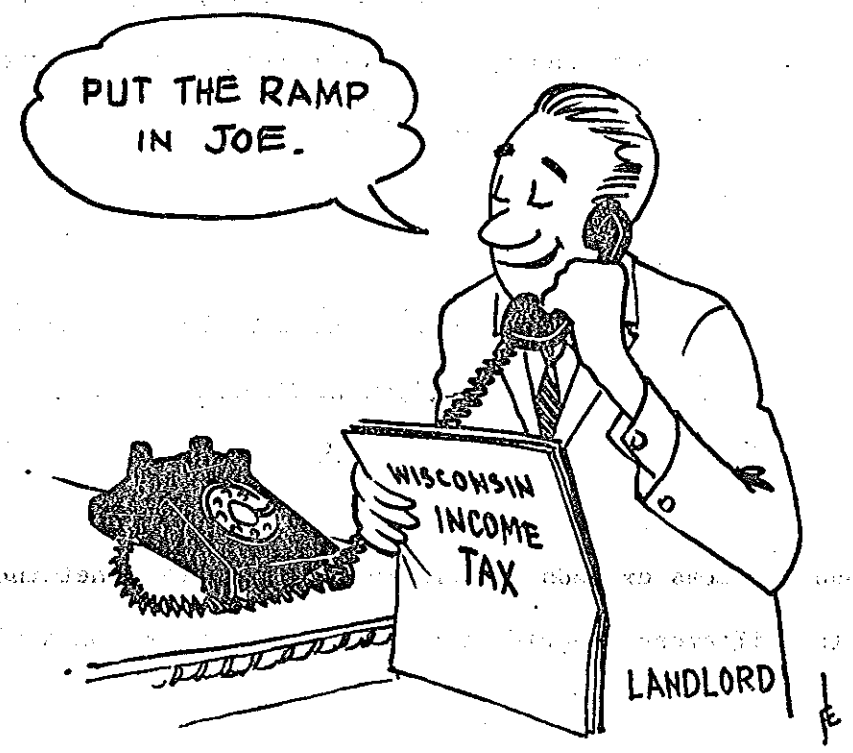
Regardless of income level, persons with disabilities and their families may incur extraordinary expenses in attempting to move toward a higher degree of self-sufficiency and toward a productive role in the community. Some of these costs do qualify as legitimate deductions under the current federal and Wisconsin laws; others do not. For example, the costs of specialized equipment, expenses in modifying a home to provide the needed degree of mobility are invariably borne by the individual with the disability or their families without relief. Yet, these and similar costs represent an investment in breaking a pattern of dependency. In order to alleviate this problem, the TASK FORCE RECOMMENDS:

To the Legislature:

Adoption of a system of tax credits against personal income tax liability, permitting the people with physical disabilities or their families, to recover extraordinary costs in working to achieve a higher level of self-sufficiency and productivity. Where the credit for purchase of designated equipment and services exceeds the individual taxpayer's net income tax liability, the difference should be paid to the taxpayer on a sliding scale geared to gross income.

## Corporate Taxes

As recommendations presented elsewhere in this report clearly show, physical barriers prevent many people with physical disabilities from gaining access to business, industrial, commercial, dining and entertainment establishments throughout the State of Wisconsin. Aside from the constitutional and other issues involved, there are practical economic problems in working toward the elimination of these barriers.


PUT THE RAMP IN JOE.
WISCONSIN INCOME TAX
LANDLORD

The Task Force believes that the private sector should be offered some incentive in taking remedial steps, at the earliest possible moment, insuring accessibility to places of employment, business, entertainment, living and other services. The necessary modifications and improvements will represent, in some cases, a rather sizeable investment to individuals and firms. While it is true these capital improvements are treated as depreciable costs, added financial incentives, comparable to those contained in 1973 Assembly Bill 1213, are needed to encourage the private sector's acting. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Adopt legislation along the lines of Assembly Bill 1213 or comparable legislation providing tax deductions for the costs of renovations to insure that people with mobility problems have full access to buildings and facilities controlled by private businesses.

## Property Taxes

Recently the Wisconsin Legislature changed the Wisconsin Homestead Credit Program by extending eligibility for relief to homeowners and renters, 18 years or older. Limited to individuals or families with an income under $7,000, the revised program still presents some serious difficulties for many of Wisconsin's older citizens and people with physical disabilities.

While money payments under different titles of the Social Security Act and other types of disability benefits are excluded in the computation of federal and Wisconsin personal income tax liability, the same payments must be added to household income in determining what homestead credit (if any) can be claimed by the taxpayer. The practical result may be a double penalty for low to moderate income families having income derived from disability pay-

ments and earned income. Part of the family's limited resources may go to meet extraordinary costs related to the production of earned income. The consideration of both earned income and disability payments in determining the homestead credit works to negate the value in showing initiative or wanting to reduce dependency. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Amendment of the Homestead Credit Program to permit those payments received by people with disabilities and people over age qualifying as exclusions under federal and Wisconsin laws for the computation of gross income to be excluded in determining the amount of household income subject to the $7,000 limitation under the Homestead Credit Program.

In some states, special concern has been shown over the effect of rising property values and corresponding increases in property taxes levied against homesteads held by persons living on fixed incomes. Older people, for example, may benefit from the policy of freezing the property tax levied at a level compatible with the income derived from Social Security benefits or other retirement programs. A more dramatic form of relief is the exclusion of homesteads held by the elderly or poor from those properties normally taxed by a community.

The financial problems of older citizens and many people with physical disabilities are essentially the same during an inflationary period; fixed incomes do not keep pace with other costs and the rise in property values. To provide special exemptions in levying taxes on the property held by these citizens presents an immediate legal problem. Article VIII of the Wisconsin Constitution requires uniformity in levying any tax. But, it is a problem which conceivably could be overcome through constitutional amendment and, once overcome, would significantly relieve the financial burden of many

people with physical disabilities. Therefore, THE TASK FORCE RECOMMENDS:

To the Governor and the Legislature:

Consider policies and procedures leading to the adoption of reasonable exemptions in levying property taxes against homesteads owned and occupied, or rented and occupied, by persons with disabilities and retired persons qualifying as the head of a household. Such exemptions must be based on level of income and other tests measuring the ability to pay.

## Sales Tax

Prescription drugs and most medical devices needed by people with physical disabilities are exempt from the Wisconsin sales tax. But there are some problems in interpretation that have grown out of the language used in sections 77.51 and 77.54 of the Wisconsin Statutes. As a consequence, some types of prosthetic appliances, devices, and other supplies or services may not meet the statutory test for exemption from the sales tax.

Because of the complexity and costs in administering a selective sales tax, it may be more reasonable to anticipate relief in this problem area by designating these materials and services as a distinct category under which a credit can be claimed in computing net personal income tax liability in Wisconsin. THE TASK FORCE RECOMMENDS:

To the Governor:

Direct the Secretary of Revenue to determine the full extent of the problem in exempting, from the Wisconsin sales tax, a reasonable array of appliances, devices, services and supplies essential to the needs of people with physical disabilities. The Secretary should propose the best means, through administration of the sales tax or personal income tax, for exempting or granting credit for payment of the sales tax on such materials and services.

## Transportation

More often than not, persons with mobility problems are effectively denied the use of public transportation systems, many supported by the tax revenues collected at federal, state and local levels in the governmental system. These barriers are fully discussed in the section on transportation problems.

The Task Force is convinced that as long as a person with a mobility problem remains responsible for providing his or her own transportation to a place of employment, or to a college or university, the governmental system has some degree of responsibility for compensating that individual, in whole or in part, for the costs incurred. Therefore, THE TASK FORCE RECOMMENDS:

To the Legislature:

Initiate legislation to provide either a system of direct payments, or a credit against net personal income tax liability based on miles travelled, to people with mobility problems who are providing their own means of transportation to and from a place of work, study, or job training; where the credit for transportation costs exceeds the individual taxpayer's net income tax liability, the difference should be paid to the taxpayer on a sliding scale geared to gross income.

## THE FEDERAL ROLE

The Task Force concentrated on problems which could be solved or alleviated through state and local action. In its investigation and deliberations, however, the Task Force encountered many problems which could only be solved at the national level. These problems involved federal jurisdiction, enforcement of federal laws, programs which are federal or shared between federal and state government, and problems whose magnitude is beyond the capacity of state government to resolve.

This section is organized around the same basic problems identified in the report and recommendations for state action. Ideally, a combination of state and federal action could create a smoothly working system for people with physical disabilities where the actions of the two levels of government complement rather than conflict with each other. Even on the state level, it is often difficult for policy makers to be fully aware of the needs of citizens or the impact of their decisions on minority groups. This section intends to call these problems to the attention of Wisconsin's Senators and Representatives in Washington and of other appropriate officials at the national level.

### CIVIL RIGHTS

The Civil Rights Act of 1964, as amended in 1972, is the fundamental law implementing the constitutionally guaranteed rights of minority groups. A substantial body of case law was developed defining illegal discrimination and guaranteeing the rights of citizens protected by the Act. Federal administrative agencies and executive orders have also substantial concrete direction to assure that rights are not abridged because of race, sex, and national origins. The Task Force believes that people with physical

disabilities also constitute a minority group which has suffered from overt discrimination in employment, housing, education, and public accomodations.

Therefore, THE TASK FORCE RECOMMENDS amendment of the Civil Rights Act of 1964 to extend its protections to people with disabilities.

## EMPLOYMENT AND CONSUMERISM

### SOCIAL SECURITY DISABILITY AND DISINCENTIVES TO WORK

Under the present Social Security Law, persons are eligible to receive benefits only if they have a disability which prevents them from engaging in "substantial gainful activity" for a continuous period of at least 12 months. The definition of "substantial gainful activity" centers on an earned income maximum of $140 per month. The law further provides for a trial work period of nine months to permit people with disabilities to attemt work without immediately sacrificing eligibility for benefits.

Many persons, who testified at the Task Force Hearings, are unable to work full time at occupations which pay enough to support themselves and their families and to meet often high medical costs. These people expressed strong desires to work and to contribute to society as much as they can. However, they fear losing their social security eligibility if they earn more than the allowable $140, but less than an adequate income. In a period of rapid inflation, $140 per month is an unreasonably low sum for self-support. The Task Force believes that people with physical disabilities should be encouraged rather than penalized for seeking to work as much as is possible for them. For many, an active contributing role is essential to psyshological and physical well-being. Therefore, THE TASK FORCE RECOMMENDS amendment of the Social Security Act to provide a sliding income scale with benefits supplementing actual earnings to assure an adequate standard of living.

Enactment of this provision will create additional administrative burdens. However, it should reduce the number of persons receiving full benefits and add to the social security fund through taxation of their earned income. Persons working for very low incomes are often reluctant to seek other forms of public assistance because of the stigma attached to welfare. If social security permitted a sliding scale of benefits and earnings, an increase in case load could be expected along with some decline in the numbers of low income working persons with physical disabilities seeking other forms of public assistance.

## THE WIN PROGRAM AND VOCATIONAL REHABILITATION

The Work Incentive Program requires registration of public assistance recipients who are able to work and who do not have pre-school children. It further requires recipients to accept jobs available. Some persons with physical disabilities are eligible both for the WIN Program and for services offered by the Division of Vocational Rehabilitation. Because the eligibility criteria of the two agencies differ, persons with disabilities are sometimes required to drop a vocational preparation program to accept an unskilled job which is immediately available. THE TASK FORCE RECOMMENDS amendment of the WIN guidelines to permit individuals receiving vocational rehabilitation and training through the Division of Vocational Rehabilitation to complete their rehabilitation programs before being required to assume paid employment. Local WIN offices should be directed to co-operate with vocational rehabilitation programs in screening applicants.

## HEALTH INSURANCE

The high cost of medical care is well documented nationally. This cost is particularly burdensome for people with physical disabilities who

are living on social security or very moderate incomes. Testimony at the public hearings indicated particular problems for persons whose disability made them eligible for MEDICARE coverage, but whose assets were too high to allow coverage of their dependents under MEDICAID. Some persons needing extraordinarily prolonged or expensive medical care such as kidney dialysis or treatment for hemophilia testified that while receiving treatment they were able and willing to work, but dared not because they feared loss of their medical assistance eligibility. Even highly skilled workers cannot usually earn enough to pay these extraordinary costs and many private health plans exclude previously existing conditions. The only recourse for these individuals is life on public assistance. The TASK FORCE STRONGLY SUPPORTS legislation and implementation of a program of national health insurance which includes previously existing conditions and which permits individuals to earn incomes while retaining eligibility.

FEDERAL REGULATIONS AND THE NEEDS OF THE HEARING IMPAIRED

People with hearing disabilities have needs for communication which can only be met through use of federally regulated systems. Rapid communication for people with hearing disabilities has been made possible through the use of teletypewriters transmitting messages through long-distance telephone networks. The process is fairly effective, although time-consuming and costly.

An estimated 50,000 persons with hearing disabilities in the United States own or lease teletypewriter units. After the initial cost and installation charges, they must pay dearly for use of long-distance lines.

Preparing and transmitting a typed message requires more time than transmitting the same message verbally, from one hearing person to another. The content of a three-minute, long-distance conversation between two

individuals with normal hearing may require 12-15 minutes when the same exchange involves at least one person using a teletypewriter. Long distance toll charges mount quickly.

The United States Senate is currently considering a bill introduced by Alaska's Senator Mike Gravel, allowing all common carriers to provide toll-free or reduced rate service for persons with hearing disabilities using teletypewriters to communicate. THE TASK FORCE URGES SUPPORT of the provisions contained in S. 1218 pending before the Commerce Committee of the U.S. Senate, permitting common carriers to provide toll-free or reduced rate service.

The Federal Communications Commission licenses and regulates television stations. It encourages but does not require signing or printing of emergency news and warning bulletins. Many people with hearing disabilities watch television for entertainment or information. They suffer unnecessary anxiety when the words "WARNING", "EMERGENCY," or "NEWS FLASH" appear on the screen, accompanied only by a voice-over which they cannot hear. THE TASK FORCE RECOMMENDS that the Federal Communications Commission require television stations to convey emergency information for persons with hearing disabilities either by signing or lettering.

Persons who suffer a total hearing loss and those who cannot read lips now derive only minimal benefits from television programming. The use of signing, summary captions or other methods to convey the essential content of news, entertainment, and sports programming would greatly enhance the opportunities of these individuals to communicate with and understand the hearing world. THE TASK FORCE RECOMMENDS that the Federal Communications Commission strongly urge licensees to experiment with methods for serving this existing and potential audience. Creative programming of this sort should weigh heavily as a public service contribution when license renewals are considered.

## HOMEMAKER SERVICES

Many persons with physical disabilities need assistance in maintaining their homes or apartments. Routine tasks that present little or no challenge to others, may be difficult or even impossible for persons with disabilities to perform.

The federal and state governments share in providing homemaker services to different types of client groups throughout the country. Administered through the county social service departments in Wisconsin, the homemaker services program emphasizes help to families in a crisis situation, to training for welfare recipients, and to others who might otherwise face institutionalization at public expense. The program is geared to temporary rather than extended assistance needs.

Current guidelines do not provide for the extension of homemaker services to adults with physical disabilities attempting to live independently and provide for family needs. In many cases, this need for assistance cannot be met without severely straining limited resources. The marginal, fixed income of many persons with physical disabilities makes the cost of hiring outside assitance prohibitive.

THE TASK FORCE RECOMMENDS broadening of the eligibility guidelines in the provision of homemaker services to include persons with physical disabilities who have limited financial resources. Revised guidelines should scale services to ability to pay and should provide services which will prevent unnecessary institutionalization even when private insurance would cover the cost of institutional care.

## TRANSPORTATION

### INTERSTATE TRAVEL - FEDERALLY REGULATED COMMON CARRIERS

In spite of the statement of national policy in the Urban Mass Transportation Act that "elderly and handicapped persons have the same rights as other persons to utilize mass transportation facilities and services" agencies of the federal government which regulate common carriers have permitted discriminatory practices to continue.

The tariff from the Interstate Commerce Commission which regulates interstate bus lines lists people with mobility problems as "objectionable persons" along with persons under the influence of alcohol or drugs and does not require the carrier to transport them. The Federal Aviation Administration permits airlines to refuse service to persons with physical disabilities who are not accompanied by an attendant. The capricious enforcement of this policy makes it doubly burdensome. People with mobility problems may board without objection at some airports, only to find themselves barred from a connecting flight at another airport. AMTRACK policy is more responsive to the needs of people with physical disabilities. Section 1124.15(b) of the Regulations Governing the Adequacy of Intercity Railroad Passenger Service states:

> "Carriers shall, upon reasonable advance notice, provide to the extent reasonably possible, the necessary assistance to customers who, because of age, physical condition, or dietary restrictions need special assistance in their travels."

Amtrack Executive Memorandum 72-4 directs special attention to employee training in the proper methods of assisting passengers with physical disabilities and to design criteria to make new and renovated equipment and facilities accessible and usable to persons with disabilities. Amtrack, however, does not have appropriations adequate to implement extensive changes.

THE TASK FORCE RECOMMENDS legislation to assure that federal regulatory agencies develop rules which require common carriers to provide all reasonable assistance to travellers with physical disabilities and prohibiting them from denying or otherwise limiting service because of a physical disability.

THE TASK FORCE ALSO RECOMMENDS appropriations for the National Railroad Passenger Corporation specifically designated for the removal of architectural barriers from equipment and facilities.

## INTRASTATE TRAVEL

### MASS TRANSIT AND PRIVATE VEHICLES

People with mobility problems must rely almost exclusively on private automobiles for transportation. Barriers in the deisgn of streets and public transportation vehicles prevent them from shopping or mailing a letter without the use of a car. The energy crisis, and particularly the possibility of gasoline rationing, weighs most heavily on people who cannot modify their lives to use other forms of transportation.

The federal government has assumed responsibility for assisting state and local governments in meeting the transportation needs of citizens. Federal money assists mass transit companies in their capital improvements. Under the Older Americans Act, money has been available to communities to meet the special needs of senior citizens. The Task Force believes that federal transportation and energy policies must specifically consider the needs of people with physical disabilities. Therefore, THE TASK FORCE RECOMMENDS the development of guidelines from the Federal Energy Office which define total dependence on a private automobile because of physical disability as a "hardship" which entitles people with physical disabilities to an allotment of gasoline suffieient to meet their needs.

Senator John Tunney of California has recently introduced legislation which would require that all federally funded mass transit projects be accessible to people with physical disabilities. Hard pressed local transit companies must rely on public sources for capital improvements. Accessibility will not be a priority for mass transit, unless funding mechanisms provide substantial incentives. Therefore, THE TASK FORCE RECOMMENDS support for S. 3648 and Amendment No. 1449 to S. 3035 to require federally funded mass transit projects be accessible to people with physical disabilities. In addition to accessible new vehicles, adaptive equipment could be used to make existing vehicles usable by persons with physical disabilities. THE TASK FORCE ALSO RECOMMENDS appropriations specifically for the purpose of modifying existing mass transportation equipment to meet the needs of people with physical disabilities.

In many communities no mass transportation system exists. In others, the needs of senior citizens or persons with mobility problems can be met more economically and efficiently by specialized services than by total modification of existing mass transportation. Programs to encourage total transportation should be available to all communities which demonstrate a willingness and ability to contribute to and continue their support, even if those communities are otherwise ineligible for mass transit assistance. To encourage special efforts to meet the needs of persons who are effectively isolated because they cannot drive their own cars for physical or economic reasons and because there are no usable public facilities available, THE TASK FORCE RECOMMENDS legislation establishing and funding programs to meet the specific transportation needs of people with mobility problems and senior citizens. These programs might be supplements to existing mass transit systems or entirely new ventures. Funds should be available for the purchase of

accessible vehicles or adaptive equipment for existing ones to meet this need.

## EDUCATION

Recent circuit court decisions have required the public school systems to educate all children, including children with disabilities. In Wisconsin, the passage of Chapter 89, Laws of 1973, required school districts to provide for the exceptional educational needs of every child. In addition to the basic instructional programs, public school districts in Wisconsin have also sponsored social and recreational activities for young people. Until recently, Wisconsin school districts have used Title I monies for disadvantaged children to support transportation for recreational programs for children with physical disabilities by defining a substantial disability as a "disadvantage". This practice stopped when the Department of Public Instruction was informed that only children who were residents of target or proverty-area school districts were eligible for Title I funds. Subsequent attempts to use the monies for children with disabilities who were residents of target districts in integrated programs with other children were also denied.

The Task Force understands that Congress intended to fund programming for the financially disadvantaged. However, the extraordinary expense of providing transportation and programs for children with physical disabilities of any income group prevents school districts from meeting their special needs. The Task Force believes that either a redefinition of disadvantage to include severe physical disability or new legislation to meet this specific need is necessary. Further the Task Force believes that use of the funds to transport target area children to integrated programming should be permitted within the existing law. Therefore, THE TASK FORCE RECOMMENDS

1. That Wisconsin Senators and Representatives seek from the Department of Health, Education, and Welfare guidelines for the use of monies under Title I, Elementary and Secondary Education Act, which permit the use of funds to support children from target areas in integrated programs.

2. That Wisconsin Senators and Representatives support additional funding through this act or through new legislation which assists school districts in meeting the educational and social needs of children with physical disabilities.

## REHABILITATION

Vocational Rehabilitation is a shared program between the state and federal governments. Federal guidelines now limit the state agency's efforts to provide rehabilitation services to persons who are most in need of them -- people with severe physical disabilities.

The Rehabilitation chapter of this report discusses federal guidelines and criteria at length.

Persons with severe physical disabilities may be ineligible for rehabilitation services because they cannot be expected to meet the "gainful occupation" criterion. However, they can benefit from rehabilitation services for independent living, enabling them to care for themselves rather than depending upon extensive care of relatives or employees or institutionalization. Other individuals may benefit from rehabilitation services which enable them to work part time at a "gainful occupation", even though their physical condition precludes full time competitive employment.

The delivery of vocational rehabilitation services is also hindered by criteria of success based on a count of "case closures". The Task Force recognizes that the federal government needs a standard to assess the delivery of services it funds. However, strict adherence to case closure rewards agencies

whose efforts are expended on individuals whose disabilities do not require long-term expensive care and penalizes attention to people with very severe disabilities. Therefore, THE TASK FORCE RECOMMENDS:

1. That Wisconsin Senators and Representatives seek changes in the criterion of "gainful occupation" which will permit the state agency to provide services geared to the outcomes of "independent living" and "employment for supplementary income."

2. That Wisconsin Senators and Representatives seek methods of measuring agency performance which include emphasis on serving persons with severe disabilities, even though fewer cases of this type will be "closed" within specific time periods.

## TAXATION

People with physical disabilities often encounter extremely high costs in holding jobs which generate income subject to federal taxation. These extraordinary expenses are not now deductible from taxable income or tax liability. Transportation costs to and from work for persons unable to drive or to use public transportation may run well over $1000 per year. In addition, adaptive equipment is needed for some employees. Modification of work sites by employers to offer accessibility should also be encouraged to improve employment opportunities. Therefore, THE TASK FORCE RECOMMENDS:

1. Provisions in the tax laws which permit persons with physical disabilities to deduct from taxable income or tax liability the extraordinary expenses they incur in holding a job.

2. Tax incentives for employers who purchase adaptive equipment or modify buildings to permit the successful employment of persons with physical disabilities.

3. Amendment of the income tax laws to provide an additional exemption for all person with disabilities, such as is now provided for people with sight disabilities.

## FEDERAL BUILDINGS

The Congress of the United State demonstrated a concern for accessible construction of federally financed or assisted buildings with the passage of PL 90-480. This law, however, applies to new construction only and existing facilities still prevent people with mobility problems from visiting tax supported facilities such as their post office or social security office. The Task Force believes that citizens with physical disabilities have a fundamental right to use the facilities provided by their tax dollars. They particularly need to contact social security offices. Therefore, THE TASK FORCE RECOMMENDS:

1. Additional funding to remodel existing federal buildings which provide direct services to the public to enable people with mobility problems to use them.

2. Legislation requiring federal offices which rent space to choose only accessible locations.

3. Legislation requiring federally sponsored public meetings such as conferences, conventions, and public hearings to meet only in facilities which are accessible and usable to persons with physical disabilities.

## INFORMATION

Many of these recommendations for actions or policies on the federal level parallel recommendations for state actions found in the main sections of this report. Implementing federal recommendations will create problems of definition of disability and of population estimates which are discussed at

length in the first chapter, and in the Appendix to this report. Every level of government, local, state, and federal, which is concerned with meeting the needs of people with physical disabilities needs adequate demographic data for program planning, cost estimates, and design of facilities. The best available source of this data is the United States Census. However, in the past the census has not counted or categorized people with physical disabilities. In 1970, a sample study of persons with work disabilities lasting six months or longer was conducted. This study gave no indication of the type of disability involved and covered only persons in the work force. It excluded school age, institutionalized, and senior citizens with physical disabilities. The cost of a census is prohibitive for state and local government. Therefore, THE TASK FORCE RECOMMENDS:

That Wisconsin Senators and Representatives seek to have the Bureau of the Census include questions in the 1980 census which will accurately count the number of persons with sight, hearing, mobility, or speech disabilities which in some way limit their functioning. These questions need not be complex nor directed toward specific diagnoses.

The Task Force believes that initiatives in Washington to implement these recommendations will meet with support from persons in other states. Each of these problems cannot be resolved on the state level, and in some instances the problems themselves are created by federal regulations. The enormous power of federal regulatory and administrative agencies, and the vast sums expended under federal programs will better meet the needs of persons with physical disabilities if the recommendations of citizen groups directly involved with the problems can be heard in Washington.

## OTHER AREAS OF CONCERN

The Task Force received testimony on some problems and encountered others in its deliberations which could not be investigated thoroughly because of lack of staff and time. Other areas of study of interest to people with physical disabilities include:

1. Workman's Compensation. The Task Force did look at the relevant statutes, but was not able to investigate the operations of the program. Questions arose about the adequacy of employer's reporting of injuries, the ability of individual workers to understand and benefit from the system when not assisted by employer or union, and the levels of compensation for injuries.

2. Insurance. The Task Force recommendations attempt to assist consumers by providing information, and by requesting a minimal amount of standardization in language by prohibiting overt discrimination, and by creating an opportunity for the Insurance Commissioner to review rate changes. The large number of companies selling insurance in Wisconsin and the wide variety of rates and rating plans prevented a thorough analysis of the industry itself in relation to people with physical disabilities. The rate structure for medical, income continuation, automobile and life insurance, and the availability of these policies at any price should be more thoroughly studied.

3. Housing. The Task Force believes that implementation of revised building codes will gradually increase the supply of accessible housing. It could not survey the available supply in relation to the

need. Low and moderate income accessible housing supplies need particular study in small towns and rural areas where there is little new construction of multi-family housing covered by existing building codes.

4. Funding Sources. A thorough study of available federal funds and of the current use of revenue sharing funds in Wisconsin is needed to assist in funding recommendations.

5. Delivery of social services.

a. Homemaker-home health aides. Recommendations are largely federal because of a joint federal-state program now operating through county social services. Further study could demonstrate demand and state alternatives more accurately.

b. Information and Referral. The Task Force investigated existing programs and what it believed to be alternatives which could be implemented within the existing system. It did not systematically study all possible systems.

c. Social and Recreational Therapy. These community services cover a broader area than presumed under the adaptive physical education program. The Task Force was not able to sufficiently research this problem.

6. Relationship of Labor Organizations to employment problems of people with physical disabilities. Some testimony and review of several labor contracts indicate wide variations. Some contracts require entry level workers to perform all entry level jobs, even though people with physical disabilities can perform some jobs and not others. Because contracts are negotiated by local unions (over 2,000 in Wis.) the

Task Force could not investigate the extent of this problem.

7. University of Wisconsin. Some of the Task Force recommendations deal with specific curricula. These arose from a concern with other problem areas. The Task Force did not investigate the University system for accessibility, program modifications for students with physical disabilities, or attitudes which could either facilitate or limit opportunities for people with disabilities.

# SUMMARY OF ALL
# TASK FORCE RECOMMENDATIONS

# RECOMMENDATIONS

to the

# GOVERNOR

## NEED FOR A CONTINUING VOICE

Change the name of the Governor's Committee on Employment of the Handicapped to Governor's Committee for People with Disabilities to reflect a wider range of concern. Direct that committee to expand its activities while continuing a program focusing on employment problems.

Appoint citizen members to that committee, including representatives of all major groups of people with physical disabilities, representatives from voluntary associations working with the problems, and professionals in relevant fields.

Direct the committee to:

a. Implement the Task Force recommendations pertaining to it, including encouraging the formation of local committees and providing them with information and assistance; developing and disseminating design criteria to state and local planning agencies; and communicating needs to state agencies involved in carrying out Task Force recommendations.

b. Establish an ombudsman program to investigate complaints and problems encountered by people with physical disabilities and to resolve these with appropriate state agencies wherever possible. This process should include systematic client feedback to social service agencies.

c. Train public employees in the special needs of people with physical disabilities and the impact of agency programs on the group.

Direct each state agency charged with implementing recommendations of the Task Force, including the Department of Health and Social Services, Department of Public Instruction, Department of Industry, Labor and Human Relations, Department of Administration, Department of Natural Resources, Department of Revenue and Department of Transportation, to appoint one person from each relevant division to serve as liaison to the committee to facilitate the flow of information and resolution of problems.

Inclusion in the budget for the next biennium funds to provide the committee with a full time executive secretary, legal advisor, a researcher, an investigator-ombudsman, and clerical support. The committee appropriation should also include funds to reimburse the actual expenses of citizen volunteer members. In the interim before the next budget, THE TASK FORCE FURTHER RECOMMENDS that the executive office request funds from BOGO to begin implementation of the committee program.

Adequate funding should be provided for a central information office and for continual updating of the data.

Expansion of the budget and authorization of the Information and Referral Service now mandated by Section 51.347 (c) and (d), Wisconsin Statutes, for people with developmental disabilities to include services to people with physical disabilities.

REHABILITATION

Support for legislation and funding to establish a residency program in rehabilitation medicine, which meets the standards of the American Board of Physical Medicine and Rehabilitation and with primary emphasis on the study of neuro-muscular and skeletal disorders.

Support for legislation establishing and funding a summer program in rehabilitation medicine for medical students.

Support for legislation developing a grant program to medical students who elect to take a rehabilitation clerkship lasting at least two or three weeks.

Financial support for continuing education in rehabilitation medicine until physician interest in the topic is increased sufficiently to provide the usual two-thirds funding from physicians taking the course.

Direct the Health Policy and Planning Council to analyze further possibilities for bridging the gaps in physician education in patient care.

Require an annual program performance audit aimed at insuring a more equitable distribution of vocational rehabilitation services among the three major disability groups: physical, mental and developmental.

Use the budgetary process, beginning with the 1974-77 biennium, as the specific administrative means for monitoring the Department of Health and Social Services' policies and practices in the purchase of rehabilitative services, financed through the appropriation of state and federal funds.

Use the budgetary process, beginning with the 1975-77 biennium, as the specific administrative means for monitoring the overall delivery of vocational rehabilitation services, services which should represent a reasonable response to the needs and expectations of individuals with disabilities.

Require total accessibility, including parking and street access, for all state operated rehabilitation offices and facilities.

Direct an agency outside the Department of Health and Social Services, to undertake an objective, independent assessment of state programs and fiscal policies in the area of vocational rehabilitation.

Include within the budget for the 1975-77 biennium, additional funds to extend occupational, physical, and activity therapy to Colony residents capable of benefiting from such treatment programs but who are not now receiving treatment due to staff shortages.

Direct the Health Policy and Planning council to formulate a plan for the establishment of a spinal cord injury treatment center and related services in Wisconsin.

Direct the Health Policy and planning Council to establish standards for facilities capable of providing expert initial care and subsequent rehabilitation for persons with spinal cord injuries.

CIVIL RIGHTS

Direct all administrative agencies to review the rules they enforce, to identify any relating to people with physical disabilities, and to report those rules to the restructured Governor's Committee for People with Disabilities.

Direct the Governor's Committee to review all rules reported by the agencies for possible discriminatory impact on people with disabilities; to seek voluntary agency changes if it believes that a rule operates unreasonably to disadvantage people with disabilities; and to seek a hearing on the merits before the Joint Committee for Review of Administrative Rules if the issue is not voluntarily resolved.

Require all state agencies to survey their sites to determine their accessibility and usability by people with physical disabilities. Require the agencies to report any necessary modifications to the Department of Administration, Bureau of Facilities Management.

Urge officials of cites, towns, villages, and counties to make a similar survey and to report their needs to the Bureau.

Direct the Bureau of Facilities Management to appoint representatives to consult with people with mobility problems and to develop priorities for making facilities accessible and usable. The offices of the Division of Vocational Rehabilitation should receive a top priority because rehabilitation services are designed for and essential to people with physical disabilities. Priority should also be considered for sites which require only minor modifications, sites which have a high frequency of use by people with physical disabilities, and sites which are essential to the exercise of basic rights, including the seats of government.

Direct the Bureau to prepare both state and local cost estimates and timetables based upon the priorities established.

Incorporate into the budget process, over a period of five years, the funds necessary to make all state facilities fully accessible and usable for people with mobility problems.

On the basis of cost estimates and priorities established for local units of government, recommend to the legislature the appropriation of funds to assume 50% of the cost of remodeling for accessibility on the local level.

## EDUCATION

Appointment of a special study committee to evaluate both methods, their benefits and liabilities for children with hearing impairments, and to make recommendations to the Governor, the Legislature, and the Department of Public Instruction about optimum ways of communicating with children who have hearing impairments and about any additional resources needed to implement the recommendations.

## ADMINISTRATION OF THE MEDICAL ASSISTANCE PROGRAM

Direct the Secretary, Wisconsin Department of Health and Social Services, to propose an administrative mechanism, estimate probable costs, and recommend the means for funding an effort to locate and establish the eligibility of no less than 89% of the population, assumed to be permanently and totally disabled, for services under the Medical Assistance Program or alternative health care programs.

## EMPLOYMENT AND CONSUMERISM

Amendment of Executive Order 39 to include people with disabilities.

Appointment of a consumer knowledgeable about the problems of people with physical disabilities to the Wisconsin Council for Consumer Affairs, to join those representing other distinct minority interests in voicing the special needs of their population in Wisconsin.

## RECREATION

Direct the Department of Administration to inventory state recreational facilities (other than parks) to determine the feasibility and cost of remodeling for accessibility, and to consult with the Governor's Committee for People with Disabilities to establish priorities for achieving full accessibility.

Include within the budget funds to complete a remodeling program within five years.

Establish a state policy of providing accessible restrooms along the FAP system and along scenic routes spaced no more than one hour's driving distance apart.

TAXATION

Consider policies and procedures leading to the adoption of reasonable exemptions in levying property taxes against homesteads owned and occupied, or rented and occupied, by persons with disabilities and retired persons qualifying as the head of a household.

Direct the Secretary of Revenue to determine the full extent of the problem in exempting, from the Wisconsin sales tax, a reasonable array of appliance, devices, services and supplies essential to the needs of people with physical disabilities.

# RECOMMENDATIONS

to the

# LEGISLATURE

## THE NEED FOR A CONTINUING VOICE

Amendment of those sections of the statutes which authorize creation of county and municipal planning authorities to require those authorities to consult with boards of people with physical disabilities before contracts are let for construction or alteration of facilities.

Authorization of funding for a sample study of Wisconsin's population which is large enough to accurately describe people with physical disabilities, their problems, social, and economic conditions.

Appropriation of funds to continue and expand the Wisconsin Information and Referral Service to include at least one center in every county, a public information campaign to educate citizens about the availability of the service, and provisions for follow along assistance.

Adequate funding should be provided for a central information office and for continual updating of the data.

Expansion of the budget and authorization of the Information and Referral Service now mandated by Section 51.437 (c) and (d), Wisconsin Statutes, for people with developmental disabilities to include services to people with physical disabilities.

## CIVIL RIGHTS

Legislation requiring at least one accessible entrance and place of voting at each polling place or requiring "receipt of ballot at door" now permitted but not required under Section 6.82 (1) of the Wisconsin Statutes.

Legislation standardizing absentee ballot procedures which requires the development of lists of permanent absentee voters, provision for mailing absentee ballot applications to the permanent list, and publication of information about eligibility and procedures for absentee balloting.

Amendment of the Fair Employment Law to substitute the term "mental or physical condition" for the term "handicap."

Amendment of the law to prohibit automatic exlusion of people with physical disabilities as a class, while permitting reasonable restriction of such policies on an individual basis.

Amendment of the Law to permit discrimination only for purposes directly related to religious education, belief, or practice.

Amendment of the statute to extend these protections to people with physical disabilities.

Amendment of the statute to include people with physical disabilities.

Provision that it shall not constitute discrimination for an insurance carrier to charge a differential rate on the basis of disability, if the insurer supplied actuarial data to the insurance commissioner to substantiate the additional risk involved.

Requirements that after an initial experience of three years, premiums for drivers with physical disabilities must be based on individual driving records.

Decriminalizing the Public Accomodations Law and establishing an administrative remedy comparable to that provided in the Fair Employment Practices Law.

Extension of these protections to people with format physical disabilities.

Amendment of the Nondiscriminatory Contracts Law to include people with physical disabilities.

Amendment of the statute, directing the Equal Rights Division to develop rules which assure that contractors aggressively seek to remedy the effects of discrimination and to employ those persons with physical disabilities wherever possible.

Amendment of Section 118.12, Wisconsin Statutes, which prohibits exclusion or segregation of any school pupil on the basis of religion, nationality, or color to include children with physical disabilities.

Legislation prohibiting discrimination solely on the basis of physical disability by any educational institution, public or private, at any educational level.

Amendment of Chapter 88, Laws of 1973, to extend its provisions to people with physical disabilities.

Amendment of the statute to provide reasonable redress by assigning responsibility for enforcement to a state agency and granting that agency the necessary powers.

Amendment of the statute to prohibit exception, exclusion, or disqualification of jurors with physical disabilities unless the judge finds that the individual clearly cannot fulfill the responsibilities of a juror. The judge's decisions should consider only individual limitations in relation to the case. That determination must not include socially imposed limitations such as the structural or architectural barriers of a building, courtroom, jury box or other facility.

Amendment of Section 227.033 of the Wisconsin Statutes to extend its protections to people with physical disabilities. This section requires that administrative rules operate equally on all persons affected by them and that they shall not discriminate on the basis of race, creed, color, national origin or ancestry. Rules which single out people with physical disabilities should be permitted only if they are strictly necessary to an agency's function and can be supported by data demonstrating that necessity.

Direct the Legislative Council in consultation with advisors from the major groups of people with physical disabilities to review all references to them in the statutes to determine any disadvantage suffered which is not borne by the general population. Direct the Council to report recommendations to amend the statutes to extend to people with disabilities any right or privilege enjoyed by the citizenry.

Direct the Legislative Council in consultation with advisors from the major groups of people with physical disabilities to identify all language used in the statutes which the advisors find offensive and to recommend substitutions which are acceptable to those affected.

Enactment of a bill of rights for the residents of nursing homes, county homes, and intermediate care facilities. This bill of rights should insure protection of the basic rights of residents including protection of civil and religious liberties, the right to independent personal decisions and knowledge of available choices, the right to private and unrestricted communication with others, the right to present grievances, to manage financial affairs, to appropriate medical care, to privacy, to courteous and fair treatment, and to freedom from physical or mental abuse.

## DESIGNING THE PHYSICAL ENVIRONMENT

Legislation directing the Department of Regulation and Licensing, Examining Board for Architects, Engineers, and Land Surveyors, to incorporate questions into licensing examinations for architects and engineers which require applicants to demonstrate knowledge of the design needs of people with physical disabilities and of the relevant Wisconsin statutes and codes.

Legislation to establish standards of competence and a mandatory certification procedure for all local and state building inspectors.

Legislation to establish a county wide system of building inspection to cover all areas of Wisconsin except those municipalities which already have an adequate system, approved by the Division of Safety and Buildings, which is more efficient than a county system could be expected to be.

Legislation requiring officials of units of government subject to county inspection to notify county inspectors of any permits issued for buildings which are subject to the codes and which do not carry the Department stamp approving the plans.

Legislation establishing the international symbol of accessibility as a state standard to be used for applicable purposes and attaching standards to its use.

Legislation prohibiting variances in buildings with high frequency of use by people with physical disabilities and publicly supported facilities.

Legislation requiring a "Disability Impact Statement" to be filed with all requests for variances from accessibility codes.

Adoption of a joint resolution requesting the legislative auditing agencies, in their regularly scheduled review of the Department of Industry, Labor, and Human Relations, to direct specific attention to the effectiveness of the enforcement procedures employed by the Division of Industrial Safety and Buildings.

Legislation allowing the legislative auditing agencies to conduct periodic analysis of county or municipal building regulation agencies.

Legislation guaranteeing the rights of citizens to seek a remedy for complaints in the courts if administrative agencies fail to act on reported accessibility violations within a specified period of time. To be fully effective, such legislation should provide for citizens to recover costs and reasonable legal fees if they prevail.

Legislation offering tax deductions to property owners who voluntarily incur the expense of making their properties accessible.

Legislation requiring at least one fully accessible and usable apartment in each new apartment building of 20 units or less. A minimum of 5% of the apartments constructed in larger projects should be fully accessible.

Legislation adopting codes for conventional and manufactured one and two family dwellings and amending the code for mobile homes to incorporate the standards of "adaptability."

That the Department of Local Affairs and Development investigate the costs, demand, and feasibility of at least one pilot project of limited care housing for people with physical disabilities.

## TRANSPORTATION AND STREETS

Amendment of the Wisconsin Constitution's "internal improvements" clause to enable the state to provide funds for capital improvements and modifications in mass transportation systems.

Expansion of the Highway Commission's membership and responsibilities to include all transportation concerns, particularly mass transit systems.

When state aid to mass transit becomes a reality, allocation of specific sums solely for the purpose of making transportation accessible to persons with mobility problems.

Provisions in any bills offering assistance to communities for capital improvements or subsidy of transportation operations which prohibit the expenditure of state monies until a plan is submitted which considers the needs of the entire population, including senior citizens and persons with mobility problems.

Legislation authorizing and funding a subsidy to create a reduced standard cab fare for persons who cannot use other means of transportation and whose incomes fall near or below the poverty line.

Legislation creating an income tax deduction for employed persons with physical disabilities who must incur excessive transportation costs in traveling to and from work.

Authorization and funding of a Department of Transportation engineering and feasibility study which develops reasonable alternatives and cost estimates for making inter-city bus service accessible to and usable by people with mobility problems.

Amendment of Chapter 98, Laws of 1973, to require the installation of temporary or permanent curb ramps at intersections adjacent to buildings which house public offices or services, in locations which are heavily travelled by the general public such as commercial areas and transportation terminals and areas which are frequently used by people with physical disabilities including hospitals, nursing homes, and rehabilitation facilities.

That it request the Legislative Council to study alternative methods of enforcement and report the most effective methods and that it amend Chapter 98 to include the effective enforcement provisions.

Amendment of Section 346.26 (2), Wisconsin Statutes, to delete the phrase, "nor shall the failure of such totally or partially blind pedestrian to carry such cane or walking stick be evidence of any negligence."

Funding for a pilot program to experiment with traffic control signals to develop an audible system which is acceptable to the general public, technically feasible, and usable by persons with sight problems.

## EDUCATION

Amendment of Chapter 89, Laws of 1973, to make provision of parent counselling services mandatory.

Appropriation of funds to supply the study committee with its own staff of professionals skilled in research techniques and testing and measurement.

After the development of a proposal, appropriation of the state funds required for matching purposes to secure the federal grant.

Adoption of a resolution requesting the Legislative Audit Bureau in cooperation with the Department of Public Instruction to conduct a study to review the implementation of Chapter 89 after three years of operation to determine the extent to which the legislative intent of equal educational opportunity is being met and to make recommendations to the Department of Public Instruction and the Legislature for any modifications necessary to insure that the intent is met.

## REHABILITATION

Legislation authorizing and funding county public health programs which include rehabilitation services.

Legislation authorizing and funding an educational loan forgiveness program for therapists who will work for a designated number of years in areas of the state which lack manpower in their specialties.

Support of legislation and funding to establish a residency program in rehabilitation medicine, which meets the standards of the American Board of Physical Medicine and Rehabilitation and which places primary emphasis on the study of neuro-muscular and skeletal disorders.

Support for legislation establishing and funding a summer program in rehabilitation medicine for medical students (as opposed to the residency program for physicians).

Support for legislation developing a grant program to medical students who elect to take a rehabilitation clerkship lasting at least two or three weeks.

Financial support for continuing education in rehabilitation medicine until physician interest in the topic is increased sufficiently to provide the usual two-thirds funding from physicians taking the course.

Amendment of the statutes and appropriation of sufficient funds to allow state-county cost sharing for treatment of eligible physically disabled children at any hospital or clinic which can provide appropriate care.

Legislation requiring all facilities accepting spinal cord injured patients for initial treatment or subsequent rehabilitation to meet the standards developed by the Health Policy and Planning Council.

EMPLOYMENT AND CONSUMERISM

Creation and funding for one full-time position in the state office of the Wisconsin State Employment Service to acquaint WSES district office personnel with the special needs and abilities of people with physical disabilities; to coordinate WSES activities with those of the Division of Vocational Rehabilitation; and to recommend additional steps needed in extending full services to people with physical and other disabilities.

Amendment of the Workmen's Compensation statutes to eliminate waivers for blind and epileptic employees for injuries arising from blindness or epilepsy.

Legislation establishing an Insurance Information Service in the office of the Insurance Commission to provide consumers with information that is current, reliable and presented in clear, non-technical language.

Legislation setting standards for health insurance sold in Wisconsin. This legislation should direct the Insurance Commissioner to promulgate rules setting required standards for such insurance. THE TASK FORCE FURTHER RECOMMENDS that the Insurance Commissioner direct special attention to standardizing and defining language relating to the rehabilitation provisions of health insurance policies.

Legislation requiring insurance companies to file proposed rates 30 days in advance of their effective date, permitting the Insurance Commissioner to review and specifically approve rates as justifiable and non-discriminatory.

Legislation amending the Public Accomodations Act to prohibit discrimination in auto insurance on the basis of physical disability alone.

Amendment of Section 160.55, Wisconsin Statutes, to require hotels and motels to offer guests the opportunity to register themselves as needing assistance in an emergency, and requiring the hotel or motel to keep a record of where each person with a physical disability is lodged. Hotels and motels should also be required to lodge persons needing assistance on the ground level or the lowest floors housing guests. In no instance should a person registered as needing assistance be lodged on a floor higher than that designated as "safe" by the local fire department. The designation of "safe" floors should be based on the capabilities of apparatus normally available to the fire company or companies assigned the first alarm.

Legislation requiring the re-examination of hearing aid dealers every five years, motivating the individual dealer to continue his education and training.

Legislation establishing standards and licensing requirements for audiologists and speech pathologists.

Legislation requiring that the semi-annual requirement for electronic calibration of audiometers used to measure sensitivity in the fitting and sale of hearing aids be extended to include audiometers found in clinics operated by audiologists and all other facilities serving individuals with hearing problems.

Amendment of Section 459.03(2)(b) to require that a simpler statement be printed on the customer's copy of the purchase contract, that the statement be read before a contract be signed, and that each dealer be required to prominently display a sign carrying the statement.

Legislation requiring television stations broadcasting from Wisconsin to use visual captions or sign language as part of emergency bulletins originating in the broadcast area, especially bulletins regarding possible threats to life or property. These bulletins should be broadcast for the benefit of the hearing impaired no later than 15 minutes following the original broadcast of a bulletin to the general audience.

Legislation finding a pilot project assessing the costs and benefits in presenting one local news broadcast each day with accompanying captions or signing for the benefit of people with hearing impairments.

Incorporation into legislation regulating cable television of provisions which actively encourage television stations broadcasting from Wisconsin to experiment with methods of communicating news and entertainment to people with hearing impairments.

Legislation establishing a system of certification of medical equipment fitters in each of the major classes of equipment prescribed for use; for example, traction, inhalation therapy, orthopedic braces, supports and cervical collars, and wheelchairs.

Legislation authorizing and funding a program to be operated by the Service Bureau for the Deaf to provide interpreters for people with hearing disabilities in their contacts with state agency representatives.

RECREATION

Legislation adding to ORAP eligibility criteria, a requirement that local governments evaluate their recreational facilities and develop a remodeling plan as described previously.

Appropriations of funds to assist local communities in remodeling indoor recreational facilities for accessibility.

Legislation officially adopting the logo as a state symbol, attaching standards to its use, and prohibiting its display in places which do not conform to accessibility criteria and attaching a penalty to misuse.

Adoption of a joint resolution directing the Legislative Council in cooperation with technical experts from the Department of Revenue to develop a workable definition of disability for tax relief purposes.

Amendment of the Wisconsin Statutes levying a tax on personal income to permit all taxpayers with a physical disability, including the totally and partially blind, and taxpayers with a spouse with a disability to claim one additional exemption in reporting gross income.

TAXATION

Adoption of a system of tax credits against personal income tax liability, permitting the people with physical disabilities or their families, to recover extraordinary costs in working to achieve a higher level of self-sufficiency and productivity.

Adopt legislation along the lines of Assembly Bill 1213 or comparable legislation providing tax deductions for the costs of renovations to insure that people with mobility problems have full access to buildings and facilities controlled by private businesses.

Amendment of the Homestead Credit Program to permit those payments received by people with disabilities and people over age qualifying as exclusions under federal and Wisconsin laws for the computation of gross income to be excluded in determining the amount of household income subject to the $7,000 limitation under the Homestead Credit Program.

Consider policies and procedures leading to the adoption of reasonable exemptions in levying property taxes against homesteads owned and occupied, or rented and occupied, by persons with disabilities and retired persons qualifying as the head of a household.

Initiate legislation to provide either a system of direct payments, or a credit against net personal income tax liability based on miles travelled, to people with mobility problems who are providing their own means of transportation to and from a place of work, study, or job training; where the credit for transportation costs exceeds the individual taxpayer's net income tax liability, the difference should be paid to the taxpayer on a sliding scale geared to gross income.

THE FEDERAL ROLE

Amendment of the Civil Rights Act of 1964 to extend its protections to people with disabilities.

Amendment of the Social Security Act to provide a sliding income scale with benefits supplementing actual earnings to assure an adequate standard of living.

Amendment of the WIN guidelines to permit individuals receiving vocational rehabilitation and training through the Division of Vocational Rehabilitation to complete their rehabilitation programs before being required to assume paid employment.

Legislation and implementation of a program of national health insurance which includes previously existing conditions and which permits individuals to earn incomes while retaining eligibility.

Legislation to assure that federal regulatory agencies develop rules which require common carriers to provide all reasonable assistance to travellers with physical disabilities and prohibiting them from denying or otherwise limiting service because of a physical disability.

Support for S. 3648 and Amendment No. 1449 to S. 3035 to require federally funded mass transit projects be accessible to people with physical disabilities.

Appropriations specifically for the purpose of modifying existing mass transportation equipment to meet the needs of people with physical disabilities.

Legislation establishing and funding programs to meet the specific transportation needs of people with mobility problems and senior citizens.

Provisions in the tax laws which permit persons with physical disabilities to deduct from taxable income or tax liability the extraordinary expenses they incur in holding a job.

Tax incentives for employers who purchase adaptive equipment or modify buildings to permit the successful employment of persons with physical disabilities.

Amendment of the income tax laws to provide an additional exemption for all persons with disabilities, such as is now provided for people with sight disabilities.

Additional funding to remodel existing federal buildings which provide direct services to the public to enable people with mobility problems to use them.

Legislation requiring federal offices which rent space to choose only accessible locations.

Legislation requiring federally sponsored public meetings such as conferences, conventions, and public hearings to meet only in facilities which are accessible and usable to persons with physical disabilities.

# RECOMMENDATIONS

to

STATE

DEPARTMENTS

COMMITTEES

DIVISIONS

AGENCIES

BUREAUS

BOARDS

## RECOMMENDATIONS TO THE DEPARTMENT OF NATURAL RESOURCES

Develop a comprehensive program in consultation with the Governor's Committee to make general use areas of state parks accessible to people with physical disabilities.

Accord a high priority in the allocation of these funds to remodeling for accessibility. Reservation of accessible sites in state parks.

Implementation of a policy within its new campsite reservation system to reserve accessible sites for campers with disabilities until less accessible sites are full.

Adopt a policy of requesting able-bodied picnickers and campers to leave accessible sites for people with physical disabilities.

Adopt a policy of giving the highest possible priority to requests for funds for accessibility remodeling.

Actively seek applications for accessibility remodeling funds by notifying the various jurisdictions that money is available for these projects.

Marking of these facilities on the official highway map and descriptions of them in appropriate publications for travelers.

Institution of a program to use the accessibility logo on signs located at parks and other recreational site entrances, when these sites are accessible.

Include descriptions of special provisions and eligibility for hunters and fishermen with physical disabilities in Department publications such as hunting and fishing regulations pamphlets and guides to state parks and forests.

The Division of Tourism and Information should take all possible steps to encourage the suppliers of literature on recreational facilities which are distributed by Tourism Centers to include in their literature information about accessibility.

Develop a uniform system of signs bearing the logo designating the direction to or location of all accessible recreational sites.

## RECOMMENDATIONS TO THE DEPARTMENT OF REGULATION AND LICENSING, EXAMINING BOARD OF ARCHITECTS, ENGINEERS, AND LAND SURVEYORS

Requirements that practicing architects and engineers complete a short course or otherwise demonstrate knowledge of barrier free design as a condition of retaining their licenses.

The adoption of special provisions for the administration of examinations to persons with physical disabilities, including special provisions for the place and mode of examination.

## RECOMMENDATIONS TO THE DEPARTMENT OF PUBLIC INSTRUCTION

Require that a course concerning children with disabilities become a required part of the teacher education curriculum in approved programs.

Limit new teachers who have not completed a course on children with disabilities to a one-year license.

Issue unlimited (life) certificates only to those teachers who have taken a course on children with disabilities or who can supply verification by a prinicipal or superintendant that they have acquired this information through inservice programs or workshops.

Strongly encourage local school districts to provide inservice training programs on children with disabilities.

In consultation with professional associations of therapists, development of certification requirements appropriate to their employment as therapists in the public schools.

Consultation with professional associations of therapists to define the role of the therapist in the public school situation prior to formal adoption of the guidelines.

Adoption of a rule requiring that mainstreamed students have access to the entire curriculum available to able-bodied children at that grade level in the school.

An official interpretation of Chapter 89, Laws of 1973, including physical education among the educational needs of disabled children which must be served by the school program. Legislative action should be taken if an interpretation is insufficient to serve this end.

Modify state teacher certification requirements to require specific course work, for all certified physical education teachers, to enable them to work with mainstreamed physically disabled children.

Modify certification requirements for physical education teachers with a specialty in special education to include at least three credit hours of clinical practice.

Establish an extensive in-service training program to trained physical education instructors already working in the schools to work with mainstreamed physically disabled children.

Adoption of an administrative rule or a policy which defines recreational programming as an educational function covered by all state aids under Chapter 89.

## RECOMMENDATIONS TO THE GOVERNOR'S COMMITTEE FOR PEOPLE WITH DISABILITIES

Review of the SEARCH booklet used as a data gathering instrument to assure that it is complete and relevant to the needs of people with physical disabilities.

Survey through local committees federal buildings and report to the committee on modifications needed to make them accessible.

Report all violations of federal architectural barriers provisions to the appropriate compliance officers.

Identify to the federal government those services which are most essential to people with disabilities and the specific locations of inaccessible facilities in Wisconsin. The Governor's Committee should urge removal of the barriers, and offer all possible cooperation, including assistance in searching for accessible sites.

Creation of a permanent subcommittee on barrier free design to continue research and recommendation as circumstances change and to advocate full implementation of these recommendations in both public and private buildings.

Preparation and distribution of printed materials to taxi and bus companies and other common carriers which are suitable for the orientation of drivers in the special needs of people with physical disabilities and the driver's obligation to provide assistance.

Establish a permanent subcommittee on recreational opportunities which will develop criteria for evaluating the accessibility of existing and proposed recreational facilities; consult with state and federal agencies operating in Wisconsin concerning development and construction projects of publicly owned recreational facilities; develop priorities for the long term task of remodeling existing state recreational facilities to provide accessibility; and maintain a close liaison with private groups of recreation professionals such as the Wisconsin Association of Health, Physical Education and Recreation, and the Wisconsin Parks and Recreation Association.

## RECOMMENDATIONS TO THE SUBCOMMITTEE ON BARRIER FREE DEISGN OF THE GOVERNOR'S COMMITTEE

Work with professional organizations including the Wisconsin Chapter of the American Institute of Architects, the Wisconsin Society of Professional Engineers, and the University of Wisconsin Extension Division to develop and provide short courses of seminars for licensed professionals in practice to increase their understanding of the design needs of people with physical disabilities.

## RECOMMENDATIONS TO THE DEPARTMENT OF INDUSTRY, LABOR, AND HUMAN RELATIONS

Revision of the existing monthly report required of private employment agencies to require reporting the number of applicants with physical disabilities served, given referrals, and placed in jobs.

That the Workmen's Compensation Division inform all insurance carriers, and all employers who buy coverage or are self insured of the provisions of the Workmen's Compensation law prohibiting discriminatory practices and of the operations of the Wisconsin assigned risk pool.

That the Division of Equal Rights which process complaints of discrimination on the basis of "handicap" and the Workmen's Compensation Division coordinate their activities to insure that the provisions of these laws are strictly enforced.

That no physical condition should be considered "disabling" for these purposes unless it directly impairs an individual's ability to perform the particular job in question.

## RECOMMENDATIONS TO THE CHAIRMAN OF THE DEPARTMENT OF INDUSTRY, LABOR, AND HUMAN RELATIONS

Direct the Division of Industrial Safety and Buildings to conduct a periodic analysis at four year intervals of building regulation enforcement procedures to determine ways to make enforcement more rigorous and uniform.

Direct the Division of Industrial Safety and Buildings to issue mandatory compliance orders immediately rather than voluntary orders, whenever accessibility violations are discovered.

As new codes for accessibility are developed, use power of administrative rule to apply those codes to structures covered by Chapter 202.

Administrative action or legislative recommendations to ensure that all terminal facilities are accessible and usable by people with physical disabilities.

## RECOMMENDATIONS TO THE DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS, SAFETY AND BUILDINGS DIVISION

Adoption of rules requiring all activity areas in recreation facilities to be totally accessible.

Adoption of rules requiring ancillary areas, necessary for participation in recreation activities, to be accessible.

Adoption of rules requiring special seating provisions to accommodate persons in wheelchairs within recreational facilities and at recreational activities.

Adoption of rules requiring accessibility of service station restrooms.

Adoption of rules requiring elimination of physical barriers in bathhouses or changing rooms and all related facilities.

Investigate violations reported by private citizens or health inspectors to determine if a violation has occurred.

## RECOMMENDATIONS TO THE CODE REVISION COMMITTEE OF THE DIVISION OF INDUSTRIAL SAFETY AND BUILDING, DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS

Adoption of the minimum level in these articles as the building code for Wisconsin. THE TASK FORCE URGES that design professionals and enforcement personnel strive to incorporate as many of the less essential features as possible into their designs.

Publication of all the accessibility, usability, and safety requirements for people with physical disabilities as a separate section of the code.

Adoption of administrative rule extending codes for people with physical disabilities to all public use facilities.

## RECOMMENDATIONS TO THE EQUAL RIGHTS DIVISION

That private employment agencies be required to state, on the job applicant's copy of a contract, that complaints of alleged discrimination may be made to the Equal Rights Division.

## RECOMMENDATIONS TO THE DEPARMENT OF TRANSPORTATION

Establishment of a system for disseminating information on available federal funds and for providing all possible assistance to local communities seeking funds.

Development of planning criteria which will assist local communities to survey their needs and utilize all available resources to meet the transportation needs of persons with physical disabilities and senior citizens.

Marking of these facilities on the official highway map and descriptions of them in appropriate publications for travelers.

Include accessibility logos to indicate accessible state park facilities on the official highway map.

## RECOMMENDATIONS TO THE DIVISION OF MOTOR VEHICLES

Adoption of a rule extending the DA plate privilege to vehicles used to transport a family member with a disability, such as a minor child, who may neither own nor operate the vehicle himself.

Adoption of a policy that vans without seats behind the driver's seat, which are usually classified as trucks, may be considered passenger cars for parking purposes when they are used to transport people with physical disabilities.

That it phase out all license plates with the prefix A (eg AA, BA, etc.) except the DA combination to make the DA plates more distinctive.

That it survey other states to determine their equivalents of a DA plate and extend Wisconsin parking privileges for persons with disabilities to visitors who need them.

That the Division consider assessing an additional point against driving records for violations of this law, (the white cane law) since the offense clearly endangers life.

Inclusion of a full explanation of the law in the Manual for Motorists and of a question about its provisions in the written examination required for the licensing of drivers.

That the Division of Motor Vehicles urge public and private driver education programs to emphasize the content and importance of the white cane law.

If the information and referral project is not continued, the data amassed must not be lost. At least one central office in Madison should continue. This modest version of the project should include an information program geared to social service and other professionals who serve people with physical disabilities.

Official adoption of the CARF standards for rehabilitation facilities.

Adoption of a policy permitting persons with spinal cord injuries who receive medical assistance to be cared for out of state in qualified facilities, if no state facilities can provide optimum care for their particular condition.

That the state's contract for administration of the Medical Assistance Program should include provision for the printing and public distribution, in whole or in part, of guidelines which describe services and costs usually allowed under the program, as well as periodic supplements describing changes.

That the state's contract for administration of the Medical Assistance Program should include provision for toll-free telephone access, by providers and consumers of services, to the office of the contract administrators, for the purpose of obtaining answers to questions concerning services and costs.

Revision of the Title XIX Guidelines so that the vast majority of cases involving a request for a particular kind of item, service, or plan of service, will fall within the guidelines.

Delegation of authority and responsibility for the professional review of claims, service plans, and requests for exceptions to the improved guidelines governing the Medical Assistance Program, to the contract administrators, permitting the contractor to utilize resources for professional review at the lowest practical level in the service delivery system.

Develop an expeditious appeals process, including the capability of providing peer review, in those instances where the decision of the contractor is challenged.

Include within the state's contract for administration of the Medical Assistance Program, provisions for the printing and public distribution in whole or in part of the manual describing all basic policies and procedures of the program as well as periodic supplements describing changes.

Include within the state's contract for administration of the Medical Assistance Program, provision for toll-free telephone access by administrators, providers and consumers of services, to the office of the contract administrators for the purpose of obtaining answers concerning administrative policies and procedures.

In association with the insurance carriers and key professional groups, conduct workshops on a state and regional basis permitting newly certified providers, of health care services and supplies to acquire the knowledge needed for successful participation in the program.

Require that where the health care services, supplies and equipment being provided under the Medical Assistance Program are clearly intended for a recipient known to have a physical disability, professional review of the case provide for comment by health care professionals with demonstrated knowledge in working with the type of disability involved.

In cooperation with the insurance carriers and key professional groups, design and distribute to certified providers of health care services and supplies, standardized forms, supported with clear and concise instructions, to insure the presentation of all facts needed by the contractors and the state agency in their administration of different cases. The objective should be prompt, rational decisions based on a knowledge of all facts in a case.

Prepare and make available a digest of exceptional cases and decisions made in these cases as a consequence of program administration.

## RECOMMENDATIONS TO THE DIVISION OF HEALTH

Train health inspectors in the meaning and criteria established for use of the symbol and direct them to check for compliance as part of their routine inspections and to report non-compliance to the Division of Safety and Buildings or a local building inspector.

## RECOMMENDATIONS TO THE BUREAU OF HEALTH DIVISION ON AGING

Appropriation of funds to continue and expand the Wisconsin Information and Referral Service to include at least one center in every county, a public information campaign to educate citizens about the availability of the service, and provisions for follow along assistance.

## RECOMMENDATIONS TO THE DIVISION OF VOCATIONAL REHABILITATION

Development of a joint committee to prepare a plan and seek funding for a Program in Continuing Education for Adults with Hearing Impairments.

Drawing upon data available to professionals in rehabilitation, provide the Governor and the Legislature with a concise report describing the estimated costs and probable benefits in rehabilitating individuals with different types of disabilities.

Develop internal policies and procedures, including allocation of budget and evaluations of professional staff, which provide effective incentives for serving people with severe physical disabilities.

Develop "new" occupations for severely disabled homebound individuals.

## RECOMMENDATIONS TO THE BUREAU OF THE BLIND

Development of consumer guidelines to assist individuals and groups which sponsor guide dog purchases in evaluating these animals.

Preparation of printed and brailled materials outlining the rights and privileges of guide dog owners, the legal recourse available and penalties incurred when proprietors of public facilities deny access to persons using guide dogs.

## RECOMMENDATIONS TO THE WISCONSIN INFORMATION AND REFERRAL SERVICE

Review of the SEARCH booklet used as a data gathering instrument to assure that it is complete and relevant to the needs of people with physical disabilities.

## RECOMMENDATIONS TO THE BUREAU OF HEALTH STATISTICS

That the Bureau immediately develop estimates of the Wisconsin population of people with physical disabilities from existing scattered sources.

## RECOMMENDATIONS TO THE DEPARMENT OF ADMINISTRATION

Inclusion of copies of Chapter 98 in mailing of revenue sharing checks to local governments.

## RECOMMENDATIONS TO THE BUREAU OF PERSONNEL

The adoption of special provisions for the administration of examinations to persons with physical disabilities, including special provisions for the place and mode of examination.

## RECOMMENDATIONS TO ALL STATE AGENCIES INVOLVED IN GATHERING POPULATION INFORMATION

That they include questions relating to the incidence of problems created by physically disabling conditions in their data gathering instruments and in data analysis.

## RECOMMENDATIONS TO THE MVD-17 REVIEW COMMITTEE

That in following the prescribed process for creation of administrative rules, they actively seek the advice of educators, parents, school bus drivers, and safety specialists concerned specifically with the safe transportation of students with physical disabilities.

## RECOMMENDATIONS TO THE WISCONSIN STATE PATROL

Inclusion in its training programs for new officers and others in service training of officers, information on the meaning and privileges associated with DA and VET license plates. This training should also include instruction on safe methods of handling and moving people with physical disabilities in the event of accidents.

# RECOMMENDATIONS

for

# LOCAL UNITS OF GOVERNMENT

and

# PRIVATE SECTOR

## RECOMMENDATIONS FOR PRIVATE SECTOR

### RECOMMENDATIONS TO THE LOCAL CHAMBERS OF COMMERCE

Development of a public service project to compile directories for public use of accessible recreation and tourist facilities in their communities.

### RECOMMENDATIONS TO THE WISCONSIN CHAPTERS OF PROFESSIONAL ASSOCIATIONS, SUCH AS THE AMERICAN INSTITUTE OF ARCHITECTS, PROFESSIONAL ENGINEERS IN PRIVATE PRACTICE, NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS, AMERICAN SOCIETY OF CIVIL ENGINEERS, AND THE AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS

The Task Force urges that they work within their national associations to consider training in the design needs of people with physical disabilities as a factor in granting accreditation to institutions of higher education.

### RECOMMENDATIONS TO ASSOCIATIONS OF REHABILITATION PROFESSIONALS

That they educate and encourage their members toward a wider involvement through activities such as evaluating patient's home situations prior to or immediately after discharge from a hospital and developing skills in referring clients to other appropriate agencies to continue a comprehensive program until the client reaches a maximum level of achievement.

Development of programs to encourage their members to practice where their skills are needed.

### RECOMMENDATIONS TO WISCONSIN HOSPITALS

Add consultants to their staffs, on a full time or contract basis, who are trained in rehabilitation psychology.

### RECOMMENDATIONS TO THE WISCONSIN TELEPHONE COMPANY

As a public service, encourage the use of the symbol in yellow pages advertising eligible facilities and provide a separate section under "Restaurants", "Motels" and "Taverns" to indicate accessible facilities.

## RECOMMENDATIONS TO THE VOCATIONAL, TECHNICAL AND ADULT EDUCATION BOARD

That the Board give highest priority to free or reduced cost services to drivers with physical disabilities who present evidence of need.

Development of a proposal to take advantage of federal funds available under Section 102.6 (a) of the Vocational Education Amendments of 1968, for establishing one comprehensive vocational-technical program to serve people with hearing impairments.

## RECOMMENDATIONS TO THE UNIVERSITY OF WISCONSIN AND THE VOCATIONAL TECHNICAL AND ADULT EDUCATION BOARD

Development of curriculum materials for students in professional and paraprofessional design courses which will create an understanding of the design needs of people with physical disabilities and of the relevant statutes and codes.

That sign language be incorporated as an elective course offered for credit.

## RECOMMENDATION TO THE CENTER FOR STUDIES IN VOCATIONAL AND TECHNICAL EDUCATION AT UW-MADISON, THE VOCATIONAL, TECHNICAL AND ADULT EDUCATION BOARD

Development of a joint committee to prepare a plan and seek funding for a Program in Continuing Education for Adults with Hearing Impairments.

## RECOMMENDATIONS TO THE UNIVERSITY OF WISCONSIN DEPARTMENT OF CONTINUING EDUCATION - U. W. MEDICAL CENTER

Establishment of seminars and workshops on the psychological aspects of chronic and physically disabling conditions.

Include topics such as "Sex and Spinal Cord Injury", and "Physical Disability and Body Image" in the Audiotape Journal and Dial Access Library services which are currently provided to physicians in practice.

Add a specialist on the psychological effects of disability to the staff of the telephone consultant service of the Department of Continuing Education.

## RECOMMENDATIONS TO THE UNIVERSITY OF WISCONSIN EXTENSION

Development of a joint committee to prepare a plan and seek funding for a Program in Continuing Education for Adults with Hearing Impairments.

Development of workshops and seminars on accessibility remodeling and recreational programming for people with physical disabilities which can be made available throughout the state.

## RECOMMENDATIONS TO WISCONSIN'S MEDICAL SCHOOLS

Consider adding a specific course on the phychological aspects of physical disability to the curriculum.

Revise bulletins for pre-medical students to suggest coursework in psychological and social aspects of chronic and disabling conditions as appropriate preparation for medical schools admissions.

Support the efforts of researchers who undertake studies of patients' and physicians' understanding of psychological needs which are associated with chronic disabling conditions.

## RECOMMENDATIONS TO THE WISCONSIN SERVICE BUREAU FOR THE DEAF

Development of a joint committee to prepare a plan and seek funding for a Program in Continuing Education for Adults with Hearing Impairments.

Implementation of a pilot project to locate, list and organize an informal network of persons throughout the state, reasonably proficient in signing, and willing occasionally to volunteer their services to aid deaf persons in a variety of personal transactions.

Legislation authorizing and funding a program to be operated by the Service Bureau for the Deaf to provide interpreters for people with hearing disabilities in their contacts with state agency representatives.

## RECOMMENDATIONS TO THE BOARD OF HEALTH

Amendment of Wisconsin Administrative Code, Chapter H 71 to require:

Permanent steps with handrails to aid entrance and egress to all pools.

Water depth in pools of 18 to 30 inches at the shallow end, rather than the depth of 30 to 36 inches presently required. This change would offer greater safety to small children and non-swimmers.

Ramps with handrails for access to all natural bathing beaches for swimming.

Storage areas for appliances, wheelchairs, etc. which are convenient to the edge of the pool.

All other specifications as outlined by the National Easter Seal Society for pool construction.

## RECOMMENDATIONS TO THE DIRECTOR, OF THE OFFICE OF EMERGENCY ENERGY ALLOCATION

Development of guidelines for determining "hardship" in transportation which specifically include total dependence on an automobile because of physical disability as a significant indication of extraordinary need for energy.

## RECOMMENTDATIONS TO THE DEPARTMENT OF LOCAL AFFAIRS AND DEVELOPMENT

Development of necessary resources and staff expertise to provide technical assistance to local communities where it is needed.

## RECOMMENDATIONS TO LOCAL UNITS OF GOVERNMENT

### RECOMMENDS TO LOCAL AGENCIES AND COMMISSIONS RESPONSIBLE FOR THE ADMINISTRATION OF A RECREATION FACILITY

Evaluation of all existing facilities for degree of accessibility to people with physical disabilities, consulting the local board of persons with disabilities on their priorities and using criteria developed by the Governor's Committee for People with Disabilities as a guide. This phase of the project should be completed within a year.

Development of an over-all plan for remodeling publicly owned recreational facilities for full accessibility to areas commonly used by the public.

Development of a timetable and a local list of priorites and reasonable expectations. This process should involve local citizens with disabilities and the local unit of government.

## RECOMMENDATIONS TO ALL WISCONSIN MUNICIPALITIES WITH PUBLICLY SUPPORTED MASS TRANSPORTATION

Application as soon as possible for federal mass transit assistance, including within their requests for new or replacement equipment specifications to make these vehicles accessible and usable to persons with mobility problems.

## RECOMMENDATIONS TO WISCONSIN MUNICIPALITIES

Excercise their authority to regulate taxicab companies to assure that taxi service for citizens with mobility problems is adequate, nondiscriminatory, and reasonably priced.

## RECOMMENDATIONS TO WISCONSIN SCHOOL BOARDS

Development of curriculum materials which expose all students to information concerning people with physical disabilities.

## RECOMMENDATIONS TO WISCONSIN SCHOOL DISTRICTS

That at least one teacher of driver education in every school district develop competency in the instruction of students with physical disabilities.

## RECOMMENDATIONS TO LOCAL BOARDS OF PERSONS WITH PHYSICAL DISABILITIES

That they propose and review local recreational and activity programs to assure that programming is available for people with physical disabilities.

That they consult with local planning groups during the design, and construction phases of all new and remodeling projects for recreational facilities owned or operated by the local government.

## RECOMMENDATIONS TO THE EXECUTIVE OFFICERS OF MUNICIPALITIES AND COUNTIES

Appointment of local boards of citizens with physical disabilities to advise public officials and planners on their needs, appropriate design criteria, and the impact of specific proposals on the group.

## ENCOURAGES ALL ORGANIZED FIRE DEPARTMENTS, INCLUDING THE STATE'S 755 VOLUNTEER FIRE DEPARTMENTS

To develop systems for the identification and marking of rooms in single and multiple family dwellings which are usually occupied at night by small children, persons with mobility problems, and senior citizens.

## RECOMMENDATIONS TO THE STATE MEDICAL SOCIETY

The Task Force urges all possible action to increase physician awareness of the medical and rehabilitation needs of people with physical disabilities.

The Task Force urges the Medical Society to work for revisions in the medical curriculum and the development of study and continuing education programs designed to increase physician awareness of the psychosocial aspects of physical illness among persons with chronic disabling conditions.

## RECOMMENDATIONS TO THE WISCONSIN COUNCIL FOR THE BLIND

That the council design, have manufactured, and sell or distribute labels for guide dog harnesses which indicate that the dog should not be touched or fed.

## URGES ALL OWNERS OF RECREATIONAL FACILITIES

To make their properties as accessible as possible. In many cases the cost will be minimal.

## ENCOURAGES THE OWNERS OF ACCESSIBLE FACILITIES

The use of the logo both on their premises and in their advertising.

# A P P E N D I X

# ORGANIZATION OF
# GOVERNOR'S TASK FORCE ON
# PROBLEMS OF PEOPLE WITH PHYSICAL HANDICAPS

| | | |
|---|---|---|
| TASK FORCE CHAIRMAN: | Rep. James Wahner | - Milwaukee |
| VICE-CHAIRMAN: | Charles Caniff | - Hayward |
| 2ND VICE-CHAIRMAN: | Ellen Daly | - Milwaukee |

## COMMITTEE ON EDUCATION AND REHABILITATION:

| | | |
|---|---|---|
| CHAIRMAN: | Jean Kiernat | - Madison |
| VICE-CHAIRMAN: | Dr. Kenneth Reagles | - Madison |
| MEMBERS: | Candice Borger | - Milwaukee |
| | Margaret Hunt | - Wauwatosa |
| | William Otis | - Monona |
| | Mary Jane Broadd | - Pewaukee |
| | John Truesdale | - Whitewater |
| STAFF: | Rodney VanDeventer | - Madison |
| | Susan Boyd | - Madison |
| | Ann Vining-Coates | - Madison |
| | Mary Ann Cook | - Madison |

## COMMITTEE ON EMPLOYMENT AND CONSUMERISM:

| | | |
|---|---|---|
| CHAIRMAN: | Ellen Daly | - Milwaukee |
| VICE-CHAIRMAN: | Barry Eigen | - Milwaukee |
| MEMBERS: | Mary Jane Clark | - Chippewa Falls |
| | Daniel Cunningham | - Racine |
| | John Givens | - Milwaukee |
| | John Huber | - Oak Creek |
| | William Otis | - Monona |
| | Mary Weisensel | - Sun Prairie |
| STAFF: | Mary Ann Cook | - Madison |
| | Thomas McGinnis | - Madison |

## COMMITTEE ON HOUSING, BUIDDINGS AND GROUNDS:

| | | |
|---|---|---|
| CHAIRMAN: | Imre Gyuk | - Milwaukee |
| VICE-CHAIRMAN: | Gustavs Martinsons | - Madison |
| MEMBERS: | Br. Booker Ashe | - Milwaukee |
| | Phyllis Giraldo | - Appleton |
| | Jean Kiernat | - Madison |
| | Floyd Lucia | - Milwaukee |
| | Evelyn Petshek | - Milwaukee |
| | Paul Santini | - Hurley |
| | James Sayre | - Madison |
| STAFF: | Donald Campbell | - Madison |

COMMITTEE ON TRANSPORTATION AND STREETS:

| | | |
|---|---|---|
| CHAIRMAN: | Evelyn Petshek | - Milwaukee |
| VICE-CHAIRMAN: | John Truesdale | - Whitewater |
| MEMBERS: | Nancy Crowley | - Manitowoc |
| | Shirley Krause | - Brown Deer |
| | Floyd Lucia | - Milwaukee |
| | Richard Jann | - Eau Claire |
| | Sheldon Cohen | - Milwaukee |
| STAFF: | Trumann Karabis | - Milwaukee |
| | Thomas McInnis | - Madison |
| | James Sayre | - Madison |

COMMITTEE ON RECREATION AND OPEN SPACES:

| | | |
|---|---|---|
| CHAIRMAN: | Dr. Richard Blakely | - Madison |
| MEMBERS: | Charles Caniff | - Hayward |
| | Mary Jane Clark | - Chippewa Falls |
| | Michael Ries | - Monona |
| STAFF: | Delbert Blasdel | - Madison |
| | Ann Vining-Coates | - Madison |

COMMITTEE ON TAXATION:

| | | |
|---|---|---|
| CHAIRMAN: | Sheldon Cohen | - Milwaukee |
| STAFF: | John Martin | - Madison |

SUBCOMMITTEE ON TITLE XIX

| | | |
|---|---|---|
| CHAIRMAN: | Charles Caniff | - Hayward |
| MEMBERS: | John Martin | - Madison |
| | Barry Eigen | - Milwaukee |
| | Sheehan Donoghue | - Merrill |
| | Maris Huske | - Madison |
| | Mary Beth Osinski | - Milwaukee |

# TASK FORCE PUBLIC HEARINGS

| | |
|---|---|
| Milwaukee<br>Goodwill Industries | March 23, 24, 25, 1973 |
| Janesville-Beloit<br>Rock County Health Care Center | April 6, 1973 |
| Madison<br>Wisconsin Center | April 13, 14, 1973 |
| Wausau<br>Marathon County Health Care Center | April 28, 1973 |
| Appleton<br>Fox Valley Technical Institute | May 18, 19, 1973 |
| Eau Claire<br>Sacred Heart Hospital | June 1, 1973 |
| La Crosse<br>Western Wisconsin Technical Institute | June 2, 1973 |
| Superior<br>City-County Building | June 30, 1973 |

MILWAUKEE

| Name | Representing |
|---|---|
| Duncan G. Ainsworth | Southeast Mass. Association of Paraplegics |
| Allen Anderson | First Wisconsin National Bank |
| Frank Bartak | City Building Inspector's Office |
| Lawrence Bines | Teens Against Dystrophy |
| William B. Blackburn | Wisconsin Epilepsy League |
| Sue Blom | Milwaukee Tenants Union |
| Harold R. Bursten | Shorewood and Colonial Manor Nursing Homes |
| Edward Buttera | ABLE, Inc. |
| Richard Butula | Bureau of Traffic Engineering & Electrical Serv. |
| Fred Chambers | Dairyland Insurance Company |
| Neal D. Clement | United Cerebral Palsy, Director of Advocacy Prog. |
| Sheldon Cohen | Self |
| Ray M. Conroe, Ph.D. | Veterans Administration |
| Paul E. Cook | UWM Handicapped Student League |
| U. S. Currie | Classified Insurance Company |
| Tom Daly | ABLE, Inc. |
| Kristy Davidson | Veteran Association |
| Sidney Doppelt | S. Doppelt Agency, Inc. |
| John Erickson | Milwaukee City Engineer |
| Rex Fairfield | VA Department Spinal Cord |
| Fred H. Feldmann | Self (housing) |
| Harold Friedman | Mitchell Field (Airport Department) |
| Tom Gengler | Self (housing & transportation) |
| Laura Goetsch | Self |
| Stanley Goldman | Self (employment) |
| Fred Greasby | Self (rehabilitation counselor) |
| Dan Griffith | Wisconsin Telephone Company |
| Ruth Guellerud | United Cerebral Palsy |
| Julie Haese | UWM College of Letters & Sciences |
| Gordon Haldinan | Self (rehabilitation counselor) |
| Wayne Haney | Wilson-Haney Associates Architects, & AIA |
| Nancy Hanson | Self (housing) |
| Thomas R. Herman | Goodwill Industries |
| Gloria Hoeft | Self |
| Bea Jackson | Wisconsin Telephone Company |
| Ellen Kass | Self (physical therapist) |
| William Kesselman | Sickroom Services |
| James R. Klokner | American Family Insurance Company |
| Robert M. Krauss | Self (insurance) |
| Janice Kressin | National Paraplegia Foundation (NPF) |
| Dace Krievins | Wisconsin Spina Bifida Ass'n. |
| Galen Larsen | Milwaukee Suburban Transport Corporation |
| Victor Liesener | Helwig Carbon Products, Inc. |
| William Lindemann | Self |
| Jean S. Logan | Sacred Heart Rehabilitation Hospital |
| Basilio Lopez | Sacred Heart Rehabilitation Hospital |
| Jerome R. Lorenz | Goodwill Industries |
| Leonard L. Lovdahl | Handicabs |
| Bruce Lublin | Self |
| William McCahill | Self |
| Wayne R. McCarty | Hemophiliacs |
| Robert J. Mikula | Milwaukee City Park Commission |

MILWAUKEE

| Name | Representing |
|---|---|
| Arylene Miller | Self |
| William Moos | Self |
| T. Larry Mulcahy | Northwestern National Insurance Company |
| Nancy H. Norris | Self |
| Marlene O'Donnell | Self (auto Insurance) |
| Robert Olsen | Self |
| Mary Beth Osinski | Health Care Providers |
| Betty Petzold | Parents of Children with Disabilities |
| Richard Pomo | Milwaukee Dept. of Public Welfare (visually hand.) |
| Robert L. Prausa | U.S. Forest Service |
| June Price | Handicapped Student League |
| Judith M. Rutlowski | National Multiple Sclerosis Society |
| Robert Schendel | Self |
| Robert C. Schimelpfenig | Self (employment) |
| Carl F. Schmidt | Gaenslen School |
| Matt Schmidt | Badger Association of the Blind |
| Audrey Schwindt | Self (transportation) |
| Jack Schuman | Badger Meter Manufacturing |
| Donald A. Siklich | Self |
| Bernard M. Slick | Wisconsin Chapter, Amer. Society of Landscape Architects, & U.S. Forest Service |
| Tom Spells | Self |
| Brian A. Spencer | American Institute of Architects, Wis. Chapter |
| Lewis Stark | Self (housing, buildings & grounds) |
| Bob Vivorito | Self (housing) |
| Kendall Watson | G.M.A.C., National Paraplegia Foundation |
| Mr. & Mrs. Kenneth Westphal | Selves |
| George Wilson | Parents of disabled children |
| Art. M. Wittman | Greyhound Bus Lines |
| Steven A. Woll | Wisconsin Builders Association |

WRITTEN

| | |
|---|---|
| Ivan Adashek | Shorewood Manor Nursing Home |
| Allen P. Anderson | First Wisconsin National Bank |
| Leo J. Burg | Self (disabled children) |
| Edward Buttera | ABLE Industries, Inc. |
| Kenneth Clark | Self |
| Dale M. Elstad | Self |
| John M. Gajentan III | Self |
| Tom Gengler | Self (independent living) |
| Stanley Goldman | Self |
| Everett C. Gross | Greyhound Bus Lines |
| Julie B. Haese | UWM College of Letters & Science |
| Mrs. Harold Heiting | Parent of Cerebral Palsied son |
| Joyce Hetznecker | Self (social security) |
| Gloria Hoeft | Goodwill Industries |
| Linda Holman | Self |
| Susan Kirchhoff | Self |
| James R. Klokner | American Family Insurance Group |
| Galen C. Larson | Milwaukee & Suburban Transport Corporation |

MILWAUKEE

| Name | Representing |
|---|---|
| Mrs. Dennis Lashock | Spina Bifida Association |
| James M. Laurie | Aetna Casualty & Surety Company |
| Donald R. Leisman | Self |
| Chuck Luehring | Self |
| JoAnn Marshall | Self |
| Evelyn Martin | Self |
| R. H. Mayer | Self (hearing impaired) |
| Arylene Miller | Self (parent of disabled children) |
| Stanley A. Nelson | Wisconsin Council of the Blind |
| Cheryl Ohlinger | Self (Title 19) |
| Louis J. Pascek | United Community Serviees |
| Betty Petzold | Self (parent of disabled children) |
| Patricia A. Redmond | Self |
| Marie J. Schaefer | Self |
| Matt Schmidt | Badger Association of the Blind |
| Clarence P. Schrameyer | Classified Life Insurance Corporation |
| Mrs. Michael Seigner | Self (muscular dystrophied child) |
| Tom Spells | Self |
| Jim Tatnall | Wisconsin State Employment Service |
| Mrs. V. Tovniajanion | Self |
| L. P. Voigt | Dept. of Natural Resources |
| Kendall Watson | Self |
| Richard F. Wenzel | Self (transportation) |
| Evelyn Werner | Self |
| Carl K. Wettengel | State Bureau of Personnel |
| George T. Wilson | Goodwill Industries |
| William F. Zankl | Self (Title 19) |

JANESVILLE-BELOIT

| Name | Representing |
|---|---|
| David Beetstra | Self (auto insurance) |
| James Birkholz | Self |
| Roderick G. Brunton | City of Beloit |
| Mrs. James Clough | Self (parent of multiply disabled child) |
| Alton Davis | Executive Secretary, Wis. Council for the Blind |
| Jane M. Daugherty | Self (senior citizens & architectural barriers) |
| William H. English | Wis. School for the Visually Handicapped |
| Al Erdman | South Central Chapter NPF |
| John S. Falko | Nursing Homes |
| Evelyn F. Gant | Wisconsin School for the Deaf |
| David Kessler | City of Janesville |
| Robert L. Lyell | Janesville Public Schools |
| Roger E. Krempel | Dept. of Public Works, City of Janesville; & Wis. Society of Professional Engineers. |
| Thomas Krueger | Self (insurance) |
| Don MacFarlane | Self |
| Frank Maylord | South Central Chapter NPF - Recreation |
| Stanley Nelson | Executive Secretary, Wis. Council for the Blind |
| John W. O'Brien | Social Security Administration |
| Patricia O'Brien | Self (employment) |
| Barbara Pellegrini | Self (Senate Bill 185) |
| Dean F. Ridenour | Executive Director, NPF |
| S. Peter Roang | Rock County Rehabilitation Services, Inc. |
| O. William Russell | Wis. State Employment Service |
| Marjorie A. Seim | Self (cerebral palsidd children) |
| Kenneth L. Tapp | Wis. School for the Visually Handicapped |
| Dale R. Thompson | Self |
| Leroy H. Waite | Beloit Fire Fighters |
| Roger E. Young | Freuch/Angus/Young Architects |

WRITTEN

| | |
|---|---|
| Leatrice Bank | Self |
| Gerald H. Brunsell | Self (physical therapist, Beloit Memorial Hosp.) |
| Thomas A. Gavin | Self |
| Dennis Knobler | Self |
| Mary E. Larson | Self |
| Don MacFarlane | Self |
| Lois Munger | Self |
| Charlotte Oberbrunner | Beloit Public Schools |
| Volunteer Service Bureau of Janesville | Selves |

MADISON

| Name | Representing |
|---|---|
| Mrs. Robert T. Alder | Self |
| Dale E. Allen | Division of Motor Vehicles |
| Dr. John Allen | Director, Bureau of Medical Services |
| Maureen Arcand | Self (employment and attitudes) |
| Betty Barrera | Self |
| Harold Bessac | Self |
| Dr. R. P. Bhala | Dept. of Rehabilitation Medicine, U. W. M. |
| Forrest W. Bradley | Madison Parks Dept. |
| Kayleen Brereton | Madison Organization Behind Independent Living |
| Robert C. Cohen | Director, Bureau of Social Security Disability |
| Waldo T. Cordano | Wis. Association for the Deaf (WAD) |
| Jean Cordano | WAD |
| William Jerome Crary | Self (employment) |
| Thomas Crowner | Self |
| Denise Decker | Self (guide dogs) |
| Stanley C. DuRose | Commissioner of Insurance |
| Iva Eckloff | WAD Education Committee |
| William H. Engel | Neurological & Rehab. Assistive Devices Lab |
| Mary Farmer | Visiting Nurses Service |
| Harvey Finsteth | Deaf Adults |
| Gerald D. Germanson | Self (architect) |
| Dolores Greene | Affirmative Action Officer, Dept. of Health, and Social Serviees |
| Mrs. Richard Hong | Volunteer Braillists, Inc. |
| Robert Horgen | WAD |
| James M. Huffer, M.D. | University of Wis. |
| Karen Johnson | Self |
| Mr. Hohnson | Self |
| Petra R. Jones | Legislative Committee of the Wis. O.T. Ass'n |
| Trumann Karabis | Self |
| Sue Kendrick | Self (parents) |
| Timothy Kiefer | Self |
| David C. Kuckuk | Four Lakes Council Boy Scouts of America |
| John Lindoerfer | Housing Specialist, Division on Aging |
| William G. Lunney | Self (County Supervisor) |
| Beverly Mastos | Self |
| Frank Mattone | Madison Metro |
| Jerry Meysembourg | Dept. of Vocational Rehabilitation (DVR), Bureau for the Blind |
| Peggy Miezio | Wis. Spina Bifida Association |
| Gene Miller | Self (blind) |
| Henry Okagaki | Self |
| Ann Olson | Self (Physical Therapist) |
| Gordon Orr, Jr. | U.W. - Madison |
| Verta Ostrander | Self (medical insurance problems) |
| Tom Parks | Self |
| Leonard J. Peacock | WAD |
| Betty Pfister | Self |
| Christine J. Poteet | Parents |
| Margo Redmond | Services to Maintain Independent Living for the Elderly |

MADISON

| Name | Representing |
|---|---|
| David C. Rice | Dept. of Industry, Labor and Human Relations<br>DILHR - Attorney, Equal Rights Division |
| Evelyn Ritter | Blind |
| Eugene Rulff | Self, and Handi-cabs, Inc. |
| Hugh Russell | DILHR, Workmen's Compensation Division |
| Donald A. Sams | Self |
| Sue A. Schmitt | Self (transportation) |
| Bernice Schroeder | Self |
| Duane F. Sippola | Board of Public Works |
| Paul R. Soglin | Self |
| Rod Stiemsma | Dept. of Vocational Rehabilitation (DVR) |
| Kenneth L. Svee | Easter Seal Society |
| Irene L. Thompson | Self |
| Loren L. Thorson | Dept. of Natural Resources, Bureau of Parks |
| Adrian Towne | DVR |
| Lana Turner | Colonial Manor Nursing Home |
| Carl Wettengel | State Bureau of Personnel |
| Guy H. Wharton | Easter Seal Society |
| Robert W. Scribner | Adult deaf, and parents of deaf children |

WRITTEN

| | |
|---|---|
| Helene Archbald | Wis. O. T. Legislative Committee |
| Dennis Armstrong | DVR |
| Larry Clayton | Hearing Aid Dealers & Fitters |
| Jean Cordano | Wis. Association for the Deaf (WAD) |
| Waldo T. Cordano | WAD |
| Iva Eckloff | WAD |
| Ronald D. Gooden | Hearing Aid Dealers & Fitters |
| Robert W. Horgen | WAD |
| Marge Johnson | Self |
| Marianna Kuglitsch | Self and WAD |
| Margo Lindl | Muscular Dystrophy Assn., Inc., Madison Area Chapter |
| J. E. Linster | Employers Insurance of Wausau |
| Kenneth E. McRoberts | Dane County Special Education |
| Michael Nehr | Hearing Aid Dealers & Fitters |
| Dale Odegard | Self (spina bifida) |
| Robert Pagel | Self (deaf) |
| Leonard J. Peacock | Wis. State School for the Deaf |
| Betty Pfister | Self |
| Donald W. Schaefer | Hearing Aid Dealers & Fitters |
| Gene Spencer | Hearing Aid Dealers & Fitters |
| Andrew Vahldieck | Self |
| Sandra Wallin | Hearing Aid Dealers & Fitters |
| Bernard Wendricks | City of Madison Engineering Division |
| Otis A. Whitcomb | Hearing Aid Dealers & Fitters |

WAUSAU

| Name | Representing |
|---|---|
| Helen K. Anderson | Friendly Village, Inc. |
| Steve Avery | Self |
| Senator Walter Chilsen | His Constituents |
| John L. Cook | Self (job placement) |
| Duane L. Corbin | Wausau and Marathon County Park Commission |
| Thomas Davis | Central Wis. Regional Airport |
| Richard Delap | Marathon County Dept. of Social Services |
| Peter DeSantis | Marathon County Health Care Center |
| Beverly Dreifuss | North Central Technical Institute, Special Student Program |
| Dorothy Farrell | Marathon County Health Care Center |
| George A. Flory | Wausau Fire Dept. |
| Gordon F. Genrich | Wausau Area Bus Lines, Ltd. |
| Edwin L. Geranski | Self (bus transportation) |
| Ronald Gehring | Wausau Fire Dept. |
| Nancy Hagen | Hearing Impaired Students |
| John L. Kannenberg | Mayor, Wausau |
| Fay La Porte | Marathon County Committee on Aging |
| John E. Linster | Employer's Insurance of Wausau |
| Vernon Miller | Handicapped United |
| Janet Mohelnitzky | Self |
| Dan Nelson | North Central Technical Institute, Special Student Program |
| Janette Noack | Self (blind) |
| Robert Paine | Marshfield Clinic |
| James F. Peck | Self |
| Gary Radtke | Dept. of Public Works, City of Antigo |
| Roy Reynolds | Self (airline policy) |
| Ellen Scheel | Wausau Visiting Nurses Association |
| Wayne Schoepke | Owen & Ayres Associates, Architects |
| Susan Shield | Self (employment) |
| Fred B. Shrake | City of Wausau |
| Judy Simonis | Independent Health Agencies |
| Ralph "Fana" Voigt | Mayor, Merrill |
| Malcolm L. Young | D. C. Everest High School (special education) |
| Franklin Zastrow | Wausau Housing Authority |

WRITTEN

| | |
|---|---|
| Terry Cooper | Self |
| Mr. & Mrs. Glenn Dettinger | FISH (transportation needs) |
| Sister Francine Kosednar | Wausau Hospital, Inc. |
| Jack E. Linster | Employer's Insurance of Wausau |
| Vernon Miller | Handicapped United |
| James F. Peck | Self (physical therapist) |

APPLETON

| Name | Representing |
|---|---|
| James A. Adams | Mayor, City of Menasha |
| Gay R. Anderson, M.D. | Bureaucratic Problems with Medical Assistance Program |
| Theresa Arfi | United Cerebral Palsy |
| Mildred Baer | Fox Valley Hemiplegics |
| Tom Barlow | ADVOCAP of Oshkosh |
| Burton Barthels | Self |
| Arthur H. Blankenburg | Easter Seal Society |
| Al Broullire | ADVOCAP of Oshkosh |
| Michael R. Bruno | Cheney Company (home elevators) |
| Ruby Chapman | Self |
| Don S. Conrad | Handicab, Green Bay |
| Geraldine Cooper | Fox Valley Chapter NPF |
| Donald E. Coulson | Self (problems of deaf) |
| Frank Donnick | Social Security Administration |
| Anthony V. Dufek | Mayor, City of Manitowoc |
| Merton Ehricke | Welfare Director, City of Appleton |
| Barry Eigen | Sickroom Services, Inc., Medical Supplier |
| Representative Richard Flintrop | Oshkosh State Representative |
| John Haefner | Iron, Reinke & Associates, Inc., architects |
| David M. Hagen | Theta Clark Hospital |
| Lloyd Hagen | Self (problems of deaf) |
| Roman Hauser | Mayor, City of Neenah |
| John Hulbert | Self (hunting & fishing) |
| Lawrence K. Lambert | Orthopedic Appliances, Neenah |
| Charles F. Lauter | Lawrence University |
| Adele Maas | University Extension Expanded Nutrition Program |
| Allison McCain | Self (playgrounds for handicapped children) |
| John W. McKay | Goodwill Industries of Fox Valley, Inc. |
| Ronald R. Mertz | Neenah Fire Dept. and City Ambulance Service |
| Ervin Mischler | Self |
| Paul Monzel | DVR |
| Rolland Nock | Appleton Public Schools |
| Mary Ann Nortman | Fox Valley Campaign on Architectural Barriers |
| Dr. William K. Nystrom | Curative Workshop, Green Bay |
| Thomas O'Hearn | Appleton Public Schools |
| Richard D. Peeples | Richard D. Peeples and Associates, Architects, and Fox Valley Campaign on Arch. Barriers |
| Gordon L. Peterson | Peterson, Twohig and Due, Architects |
| Herbert G. Pitz | Wis. Council of the blind |
| Edward Reimer | City Building Inspector, Oshkosh |
| Shirley Reimer | United Cerebral Palsy |
| Robert V. Reinbold | Self |
| Dean F. Ridenour | NPF |
| Ruth Russler | Meals on Wheels |
| Donald A. Sams | Wis. Epilepsy Association |
| Ralph B. Shiner, Jr. | Goodwill Industries |
| James J. Siebers | Case Work Supervisor Apostulate |
| Robert Stoeger | Appleton Fire Dept. |
| Richard W. Suscha | Mayor, City of Sheboygan |
| James P. Sutherland | Mayor, City of Appleton |

APPLETON

| | |
|---|---|
| John Thorson | Self (epilepsy) |
| K.M. Viste, Jr., M.D. | Neurologist, Member, Governor's Health Policy and Planning Task Force |
| James R. Welch | Gold Cross Ambulance Service |
| Helen Wilusz | Self (University Extension Expanded Nutrition Program) |
| Patricia Zeh | NPF (sex problems of the disabled) |
| Dick Zeiner | Bray, Cravillion, Zeiner Architects |

WRITTEN

| | |
|---|---|
| Theresa M. Arfi | United Cerebral Palsy |
| Kermit J. Brill | Self (AB 924 and AB 925) |
| Geraldine Cooper | Self (rehabilitation facilities - O.T.) |
| Curative Workshop of Green Bay | Selves |
| Della Derlein | Self |
| Frank M. Donnick | Social Security Administration |
| Anthony V. Dufek | Mayor, City of Manitowoc |
| Robert Giles | Self (employment) |
| Sue Granros | Self |
| Bjorn P. Haåvorsen | Holiday House of Manitowoc City, Inc. |
| Gordon B. Jaeger | City Manager, Oshkosh |
| Mrs. Gary Klabechek | Self |
| Mary Lanigan | Self |
| Vernon E. Miller | Handicapped United - Marinette |
| Mary Ann Nortman | Oshkosh Area Campaign on Architectural Barriers |
| Herbert Pitz | Wis. Council of the Blind |
| Robert J. Reinbold | Self |
| Mrs. Raymond Sand | Self |
| Penny Sanders | Self |
| Jacqueline Walsh | Self |
| Dick Zeiner | Bray Cravillion, Zeiner and Associates, Inc., Architects |

EAU CLAIRE

| Name | Representing |
|---|---|
| Martin Albrecht | DVR and West Central Rehabilitation Ass'n |
| Jason Andrew | U.W. - Stout |
| Paul Axelsen | U.W. - Stout |
| Representative Alvin Baldes | State Representative - 69th District |
| Annabel B. Bauer | District 1 Technical Institute |
| Fred Baumgartner | City of Eau Claire |
| Gerald H. Biese | Career Development Center |
| Mason R. Burns | Wis. Independent Board on Aging |
| Dr. Lester M. Emans | Self |
| Wayne Greenseth | Multiple Sclerosis Association |
| Jim Haernisch | West Central Rehabilitation Ass'n. |
| Robert L. Halbleib | Self |
| Cheryl Johnson | Self (rehabilitation unit) |
| Paula Kaiser | Eau Claire Parents of Hearing Impaired Children |
| Cyril F. Kopca | Social Security Administration |
| Robert Lervick | U.W. - Eau Claire Housing Office |
| Waldemar C. Mai | Eau Claire Transportation Company |
| Dr. James Martins | Northern Colony (employment) |
| Josette Holt Martins | Self (airplane facilities and attendants) |
| William Meronek | Sentry Insurance |
| LaVerne O. Miller | City of Eau Claire |
| Helen L. Norager | Courage Club |
| Verna Pearson | Self (accessibility of community facilities) |
| Stanley T. Picago | Eau Claire Area Schools |
| Mrs. Arthur Rizzi | Eau Claire Parents of Hearing Impaired Childre and Wis. Association for the Deaf |
| Charles J. Safford | Eau Claire Area Schools |
| Ray Wachs | City of Eau Claire |
| Bill Wagner | Social Security Administration |
| Mike West | Self |
| Walter J. Wambacher | Eau Claire Parks & Recreation Dept. |
| Sister Donna M. Woodson | Self (accessibility and bracing) |

WRITTEN

| | |
|---|---|
| Paul Axelsen | U.W. Stout |
| Naomi Koerwitz | Eau Claire City-County Health Dept. |
| Anthony J. Langton, Jr. | U.W. Stout |
| Darwin Larson | U.W. Stout, Undergrad Vocational Rehab. Program |
| Paulette Lower | Eau Claire City Dept. of Public Welfare |
| Stanley Picago | Eau Claire Area Schools |
| Virginia Reeves | Self (O.T.) |
| Charles J. Safford | Eau Claire Area Schools |
| Sheryl Baldwin | Selves (Architectural Barrier freedom - U.W.Stout) |
| Carolyn Beres | |
| William C. Fremgen | |
| Donald Warnke | |

LA CROSSE

| Name | Representing |
|---|---|
| Eugene C. Balts | La Crosse Public Schools |
| Rosalia Bauer | La Crosse County Health Nursing Service |
| Ron Bayer | Social Security |
| Cyril H. Berg | President, Happy Go Lucky Club |
| Dr. Stephen Copps | United Cerebral Palsy, Education and Treatment Center |
| Lloyd W. Finke | Happy Go Lucky Club |
| Rev. J. Thomas Finucan | Viterbo College |
| Eugene B. Fry | La Crosse Parks & Recreation |
| Representative Lawrence Gibson | State Representative, 95th District |
| Lionel Hanson | La Crosse Chapter Indoor Sports Club, Inc. |
| James Holtan | Occupational Rehabilitation Center |
| Ernest I. Jones | Self (hearing aid dispensing) |
| Dr. Kenneth E. Lindner | U.W. - La Crosse |
| Evan J. Lowrey | La Crosse Area Public Schools |
| Esther Marohn | White Cane Club |
| Kenneth Niedbalski | Wis. Board on Aging |
| Bruce O. Nustad | Yellow Cab Company, La Crosse |
| Charles G. Richardson | West Wis. Technical Institute |
| Representative Virgil Roberts | State Representative, 94th District |
| Gordon Robson | Self (discrimination) |
| Dr. C. Norman Shealy | Pain Rehabilitation Center, S.C. |
| Richard Wagner | Self |
| Leroy W. Wells | La Crosse Chapter Indoor Sports Club, Inc. |
| Dr. Carl Wimberly | U.W. - La Crosse |
| Patrick Zielke | President, La Crosse City Council |

WRITTEN

| | |
|---|---|
| Frank D. Cox | Self (architectural barriers) |
| Frances Finke | Self |
| Norman Hanson | Division of Vocational Rehabilitation (DVR) |
| Dorothy Schock | Indoor Sports Club, Inc. - La Crosse Chapter |
| Kathleen R. Sullivan | Self (White Cane Laws) |

SUPERIOR

| Name | Representing |
|---|---|
| Shirley M. Anderson | Division of Mental Hygiene |
| Eleanor Austreng | Self (hemophilia) |
| James R. Barton | Self |
| Reinhold Berg | Catholic Charities Bureau |
| David Cochrane | North West Community Action Agency, Headstart Program |
| Jack B. Cox | Beltone Hearing Aid Service |
| Dale Gingrich | Twin-Ports Hearing Aid Center, Superior |
| Mrs. Gingrich | Twin-Ports Hearing Aid Center, Superior |
| Klaus W. Helske | Doberman and Helski, Architects |
| Hugh Henry | North Central Airlines |
| Father Phillip J. Heslin | Catholic Charities Bureau |
| Tom Host | DILHR, Concentrated Employment Program |
| Peter Ketchum | Self (visual impairments) |
| Jerry Kramer | Self (education) |
| James J. Lanswick | Self (hearing aids) |
| Joseph T. Leszcynski | Superior Parks & Recreation Dept. |
| Representative Thomas B. Murray | Superior State Assemblyman |
| Reino A. Perala | Self (blindness) |
| Charles J. Picard, M.D. | Self |
| Beatrice Rowland | Self |
| Gretchen Schnittger | Indianhead Handicap Club |
| Fred M. Sequin | Superior Public Works Dept. |
| Clayton A. Sorenson | Self (architectural barriers) |
| Ralph Sullivan | Superior Vocational Center |
| Senator Daniel Theno | Senator, 25th District |
| Kenneth J. Tuura | Self |
| Matt Verdegan | Self (accessibility) |
| Carl E. Williams | Self (blindness) |

WRITTEN

| | |
|---|---|
| Richard E. Ballou | Superior Public Schools |
| Dave Cochrane | Project Head Start |
| Eleanor L. Nelson | Self (mental retardation) |
| Harry A. Rothe | Self |
| Senator Daniel Theno | Senator, 25th District |
| Thomas Webster | Self |
| Carl E. Williams | Self (rehabilitation of blind) |

# CONSTITUTIONAL RIGHTS
# OF THE PHYSICALLY HANDICAPPED

Lee Leavenworth

## CONSTITUTIONAL RIGHTS OF THE PHYSICALLY HANDICAPPED

The physically handicapped have not yet actively entered the judicial process to assert their constitutional rights. While the courts have experienced an increase in litigation by various disadvantaged and minority groups in the last decade, cases involving the physically handicapped are still rare; in fact, the United States Supreme Court has yet to hear such a case.

While some state legislatures have acted to protect the rights of the physically disabled by the inclusion of handicap as an impermissible basis for discrimination in the state's civil rights statutes,[1] most states have acted only to provide special services and assistance. The United States Congress also has not included the handicapped in general civil rights legislation.

The Equal Protection Clause of the Fourteenth Amendment of the United States Constitution may provide the physically handicapped with a constitutional basis for the assertion of their rights.[2] The physically handicapped have not yet been able to fully participate in the social, economic and political life of our society, often due to architectural barriers in both the public and private sector which impede their mobility and restrict their use of public places, public conveyances, and accommodations. This lack of mobility also restricts the physically handicapped in the areas of

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[1] See Iowa Code Ann. S. 601.A (1973).

[2] See Abroad in the Land: Legal Strategies to Effectuate the Rights of the Physically Disabled, 61 Geo. L. J. 1501 (1973) [hereinafter cited as Legal Strategies].

employment and housing, although employer and landlord-vendor hostility, whether due to prejudice or fear of increased liability, also is a factor. Finally, the physically handicapped are often denied the special educational assistance they need, though the recent passage of Chapter 89 may help to alleviate the problems in this area in Wisconsin.[3]

Wisconsin has provided by law[4] that "any place of employment or public building, the initial construction of which is commenced after July 1, 1970, shall be so designed and constructed as to provide reasonable means of ingress and egress by the physically handicapped," "where traffic might reasonably be expected by such persons." This law does not, however, have any application to existing buildings. Wisconsin has included handicaps in the fair employment statute,[5] which makes discrimination by employers, licensing agencies and labor organizations solely because of handicap unlawful, though failure of an employer to hire or retain as an employee a handicapped person who, because of his or her handicap, is physically or otherwise unable to perform the duties required in the job, is permitted. In the absence of this exception, it is unlawful to discriminate on the grounds of handicap in the fields of housing, recreation, education, health and social welfare as related to a condition or privilege of employment, as well as the employment itself. The Wisconsin fair housing law[6] specifically limits its coverage to discrimination based on race, color, religion,

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[3] Chapter 89 Laws of 1973.

[4] Wis. Stat. S. 101.13 (1971).

[5] Wis. Stat. S. 111.31, .32, .35 (1971).

[6] Wis. Stat. S. 101.22 (1971).

national origin or ancestry.

Thus, while Wisconsin has taken some steps to protect the rights of the physically handicapped by law, there remains a large area where they are not protected by law and may be forced to seek relief in the courts for violation of their constitutional rights under the Equal Protection Clause of the Fourteenth Amendment.

## THE EQUAL PROTECTION CLAUSE

A state could not function without classifying its citizens for various purposes and treating some differently than others. All legislative programs or administrative actions affect different groups in different ways, either expressly or implicitly. While the United States Supreme Court has consistently recognized the power of the states to make such classification,[7] the classification must be consistent with sonstitutional guarantees. Any such classifiction may be attacked as a denial of equal protection. The Supreme Court has applied two different tests for judging equal protection challenges to state action.[8] Under the more lenient traditional test, a state's classification is unconstitutional only if based on grounds totally irrelevant to the state's objective. The classification must be reasonable and not purely arbitrary.[9]

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7 See, e.g., Eisenstadt v. Baird, 405 U.S. 438, 446-447 (1972), citing Reed v. Reed, 404 U.S. 71, 75-76 (1971); Railway Express Agency v. New York, 336 U.S. 106 (1949).

8 For an excellent discussion of equal protection, see Developments in the Law - Equal Protection, 82 Harv. L. Rev. 1065 (1969) [hereinafter cited as Developments].

9 See, e.g., Morey v. Doud, 354 U.S. 457, 463-64 (1957); Lindsley v. Natural Carbonic Gas Co., 220 U.S. 61, 78 (1911); see generally, Developments, 82 Harv. L. Rev. at 1077-1087.

Where, however, fundamental rights[10] or suspect classifications[11] are involved, the court scrutinizes the law more carefully, and requires the state to show a compelling state interest to justify the classification.[12] Under the traditional standard, a statute is presumed constitutionally valid and the burden of proving otherwise is on the person challenging the statute. Under strict review, the statute is presumed to be unconstitutional and it is the state which must show that the classification is necessary to further a compelling state interest.

A. Suspect Classification:

The physically handicapped may be viewed as a suspect class triggering strict scrutiny, although there are no decisions supporting such a conclusion. Classifications based on race, alienage and national ancestry have been held to be suspect.[13] The United States Supreme Court, in San Antonio Independent School District v. Rodriguez,[14] said a classification is suspect when the particular group is saddled with such disabilities, subjected to a history of such purposeful discrimination, or relegated to a position of such political weakness as to require special protection.[15] The physically

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10 See discussion infra at

11 See discussion infra at

12 See, e.g., San Antonio Independent School District v. Rodriguez, 93 S. Ct. 1278, 36 L. Ed. 2d 16 (1973) hereinafter cited as Rodriguez; see generally Developments, 82 Harv. L. Rev. at 1087-1091 and cases cited therein.

13 See Loving v. Virginia, 388 U.S. 1 (1967) (race); Graham v. Richardson, 403 U.S. 365 (1971) (alienage); Korematsu v. United States, 323 U.S. 214 (1944) (national ancestry).

14 Supra, n. 12.

15 Rodriguez, 93 S. Ct. at 1294.

handicapped may meet all three of these indicia.[16] If the physically handicapped were treated by the courts as a suspect class, strict review would be used to judge equal protection challenges where the physically handicapped constitute the class involved.[17] Some commentators and courts[18] have suggested the handicapped are not a suspect class. The application of the strict standard of review will be examined later.

B. Fundamental Rights:

Where fundamental rights are infringed by a state's action, the state must show the classification is necessary to promote a compelling state interest. The Supreme Court has said that a right is fundamental if it is explicitly or implicitly guaranteed by the Constitution.[19] The Court has found the right to travel to be a fundamental right,[20] but has never said whether this includes the right to travel intrastate, although some lower federal courts have so held.[21] Earlier cases have held the right to work to be a fundamental right.[22] Voting was originally held to be a

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16 See Legal Strategies, 61 Geo. L.J. at 1504-1505.

17 See Developments, 82 Harv. L. Rev. at 1027.

18 See Sail'er Inn v. Kirby, 5 Cal. 3d 1, 18, 485 P.2d 529, 540, 95 Cal. Rptr. 329, 340 (1971); New York Ass'n. for Retarded Children v. Rockefeller, 357 F. Supp. 752, 762 (1973) (though the class involved in the case was the mentally handicapped).

19 Rodriguez, 93 S. Ct. at 1297.

20 See, e.g., Dunn v. Blumstein, 405 U.S. 330,338 (1972); Shapiro v. Thompson, 394 U.S. 618, 629-631, 634 (1969).

21 See King v. New Rochelle Municipal Housing Authority, 442 F. 2d 646, 648 (2nd Cir.), cert. denied, 404 U.S. 863 (1971); Cole v. Housing Authority, 435 F. 2d 807, 809 (1st Cir. 1970); Valenciano v. Bateman, 323 F. Supp. 600, 603 (D. Ariz. 1971).

22 See Truax v. Raich, 239 U.S. 33, 41 (1915).

fundamental right,[23] though the Court has subsequently said it is not the right to vote per se that is fundamental, but rather it is the right to participate in elections on an equal basis with other qualified voters that is protected.[24] The right to housing is not a fundmental right.[25]

The Supreme Court has also recognized the right of citizens to come to the seats of their government,[26] which includes the judicial, executive and legislative branches,[27] to transact business and petition for redress of grievances as protected by the First Amendment,[28] and applicable to the states by the Due Process Clause of the Fourteenth Amendment.[29]

The Court recently held that education was not a fundamental right, but left open the possible use of the strict scrutiny standard of review when the inequality consists of an absolute denial of public education, as opposed to relative differences in educational opportunity.[30] Prior cases

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[23] See, e.g., Reynolds v. Simms, 377 U.S. 533, 561-562 (1964).

[24] See Dunn v. Blumstein, 405 U.S. 330, 335 (1972); Rodriguez, 93 S. Ct. at 1298-1299.

[25] See Lindsey v. Normet, 405 U.S. 56, 74 (1972); Rodriguez, 93 S. Ct. at 1296.

[26] This encompasses state and local government as well as the federal government. See United Mine Workers of America, District 12 v. Illinois State Bar Ass'n., 389 U.S. 217, 224 n.5 (1967).

[27] The right also extends to administrative agencies of all branches. See, e.g., Edwards v. South Carolina, 372 U. S. 229, 235 n. 10 (1963); California Motor Transport Co. v. Trucking Unlimited, 404 U. S. 508, 510 (1972).

[28] See infra n.26; see also Legal Strategies, 61 Geo. L. R. at 1510.

[29] See Cantwell v. Connecticut, 310 U. S. 296, 303 (1940); Schneider v. State, 308 U. S. 147, 160 (1939); Gitlow v. New York, 268 U. S. 656 (1925).

[30] Rodriguez, 93 S. Ct. at 1298-1299.

in lower federal courts have held the total exclusion of "exceptional children"[31] from the public school system, in the absence of alternative state-supported education, constituted a violation of equal protection.[32]

C. Application:

Thus, a physically handicapped person could go to court alleging a violation of equal protection, assuming state action is found,[33] on the grounds that the architectural barriers in an existing government building[34] prevent him from obtaining reasonable access to that building.[35] Strict scrutiny could be invoked, either because the classification (those with unreasonable access, i.e. physically handicapped v. those with reasonable access, i.e. able-bodied persons) is suspect, or because a fundamental right is involved (access to the seat of the government, right to petition for redress of grievances). Architectural barriers in public conveyances could be challenged, again as involving a suspect classification or violation

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[31] Exceptional children includes those suffering from mental or physical disabilities.

[32] See Harrison v. Michigan, 350 F. Supp. 846, 848 (E. D. Mich. 1972) (Action mooted by new statute); Mills v. Board of Education of the District of Columbia, 348 F. Supp. 866 (D. D. C. 1972), discussed in Legal Strategies,

[33] The concept of state action, a necessary element in any Fourteenth Amendment Equal Protection case, is discussed infra.

[34] Wis. Stat. S. 101.13 (1971), discussed supra at p. 2, provides relief for the handicapped person against architectural barriers in the construction of new buildings.

[35] Two counties in Ohio did agree to remove architectural barriers in certain government buildings after suits were brought by local residents. Consent Decree, Wargowsky v. Novak, Civil No. C-72-138 (N. O. Ohio, March 30, 1973); Friedman v. County of Cuyahoga, Case No. 895961 (Cuyahoga County Ct. 1972).

of the fundamental right to travel. An infringement of the right to seek employment may also be involved in these cases. Architectural barriers that exist in streets and sidewalks could be similarly challenged. Since the right to housing has been found not to be a fundamental right, strict scrutiny would be used in a case involving housing only if the physically handicapped were found to constitute a suspect class (again assuming state action can be shown). The same result would follow in the areas of public accommodations and public buildings generally (although a right to seek employment may be involved in the case of public buildings).

As discussed above, when the classification affects fundamental rights or involves a suspect classification, the state must show that the classification and unequal treatment is necessary to promote a compelling state interest. Invidious discrimination against the physically handicapped is not a permissible state interest,[36] any more than invidious discrimination against blacks is permitted, nor is it to be expected that the state would offer such a justification.

Under strict scrutiny, the increased cost necessary to remove architectural barriers is not a compelling state interest,[37] nor is administrative inconvenience.[38] It is also no excuse for the state to argue that the purpose was not to discriminate against a certain class, when that is, in fact,

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[36] See Developments, 82 Harv. L. Rev. at 1081.

[37] See, e.g., Graham v. Richardson, 403 U. S. 365, 376 (1971); Boddie v. Connecticut, 401 U. S. 371, 382 (1971); Goldberg v. Kelly, 397 U. S. 254, 265-266 (1970).

[38] See, e.g., Boddie v. Connecticut, 401 U. S. 371, 381 (1971); Goldberg v. Kelly, 397 U. S. 254, 265-266 (1970).

the effect.[39] And, if a less burdensome alternative exists, the court may require its use by the state.[40]

Under the traditional standard, a discrimination or classification must have a rational relationship to a legitimate governmental purpose.[41] The state does have an interest in fiscal integrity, and thus cost should be a legitimate state purpose. Furthermore, in the area of social welfare and economics, a classification does not violate equal protection under the rational basis test even though there exists some inequality in the manner in which the state's purpose is achieved.[42]

Of course, even though the state's action is rationally based, it must be free from invidious discrimination and not result in the arbitrary exclusion of a particular class.[43] Thus, for example, the lack of ramps in a public building may save money, but it may also arbitrarily exclude the physically handicapped from entering. The state's action (again assuming state action can be found) is presumed constitutional under this test, however, and it would be incumbent upon the challenger to prove an arbitrary

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39 See, e.g., Shapiro v. Thompson, 394 U. S. 618, 633 (1969); N.A.A.C.P. v. Alabama, 357 U. S. 449, 461 (1958); N.A.A.C.P. v. Button, 371 U.S. 415, 438 (1963); see also, Gomillion V. Lightfoot, 364 U. S. 339 (1960).

40 See,e.g., Carrington v. Rash, 380 U. S. 89 (1965); Rodriguez, 93 S. Ct. at 1306-1307.

41 See, e.g., Dandridge v. Williams, 397 U. S. 471, 485 (1970); Lindsley v. Natural Carbonic Gas Co., 220 U. S. 61, 78 (1911); McGowan v. Maryland, 366 U. S. 420, 425-426 (1961); Rodriguez, 93 S. Ct. at 1306-1307.

42 Dandridge v. Williams, 397 U. S. 471, 485 (1970); see also, Rodriguez, 93 S. Ct. at 1305-1306; McGowan v. Maryland, 366 U. S. 420, 425-426 (1961).

43 See Dandridge v. Williams, 397 U. S. 471, 487 (1970); Jefferson v. Hackney, 406 U. S. 535, 546-547 (1972); Rodriguez, 93 S. Ct. at 1308.

exclusion of physically handicapped people. While this may be possible, it may be prohibitively expensive for a private litigant. Also, it could be alleged that any cost savings the state realizes, when balanced against the economic, social and psychological costs incurred by physically handicapped people whose mobility is thus restricted, renders the classification irrational, because it then in no way promotes the general welfare.

## LIMITATIONS

### A. Balancing:

Under the traditional rational basis test, a classification is presumed valid. Thus, it is implicitly presumed that the legislature or governmental body has weighed and balanced the interests, costs and alternatives involved and its decision is a product of such a process. Under the strict test, however, the classification is presumed invalid and must be shown to be necessary to further a compelling state interest. Some commentators[44] and judges[45] suggest that a balancing process occurs, especially in cases involving fundamental rights, although the Court usually does not discuss it in those terms.[46] Thus, the importance and extent of the right infringed, the character of the classification, and the governmental interest asserted would all be weighed in determining whether a classification violates equal

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[44] See, e.g., Developments, 82 Harv. L. Rev. 1065, 1103-1104; Gunther, The Supreme Court 1971 Term, Foreword: In Search of Evolving Doctrine on a Changing Court: A Model for a Newer Equal Protection, 86 Harv. L. Rev. 1 (1972).

[45] See Mr. Justice Marshall's opinion for the majority in Dunn v. Blumstein, 405 U. S. 330 (1972); Mr. Justice Powell's opinion for the majority in Weber v. Aetna Casualty and Surety Co., 406 U. S. 164 (1972).

[46] But see, Dunn v. Blumstein, supra n. 45 504 U. S. at 335, 342-343.

protection. Under such a test, alternatives available for the exercise of a fundamental right might be considered in determining the extent to which a right is infringed, although the weight given such alternatives would decrease as the importance of the right involved increased. For example, the lack of reasonable access to government buildings would be weighed against alternative forms of communication. But, since this right is fundamental under the First Amendment, the alternative would be given less weight; than an infringement of the right to travel.[47] A majority of the Supreme Court has not, however, explicitly approved a balancing test in equal protection cases.

The Supreme Court in Rodriguez seemed to inject a further consideration into determining whether a classification is suspect or violates a fundamental right, though as yet it is unclear whether this limitation applies only to the classification (wealth) and right involved (education) in the case or is a more general rule. This consideration is whether the state action absolutely discriminates against the class as a whole, or whether the right is absolutely denied. The Court found neither to be the case under the facts, saying the class (although the Court could not readily ascertain what the class was) was subject to a relative burden[48] and no one was absolutely deprived of the right[49] (education).

If this approach is adopted as a general rule, it would be more

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[47] But see, Legal Strategies, 61 Geo. L. J. at 1511 and cases cited therein, suggesting that alternative means of communication are irrelevant when First Amendment rights are involved.

[48] Rodriguez, 93 S. Ct. at 1289-1294.

[49] Id., at 1298-1299.

difficult to get a court to apply strict scrutiny, for the state does not explicitly deprive the physically handicapped of any given right absolutely. Even architectural barriers can be overcome by the physically handicapped if they are given assistance, although it is unclear whether that would be a factor in determining whether the handicapped are absolutely or relatively denied access and use of public buildings, conveyances, etc. Also, if alternative means of communication are considered, unreasonable access to government buildings, for instance, would not absolutely deprive a physically handicapped person of his right to petition for redress of grievances.

In light of Chapter 89, which requires the state to provide special education to exceptional children, it seems unlikely that any challenge to that law on the grounds the services and instruction provided the handicapped are inadequate and unequal would succeed, since any inequalities would be considered relative and not absolute.

B. State Action:

The Fourteenth Amendment prohibits the state from denying to any person the equal protection of the law. Thus, before any relief can be granted, state action must be shown. The Court has recognized a wide variety of state involvement as constituting state action,[50] even though the involvement is not exclusive or direct.[51] State action includes state statutes, the operation of state agencies, and judicial enforcement of private agreements.

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[50] Much of the discussion in this section is drawn from, and cases supporting the views expressed can be found in, Developments, 82 Harv. L. Rev. at 1069-1072; see also Legal Strategies, 61 Geo. L. J. at 1508, 1512 n. 74.

[51] See, e.g., United States v. Guest, 383 U. S. 745, 755-756 (1966).

The concept of state action has also been extended to the activities of private parties where the state directly or indirectly exercise control. For example, a private organization operating a public conveyance system which receives substantial state financing, is subject to significant state regulation, or has state appointed administrators, may invest the non-governmental entity with the qualities of state action. And where private parties carry on a public function ordinarily performed by a governmental agency, state action has been found, although mere licensing is not enough.

Thus, architectural barriers existing in buildings owned or constructed by some governmental unit, in publicly-owned transportation systems, and in privately-owned public buildings and transportation systems where significant state involvement exists, should be found to be the result of state action.

There is, however, a defect in this view. While it may be conceded that there is state action when a governmental unit erects a building, it may be argued that the unreasonable access that physically handicapped people experience is the result of state inaction. The Supreme Court has never ruled whether state inaction invokes the guarantees of the Fourteenth Amendment. While the Supreme Court has held that public school systems which were segregated according to law by race are under an affirmative duty to correct the resulting discrimination,[52] the Court has never imposed such an affirmative duty on the state where the discrimination has resulted

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[52] See, e.g., Brown v. Board of Education, 347 U.S. 483 (1954); Griffin v. County School Board of Prince Edward County, 377 U. S. 218 (1964); Green v. County School Board, 391 U. S. 430 (1968); Swann v. Charlotte-Mecklenberg Board of Education, 402 U. S. 1 (1970).

from state inaction.

In one case, the Court implied that the state was not constitutionally required to prohibit private discrimination, as long as it remained neutral and did not encourage such discrimination.[53] While private discrimination is not involved in an architectural barrier in a government building, the notion that the state need not act affirmatively, as long as it remains neutral and does not encourage discrimination, may be analogous. But, it can also be contended that by erecting and continuing to maintain buildings with architectural barriers, the state is encouraging others to do the same.

Furthermore, it is debatable whether architectural barriers are, in fact, state inaction. The choice existed when the building was originally constructed, and by allowing it to be built with architectural barriers the state did act in an affirmative way, whether conscious of the resulting effect or not.

The basis of the contention that this constitutes state inaction is two-fold. First, while the state did erect the building in a certain way, and while the effect is to restrict access for physically handicapped people, the state did not create their physical condition, which is of a personal character, and this is what causes the restriction on access. Secondly, the state is neutral, its actions in this regard are equal on their face to all, and the question is whether the state must act affirmatively to take account of,,and provide for, individual differences.

The fundamental issue underlying these arguments is not the distinction between state action and inaction, however. While it is often expressed in

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[53] Reitman v. Mulkey, 387 U. S. 369, 374-375 (1967).

those terms, the real issue is the nature of equality required under the Fourteenth Amendment. There are two types of equality, formal equality and proportional equality.[54] When a law on its face is consistent with formal equality, namely the uniform enforcement of a rule without regard to the content of the rule itself, or applicable on its face to all persons in the same way, should it be subject to attack on the ground that the recipient of the distribution should have received a lesser burden (or greater benefit) because of his peculiar circumstances? On the other hand, a law which expressly uses a proportional standard as the basis for a differential distribution of burdens or benefits is designed to take account of such peculiar circumstances. When the proportional distribution relates in a rational way to merit or need, the law will generally be upheld. On the other hand, certain circumstances have been held to be irrelevant criteria for proportional distribution, such as skin color, ancestry, and in some circumstances wealth, in the absence of a compelling state interest to justify their use.

A law which is consistent with formal equality may impose upon the physically handicapped a greater burden without regard to merit or need. The question then becomes whether this is a denial of equal protection in a constitutionally relevant sense. Or, to put it another way, while a state can, by law, treat physically handicapped persons in a different way on a rational basis (such as merit or need), should it be required to do so?

In an Ohio case,[55] a statute granting voters handicapped by physical infirmities aid in marking their ballots was challenged as unconstitutional

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[54] See generally, Developments, 82 Harv. L. Rev. 1159-1192.

[55] State ex rel. Melvin v. Sweeney, 154 Ohio State 223, 94 N. E. 2d at 790.

on the ground that the privilege was not extended to voters who were illiterate or incompetent. The court upheld the statute but said in the absence of such a statute, "If, by reason of any physical, educational or mental incapacity, he [the voter] is unable to make such choice, he suffers from an inability to vote but is not deprived of the right to vote."[56]

This reasoning clearly represents the view that a law consistent with formal equality on its face is not unconstitutional because it affects different people in different ways. While the Supreme Court has never used such language, it could adopt this view by discussing the difference between state action and inaction. For example, when a state erects a building all may enter who wish to do so, and formal equality is achieved. A physically handicapped person may be unable to do so, but he is not deprived of the right. Thus, it is state inaction in that persons with differing needs are not provided for in a proportional way.

This argument is at its weakest where access to the political process is involved, as it is when architectural barriers exist in government buildings. But when formal equality is achieved in other areas, the courts may be more reluctant to require the state to adopt a standard of proportional equality which takes account of the differing needs of its citizens. Two considerations may reinforce this reluctance. First, it may be impossible to define what criteria the state would have to take into account if required to affirmatively adopt proportional equality. For example, if a court required the installation of ramps in a government building, should it also

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56 Id., 154 Ohio State at 232, 94 N. E. 2d at 790.

require attendants to aid those whose physical infirmities are such that they cannot propel themselves up an incline? If physical handicaps require affirmative proportional equality, what other differences must the state consider? There is no easy answer.

Secondly, Mr. Justice Powell, speaking for the majority in Rodriguez,[57] stressed federalism as a factor inherent in the process of determining whether a state's laws are to be accorded a presumption of constitutionality.[58] The Court did accord a presumption of constitutionality to Texas's school financing system (based on local property taxes) and emphasized that to do otherwise would abrogate systems of financing public education presently in existence in virtually every state, making it "difficult to imagine a case having greater potential impact on our federal system,"[59] and that the area was one which has traditionally been deferred to state legislatures.[60]

Both of these elements are present in the case of the physically handicapped. A court decision requiring the state to affirmatively consider and adopt laws which take account of physical handicaps would affect every state. Similarly, many states, including Wisconsin, are acting to protect the rights of the physically handicapped, although the speed and scope of such action varies greatly. Under the traditional standard of review, the court often notes that a state cannot attack all problems at once.[61] While there is a

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[57] Rodriguez, 93 S. Ct.

[58] Id.

[59] Id.

[60] Id., 93 S. Ct. at 1300.

[61] Cf. Jefferson v. Hackney, 406 U. S. 535, 546 (1972), quoting from Williamson v. Lee Optical Co., 348 U. S. 483,488 (1955).

moral duty to integrate the physically handicapped into the social, political and economic life of our society, it is unclear whether there is a legal duty, in the absence of affirmative state action excluding them.

## CONCLUSION

The possibility of the physically handicapped getting affirmative relief under the Fourteenth Amendment remains largely untested. While strong arguments exist, there are limitations to those arguments. Clearly, the best chance for relief exists where the physically handicapped have been explicitly discriminated against by law. Where fundamental rights, especially First Amendment rights, are involved, redress in the courts may be possible, although there are arguments which may defeat such suits.

Legislative action seems to be the best solution. Legislation can reach a wide variety of problems and can go beyond the area of state action and into the private sector. The inclusion of handicap among those protected in general civil rights legislation is certainly desirable, as it provides a mechanism for handling complaints. Legislation is also desirable because it can require affirmative action by both the state and private sector.

Constitutional litigation is a slow and costly procedure and focuses on narrow issues. Legislative action can provide much quicker solutions in a uniform manner, and address the needs of the physically handicapped on a larger and more general scale. Even if constitutional litigation is successful, the physically handicapped will not be truly and effectively integrated into our society until the legislature realizes its moral responsibility and acts accordingly.

1973 STATE OF WISCONSIN

LRB-5715/1
PD:mb

# 1973 ASSEMBLY RESOLUTION 32

June 20, 1973 – Introduced by Representative WAHNER.

Requesting an attorney general's opinion on the constitutionality of not providing access to buildings used by the public for persons whose mobility is limited because of a physical condition including persons in wheelchairs.

Resolved by the assembly, That the attorney general is requested to prepare a written opinion for the assembly which answers the following questions:

1. Whether the building and maintaining of state, county, municipal and other governmental buildings or other public buildings or places of employment as defined in section 101.01 (2) (a) and (h) of the statutes which are inaccessible to a person whose mobility is limited because of his physical condition, including a person in a wheelchair, denies him his federal and state constitutional right of reasonable access to such buildings and places of employment?

2. Whether the state, counties, municipalities and other governmental units and owners and managers of other public buildings and places of employment as defined in section 101.01 (2) (a) and (h) of the statutes are denying a person whose mobility is limited because of his physical condition, including a person in a

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wheelchair, the right to equal protection of the laws as guaranteed by the fourteenth amendment to the U.S. constitution and by the Wisconsin constitution, either by denying him equal opportunity of employment or otherwise?

3. Whether the state, counties, municipalities and other governmental units are denying a person whose mobility is limited because of his physical condition, including a person in a wheelchair, his right under the U.S. and Wisconsin constitutions to access to the seats of government?

4. Whether the state, counties, municipalities and other governmental units and owners and managers of other public buildings and places of employment as defined in section 101.01 (2) (a) and (h) of the statutes are denying a person whose mobility is limited because of his physical condition, including a person in a wheelchair, his right under the U.S. and Wisconsin constitutions to travel and freedom of movement?

5. Whether the state, counties, municipalities and other governmental units and owners and managers of other public buildings and places of employment as defined in section 101.01 (2) (a) and (h) of the statutes have an affirmative duty to provide a person whose mobility is limited because of his physical condition, including a person in a wheelchair, with equal access to such buildings and places of employment?

(End)

# The State of Wisconsin
## Department of Justice
## Madison
## 53702

ROBERT W. WARREN
ATTORNEY GENERAL

DAVID C. MEBANE
DEPUTY ATTORNEY GENERAL

April 1, 1974

OAG 25-74

The Honorable, The Assembly
State Capitol
Madison, Wisconsin 53702

Attention: Mr. Thomas S. Hanson, Director
Legislative Services

Dear Representatives:

Resolution 32, 1973 session, although divided into five questions, can be summarized as inquiring whether the constitutional rights of the physically disabled are denied by the failure of the state to require buildings, both public and private as defined in sec. 101.01 (2) (a) and (h), Stats., to be so constructed and maintained as to be accessible to those whose mobility is limited because of such physical disability. The Resolution directs my attention to the federal and state constitutional rights of "reasonable access" to such premises, to the "equal protection of the laws" in respect to equal employment opportunities or otherwise, to "access to the seats of government," and to "travel and freedom of movement." In addition, the Resolution inquires whether the state, other units of government, and the owners of other buildings have "an affirmative duty" to provide such disabled persons "with equal access to such buildings."

I. THE CONSTITUTIONAL RIGHTS INVOLVED

The First Amendment to the United States Constitution provides:

> "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances."

The Fourteenth Amendment to the United States Constitution, Section 1, provides:

> "*** No State shall make or enforce any law which

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shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws."

Article I, Section 1 of the Wisconsin Constitution, provides:

"All men are born equally free and independent, and have certain inherent rights; among these are life, liberty and the pursuit of happiness; to secure these rights, governments are instituted among men, deriving their just powers from the consent of the governed."

Article I, Section 3 of the Wisconsin Constitution, provides:

"Every person may freely speak, write and publish his sentiments on all subjects, being responsible for the abuse of that right, and no laws shall be passed to restrain or abridge the liberty of speech or of the press. ***"

Article I, Section 4 of the Wisconsin Constitution, provides:

"The right of the people peaceably to assemble, to consult for the common good, and to petition the government, or any department thereof, shall never be abridged."

The First Amendment to the United States Constitution applies to the states through the operation of the Fourteenth Amendment. See Redrup v. New York (1967), 386 U.S. 767, 87 S.Ct. 1414, 18 L.Ed. 2d 515.

The right of "access" derives from the First Amendment. See Cruz v. Beto (1972), 405 U.S. 319, 321, 92 S.Ct. 1079, 31 L.Ed. 2d 263. The right of "access" is usually identified with the right to be heard. See United Transportation Union v. State Bar of Michigan (1971), 401 U.S. 576, 585, 91 S.Ct. 1076, 28 L.Ed. 2d 399; Johnson v. Avery (1969), 393 U.S. 483, 89 S.Ct. 747, 21 L.Ed. 2d 718. The supreme court has, however, spoken of "access" in the sense of physical access to a public place. Grayned v. City of Rockford (1972), ___ U.S. ___, 92 S.Ct. 2294, 2304, 35 L.Ed. 2d 222. Such physical access to a public place for the purpose of exercising First Amendment rights cannot be broadly denied. Grayned, supra, 92 S.Ct. at 2304.

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There is no constitutional right of access to private property, except where a private entity assumes the functions of a government, as in the case of the modern shopping center complex, Food Employees v. Logan Valley Plaza (1972), 391 U.S. 308, 319, 88 S.Ct. 1601, 20 L.Ed. 2d 603, and the company-owned town, Marsh v. Alabama (1946), 326 U.S. 501, 66 S.Ct. 276, 90 L.Ed. 265.

Thus, there is a First Amendment right to access to public properties, including seats of governments, but not to private properties with certain limited exceptions.

II. THE NATURE OF PROHIBITED STATE ACTION

The Fourteenth Amendment denies to states the power to "abridge" privileges and immunities, to "deprive" any person of life, liberty or property, and to "deny" any person the equal protection of the laws. These key words--"abridge," "deprive," and "deny"--are collectively defined as prohibited "state action."

At the outset it should be noted that the Fourteenth Amendment does not ban private discrimination however wrongful the conduct may be. Shelley v. Kraemer (1948), 334 U.S. 1, 13, 68 S.Ct. 836, 92 L.Ed. 1161. Private action is transformed into state action where state involvement is so significant that it commands the result. Adickes v. S. H. Kress and Company (1970), 398 U.S. 144, 170, 90 S.Ct. 1598, 26 L.Ed. 2d 142. Such a command occurs "by imposing sanctions or withholding benefits." Adickes, supra, 398 U.S. at 168.

Thus, private action is transformed into prohibited state action only where the state involvement commands the result or is of similar significance. In order for state activity in this area to be considered prohibited, existing legal precedent concludes that the connection must be proximate, not remote.

The Wisconsin Supreme Court has held that state action consists in affirmative conduct requiring or permitting the impairment. See Ford v. Wisconsin Real Estate Examining Bd. (1970), 48 Wis. 2d 91, 110-111, 179 N.W. 2d 786.

Thus, state action must affirmatively impair or discriminate albeit in a permissive manner. See also Vanden Broek (Town of) v. Reitz (1971), 53 Wis. 2d 87, 98, 191 N.W. 2d 913.

This concept may be expressed as a requirement of a proximate cause-effect relationship between the state action and the adverse impairment or discrimination.

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III. APPLICATION TO RESOLUTION 32 OF THE CONSTITUTIONAL RIGHTS INVOLVED AND THE NATURE OF PROHIBITED STATE ACTION

The general principle involved is that the prohibited state action must bear a proximate cause or relationship with the particular activity or rights in question. This relationship has been expressed as "significant" or "affirmative" and, though it need not be direct, it must be other than remote.

Existing legal precedent would conclude that the condition of a physical disability which impedes the exercise of constitutional rights does not get its impetus from the state. This fact means that the requisite state action must be shown to be affirmative in the sense that it enforces, encourages or fosters the impairment or discrimination.

In the absence of a total denial of protected freedoms, in order for state action to be considered prohibited state action, the state action must be affirmative action that actually encourages or fosters the impairment of said protected freedoms.

The enactments and requirements envisioned by Resolution 32 are obviously desirable, if not absolutely essential. However, under the present case law, they are not constitutionally mandated.

While these essential ingredients are not constitutionally mandated under the present case law, it is far more important to recognize that they <u>are not constitutionally prohibited</u>. The Wisconsin Legislature has already taken certain steps to aid the physically handicapped by empowering the Department of Industry, Labor and Human Relations with the authority to provide by rule minimum requirements to facilitate the use of public buildings by physically handicapped persons where such traffic might reasonably be expected by such persons. The Legislature now also requires a provision for reasonable ingress and egress by the physically handicapped to newly constructed public buildings (sec. 101.13, Stats.), and to require curb ramps at newly constructed city and village crosswalks (sec. 66.616, Stats.).

I believe that the Legislature has a fundamental duty to seriously consider exercising its discretion in this area and remove the various barriers that presently confront our handicapped citizens on a daily basis in existing public buildings and facilities throughout the state of Wisconsin.

There are today certain restrictions and burdens imposed upon

(Continued)

physically disabled who, but for architectural barriers in public buildings and government buildings, could effectively pursue an occupation or profession. We should not, in light of our alleged modern-day social standards and awareness, allow the construction or maintenance of public buildings which are inaccessible to handicapped citizens. Government is and should be the social entity to which all in our society look for the promotion of liberty, justice, fair and equal treatment, and the setting of worthy means and goals.

While we have no direct authority from any recognized appellate court of last resort in this particular area, a recent enlightened decision of the United States District Court for the District of Columbia held that handicapped children constitute a class entitled to equal protection under the due process and equal protection clauses of the United States Constitution. Mills v. Board of Education, 348 F. Supp. 866 (DDC, 1972). In Mills, the court held that, so long as the District of Columbia had undertaken to provide a system of publicly supported education for the children of the District, it must be made available to all children in equal terms. In extending and further applying this concept, a fortiori, the government's conduct of denying handicapped citizens as a class not just equal access to public buildings, but in most instances no appreciable access at all, while providing such access to other citizens, could be construed or interpreted as violative of the due process clause of the United States Constitution. Other lower courts have also suggested their support for this proposition, though not reaching the specific merits of any particular fact situation appreciably analogous to the content of Resolution 32.

While present legal precedent compels me to conclude that the Constitution does not demand such remedial measures, I am of the opinion that the Legislature has an affirmative duty to ensure equal access to public buildings, seats of government and other government buildings to all constituted classes of citizens, including the physically handicapped.

Sincerely yours,

Robert W. Warren

Robert W. Warren
Attorney General

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CAPTION:

While neither the United States Constitution nor the Wisconsin Constitution compels states to require that public buildings and

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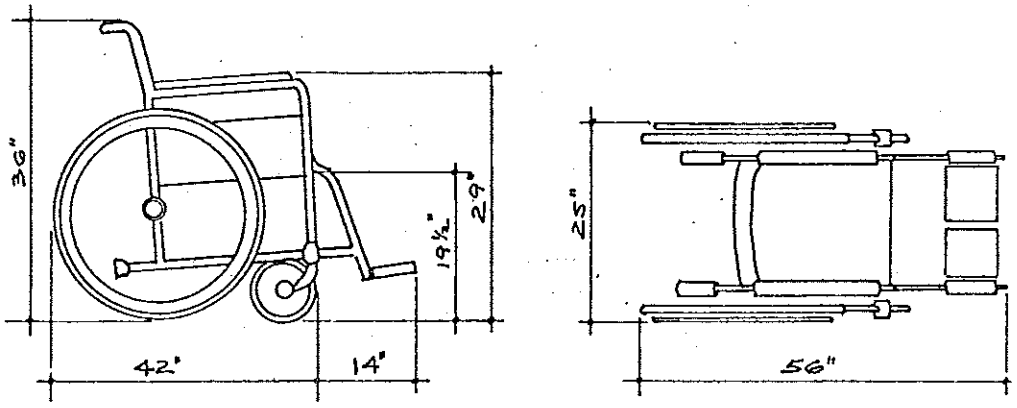
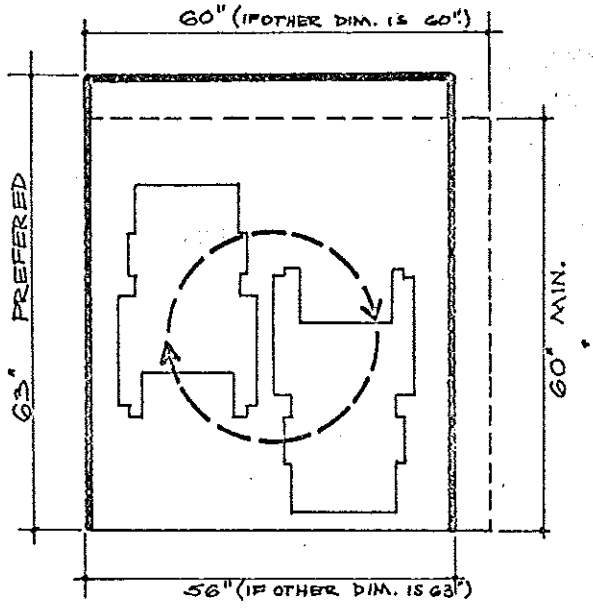
seats of government be constructed and maintained as to be accessible to the physically handicapped, the Legislature has an affirmative duty to address this problem and assure equal access to all constituted classes of citizens, including the physically handicapped.

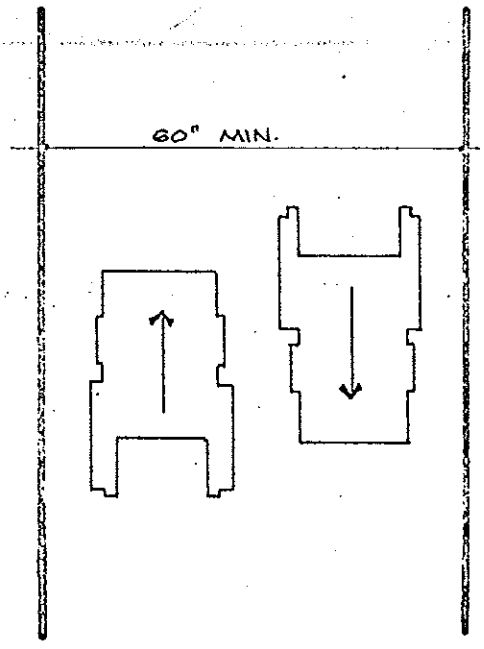
# APPENDIX




STANDARD WHEELCHAIR DIMENSIONS

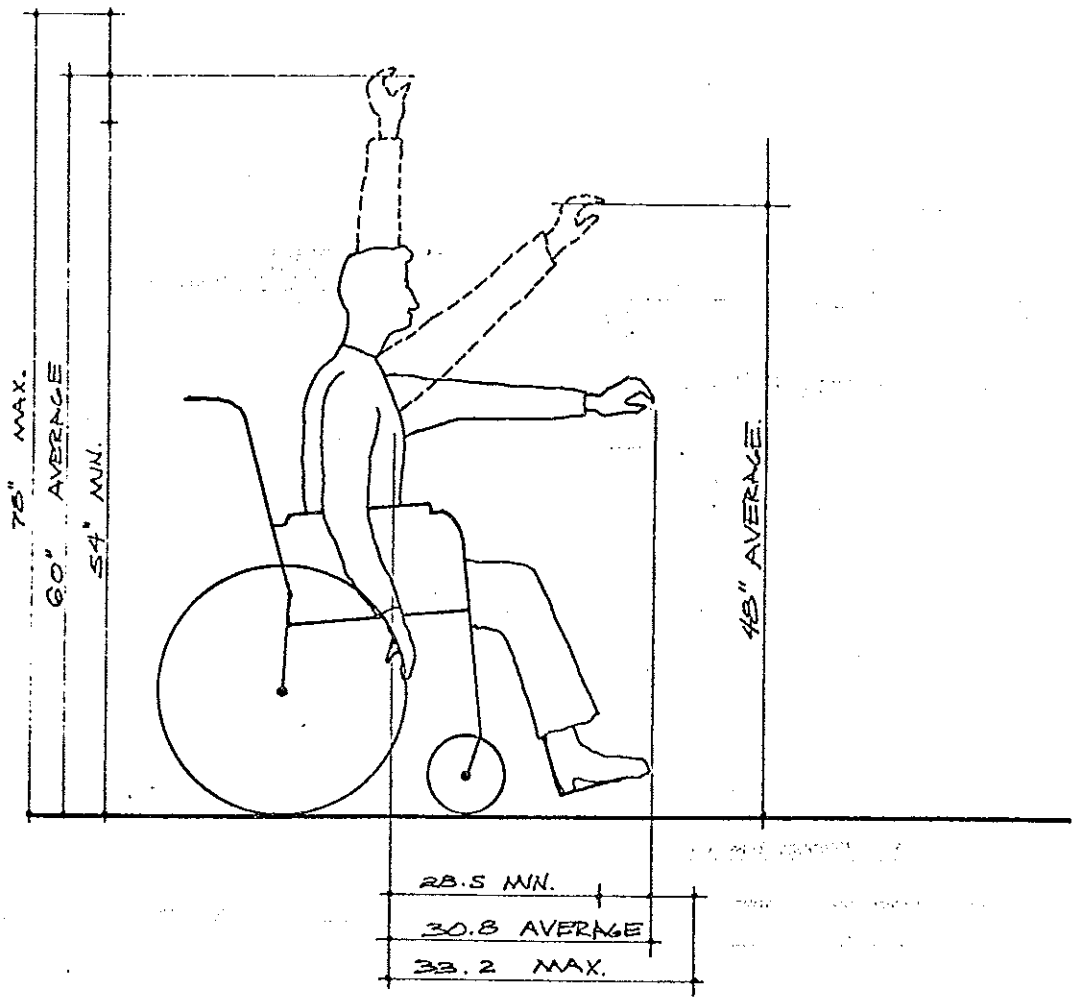



AVERAGE TURNING SPACE 180 AND 360 DEGREES.



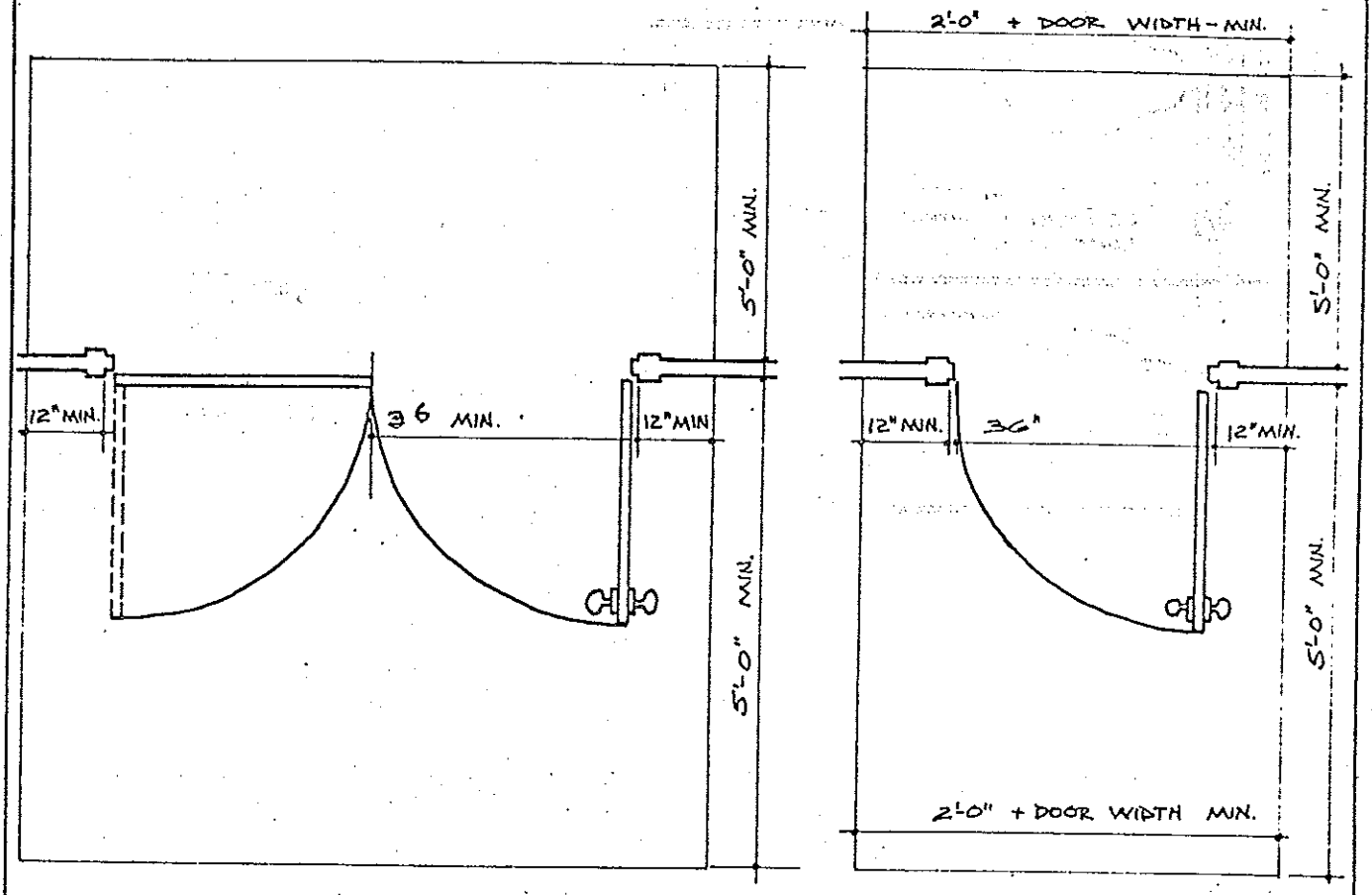

MINIMUM CORRIDOR WIDTH TWO PASSING WHEELCHAIRS.

(Continued)

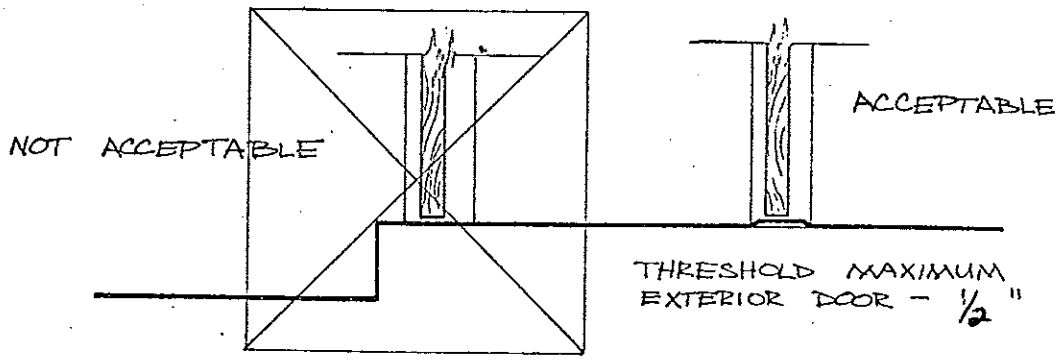



FUNCTIONING OF AN ADULT IN A WHEELCHAIR

(Continued)

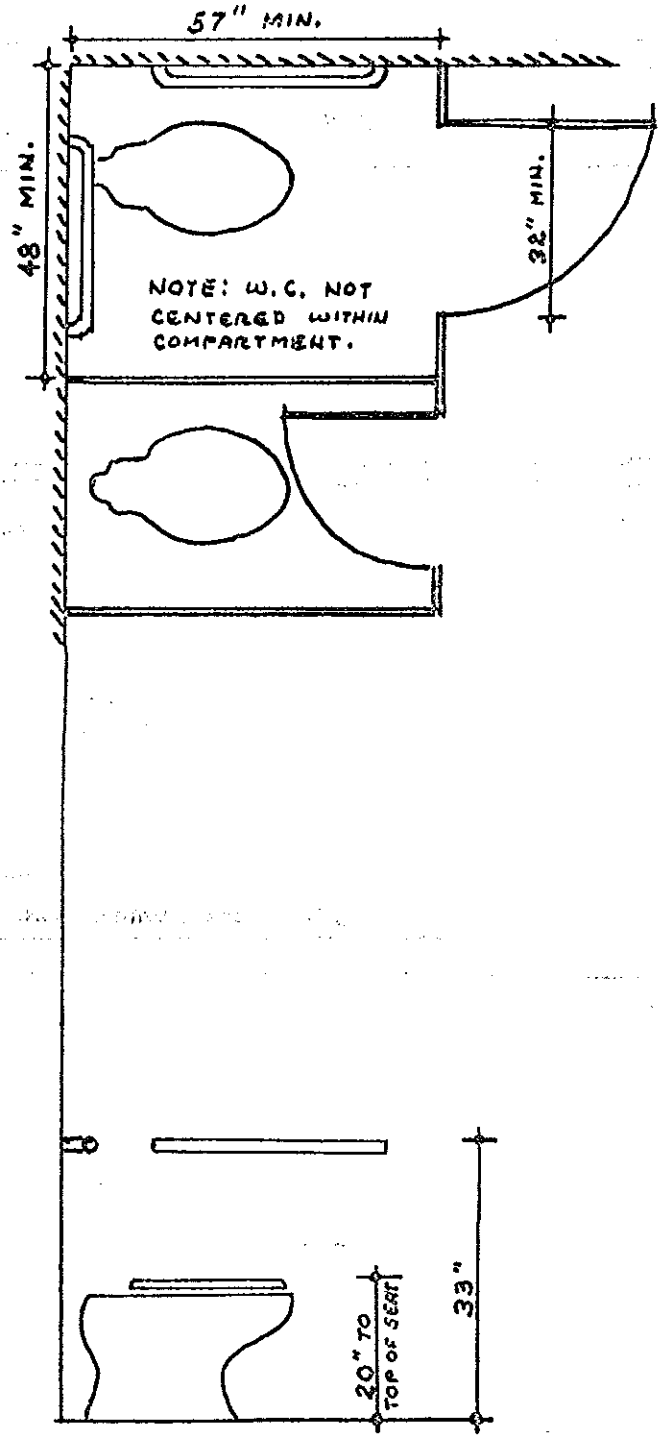


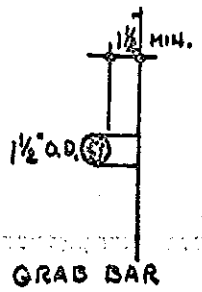

DOOR AND PLATFORM SIZE



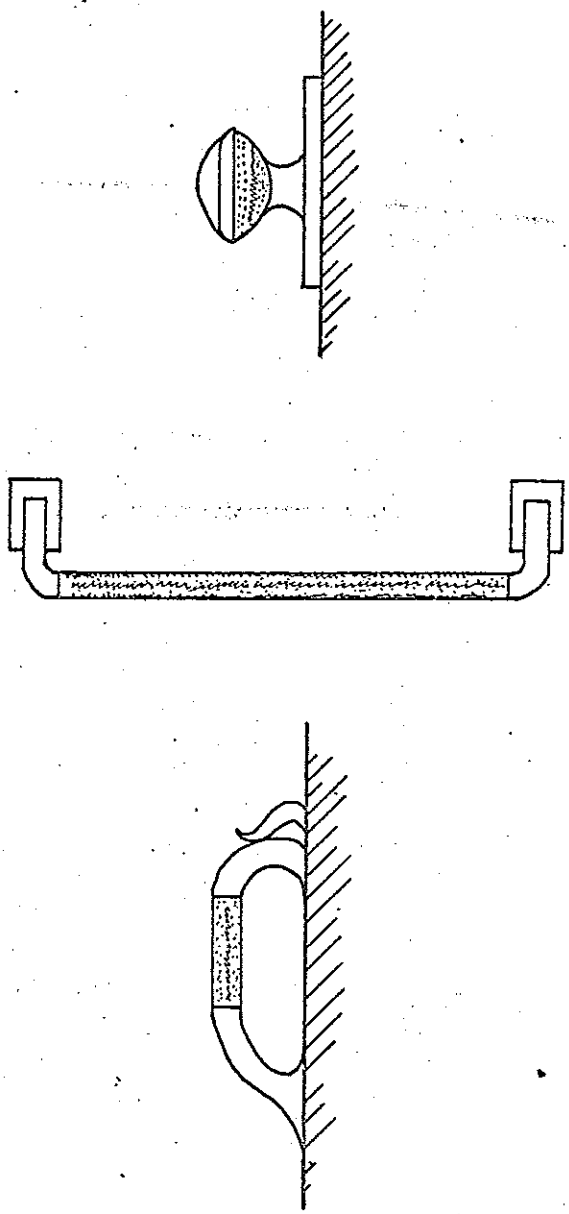

THRESHOLD AND LEVEL CHANGES AT DOORS.

(Continued)


57" MIN.
48" MIN.
32" MIN.
NOTE: W.C. NOT CENTERED WITHIN COMPARTMENT.
20" TO TOP OF SEAT
33"

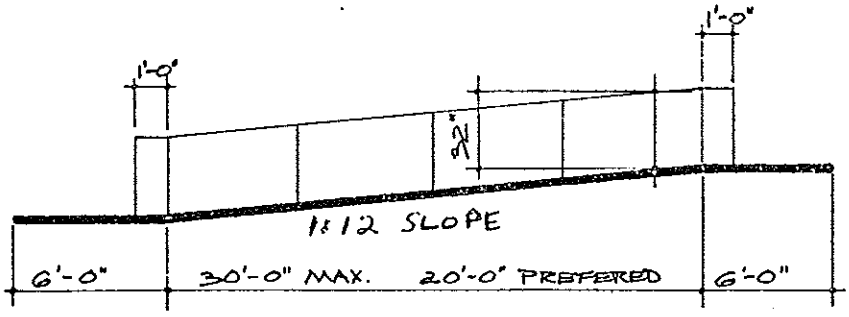

1½" MIN.
1½" O.D.
GRAB BAR

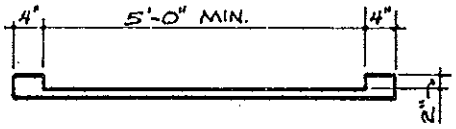
(Continued)



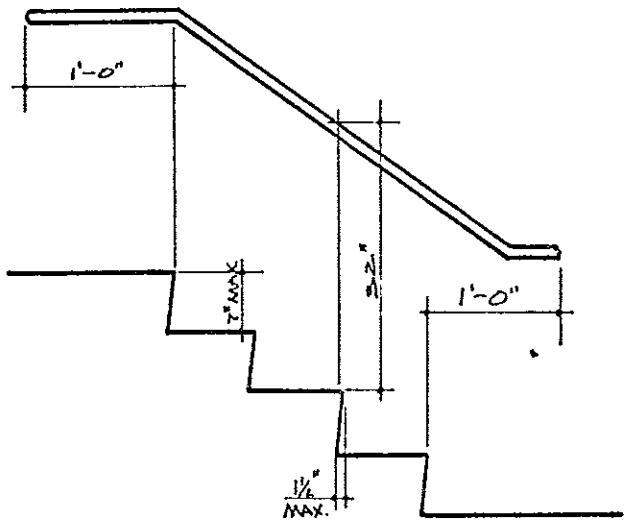
NON-VISUAL CUES: KNURLED DOOR HANDLES AND KNOBS.

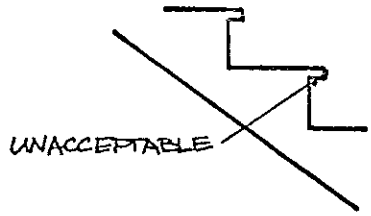
(Continued)



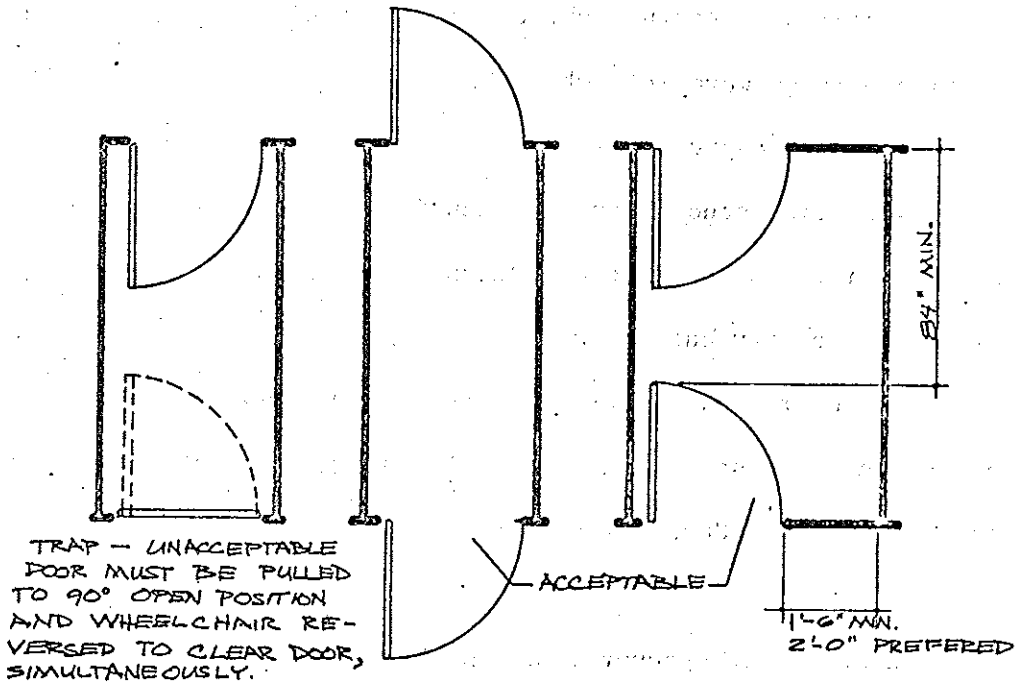

STANDARD RAMP DIMENSIONS.



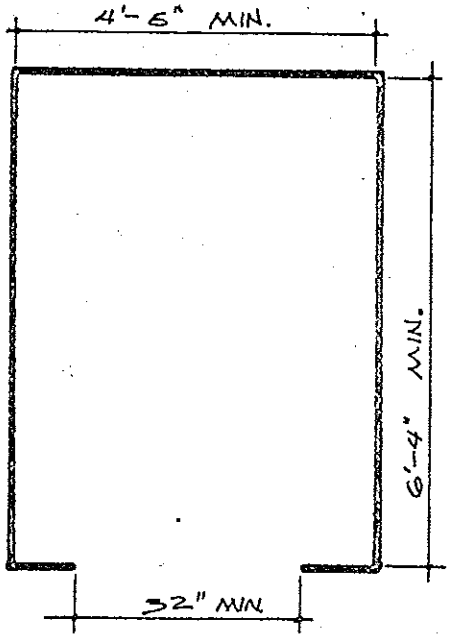




STANDARD STAIR DIMENSIONS

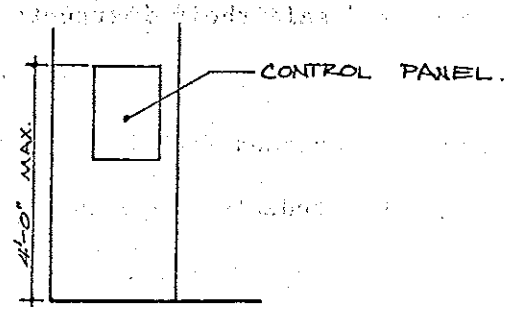
(Continued)



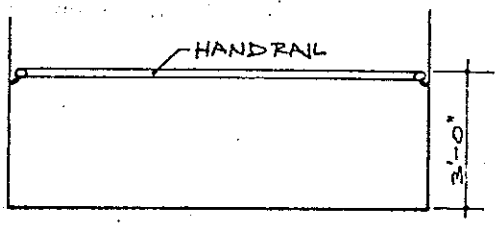

DOORS IN SERIES




PUBLIC ELEVATOR DIMENSIONS




ELEVATOR CONTROL PANEL PLACEMENT




ELEVATOR HANDRAIL PLACEMENT

THE BARRIERS: WHAT THEY ARE
By Joan Judd
Of The State Journal Staff

You couldn't use the public restroom facilities in the State Capitol Building--if you were in a wheelchair!

Ask a handicapped person.

Ask a blind student how he identifies his classrooms at the University of Wisconsin. Ask someone on crutches, or an elderly person, about the height of the city bus steps.

To uncover architectural barriers handicapped persons confront daily in Madison, a class of University of Wisconsin occupational therapy students recently conducted a survey of public facilities.

Armed with tape measures and checklists, they divided into groups and examined state, city-county, and campus buildings and transportation and recreational facilities. Each group had the use of a wheelchair.

"They found that the Madison community is not designed for disabled persons," said their instructor Jean Kiernat. "We can do a lot of rehabilitation work, but when we discharge patients, they return to an environment that is designed for the able-bodied."

The students' reports cited these examples:

Madison City Buses Riding the bus may be more of a problem than a convenience to the disabled. There are about 900 bus stops in Madison: only three of them have enclosed benches. On the buses themselves, there is no special seating.

A normal step height is 7 inches, but in local buses the front step is 13 1/2 inches high and the rear step is 16 inches. The 20 inch aisles do not provide safe maneuvering for persons on crutches and it is doubtful whether a wheelchair would fit through the doors.

(Continued)

Vilas Park. The largest toilet stall at Vilas Park is 4 inches narrower than the 32 inches needed for a wheelchair user. The toilet seat is 4 inches lower than the recommended distance from the floor. The sinks and towel dispensers are too high for many handicapped people to use conveniently, and the park's phone booths are "either impossible or inconvenient for anyone but the able-bodied average height and weight individual."

Madison Municipal Airport. Unramped curbs are barriers that surround the airport. Drinking fountains are out of reach; so are the pay telephones. The restroom stall designated for use by the handicapped is only "almost" large enough to fit a wheelchair in if you want to close the door.

Madison Public Library. Anyone in a wheelchair would have extreme difficulty using the toilet facilities at the downtown library. The mirror is too high and the soap is beyond reach.

Madison Public Schools. There are no entrances without steps to Van Hise Junior High School; the lunchroom tables do not provide leg space for wheelchairs. At West High School, soap dispensers are beyond reach and telephone booths are not accessible.

Madison Area Technical College. The college provides no special warning signs for the deaf or blind. Toilet stalls are too narrow for wheelchairs and some of the classrooms have steps at their entrance. None of the ramps have handrails and some are too steep.

City-County Building. Mirrors are too high, individual toilet stall doors too narrow, and toilets too low.

State Historical Society. This building is not accessible at all; no doors are at ground level.

Wilson St. State Office Building. A person in a wheelchair wouldn't be able to get in the first door of the lavatory let alone those on the second and third floors.

(Continued)

University of Wisconsin. The following buildings are not accessible to an unassisted wheelchair user: Education, Dairy Science, Journalism, Genetics, Limnology, Music Hall, Soils, State Laboratory of Hygiene, and the Student Counseling Center. All but the first floors of North and South Hall are unaccessible, all of Bascom Hall's fourth floor, and all of Mechanical Engineering except 159.

Elsewhere on campus, many sloped walks are too steep for wheelchair use, some doors are extremely heavy with high thresholds, there are not enough ramped curbs and few ramp handrails. And 50 per cent of the elevators examined were too small for maneuvering a wheelchair.

Many phone coin drops are too high, 70 per cent of the drinking fountains can't be used by those in wheelchairs, and in some buildings, the chairs cannot fit into the toilet stalls. In the Medical Library, there is a special toilet stall for the handicapped--if a person in a wheelchair could get in the outer door of the restroom. There is no way for the blind to identify rooms.

"These series of little things are real frustrating," said one of the occupational therapy students.

SECTIONS FROM 1975-77 BUDGET POLICY PAPER
University of Wisconsin System
February 15, 1974

GENERAL ASSESSMENT

While much has been done at some campuses to accommodate and respond to the needs of handicapped students, a great deal needs to be done to facilitate their access to University of Wisconsin academic programs. Though modern building construction requirements have largely met the needs of handicapped students in newer facilities, serious obstacles and impediments exist on the exterior and in older buildings on the campuses.

Future Capital Development

Projects to reduce obstacles and improve the accessibility of facilities for the handicapped.

In many instances a given project may incorporate aspects of several of the latter kinds of capital development. For example, a project to develop a central campus mall involving the construction of walkways, bike paths, and landscaping might also incorporate features to facilitate movement of wheelchairs. Similarly, a major building remodeling project might include not only the upgrading of the building but the correction of OSHA violations together with steps to conserve energy consumption as well as to improve accessibility for the handicapped. It is useful, however, to explain each of the special categories and to set forth planning parameters for each category.

Special Categories: Handicapped Students

Handicapped students are a proper concern of campus administrators. In the past decade nearly all of the new facilities constructed have been planned with the needs and problems of the handicapped in mind. Never-



(Continued)

theless, older buildings and campus exterior facilities pose many obstacles to movement and access by handicapped persons. Some campuses have already developed plans to make their facilities more accessible to handicapped students. But, it is time now that the University System undertake a concerted program to overcome these obstacles and eliminate access barriers to the handicapped at all campuses. While all improvements to achieve these goals may not be possible in a single period, it is highly important that a comprehensive plan for such a program be developed. Based on this plan the highest priority projects can be selected for implementation at the earliest possible date. In developing such a plan it is suggested that each chancellor appoint a campus committee to include faculty and students, including handicapped persons, to identify existing obstacles and to describe those improvements necessary to overcome such obstacles.

Projects to Overcome Obstacles for the Handicapped

It will be a policy of the Univeristy System to work toward the creation of campus physical plants which provide accesssby physically handicapped persons to all buildings and their interior facilities which these persons may need to use, to remove all obstacles which obstruct, impair, or inhibit the movement of handicapped persons to and across the campuses, and to construct or provide the means to enhance the movement of handicapped persons across campuses and within buildings. Accordingly, in developing projects to implement this policy, campuses shall incorporate the following planning steps and considerations

1. A campuswide survey shall be undertaken of buildings including their access points and interior facilities, together with campus external facilities such as walkways, roads, curbs, stairways, etc., to identify, classify and evaluate existing obstacles,

(Continued)

hazards, obstructions or impediments to the movement of handicapped persons and their use of such facilities.

2. As a result of this comprehensive survey, the campus shall prepare a plan for the correction of these impediments and to facilitate the movement of the handicapped and their use of buildings and facilities.
3. Within the overall plan, each project (which may incorporate a type of improvement at several locations) shall be defined and placed in priority order and have a corresponding cost estimate for its execution.
4. The plan shall set forth those projects proposed to be undertaken in the 1975-77 biennium and those to be planned for execution in each of the following two biennia.

TABLE I

| TYPE OF DISABILITY | ESTIMATED INCIDENCE PER 1000 POPULATION AGES 16 - 64 | ESTIMATED NUMBER OF DISABLED PERSONS AGES 16 - 64 |
|---|---|---|
| Physical Disabilities: | | |
| Amputations/Orthopedic Conditions | 38.14 | 100,557 |
| Heart Disorders | 16.38 | 43,190 |
| Digestive Disorders | 6.80 | 17,933 |
| Visual Impairments | 4.65 | 12,246 |
| Hearing Impairments | 1.45 | 3,835 |
| All Other Physical Disabilities | 24.30 | 64,084 |
| Total Physical Disabilities | 91.72 | 241,845 |
| Developmental Disabilities: | | |
| Mental Retardation | 19.06 | 50,252 |
| Epilepsy | .65 | 1,722 |
| Total Developmental Disabilities | 19.71 | 51,974 |
| Mental Disabilities: | | |
| Mental and Nervous Conditions | 14.59 | 38,456 |
| Total Mental Disabilities | 14.59 | 38,456 |

INCIDENCE AND ESTIMATED NUMBER OF DISABLED PERSONS, AGES 16 - 64, IN THE STATE OF WISCONSIN, FISCAL YEAR 1973

Data Source: Division of Vocational Rehabilitation

TABLE II[1]

THE NUMBER OF WISCONSIN RESIDENTS
65 YEARS OF AGE AND OVER

| Age | Total | Male | Female |
|---|---|---|---|
| 65 to 69 years | 156,307 | 72,251 | 84,056 |
| 70 to 74 years | 128,245 | 56,946 | 71,299 |
| 75 to 79 years | 94,200 | 40,348 | 53,852 |
| 80 to 84 years | 56,594 | 22,789 | 33,805 |
| 85 years and over | 37,392 | 14,163 | 23,229 |
| | 472,738 | 206,497 | 266,241 |

[1]1970 Census Population, Detailed Characteristics, Wisconsin. Table 138, Wisconsin 51-499.

TABLE III

A SUMMARY TABLE OF TEN WISCONSIN CITIES SHOWING THE AVAILABILITY OF PUBLIC VEHICLES OTHER THEN MASS TRANSIT VEHICLES

| Name of City | Number of Taxi-cab Companies Licensed | Number of Handi-Cab Companies | Ordinance Regulated |
|---|---|---|---|
| Kenosha | 5 | 0 | Yes: Code of General Ordinances 1972, Kenosha 13.07 |
| LaCrosse | 1 | 1 | Yes: 2.14, 20.14(H) |
| Madison | 5 | 1 | Yes: Public Utilities 11.06 |
| Manitowoc | 2 | 0 | No: N. A. |
| Milwaukee | 4 | 1 | Yes: Chapter 100-85-100-116 |
| Oshkosh | 2 | 1 | No: Article I, Sec. 22.1-18 |
| Racine | 2 | 0 | Yes: 22.17.200.22.17.220 22.17.200(b) 22.17.190 (e) |
| Sheboygan | 0 | 0 | No: N. A. |
| Stevens Point | 2 | 0 | No: N. A. |
| Superior | 3 | 0 | Yes: Chapter 32:16, 32:17 |

TABLE IV

A SUMMARY TABLE OF TEN WISCONSIN CITIES RELATING

CURRENT RATES FOR REGULAR CABS AND

HANDI-CABS

| Name of City | Current Rates For Cabs | Current Rates For Handi-Cabs |
|---|---|---|
| Kenosha | Zone 1 .75¢<br>Zone 2 1.15<br>Zone 3 1.50<br>Extra passenger 12 plus years..add .30¢<br>Extra passenger 3-12 years.....add .20<br>Extra passenger 0-3 years..... no charge<br>Maximum $6.00/hr. or $1.50/15 minute waiting time<br>No less than 50¢ per passenger per trip charged<br>50¢ maximum for parcel pick-up<br>25¢ maximum per grocery bundle | $2.50 Lake to 30th Ave.<br>2.50 85th to 31st St.<br>.50 extra for each add. 10 blocks<br>1.00 add. each story if no elevator<br>1.00 add. for each passenger without wheelchair, with patient<br>6.00 minimum for nursing home or hospital disch. or entry(exclusive of out-pt. work which is 2.50 nimumum)<br>12.50/hr. waiting or shopping time<br>.80/round trip mile out-of-town |
| LaCrosse | .55¢ 1st 2/7 mile<br>.10 each add. 2/7 mile<br>.10 each passenger over one<br>$6.00/ hour waiting time | $3.00 minimum plus meter time |
| Madison | Rates are either zone rates or distance tariffs.<br>(Ordinances: Public Utilities 11,06 | Operator sets rates |
| Manitowoc | Zone 1 .75<br>Zone 2 .90<br>Zone 3 1.05<br>Zone 4 1.50<br>Zone 5 Two Rivers .. 2.25<br><br>Red Top Co. only .. .75 in Zones 1,2,and 3 -handicapped and 65 yr. olds plus | |

TABLE IV (Continued)

A SUMMARY TABLE OF TEN WISCONSIN CITIES RELATING

CURRENT RATES FOR REGULAR CABS AND

HANDI-CABS

| Name of City | Current Rates For Cabs | Current Rates For Handi-Cabs |
|---|---|---|
| Milwaukee | .65¢ 1st 2/5 mile<br>.20 each additional 2/5 mile<br>.20 1st 2 min. waiting time<br>.20 each additional 2 minutes waiting time | $3.00 minimum 1st 30 blocks<br>.50 each additional 10 blocks (more 2nd floor)<br>7.00 minimum nursing home entries or discharges (excl. of $3.00 minimum)<br>7.00 minimum hospital entrie or discharge<br>7.00 minimum to and from airport depots |
| Oshkosh | (Not Submitted) | $3.50 minimum charge for use within city<br>3.50 minimum charge - Winnebago to Oshkosh<br>4.00 minimum from Oshkosh to Omro, to Winneconne, to Neenah<br>5.00 minimum to and from airport and depots<br>6.00 minimum for admissions and discharge for hospitals, nursing homes |
| Racine | .50¢ 1st 1/4 mile<br>.10¢ each add. 1/4 mile<br>.10¢ each 2 minutes of waiting time | N. A. |
| Sheboygan | N. A. | N. A. |
| Stevens Point | Not submitted - Regulated by operators | N. A. |
| Superior | .55 1st 1/6 mile<br>.10 each add. 1/6 mile<br>.10 each 1 minute waiting time | N. A. |

## TEACHER CERTIFICATION AND LICENSE INFORMATION

### DPI Code #3.03(1)—Human Relations Requirements for Teacher Certification

Human Relations: Preparation in human relations, including intergroup relations, shall be included in programs leading to initial certification in education. Institutions of higher education shall provide evidence that preparation in human relations, including intergroup relations, is an integral part of programs leading to initial certification in education and that members of various racial, cultural, and economic groups have participated in the development of such programs.

The new requirements list preparation and experience in six areas. They are:

1. Development of attitudes, skills, and techniques so that knowledge of human relations, including intergroup relations, can be translated into learning experiencies for students.
2. A study of the values, life-styles, and contributions of racial, cultural, and economic groups in American society.
3. An analysis of the forces of racism, prejudice, and discrimination in American life and the impact of these forces on the experience of the majority and minority groups.
4. Structured experiences in which educators have opportunities to examine their own attitudes and feelings about issues of racism, prejudice, and discrimination.
5. Direct involvement with members of racial, cultural and economic groups and/or with organizations working to improve human relations, including intergroup relations.
6. Experiences in evaluating the ways in which racism, prejudice, and discrimination can be reflected in instructional materials.

# THE WISCONSIN PROJECT IN CONTINUING EDUCATION FOR DEAF ADULTS 1966-1969

Alice H. Streng
Professor Streng was Director of the Teacher Preparation Program, Education of the Deaf, at the Univeristy of Wisconsin--Milwaukee from 1933 until her retirement in 1970. She was responsible for starting a statewide program of continuing education for deaf adults in Wisconsin in 1966. Professor Streng is the author of many articles and several books dealing with a broad spectrum of problems concerned with deaf persons and their education.

## Background

Stimulation for the Wisconsin Program in Continuing Education for Deaf Adults actually came from the reports of the successful pilot program carried on in the Los Angeles area under the aegis of the San Fernando Valley State College at Northridge, from 1963 to 1964. News of classes for deaf adults had reached the deaf adults in Milwaukee so they were in a receptive frame of mind when I suggested late in 1965 to a representative of the Wisconsin Association of the Deaf that the Department of Exceptional Education at the University of Wisconsin--Milwaukee would like to work in cooperation with the deaf community in sponsoring extension classes for them. Private funds were secured in January 1966 for the salary of a teacher for an eight week non-credit course in Practical Economics. A minimal fee of $2.50 was charged so as not to discourage enrollment or jeopardize attendance in this initial course. The ordinary fee charged by the University Extension for such a course was $17.00.

The enthusiasm of the 18 students who enrolled prompted me to write a proposal for a three-year project in Adult Education for the Deaf under Title I of the Higher Education Act of 1965, administered by the University Extension of the University of Wisconsin.

(Continued)

The Wisconsin Project 1966-1968

The main points of the proposal included

1) Expanding the program geographically to include four communities in the state where there were known concentrations of deaf persons.

2) Establishing a statewide Advisory Committee representing deaf adults, public schools, two universities, the Milwaukee Technical College, and the Bureau for Handicapped Children.

3) Acquiring data on participants' backgrounds and evaluating the program.

The project received a grant for one year which was renewed a second year after strenuous lobbying because it had not originally been refunded in the second year. However, by the third year Title I funds were drastically cut and the project, as such, had to be terminated, except that somebody forgot to notify me to this effect, so courses were offered in three centers the first semester of the year and subsidized by University Extension.

During the two years of its existence a fee of $2.50 was charged for an eight weeks course. Experimentation with 16 weeks courses, 12 weeks courses, and eight weeks courses proved that the eight weeks sessions were probably the most feasible for maintaining attendance and interest.

The subjects chosen were Language, ractical Economics, Parliamentary Procedures, Practical Mathematics, Defensive Driving, First Aid, Personal Adjustment, and Stocks and Bonds. Not all courses were taught in every center. Each center chose those courses elected by the deaf themselves. The teachers or coordinators of these courses were certified teachers of the deaf. Interpreters were furnished for all lecture and discussion courses where teachers were unable to communicate manually.

The Advisory Committee played a key role in the planning, coordination, and execution of the program. If the program met with any success, credit

(Continued)

must go to the Committee for its diligence, support, and interest in seeing that the details were carried out in each of the communities involved. It finally recommended alternatives for funding and continuing the program under other auspices that Title I Higher Education Act after the federal funding expired.

Evaluation of the Project

The Advisory Committee hoped to find answers to these questions in order to plan intelligently for future programs.

1. Who came to the courses?
2. Why did the students come?
3. Was there a saturation point for the kind of program being offered?
4. Could any measurable gains be expected from a voluntary adult education program?

1. The students who participated in the program generally were young adults, although there were people in attendance as old as 60. Their level of academic achievement varied from college graduation to non-readers.

2. Stated reasons for attending classes were for self-improvement, especially in language, preparation for college examinations, or just for sociability. (the young women who was a non-reader attended all classes offered in the two years and had the best attendance!)

3. In the program drawing the largest numbers of people, there was a definite decline in the enthusiasm for the program as the second year drew to a close. Factors contributing to the decline included 1) disenchantment of the deaf with their teachers and 2) greater interest in sports events and social events planned by the deaf themselves.

4. The only course in which an examination was given was the First Aid Course, and all who took the exam were awarded First Aid Certificates. Five students in the program completed a vocabulary test in 1966 and one in 1968. Though

(Continued)

each made a higher score on the second test the significance of the change cannot be stated in statistical terms.

Self-evaluation was attempted through a questionnaire but the results were unreliable because many of the students were unable to read it and answer it.

The teachers in the program were all very enthusiastic about teaching adults who were self-motivated. However, teaching classes in which students varied widely in academic background and ability was complicated by 1) lack of suitable available instructional materials and 2) irregular attendance. Students were sometimes critical of their teachers when they felt that the teacher did not "understand" them or did not know his subject well enough. Students did not know that it was difficult to secure any teacher in some instances. Deaf adults deserve the best teaching and the best teachers--if they are available!

Discussion

The Wisconsin Program had these strengths:

1) It attempted to reach as many adults as possible in all parts of the state, not only in the largest metropolitan area.

2) While its organization and administration were centralized, each center was autonomous in selection of courses and personnel.

3) It carried status by being affiliated with an institution of higher learning.

The weaknesses of the program included:

1) Unstable funding.

2) Lack of adequate instructional materials.

3) The securing of teachers and lecturers who could communicate directly with the non-oral deaf adults in the program.

(Continued)

It is not possible to balance these strengths and weaknesses against each other since they are based on different value standards. In time any weakness can be overcome, given the will and the incentive to do so. This program on the whole fulfilled its objectives and should be continued statewide, preferably under a centralized public or quasi-public agency with a director or part time director to insure its quality and its success.

# STANDARDS FOR EDUCATION STAFF ASSOCIATE CERTIFICATION OF REGISTERED OCCUPATIONAL THERAPISTS

Required by
the
Washington Board of Education
Olympia, Washington

Prepared by
the
Washington Occupational Therapy Association
Certification Committee

in cooperation with the

Washington Education Association
school District Administrators
and Personnel
Univeristy of Puget Sound and
University of Washington
Occupational Therapy
Faculty

Karen Crawford, O.T.R. Chairman

October, 1971

INTERIM PROCEDURES

Educational Staff Associate Certification
for Registered Occupational Therapists

I. Evaluation Procedure

A. Evaluation procedure shall consist of the following:

1. Self evaluation by the applicant,
2. Review of self evaluation form by a colleague,
3. Evaluation by administrator,
4. Completion of the following forms:

a. Application Form for Educational Staff Associate Certificate-Occupational Therapy
b. Application for Teacher's Certificate

B. Requirements for evaluation procedure:

1. Completion of the Application Form for Educational Staff Associate Certificate - Occupational Therapy.

2. Self evaluation by the applicant will be through a form given to the therapist prior to her meeting with the advisory board. This form is identical in format to the Standards for Educational Staff Associate Certificate - Occupational Therapy although not as complete. Therefore, for self evaluation you should utilize the Standards. The therapist may elect to complete the self evaluation form independently or with a professional colleague.

3. A review of the self evaluation form will be done by a professional colleague currently working with children but not necessarily employed by a school district, and chosen by the applicant. The self evaluation form provides ample space for narrative evidence of competence by the applicant as well as the colleague. The colleague will add his comments as needed, initial them, and designate the recommended level of certification. Both the applicant and colleague will sign the Self Evaluation and Vertification Form.

4. The Administrator Evaluation Form may be completed by the superintendent of the school district, director of pupil personnel services, special education director, principal of the school, or the head of the occupational therapy department.

5. The application for Teacher's Certificate form is to be completed as follows:

a. Change title to Application for Educational Staff Associate Certificate - Occupational Therapy.

b. Omit page 4.

(Continued)

INTERIM PROCEDURES (continued)

II. Advisory Board

A. Composition

1. A member of the American Occupational Therapy Association and Washington Occupational Therapy Association who is currently a school therapist and who is chosen by the applicant from a list of eligible therapists, previously approved by the Washington Occupational Therapy Association President, and listed in the accompanying letter in this packet.

2. A registered therapist from any one of the colleges or universities which has an approved program of occupational therapy (University of Puget Sound and Univeristy of Washington).

3. A representative from the administration of the school district employing the applicant, or a representative from the school district organization which has been delegated responsibility for school organization participation.

4. A member of the WEA appointed by the president of the applicant's local teachers' association.

B. Role

1. To interview registered occupational therapists applying for certification as Educational Staff Associate - Occupational Therapy for the purpose of advising the therapist in further career development.

2. To ensure that all necessary procedures for certification by the Washington State Board of Education as Educational Staff Associate - Occupational Therapy have been met. The following forms must be completed by the applicant:

   a. Application Form for Educational Staff Associate Certificate - OT
   b. Self Evaluation and Verification Form by applicant and colleague
   c. Administrator Evaluation Form
   d. Application for Teacher's Certificate

3. Refer to Minimum Requirements for (Initial or Continuing Level of Certification - Occupational Therapy to approve level of certification

4. Complete the Verification by the Advisory Board form.

5. Send the self-evaluation form to the Tacoma or Seattle coordinator for presentation to colleges and universities which have or are planning programs of occupational therapy.

III. Procedure

A. Each eligible therapist is receiving with this mailing the following:

1. Interim Procedures
2. Minimum Requirements for Initial Level of Certification - OT
3. Minimum Requirements for Continuing Level of Certification - OT

(Continued)

INTERIM PROCEDURES (continued)

4. Application Form for Educational Staff Associate Certificate - OT
5. Standards for Educational Staff Associate Certificate - OT
6. Self-Evaluation and Verification Form
7. Administrator Evaluation Form
8. Application for Teacher's Certificate
9. Verification by the Advisory Board

B. The applicant will complete the Application Form for Educational Staff Associate Certificate - OT and the evaluation form entitled Self-Evaluation and Verification Form.

C. The applicant and colleague will review and cosign the Self-Evaluation and Verification Form.

D. The applicant will have her administrator complete the Administrator Evaluation Form.

E. The applicant will advise the coordinator of the registered occupational therapist chosen to represent the American Occupational Therapy Association and the Washington Occupational Therapy Association.

F. The following materials will be presented by the applicant to the coordinator of the Advisory Board on the day of the interview (except in an outlying district, where he may be his own coordinator):

1. Application Form for Educational Staff Associate Certificate - OT
2. Self-Evaluation and Verification Form
3. Administrator Evaluation Form
4. Application for Teacher's Certificate
5. Minimum Requirements for Initial Level of Certification - OT
6. Minimum Requirements for Continuing Level of Certification - OT
7. The form for Verification by the Advisory Board

G. The therapist will retain the Standards for Educational Staff Associate Certification - OT

H. The coordinator of the advisory board for Tacoma and Seattle will notify the applicant when he is to appear for an interview.

I. At the interview the board will indicate to the applicant that all necessary procedures for certification have been completed and that the recommendation for "initial" or "continuing" certification will be forwarded to the Washington State Board of Education.

J. The Board will forward the Application Form for Educational Staff Associate Certificate-OT, signed Verfication Form of the Self-evaluation sheets, Application for Teacher's Certificate, Administrator Evaluation Form, and Verification by the Advisory Board, via the Intermediate School District to the Division of Teacher Education and Certification, Superintendent of Public Instruction, Olympia.

K. The self-evaluation sheets will be forwarded to the schools of occupational therapy in the State of Washington by the coordinator for their use in curriculum planning.

L. A certificate will be issued by the Superintendent of Public Instruction.

# 1972-73 SUMMARY OF SPECIAL EDUCATION SERVICES OF BUREAU FOR EXCEPTIONAL CHILDREN

(As of February 20, 1973)
Division for Handicapped Children
Wisconsin State Department of Public Instruction

## Table I

### Total Number of Personnel, Programs and Children Served

| DISABILITY AREA | Personnel Teachers | Aides[3] | T/A Equivalents[1] | Program Units 1971-72 | 1972-73 | Gain | Ratio/ Unit[2] | | Children Served (Est.) | Gain Over 1971-72 |
|---|---|---|---|---|---|---|---|---|---|---|
| Mentally Retarded | | | | | | | | | | |
| Educable | 1,208.4 | 170.9 | 1,265.4 | 1,164.6 | 1,193.5 | 28.9 | 12.2 | per | 14,742 | 212 |
| Trainable | 289.5 | 137.2 | 335.2 | 275.3 | 312 | 36.7[5] | 9.7 | per | 2,808 | 207 |
| | (1,497.9) | (308.1) | (1,600.6) | (1,439.9) | (1,505.5) | (65.6) | | | (17,550) | (419) |
| Physical/Multiple Handicapped | | | | | | | | | | |
| Physically Handicapped | 21 | 7 | 23.3 | 29 | 21 | -8 | 11.5 | per | 242 | -58 |
| Multiple Handicapped | 48 | 24 | 56 | 43 | 48 | 5 | 9.1 | per | 440 | 74 |
| Hospitalized | 4.2 | -- | 4.2 | 5 | 5 | -- | 120 | per | 600 | 125 |
| Homebound | -- | -- | -- | -- | -- | -- | -- | --- | 1,985 (est.) | 47 (e |
| Deaf and Hard of Hearing | | | | | | | | | | |
| Day Services | 114 | 36 | 126 | 110 | 112 | 2 | 7 | per | 799 | -2 |
| WSD Residential Services | 39 | 8 | 41.7 | 28 | 39 | 11 | 6.5 | per | 244 | 15 |
| Blind and Partially Seeing | | | | | | | | | | |
| Day Services | 22 | 1 | 22.3 | 22 | 22 | 0 | 11 | per | 243 | -13 |
| WSVH Residential Services | 33 | 2 | 33.7 | 30 | 33 | 3 | 4.5 | per | 150 | -1 |
| Emotionally Disturbed | 151 | 26 | 159.6 | 124 | 151 | 27[6] | 8.5 | per | 1,279 | 113 |
| Special Learning Disabilities | 158 | 16 | 163.3 | 81 | 158 | 77 | 11 | per | 1,750 | 969 |
| Speech Impaired | 606 | -- | 606 | 524.8 | 554.7 | 29.9 | @51 | per | 28,248 | 1,597 |
| TOTALS | 2,694.1 | 428.1 | 2,836.7 | 2,436.7 | 2,649.2 | 212.5 | | | 53,530 | 3,285 |
| Directors/Supervisors of Special Education[4] | 61 | -- | -- | 49 | 61 | 12 | 20 | per | -- | -- |

[1]Teacher Aides are computed on a 3:1 basis for personnel equivalency computations and for financial aids purposes. [2]Varying administrative arrangements (e.g., diagnostic, itinerant, resource room, work-study, and self-contained) result in differing teacher/pupil ratios. [3]In 1971-72 315 teacher aides were approved for employment. 428.1 in 1972-73. [4]In addition, 61 Level A Directors, Coordinators and Supervisors are state aided. 49 were supported in 1971-72. [5]Half-day TMR units have always been counted as one program unit. This year a large number of half-day units went to full-day programming thus affecting this count to some degree. [6]A number of former ED units converted to SLD units in 1972-73.

# Trends in Wisconsin Manpower Needs in Special Education During the Five Year Period 1968 - 1973

| AREA OF SABILITY | 1968 - 69 Replace-ments | 1968 - 69 New Units | 1969 - 70 Replace-ments | 1969 - 70 New Units | 1970 - 71 Replace-ments | 1970 - 71 New Units | 1971 - 72 Replace-ments | 1971 - 72 New Units | 1972 - 73 Replace-ments | 1972 - 73 New Units | AVERAGES Replace-ments (4 yrs.) | AVERAGES New Units (5 yrs.) | Total Averag Current Need |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ntally EMR | 108 | 110 | 186 | 72 | 203 | 90 | 206 | 58 | | 16 | 175 (17%)[1] | 69 | 244 |
| tarded TMR | 22 | 21 | 34 | 22 | 37 | 22 | 49 | 23 | | 30 | 35 (14%)[1] | 23 | 58 |
| TOTAL | 130 | 131 | 220 | 94 | 240 | 112 | 255 | 81 | | 46 | 200 (15.5%)[1] | 92 | 292 |
| ltiple ndicapped | 7 | 3 | 15 | 5 | 10 | 9 | 7 | 11 | | -7 | 9 (16%)[1] | 5 | 14 |
| af and Hard Hearing | 19 | 8 | 17 | 5 | 26 | -10 | 18 | 18 | | 14 | 20 (15%)[1] | 7 | 27 |
| ind and Par-ally Seeing | 3 | -1 | 6 | 1 | 4 | 4 | 3 | 15 | | 3 | 4 (9%)[1] | 5 | 9 |
| otionally sturbed | 4 | 18 | 20 | 14 | 19 | 12 | 19 | 28 | | 28 | 15 (19%)[1] | 20 | 35 |
| ecial Learning sabilities | 2 | -1 | 1 | 11 | 7 | 17 | 14 | 32 | | 68 | 6 (17%)[1] | 25 | 31 |
| eech Correc-on | 123 | 82 | 139 | 42 | 144 | 24 | 149 | 24 | | 22 | 138 (31%)[1] (17.5%)[2] | 38 | 176 |

verage Attrition Rate for four years in each disability area.

verage Attrition Rate for Wisconsin (U.S. Office of Education suggests 8%. This figure was ound to be inaccurate for Wisconsin manpower needs based on the above study)

(Continued)

Developed by: Helen Toppe
Administrative Intern
Under the direction of: Dr. Kenne lessing
Director o. the Bureau for
Exceptional Children

## Projected Teacher Manpower Needs in Special Education Through 1981 in Wisconsin

(Assuming Maximum Service To All Handicapped Children)

| Area of Disability | Estimate of Prevalence[1] | Estimate of Handicapped School Population Based on 1972-73 School Population (K-12)[2] | Preferred Teacher Ratio[3] | Number of Teachers Employed 1972-73 | Additional Teachers Needed Based on 1972 - 73 Handicapped Population | Cumulative Number of Teachers Needed 1973-75 (based on attrition rate plus influx of handicapped from Day Care and Colonies)[4] | Cumulative Number of Teachers Needed 1976-81 (based on attrition rate plus influx of handicapped from Day Care and Colonies)[4] |
|---|---|---|---|---|---|---|---|
| Deaf and Hard of Hearing | .11% | 1,100 | 7-25 | 152 | 5 | 47 | 125 |
| Blind and Partially Seeing | .06% | 600 | 10 | 55 | 5 | 11 | 27 |
| Crippled and Other Health Disorders | .5% | 4,998 | 15 | 65 | 268[5] | 106 | 266 |
| Emotionally Disturbed | 2.0% | 19,995 | 5-12 | 152 | 1,735 | 717 | 1,792 |
| Mentally Retarded | 2.3% | 22,994 | 15 | 1,493 | 40 | 475 | 1,188 |
| Special Learning Disabilities | 2.0% | 19,995 | 8-20 | 147 | 852 | 339 | 849 |
| Speech Handicapped | 3.5% | 34,991 | 50 | 547 | 153 | 134 | 1,085 |

[1]U.S. Office of Education prevalence rates except for areas of Deaf and Blind (prevalence rates based on actual head count in Wisconsin per 7 other states' methods of establishing prevalence rates)

[2]Based on K - 12 school population 999,750 (1972-73).

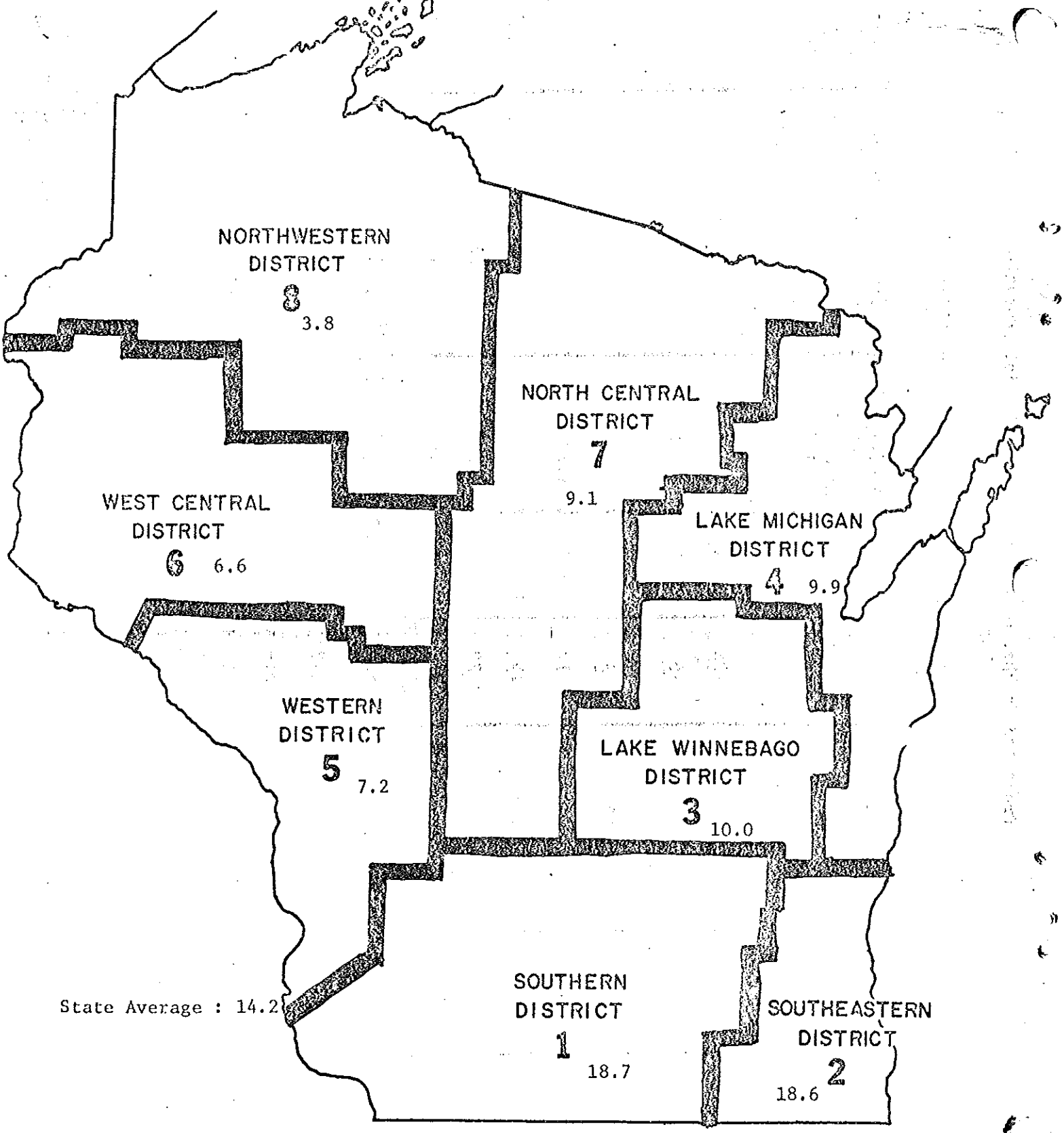
[3]Largest class size used in computing manpower needs.

[4]Total school population trend is lower. Special Education manpower need will continue due to increased enrollment of handicapped children in public school programs.

[5]This estimate may not be relevant since the majority are in regular education

Developed by: Helen Toppe
Administrative Intern
Under the direction of: Dr. Kenneth Blessing
Director of the Bureau f

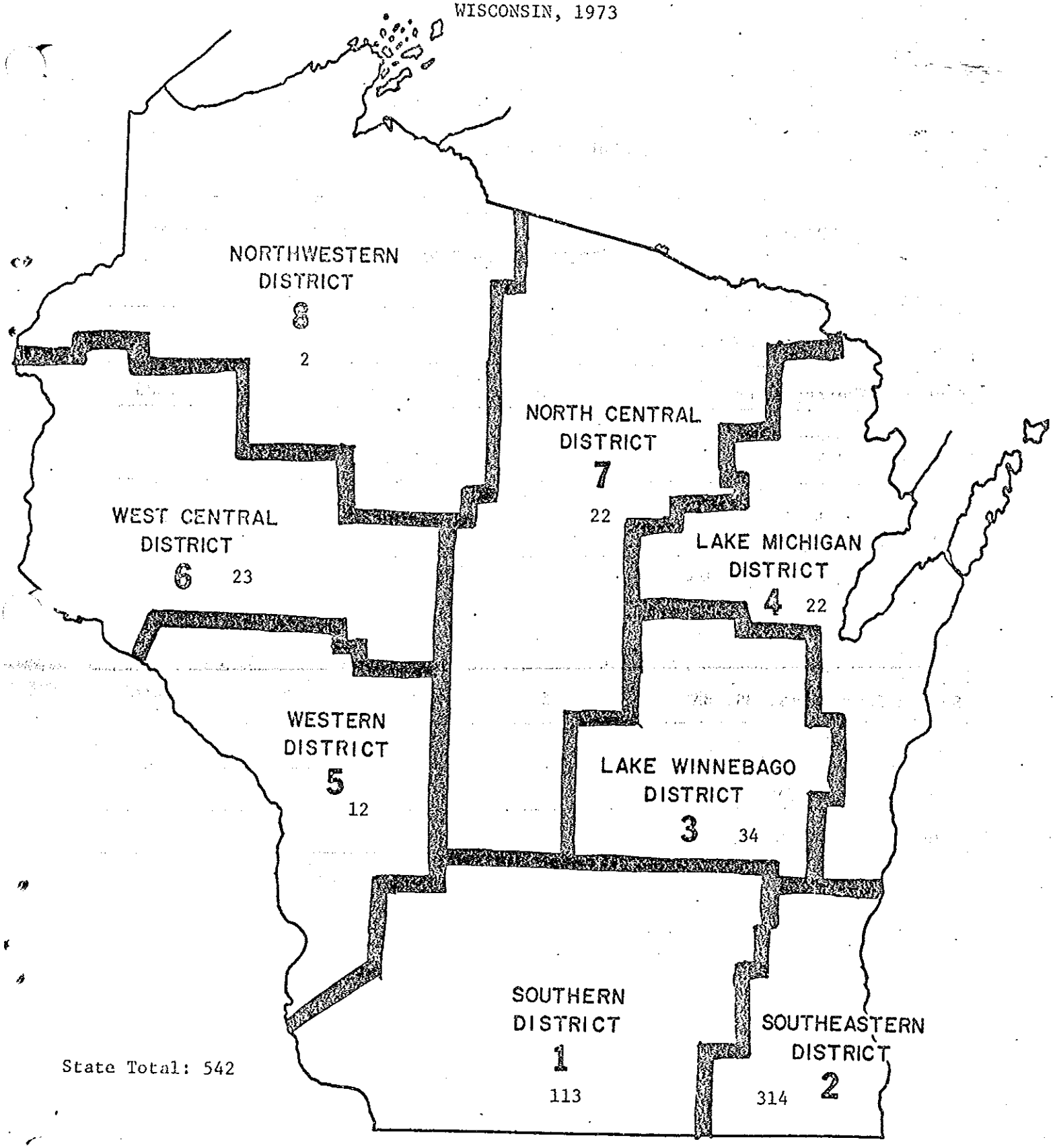
LICENSED PHYSICAL THERAPISTS
PER 100,000 POPULATION
WISCONSIN, 1973




State Average : 14.2

(Continued)

REGISTERED OCCUPATIONAL THERAPISTS
BY DISTRICT
WISCONSIN, 1973




State Total: 542

NURSING HOME SURVEY

Number of Allied Health Personnel Employed and Needed, and Average Number of Patient Visits Per Week in All Wisconsin Nursing Homes
(1970 Nursing Home Survey)

| PERSONNEL | No. of Full Time Employees | No. of Part Time Employees | Additional Hrs per/wk Needed | Total No. Patient Visits/wk |
|---|---|---|---|---|
| Licensed Physical Therapists | 31 | 181 | 109 | |
| Physical Therapist's Assts. | 30 | 21 | 20 | |
| Physical Therapy Aides | 83 | 79 | 15 | 10,286 |
| Registered Occupational Therapists (OTR) | 26 | 73 | 152 | |
| Certified Occupational Therapy Assts. (COTA) | 66 | 24 | 260 | |
| Occupational Therapy Aides | 119 | 144 | --- | 14,995 |
| Certified Speech Pathologists (ASHA) | 3 | 10 | 28 | |
| Speech Therapists, BS, BA | 5 | 19 | 47 | 409 |
| Audiologists | - | 7 | - | 14 |
| Social Workers (ACSW/MSW) | 26 | 106 | 65 | |
| Other Social Workers | 59 | 72 | 16 | |

Patient Care Practices Section
Division of Health
Wisconsin Department of Health and Social Services
4/72

Title 20—Employees' Benefits

CHAPTER VI—EMPLOYMENT STANDARDS ADMINISTRATION, DEPARTMENT OF LABOR

SUBCHAPTER C—REHABILITATION ACT OF 1973

# PART 741—AFFIRMATIVE ACTION OBLIGATIONS OF CONTRACTORS AND SUBCONTRACTORS

On September 26, 1973, the President signed the Rehabilitation Act, Public Law 92-112, which, among other things, requires Government contractors and subcontractors to take affirmative action to employ and advance in employment qualified handicapped individuals. By virtue of authority delegated to me by Executive Order No. 11758, and pursuant to section 503 of the Rehabilitation Act, I hereby issue Title 20, Chapter VI, Subchapter C, Part 741 of the Code of Federal Regulations, setting forth the duties of contractors, subcontractors and agencies.

## § 741.3 Affirmative action clause.

Each procuring activity shall include the following affirmative action clause in each of its nonexempt Government contracts (and modifications thereof if not included in the original contract).

EMPLOYMENT OF THE HANDICAPPED

(This clause applies to all nonexempt contracts and subcontracts which exceed $2,500 as follows: (1) Part A applies to contracts and subcontracts which provide for performance in less than 90 days, (2) Parts A and B apply to contracts and subcontracts which provide for performance in 90 days or more and the amount of the contract or subcontract is less than $500,000, and (3) Parts A, B, and C apply to contracts and subcontracts which provide for performance in 90 days or more and the amount of the contract or subcontract is $500,000 or more.)

PART A

(a) The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

(b) The Contractor agrees that, if a handicapped individual files a complaint with the Contractor that he is not complying with the requirements of the Act, he will (1) investigate the complaint and take appropriate action in accordance with the requirements of 20 CFR 741.28 and (2) maintain on file for three years, the record regarding the complaint and the actions taken.

(c) The Contractor agrees that, if a handicapped individual files a complaint with the Department of Labor that he has not complied with the requirements of the Act, (1) he will cooperate with the Department in its investigation of the complaint, and (2) he will provide all pertinent information regarding his employment practices with respect to the handicapped.

(d) The Contractor agrees to comply with the rules and regulations of the Secretary of Labor in 20 CFR Ch VI, Part 741.

(e) In the event of the Contractor's noncompliance with the requirements of this clause, the contract may be terminated or suspended in whole or in part.

(f) This clause shall be included in all subcontracts over $2,500.

PART B

(g) The Contractor agrees (1) to establish an affirmative action program, including appropriate procedures consistent with the guidelines and the rules of the Secretary of Labor, which will provide the affirmative action regarding the employment and advancement of the handicapped required by P.L. 93-112, (2) to publish the program in his employee's or personnel handbook or otherwise distribute a copy to all personnel, (3) to review his program on or before March 31 of each year and to make such changes as may be appropriate, and (4) to designate one of his principal officials to be responsible for the establishment and operation of the program.

(h) The Contractor agrees to permit the examination by appropriate contracting agency officials or the Assistant Secretary for Employment Standards or his designee, of pertinent books, documents, papers and records concerning his employment and advancement of the handicapped.

(i) The Contractor agrees to post in conspicious places, available to employees and applicants for employment, notices in a form to be prescribed by the Assistant Secretary for Employment Standards, provided by the contracting officer stating contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment and the rights and remedies available.

(j) The Contractor will notify each labor union or representative of workers with which he has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation Act, and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.

PART C

(k) The Contractor agrees to submit a copy of his affirmative action program to the Assistant Secretary for Employment Standards within 90 days after the award to him of a contract or subcontract.

(l) The contractor agrees to submit a summary report to the Assistant Secretary for Employment Standards, by March 31 of each year during performance of the Contract, and by March 31 of the year following completion of the contract, in the form prescribed by the Assistant Secretary, covering employment and complaint experience, accommodations made and all steps taken to effectuate and carry out the commitments set forth in the affirmative action program.

## § 741.4 Affirmative action policy.

(a) *General requirements.* Under the affirmative action obligation imposed by section 503 of the Rehabilitation Act of 1973, contractors are required to take affirmative action to employ and advance in employment qualified handicapped individuals. Such action shall apply to employment practice, including, but not limited to the following: Employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

(b) *Outreach and positive recruitment.* Contractors shall review their employment practices to determine whether their programs provide the required affirmative action for employment and advancement of qualified handicapped individuals. Based upon the findings of such reviews, contractors shall undertake appropriate outreach and positive recruitment activities, such as those listed below. It is not contemplated that contractors will necessarily undertake all of the listed activities. The scope of a contractor's efforts shall depend upon all the circumstances, including the extent in which existing employment practices are adequate and the contractor's size and resources.

(1) Internal communication of the contractor's obligation to engage in affirmative action efforts to employ qualified handicapped individuals in such a manner as to foster understanding, acceptance and support among the contractor's executive, management, supervisory and all other employees and to encourage such persons to take the necessary action to aid the contractor in meeting this obligation.

(2) Development of reasonable internal procedures to insure that the contractor's obligation to engage in affirmative action to employ and promote qualified handicapped individuals is being fully implemented.

(3) Periodically informing all employees of the contractor's commitment to engage in affirmative action to increase employment opportunities for qualified handicapped individuals.

(4) Enlisting the assistance and support of all recruiting sources (including the State Employment Services, State vocational rehabilitation agencies or facilities, sheltered workshops, college placement officers, State education agencies, labor organizations, and social service organizations serving handicapped individuals) for the contractor's commitment to provide meaningful employment opportunities to qualified handicapped individuals. (A list of national organizations serving the handicapped, many of which have State or local affiliates, is found in the "Directory of Organizations Interested in the Handicapped", published by the People to People Committee on the Handicapped, 1146 16th Street, NW., Washington, D.C. 20036.)

(5) Engaging in recruitment activities at educational institutions which participate in training of the handicapped, such as schools for the blind, deaf, or retarded.

(6) Establishment of meaningful contacts with appropriate social service organizations, Vocational Rehabilitation agencies or facilities, for such purposes as advice, technical assistance and referral of potential employees.

(7) Reviewing employment records to determine the availability of promotable and transferrable qualified handicapped individuals presently employed, and to determine whether their present and



(Continued)

potential skills are being fully utilized or developed.

(8) Use of appropriate media for institutional and employment advertising to indicate the contractor's commitment to nondiscrimination and affirmative action under this part.

(c) *Accommodation to physical and mental limitations of employees.* A contractor must attempt to make a reasonable accommodation to the physical and mental limitations of an employee or applicant unless the contractor can demonstrate that such an accommodation would impose an undue hardship on the conduct of the contractor's business. In determining the extent of a contractor's accommodation obligations, the following factors among others may be considered: (1) Business necessity (2) financial cost and expenses and (3) resulting personnel problems.

**§ 741.5 [Reserved]**

**§ 741.6 Certification of handicap.**

(a) Any handicapped individual may request, at any time, a certification of his handicap from any Vocational Rehabilitation agency or facility listed by the Employment Standards Administration. such lists shall be available through local U.S. Department of Labor, Employment Standards Administration offices. The certification shall be in the form prescribed by the Secretary, and shall represent the determination of a facility listed by the Employment Standards Administration that the individual is handicapped and has benefited in employability from a type of service provided pursuant to Title I and III of the Act or their equivalent.

(b) Handicapped individuals filing administrative complaints under this part may do so only upon certification of their handicapping disability or condition as provided in paragraph (a) of this section.

**§ 741.7 [Reserved]**

**§ 741.8 Listing of employment openings.**

The mandatory listing obligation of 41 CFR Part 50–250, which requires contractors to list their job openings with State employment services offices shall be utilized by State employment security agencies to refer qualified handicapped individuals.

**§ 741.9 Labor unions and recruiting and training agencies.**

(a) Whenever performance in accordance with the affirmative action clause or any matter contained in the regulations in this part may necessitate a revision of a collective bargaining agreement, the labor union or unions which are parties to such agreements shall be given an adequate opportunity to present their views to the contracting agency, or, if he has assumed jurisdiction, the Assistant Secretary.

(b) The Secretary shall use his best efforts, directly and through contractors, subcontractors, local officials, vocational rehabilitation facilities, and all other available instrumentalities, to cause any labor union, recruiting and training agency or other representative of workers who are or may be engaged in work under contracts and subcontracts to cooperate with, and to assist in the implementation of, the purposes of the Act.

# REHABILITATION OF DISABLED WORKERS AND EMPLOYMENT OF THE HANDICAPPED

A Report To The
Governor's Commission on Employment
of
Handicapped Persons

September 1970

3-2

Table 3.1

EMPLOYER ATTITUDES TOWARD HIRING PERSONS WITH TEN SPECIFIED HANDICAPS FOR PRODUCTION JOBS

| | Type of handicap | Proportion of 108 Minnesota employers who would consider hiring persons with specified handicap | | | |
|---|---|---|---|---|---|
| | | Always | Usually but not always | Sometimes but not usually | Never |
| * | Serious heart attack | 8.6% | 22.1% | 33.6% | 35.6% |
| * | Blind | 5.9 | 4.9 | 17.7 | 71.5 |
| * | Deaf | 18.0 | 27.0 | 25.0 | 30.0 |
| | Peptic ulcer | 23.0 | 43.0 | 25.0 | 9.0 |
| | Diabetes | 35.2 | 33.3 | 16.7 | 14.7 |
| * | Epilepsy | 9.8 | 17.6 | 37.2 | 35.3 |
| * | Loss of one arm | 18.4 | 22.4 | 32.0 | 27.2 |
| | Loss of one leg | 28.4 | 22.5 | 22.5 | 26.5 |
| * | Back ailment | 6.9 | 10.8 | 27.4 | 55.9 |
| * | Mental retardation | 5.8 | 14.4 | 49.0 | 30.8 |

*More than half would not usually consider hiring a production job applicant with this handicap.

(Continued)

Table 3.2

EMPLOYER ATTITUDES TOWARD HIRING PERSONS WITH TEN SPECIFIED HANDICAPS FOR MANAGEMENT JOBS OTHER THAN FIRST LINE PRODUCTION SUPERVISOR

| | Type of handicap | Proportion of 108 Minnesota employers who would consider hiring persons with specified handicap | | | |
|---|---|---|---|---|---|
| | | Always | Usually but not always | Sometimes but not usually | Never |
| * | Serious heart attack | 14.8% | 30.5% | 37.0% | 17.6% |
| * | Blind | 5.7 | 4.7 | 31.1 | 58.5 |
| * | Deaf | 6.7 | 18.3 | 31.7 | 43.3 |
| | Peptic ulcer | 22.1 | 39.4 | 26.9 | 11.5 |
| | Diabetes | 35.8 | 45.3 | 14.2 | 4.7 |
| * | Epilepsy | 9.4 | 33.0 | 34.9 | 22.7 |
| | Loss of one arm | 45.3 | 32.0 | 15.2 | 7.5 |
| | Loss of one leg | 38.6 | 38.6 | 14.2 | 8.5 |
| | Back ailment | 19.0 | 41.9 | 22.9 | 16.2 |
| * | Mental retardation | 2.7 | 1.8 | 7.3 | 88.2 |

*More than half would not usually consider hiring a management job applicant with this handicap.

(Continued)

Table 3.3

EMPLOYER ATTITUDES TOWARD HIRING PERSONS WITH TEN SPECIFIED HANDICAPS FOR CLERICAL JOBS

| | Type of handicap | Proportion of 108 Minnesota employers who would consider hiring persons with specified handicap | | | |
|---|---|---|---|---|---|
| | | Always | Usually but not always | Sometimes but not usually | Never |
| | Serious heart attack | 21.5% | 40.1% | 27.1% | 11.2% |
| * | Blind | 7.5 | 12.1 | 28.0 | 52.4 |
| | Deaf | 20.6 | 30.8 | 30.8 | 17.8 |
| | Peptic ulcer | 33.3 | 40.9 | 22.9 | 2.9 |
| | Diabetes | 43.9 | 38.3 | 14.0 | 3.7 |
| | Epilepsy | 17.8 | 39.2 | 31.8 | 11.2 |
| | Loss of one arm | 35.2 | 25.9 | 30.6 | 8.3 |
| | Loss of one leg | 54.1 | 27.1 | 14.0 | 4.7 |
| | Back ailment | 23.6 | 44.3 | 21.7 | 10.4 |
| * | Mental retardation | 6.4 | 8.2 | 45.4 | 40.0 |

*More than half would not usually consider hiring a clerical job applicant with this handicap.

(Continued)

Table 3.4

EMPLOYER ATTITUDES TOWARD HIRING PERSONS WITH TEN SPECIFIED HANDICAPS FOR SALES JOBS

| | Type of handicap | Proportion of 108 Minnesota employers who would consider hiring persons with specified handicap | | | |
|---|---|---|---|---|---|
| | | Always | Usually but not always | Sometimes but not usually | Never |
| * | Serious heart attack | 11.8% | 33.3% | 38.2% | 16.7% |
| * | Blind | 4.9 | 2.0 | 20.8 | 72.2 |
| * | Deaf | 4.0 | 10.0 | 25.0 | 61.0 |
| | Peptic ulcer | 19.4 | 40.8 | 31.6 | 8.2 |
| | Diabetes | 36.6 | 37.6 | 18.8 | 6.9 |
| * | Epilepsy | 14.8 | 20.8 | 30.7 | 33.6 |
| | Loss of one arm | 37.2 | 29.4 | 26.4 | 6.9 |
| | Loss of one leg | 32.0 | 36.0 | 21.0 | 11.0 |
| * | Back ailment | 17.0 | 32.0 | 25.0 | 26.0 |
| * | Mental retardation | 1.9 | 1.9 | 9.7 | 86.5 |

*More than half would not usually consider hiring a sales job applicant with this handicap.

TASK FORCE SURVEY

Please answer each question as completely as possible. Additional pages may be used if the space below is inadequate. If there are no facts available to you for a specific question, please provide your personal estimate. Where this is not possible, so indicate.

Please be sure to return this questionnaire no later than November 18, 1973, so that accurate information can be included in our final report. Thank you.

---

1. Is there currently a counselor on staff at each office of the W.S.E.S. whose sole responsibility is placement of the physically disabled?

   YES 1
   NO 7

2. What training and experience are currently prerequisite to holding this counseling position, if there is one?

   College & Inservice Courses - 1
   Enrolled in Masters Program - 1
   Masters in Counseling - 3
   No Response - 3

3. If there is no such counselor, who handles handicapped applicants? What are the other responsibilities of this person?

   Other Counselors who counsel 60-70% of time - 6
   Entire Staff - 1
   No Response - 1

4. How many physically disabled job applicants does W.S.E.S. handle each year? How many are placed? Answer this with respect to your office.

   Statewide 20,270 applicants
   16% is placed

5. How long does it take, on the average, to place one such person?

   Several months - 1
   10 days - 1
   7-10 days - 1
   no figures - 5

6. Is there follow-up after placement to ensure that both employee and employer are satisfied?

   YES 3
   NO 1
   AS NEEDED 4

7. How many special counselors would be required for your office in order to handle handicapped applicants?

   two-three - 1
   one - 5
   none - 1
   varies - 1

(Continued)

8. What is the percentage of handicapped applicants placed compared to the percentage of non-handicapped placed?

   Statewide--handicapped - 16%
   non-handicapped - 14%

9. How is current W.S.E.S. counseling evaluated for funding purposes? (i.e., on the number of applicants placed?)

   Number of Applicants - 3
   Distribution of funding - 2
   Placement Estimates - 1
   No evaluation - 1
   No Response - 1

10. Does your office routinely keep the Department of Vocational Rehabilitate informed of the status of clients referred to you by them? Explain your working relationship with the D.V.R.

    Unstructured Relationship - 4
    on regular basis - 3
    on daily basis - 1

11. How effectively do counselors of your office and the D.V.R. work together to place handicapped applicants?

    Well - 6
    Depends on D.V.R. - 1
    No response - 1

12. Do employers generally know which of their jobs can be filled by persons with physical disabilities?

    YES 5
    NO 2
    SOME 1

13. Is there a person in your office who helps employers evaluate jobs to determine whether a physically disabled person could perform it?

    YES 6
    NO NEED 1
    HANDLED BY D.V.R. - 1

14. Are counselors in your office familiar enough with various physical disabilities that they are aware of work potential of handicapped applicants?

    YES (generally) 8

15. Comments or suggestions on the handling of physically disabled job applicant by the W.S.E.S.

(Continued)

emphasis on pre-vocational training
more time and/or counselors to work with handicapped people
more information (medical) re: potential of handicapped people
employer indifference a problem
staff training in job seeking & job development re: with handicapped people

The State of Pennsylvania, Insurance Department, Harrisburg, Penn. has begun publication of a "shoppers guide" to insurance policies. The following pages from the June 1972 edition demonstrates the type of information needed by Wisconsin consumers.

PREMIUMS AND INSURANCE COST FOR A $10,000 STRAIGHT LIFE CASH-VALUE INSURANCE POLICY SOLD BY THE 50 LARGEST COMPANIES[3]

| COMPANY[5] | Male Age 20 or Female Age 23[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 20/23 | Male Age 35 or Female Age 38[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 35/38 | Male Age 50 or Female Age 53[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 50/53 |
|---|---|---|---|---|---|---|---|---|---|
| 1. Bankers Life Company (Iowa) | $149.70 | $24.70 | 3 | $229.10 | $42.00 | 1 | $400.30 | $119.20 | 1 |
| 2. Home Life Ins. Co. (NY) | 150.70 | 23.10 | 2 | 228.40 | 43.10 | 2 | 405.10 | 125.90 | 3 |
| 3. National Life Ins. Co. (VT) | 152.70 | 28.30 | 5 | 230.30 | 46.30 | 4 | 389.80 | 125.80 | 2 |
| 4. Connecticut Mutual Life Ins. Co. | 135.00 | 22.40 | 1 | 218.50 | 46.70 | 5 | 397.70 | 132.70 | 9 |
| 5. Phoenix Mutual Life Ins. Co. | 157.00 | 26.60 | 4 | 233.60 | 48.60 | 6 | 392.50 | 127.70 | 4 |
| 6. The Northwestern Mutual Life Ins. Co. | 157.40 | 28.70 | 6 | 234.80 | 45.50 | 3 | 405.40 | 129.40 | 6 |
| 7. State Mutual Life Assurance Co. of America (Mass.) | 149.50 | 28.80 | 7 | 231.60 | 49.00 | 7 | 408.30 | 132.70 | 9 |
| 8. Massachusetts Mutual Life Ins. Co. | 156.30 | 29.50 | 10 | 236.10 | 50.00 | 8 | 407.90 | 131.40 | 8 |
| 9. New England Mutual Life Ins. Co. | 155.20 | 31.70 | 13 | 232.50 | 50.50 | 10 | 398.80 | 129.70 | 7 |
| 10. New York Life Ins. Co. | 152.40 | 32.50 | 17 | 233.40 | 52.40 | 13 | 400.50 | 127.70 | 4 |

[1]Non-participating policy - no dividends; guaranteed costs. All others are participating.
[2]Policy includes Waiver of Premium for disability at no extra cost. Costs have been adjusted to remove the estimated charge for this benefit.
[3]Largest by volume of total life insurance in force. Only companies licensed in Pennsylvania are shown.
[4]Usual premiums for a female are the same as those for a male three years younger.
[5]Listed according to the average of the interest-adjusted costs at the three ages.
[6]Ranked at each age according to the average yearly cost of insurance over a twenty-year period.

PREMIUMS AND INSURANCE COST FOR A $10,000 STRAIGHT LIFE CASH-VALUE INSURANCE POLICY SOLD BY THE 50 LARGEST COMPANIES[3]

| COMPANY[5] | Male Age 20 or Female Age 23[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 20/23 | Male Age 35 or Female Age 38[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 35/38 | Male Age 50 or Female Age 53[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 50/53 |
|---|---|---|---|---|---|---|---|---|---|
| 11. Sun Life Assurance Co. of Canada | $153.30 | $29.10 | 8 | $234.00 | $50.10 | 9 | $409.00 | $137.90 | 11 |
| 12. Provident Mutual Life Ins. Co. of Philadelphia | 149.50 | 29.80 | 11 | 229.40 | 54.50 | 16 | 401.10 | 138.90 | 12 |
| 13. Great-West Life Assurance Co. (Canada) | 131.30 | 31.90 | 16 | 206.00 | 52.20 | 12 | 366.80 | 140.70 | 13 |
| 14. Confederation Life Association | 143.40 | 29.30 | 9 | 219.30 | 51.20 | 11 | 380.60 | 148.00 | 26 |
| 15. General American Life Ins. Co. | 160.80 | 31.80 | 14 | 242.30 | 55.50 | 17 | 414.20 | 142.50 | 16 |
| 16. The Equitable Life Assurance Society of the U.S. (NY) | 152.70 | 33.60 | 19 | 233.20 | 56.60 | 22 | 404.50 | 141.10 | 14 |
| 17. North American Life Assurance Co. (Canada) | 146.10 | 31.00 | 12 | 223.80 | 54.30 | 15 | 392.70 | 146.00 | 21 |
| 18. The Manufacturers Life Ins. Co. | 127.80 | 37.10 | 32 | 197.00 | 56.00 | 19 | 343.70 | 142.50 | 16 |
| 19. The Penn Mutual Life Ins. Co. | 153.00 | 35.60 | 24 | 235.40 | 58.30 | 26 | 412.70 | 144.10 | 19 |
| 20. State Farm Life Ins. Co.[2] | 146.10 | 32.60 | 18 | 227.40 | 53.60 | 14 | 409.20 | 152.80 | 29 |
| 21. Nationwide Life Ins. Co. | 150.90 | 35.90 | 27 | 235.00 | 55.70 | 18 | 409.80 | 147.60 | 22 |
| 22. Crown Life Ins. Co. | 119.70 | 35.60 | 24 | 189.30 | 56.10 | 20 | 347.90 | 147.70 | 24 |
| 23. Mutual Benefit Life Ins. Co. | 158.00 | 34.90 | 22 | 238.70 | 58.00 | 25 | 412.30 | 147.60 | 22 |
| 24. Aetna Life Ins. Co. | 160.60 | 42.00 | 39 | 239.50 | 56.40 | 21 | 408.50 | 142.30 | 15 |
| 25. John Hancock Mutual Life Ins. Co. | 157.00 | 35.70 | 26 | 242.10 | 61.60 | 32 | 415.70 | 144.90 | 20 |

See Footnotes on Page 1

(Continued)

PREMIUMS AND INSURANCE COST FOR A $10,000 STRAIGHT LIFE CASH-VALUE INSURANCE POLICY SOLD BY THE 50 LARGEST COMPANIES[3]

| COMPANY[5] | Male Age 20 or Female Age 23[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 20/23 | Male Age 35 or Female Age 38[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 35/38 | Male Age 50 or Female Age 53[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 50/53 |
|---|---|---|---|---|---|---|---|---|---|
| 26. Pacific Mutual Life Ins. Co. (Calif.) | $152.40 | $36.60 | 30 | $231.90 | $57.50 | 24 | $406.20 | $148.80 | 27 |
| 27. Continental Assurance Co. | 155.70 | 36.00 | 28 | 241.20 | 59.10 | 30 | 419.90 | 147.90 | 25 |
| 28. The Prudential Ins. Co. of America[2] | 157.10 | 36.40 | 29 | 244.40 | 63.20 | 34 | 438.10 | 143.90 | 18 |
| 29. The Canada Life Assurance Co. | 141.20 | 35.00 | 23 | 214.00 | 56.80 | 23 | 384.60 | 153.00 | 30 |
| 30. The Mutual Life Ins. Co of NY[2] | 152.00 | 34.20 | 21 | 234.10 | 58.50 | 27 | 416.20 | 152.60 | 28 |
| 31. The Lincoln National Life Ins. Co. (Ind.) | 155.20 | 36.60 | 30 | 235.60 | 58.90 | 28 | 408.60 | 153.00 | 30 |
| 32. Franklin Life Ins. Co. (Ill.) | 146.00 | 34.10 | 20 | 226.30 | 60.80 | 31 | 399.80 | 154.70 | 32 |
| 33. The Guardian Life Ins. Co. of America | 147.90 | 31.80 | 14 | 230.50 | 58.90 | 28 | 400.00 | 163.10 | 35 |
| 34. Occidental Life Ins. Co. of California | 153.30 | 42.10 | 40 | 233.50 | 65.80 | 35 | 401.30 | 156.30 | 33 |
| 35. The Minnesota Mutual Life Ins. Co.[2] | 156.40 | 39.70 | 36 | 238.90 | 62.50 | 33 | 414.80 | 162.10 | 34 |
| 36. Metropolitan Life Ins. Co.[2] | 158.60 | 37.20 | 33 | 248.10 | 66.80 | 37 | 427.10 | 165.80 | 36 |
| 37. Pilot Life Ins. Co. | 138.40 | 43.20 | 42 | 216.80 | 65.90 | 36 | 393.50 | 170.00 | 38 |
| 38. Connecticut General Life Ins. Co. | 139.40 | 39.50 | 35 | 220.40 | 70.70 | 38 | 398.80 | 175.30 | 39 |
| 39. American National Life Ins. Co.[2] | 155.80 | 38.40 | 34 | 239.70 | 71.30 | 41 | 423.50 | 180.20 | 40 |
| 40. Northwestern National Life Ins. Co.[2] | 177.80 | 51.90 | 48 | 262.80 | 71.10 | 39 | 439.50 | 167.40 | 37 |

See Footnotes on Page 1



PREMIUMS AND INSURANCE COST FOR A $10,000 STRAIGHT LIFE CASH-VALUE INSURANCE POLICY SOLD BY THE 50 LARGEST COMPANIES[3]

| COMPANY[5] | Male Age 20 or Female Age 23[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 20/23 | Male Age 35 or Female Age 38[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 35/38 | Male Age 50 or Female Age 53[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 50/53 |
|---|---|---|---|---|---|---|---|---|---|
| 41. The National Life & Accident Ins. Co.[1] | $116.50 | $40.30 | 37 | $190.60 | $73.60 | 42 | $343.70 | $180.60 | 41 |
| 42. The Western and Southern Life Ins. Co.[2] | 156.60 | 43.60 | 43 | 246.30 | 73.80 | 43 | 426.30 | 184.40 | 42 |
| 43. Republic National Life Ins. Co. | 138.70 | 40.60 | 38 | 222.00 | 75.70 | 44 | 401.60 | 188.70 | 44 |
| 44. Allstate Life Ins. Co.[1] | 109.00 | 42.50 | 41 | 176.00 | 71.10 | 39 | 343.00 | 194.80 | 49 |
| 45. Provident Life and Accident Ins. Co. (Tenn.)[1] | 108.80 | 48.10 | 45 | 177.30 | 77.80 | 46 | 328.70 | 184.70 | 43 |
| 46. Life Ins. Co. of Virginia[1],[2] | 117.90 | 45.40 | 44 | 192.50 | 76.90 | 45 | 356.40 | 191.50 | 45 |
| 47. United Benefit Life Ins. Co.[1],[2] | 116.40 | 51.00 | 46 | 189.50 | 82.00 | 47 | 345.90 | 191.70 | 47 |
| 48. Business Men's Assurance Co. of America[1] | 118.20 | 51.70 | 47 | 188.50 | 83.60 | 48 | 339.70 | 191.50 | 45 |
| 49. The Travelers Ins. Co.[1] | 118.00 | 53.10 | 50 | 190.90 | 84.70 | 49 | 348.10 | 194.40 | 48 |
| 50. Old Republic Life Ins. Co. (Ill.)[1] | 122.00 | 52.30 | 49 | 196.30 | 85.90 | 50 | 357.90 | 201.00 | 50 |

[1] Non-participating policy - no dividends; guaranteed costs. All others are participating.
[2] Policy includes Waiver of Premium for disability at no extra cost. Costs have been adjusted to remove the estimated charge for this benefit.
[3] Largest by volume of total life insurance in force. Only companies licensed in Pennsylvania are shown.
[4] Premiums for a female are the same as those for a male three years younger.
[5] According to the average of the interest-adjusted costs at the three ages.
[6] Ranked at each age according to the average yearly cost of insurance over a twenty-year period.

(Continued)

## PREMIUMS AND INSURANCE COST FOR THE 10 LOWEST[2] COST $10,000 STRAIGHT LIFE CASH-VALUE INSURANCE POLICIES

| COMPANY[4] | Male Age 20 or Female Age 23[3] Annual Premium | Average Yearly Cost of Insurance | Ranking[5] At Age 20/23 | Male Age 35 or Female Age 38[3] Annual Premium | Average Yearly Cost of Insurance | Ranking[5] At Age 35/38 | Male Age 50 or Female Age 53[3] Annual Premium | Average Yearly Cost of Insurance | Ranking[5] At Age 50/53 |
|---|---|---|---|---|---|---|---|---|---|
| 1. Bankers Life Company (Iowa) | $149.70 | $24.70 | 4 | $229.10 | $42.00 | 1 | $400.30 | $119.20 | 2 |
| 2. Home Life Ins. Co. (NY) | 150.70 | 23.10 | 3 | 228.40 | 43.10 | 2 | 405.10 | 125.90 | 5 |
| 3. National Life Ins. Co. (VT) | 152.70 | 28.30 | 10 | 230.30 | 46.30 | 5 | 389.80 | 125.80 | 4 |
| 4. Connecticut Mutual Life Ins. Co. | 135.00 | 22.40 | 1 | 218.50 | 46.70 | 6 | 397.70 | 132.70 | 11 |
| 5. Phoenix Mutual Life Ins. Co. | 157.00 | 26.60 | 7 | 233.60 | 48.60 | 7 | 392.50 | 127.70 | 6 |
| 6. Northwestern Mutual Life Ins. Co. | 157.40 | 28.70 | 11 | 234.80 | 45.50 | 3 | 405.40 | 129.40 | 8 |
| 7. Central Life Assurance Co. (Iowa) | 155.10 | 22.90 | 2 | 235.70 | 46.10 | 4 | 404.00 | 136.00 | 15 |
| 8. State Mutual Life Assurance Co. of America (Mass.) | 149.50 | 28.80 | 12 | 231.60 | 49.00 | 9 | 408.30 | 132.70 | 11 |
| 9. Modern Woodmen of America[1] | 138.80 | 27.50 | 9 | 214.10 | 48.90 | 8 | 377.80 | 134.80 | 13 |
| 10. Lutheran Mutual Life Ins. Co. | 144.80 | 27.30 | 8 | 226.10 | 49.50 | 10 | 394.90 | 135.00 | 14 |

[1] Fraternal organization; policy available only to members.
[2] The ten lowest cost policies of those sold by 166 larger companies licensed in Pennsylvania.
[3] Usual premiums for a female are the same as those for a male three years younger.
[4] Listed according to the average of the interest-adjusted costs at the three ages.
[5] Ranked at each age according to the average yearly cost of insurance over a twenty-year period.
Note: All are participating policies.

Chart 2
April, 1972

## PREMIUMS AND INSURANCE COST FOR THE 10 HIGHEST[3] COST $10,000 STRAIGHT LIFE CASH-VALUE INSURANCE POLICIES

| COMPANY[5] | Male Age 20 or Female Age 23[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 20/23 | Male Age 35 or Female Age 38[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 35/38 | Male Age 50 or Female Age 53[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 50/53 |
|---|---|---|---|---|---|---|---|---|---|
| Georgia International Life Ins. Co.[1] | $119.20 | $61.00 | 166 | $192.20 | $94.50 | 166 | $344.90 | $202.40 | 165 |
| 2. The State Life Ins. Co. (Ind.) | 155.70 | 55.70 | 165 | 237.00 | 88.70 | 165 | 410.60 | 199.60 | 162 |
| 3. Valley Forge Life Ins. Co.[1] | 120.20 | 51.80 | 154 | 195.70 | 87.80 | 163 | 354.00 | 201.70 | 164 |
| 4. The Employers Life Ins. Co. of America (Del.)[1], [2] | 119.60 | 50.70 | 145 | 194.00 | 84.30 | 150 | 361.00 | 205.20 | 166 |
| 5. Old Republic Life Ins. Co. (Ill.)[1] | 122.00 | 52.30 | 158 | 196.30 | 85.90 | 157 | 357.90 | 201.00 | 163 |
| 6. Wabash Life Ins. Co.[1] | 120.30 | 52.80 | 159 | 192.90 | 86.70 | 159 | 348.70 | 199.30 | 161 |
| 7. Pennsylvania Life Ins. Co.[1] | 110.40 | 53.60 | 162 | 183.60 | 86.40 | 158 | 340.40 | 198.30 | 160 |
| 8. Puritan Life Ins. Co.[1] | 114.60 | 53.00 | 160 | 188.00 | 86.90 | 160 | 338.70 | 193.50 | 152 |
| 9. Security Life and Accident Co. (Colo.) | 164.50 | 49.50 | 140 | 250.40 | 88.30 | 164 | 417.30 | 194.60 | 155 |
| 10. Travelers Ins. Co.[1] | 118.00 | 53.10 | 161 | 190.90 | 84.70 | 154 | 348.10 | 194.40 | 154 |

[1] Non-participating policy - no dividends; guaranteed costs. All others are participating.
[2] Policy includes Waiver of Premium for disability at no extra cost. Costs have been adjusted to remove the estimated charge for this benefit.
[3] The ten highest cost policies of those sold by 166 larger companies licensed in Pennsylvania.
[4] Usual premiums for a female are the same as those for a male three years younger.
[5] Listed according to the average of the interest-adjusted costs at the three ages.
[6] Ranked at each age according to the average yearly cost of insurance over a twenty-year period.

(Continued)

## FOUR SUPPLEMENTS TO SHOPPER'S GUIDE TO LIFE INSURANCE

The Pennsylvania Insurance Department has issued four supplements to the "Shopper's Guide to Life Insurance."

The first supplement, "Ten Most Wanted and Ten Least Wanted Life Insurance Companies in Pennsylvania," shows the 10 highest cost and the 10 lowest cost companies of the 166 largest life insurers doing business in Pennsylvania. One company, Wabash Life, came off the list of the ten highest cost companies, and Monumental Life was added.

The second supplement, a "National Guide to Life Insurance," shows how the 30 largest insurance companies doing business nationwide (not just in Pennsylvania) rank according to policy cost. The original "Shopper's Guide" was limited to firms doing business in the Commonwealth. These 30 companies represent the most widely recognized life insurers. The supplement is meant to serve the public as both a condensed version of the original "Shopper's Guide" and as a "National Guide."

The third supplement lists the top 15 of the 50 largest life insurance companies according to size. It shows how the 15 firms rank on a cost scale among the 50 largest firms that comprised the original "Shopper's Guide to Life Insurance." They are about average.

The fourth supplement shows the financial rating of the ten highest and the ten lowest cost companies. The lowest cost companies are generally stronger financially than the highest cost companies.

Supplement 1

PREMIUMS AND INSURANCE COST FOR THE 10 LOWEST[2] COST $10,000 STRAIGHT LIFE CASH-VALUE INSURANCE POLICIES

| COMPANY[4] | Male Age 20 or Female Age 23[3] Annual Premium | Average Yearly Cost of Insurance | Ranking[5] At Age 20/23 | Male Age 35 or Female Age 38[3] Annual Premium | Average Yearly Cost of Insurance | Ranking[5] At Age 35/38 | Male Age 50 or Female Age 53[3] Annual Premium | Average Yearly Cost of Insurance | Ranking[5] At Age 50/53 |
|---|---|---|---|---|---|---|---|---|---|
| 1. Bankers Life Company (Iowa) | $149.70 | $24.70 | 4 | $229.10 | $42.00 | 1 | $400.30 | $119.20 | 2 |
| 2. Home Life Ins. Co. (NY) | 150.70 | 23.10 | 3 | 228.40 | 43.10 | 2 | 405.10 | 125.90 | 5 |
| 3. National Life Ins. Co. (VT) | 152.70 | 28.30 | 10 | 230.30 | 46.30 | 5 | 389.80 | 125.80 | 4 |
| 4. Connecticut Mutual Life Ins. Co. | 135.00 | 22.40 | 1 | 218.50 | 46.70 | 6 | 397.70 | 132.70 | 11 |
| 5. Phoenix Mutual Life Ins. Co. | 157.00 | 26.60 | 7 | 233.60 | 48.60 | 7 | 392.50 | 127.70 | 6 |
| 6. Northwestern Mutual Life Ins. Co. | 157.40 | 28.70 | 11 | 234.80 | 45.50 | 3 | 405.40 | 129.40 | 8 |
| 7. Central Life Assurance Co. (Iowa) | 155.10 | 22.90 | 2 | 235.70 | 46.10 | 4 | 404.00 | 136.00 | 15 |
| 8. State Mutual Life Assurance Co. of America (Mass.) | 149.50 | 28.80 | 12 | 231.60 | 49.00 | 9 | 408.30 | 132.70 | 11 |
| 9. Modern Woodmen of America[1] | 138.80 | 27.50 | 9 | 214.10 | 48.90 | 8 | 377.80 | 134.80 | 13 |
| 10. Lutheran Mutual Life Ins. Co. | 144.80 | 27.30 | 8 | 226.10 | 49.50 | 10 | 394.90 | 135.00 | 14 |

(1) Fraternal organization; policy available only to members.
(2) The ten lowest cost policies of those sold by 166 larger companies licensed in Pennsylvania.
(3) Usual premiums for a female are the same as those for a male three years younger.
(4) Listed according to the average of the interest-adjusted costs at the three ages.
(5) Ranked at each age according to the average yearly cost of insurance over a twenty-year period.
Note: All are participating policies.

(Continued)

Supplement 1

PREMIUMS AND INSURANCE FOR THE 10 HIGHEST[3] COST $10,000 STRAIGHT LIFE CASH-VALUE INSURANCE POLICIES

| COMPANY[5] | Male Age 20 or Female Age 23[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 20/23 | Male Age 35 or Female Age 38[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 35/38 | Male Age 50 or Female Age 53[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 50/53 |
|---|---|---|---|---|---|---|---|---|---|
| 1. Georgia International Life Ins. Co.[1] | $119.20 | $61.00 | 166 | $192.20 | $94.50 | 166 | $344.90 | $202.40 | 166 |
| 2. The State Life Ins. Co. (Ind.) | 155.70 | 55.70 | 165 | 237.00 | 88.70 | 165 | 410.60 | 199.60 | 163 |
| 3. Valley Forge Life Ins. Co.[1] | 120.20 | 51.80 | 155 | 195.70 | 87.80 | 163 | 354.00 | 201.70 | 165 |
| 4. Old Republic Life Ins. Co. (Ill.)[1] | 122.00 | 52.30 | 159 | 196.30 | 85.90 | 158 | 357.90 | 201.00 | 164 |
| 5. Pennsylvania Life Ins. Co.[1] | 110.40 | 53.60 | 162 | 183.60 | 86.40 | 159 | 340.40 | 198.30 | 162 |
| 6. Puritan Life Ins. Co.[1] | 114.60 | 53.00 | 160 | 188.00 | 86.90 | 160 | 338.70 | 193.50 | 153 |
| 7. Security Life and Accident Co. (Colo.) | 164.50 | 49.50 | 141 | 250.40 | 88.30 | 164 | 417.30 | 194.60 | 157 |
| 8. Travelers Ins. Co.[1] | 118.00 | 53.10 | 161 | 190.90 | 84.70 | 155 | 348.10 | 194.40 | 156 |
| 9. Monumental Life Ins. Co.[1] | 117.70 | 51.30 | 150 | 190.50 | 85.50 | 157 | 344.20 | 194.80 | 158 |
| 10. Gov't. Personnel Mut'l Life Ins. Co.[2] | 157.20 | 54.20 | 164 | 237.60 | 87.10 | 162 | 410.40 | 189.30 | 138 |

(1) Non-participating policy - no dividends; guaranteed costs. All others are participating.
(2) This company replaces The Employers Life Insurance Company of America (Del.), which was mistakenly included on the original list.
(3) The ten highest cost policies of those sold by 166 larger companies licensed in Pennsylvania.
(4) Usual premiums for a female are the same as those for a male three years younger.
(5) Listed according to the average of the interest-adjusted costs at the three ages.
(6) Ranked at each age according to the average yearly cost of insurance over a twenty-year period.

Chart 2
Supplement 1
May, 1972

Supplement 2

PREMIUMS AND INSURANCE COST FOR A $10,000 STRAIGHT LIFE CASH-VALUE INSURANCE POLICY SOLD BY THE 30 LARGEST COMPANIES[3]

| COMPANY[5] | Male Age 20 or Female Age 23[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 20/23 | Male Age 35 or Female Age 38[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 35/38 | Male Age 50 or Female Age 53[4] Annual Premium | Average Yearly Cost of Insurance | Ranking[6] At Age 50/53 |
|---|---|---|---|---|---|---|---|---|---|
| 1. Bankers Life Company (Iowa) | $149.70 | $24.70 | 2 | $229.10 | $42.00 | 1 | $400.30 | $119.20 | 1 |
| 2. Connecticut Mutual Life Ins. Co. | 135.00 | 22.40 | 1 | 218.50 | 46.70 | 3 | 397.70 | 132.70 | 6 |
| 3. The Northwestern Mutual Life Ins. Co. | 157.40 | 28.70 | 3 | 234.80 | 45.50 | 2 | 405.40 | 129.40 | 3 |
| 4. Massachusetts Mutual Life Ins. Co. | 156.30 | 29.50 | 5 | 236.10 | 50.00 | 4 | 407.90 | 131.40 | 5 |
| 5. New England Mutual Life Ins. Co. | 155.20 | 31.70 | 6 | 232.50 | 50.50 | 6 | 398.80 | 129.70 | 4 |
| 6. New York Life Ins. Co. | 152.40 | 32.50 | 8 | 233.40 | 52.40 | 8 | 400.50 | 127.70 | 2 |
| 7. Sun Life Assurance Co. of Canada | 153.30 | 29.10 | 4 | 234.00 | 50.10 | 5 | 409.00 | 137.90 | 7 |
| 8. Great-West Life Assurance Co. (Canada) | 131.30 | 31.90 | 7 | 206.00 | 52.20 | 7 | 366.80 | 140.70 | 8 |
| 9. The Equitable Life Assurance Society of the U.S. (NY) | 152.70 | 33.60 | 10 | 233.20 | 56.60 | 12 | 404.50 | 141.10 | 9 |
| 10. The Manufacturers Life Ins. Co. | 127.80 | 37.10 | 19 | 197.00 | 56.00 | 10 | 343.70 | 142.50 | 11 |
| 11. The Penn Mutual Life Ins. Co. | 153.00 | 35.60 | 14 | 235.40 | 58.30 | 15 | 412.70 | 144.10 | 13 |
| 12. State Farm Life Ins. Co.[2] | 146.10 | 32.60 | 9 | 227.40 | 53.60 | 9 | 409.20 | 152.80 | 18 |

1. Non-participating policy - no dividends; guaranteed costs. All others are participating.
2. Policy includes Waiver of Premium for disability at no extra cost. Costs have been adjusted to remove the estimated charge for this benefit.
3. Largest by volume of total life insurance in force. Only companies licensed in the United States are shown.
4. Usual premiums for a female are the same as those for a male three years younger.
5. Listed according to the average of the interest-adjusted costs at the three ages.
6. Ranked at each age according to the average yearly cost of insurance over a twenty-year period.

Chart 1
Page 1
Supplement 2
April, 1972

(Continued)

PREMIUMS AND INSURANCE COST FOR A $10,000 STRAIGHT LIFE CASH-VALUE INSURANCE POLICY SOLD BY THE 30 LARGEST COMPANIES(3)

| COMPANY(5) | Male Age 20 or Female Age 23(4) Annual Premium | Average Yearly Cost of Insurance | Ranking(6) At Age 20/23 | Male Age 35 or Female Age 38(4) Annual Premium | Average Yearly Cost of Insurance | Ranking(6) At Age 35/38 | Male Age 50 or Female Age 53(4) Annual Premium | Average Yearly Cost of Insurance | Ranking(6) At Age 50/53 |
|---|---|---|---|---|---|---|---|---|---|
| 13. Mutual Benefit Life Ins. Co. | $158.00 | $34.90 | 12 | $238.70 | $58.00 | 14 | $412.30 | $147.60 | 15 |
| 14. Aetna Life Ins. Co. | 160.60 | 42.00 | 25 | 239.50 | 56.40 | 11 | 408.50 | 142.30 | 10 |
| 15. John Hancock Mutual Life Ins. Co. | 157.00 | 35.70 | 15 | 242.10 | 61.60 | 19 | 415.70 | 144.90 | 14 |
| 16. Continental Assurance Co. | 155.70 | 36.00 | 16 | 241.20 | 59.10 | 18 | 419.90 | 147.90 | 16 |
| 17. The Prudential Ins. Co. of America(2) | 157.10 | 36.40 | 17 | 244.40 | 63.20 | 21 | 438.10 | 143.90 | 12 |
| 18. The Canada Life Assurance Co. | 141.20 | 35.00 | 13 | 214.00 | 56.80 | 13 | 384.60 | 153.00 | 19 |
| 19. The Mutual Life Ins. Co. of NY(2) | 152.00 | 34.20 | 11 | 234.10 | 58.50 | 16 | 416.20 | 152.60 | 17 |
| 20. The Lincoln Nat'l. Life Ins. Co.(Ind.) | 155.20 | 36.60 | 18 | 235.60 | 58.90 | 17 | 408.60 | 153.00 | 19 |
| 21. Occidental Life Ins. Co. of California | 153.30 | 42.10 | 26 | 233.50 | 65.80 | 22 | 401.30 | 156.30 | 21 |
| 22. The Minnesota Mutual Life Ins. Co.(2) | 156.40 | 39.70 | 23 | 238.90 | 62.50 | 20 | 414.80 | 162.10 | 22 |
| 23. Metropolitan Life Ins. Co.(2) | 158.60 | 37.20 | 20 | 248.10 | 66.80 | 23 | 427.10 | 165.80 | 23 |
| 24. Connecticut General Life Ins. Co. | 139.40 | 39.50 | 22 | 220.40 | 70.70 | 24 | 398.80 | 175.30 | 24 |
| 25. American National Life Ins. Co.(2) | 155.80 | 38.40 | 21 | 239.70 | 71.30 | 26 | 423.50 | 180.20 | 25 |
| 26. The National Life & Accident Ins. Co.(1) | 116.50 | 40.30 | 24 | 190.80 | 73.60 | 27 | 343.70 | 180.60 | 26 |
| 27. The Western and Southern Life Ins. Co.(2) | 156.60 | 43.60 | 28 | 246.30 | 73.80 | 28 | 426.30 | 184.40 | 27 |
| 28. Allstate Life Ins. Co.(1) | 109.00 | 42.50 | 27 | 176.00 | 71.10 | 25 | 343.00 | 194.80 | 30 |
| 29. Provident Life and Accident Ins. Co. (Tenn.) (1) | 108.80 | 48.10 | 29 | 177.30 | 77.80 | 29 | 328.70 | 184.70 | 28 |
| 30. The Travelers Ins. Co.(1) | 118.00 | 53.10 | 30 | 190.90 | 84.70 | 30 | 348.10 | 194.40 | 29 |

See Footnotes on Page 1





COST RANKING FOR $10,000 STRAIGHT LIFE POLICIES OF 15 OF THE 50 LARGEST LIFE COMPANIES

| Companies - Listed by Size* | Ranking** At Age 20/23 | Ranking** At Age 35/38 | Ranking** At Age 50/53 | Average** Ranking At 3 Ages |
|---|---|---|---|---|
| 1. Metropolitan | 33 | 37 | 36 | 36 |
| 2. Prudential | 29 | 34 | 18 | 28 |
| 3. Equitable of New York | 19 | 22 | 14 | 16 |
| 4. John Hancock | 26 | 32 | 20 | 25 |
| 5. Aetna Life | 39 | 21 | 15 | 24 |
| 6. Travelers | 50 | 49 | 48 | 49 |
| 7. New York Life | 17 | 13 | 4 | 10 |
| 8. Connecticut General | 35 | 38 | 39 | 38 |
| 9. Occidental Life of California | 40 | 35 | 33 | 34 |
| 10. Lincoln National | 30 | 28 | 30 | 31 |
| 11. Massachusetts Mutual | 10 | 8 | 8 | 8 |
| 12. Northwestern Mutual | 6 | 3 | 6 | 6 |
| 13. Sun Life, Canada | 8 | 9 | 11 | 11 |
| 14. Mutual of New York | 21 | 27 | 28 | 30 |
| 15. New England Life | 13 | 10 | 7 | 9 |

* By total life insurance in force in 1970 - Only companies licensed in Pennsylvania are shown.

** Ranking out of 50 largest life companies.

(Continued)

Supplement 4

## FINANCIAL STABILITY RATINGS

### TEN LOWEST-COST COMPANIES

| Rank by Cost (Lowest to Highest) | Name | Financial Stability Rating* |
|---|---|---|
| 1. | Bankers Life (Iowa) | 4 |
| 2. | Home Life Insurance (NY) | 4 |
| 3. | National Life Ins. Co. (VT) | 4 |
| 4. | Connecticut Mutual Life Ins. Co. | 4 |
| 5. | Phoenix Mutual Life Insurance | 4 |
| 6. | Northwestern Mutual Life Ins. | 4 |
| 7. | Central Life Assurance (Iowa) | 4 |
| 8. | State Mutual Life Assurance of America | 4 |
| 9. | Modern Woodmen of America 1/ | |
| 10. | Lutheran Mutual Life Ins. | 4 |

1/ Fraternal organization, not listed by 'Best's' (If Best's standards were applied, this company would probably receive a "4" rating.)

### TEN HIGHEST-COST COMPANIES

| Rank by Cost (Highest to Lowest) | Name | Financial Stability Rating* |
|---|---|---|
| 1. | Georgia International Life Ins. | 1 |
| 2. | State Life Ins. | 2 |
| 3. | Valley Forge Life Ins. | 1 |
| 4. | Old Republic Life Ins. (Ill.) | 2 |
| 5. | Pennsylvania Life Ins. | 1 |
| 6. | Puritan Life Ins. | 1 |
| 7. | Security Life and Accident | 4 |
| 8. | Travelers Ins. | 4 |
| 9. | Monumental Life Ins. | 4 |
| 10. | Gov't Personnel Mut'l Life Ins. Co. | 2 |

*FINANCIAL STABILITY RATING CODES

1. Considerable (lowest)
2. Substantial
3. Very Substantial
4. Most Substantial (highest)

Chart 1
Supplement 4
June, 1972

## LICENSED DRIVERS IN WISCONSIN

| | |
|---|---|
| 00 No Restrictions | 1,530,805 |
| 01 Corrective Glasses or Contact Lenses | 927,937 |
| 02 Hearing Aid or Vehicle Equipped with Outside Rear-View Mirror | 4,174 |
| 03 Automatic Transmission | 1,198 |
| 04 Automatic Turn Signals | 237 |
| 05 Daylight Driving Only | 210 |
| 06 Any Combination Indicated or as Stated | 20,774 |
| 07 Proof of Financial Responsibility | 13,902 |
| 08 Taxicab Only | 1 |
| 09 Cycle Validation Restricted To | 8,258 |

RESEARCH AND DEMONSTRATIONS

Bring Research Into Effective Focus

DIVISION OF RESEARCH AND DEMONSTRATIONS
Research Utilization Branch*

Vol. IV, No. 8 March 1, 1971

# PHYSICAL IMPAIRMENTS AND THE LICENSE TO DRIVE

Never before—artificial restrictions aside—have we been as mobile as we are today. We move about so freely and quickly that those who cannot are apt to lose touch with our age, and in the process lose much of human and practical value as well. People without mobility may not even be able to earn a living.

Many handicapped persons, for example, are unable to work because they lack transportation or find it too expensive or difficult. The design and operation of our public transportation systems often either exclude or unduly restrict use by the severely disabled; and since most of these systems suffer chronic financial problems they are not apt to remedy this inequity. Of the five major modes of transportation—auto, bus, taxi, airplane, and rail—the first is the most commonly used but is often not available to handicapped persons because of lack of driver training, license, or car modifications.

The Department of Transportation estimated that there are 1,493,000 "employable, transportation-handicapped" persons in the United States and of these, 103,000 are "transportation-sensitive unemployed." If each of them could be made mobile and returned to work, it is estimated that annual earnings of $452,692,000 would be generated ($4,388 per person), yearly welfare payments would decline by $49,582,000, and income taxes would increase by $39,697,000. In addition, many other cultural and recreational gains would become available to these handicapped persons.

Many have noted this problem but few have tried in any systematic way to solve it. Project RD-2283-G, prepared under the auspices of the University of Denver College of Law, sought to make physically handicapped drivers more mobile by bringing the facts about mobility to the attention of insurance, licensing, and safety officials, who have the power to act on them.

Materials on the driving records of handicapped persons, attitudes of safety, insurance, and licensing officials, medical and driver testing standards, driver training and aids, special auto equipment, special parking privileges, and other topics were carefully developed. A Symposium on Physical Impairments and the License to Drive was then organized. All the information previously gathered was distributed in advance to the participants, who included licensing, insurance, and highway safety officials, and representatives from rehabilitation, medicine, law, the automotive industry, driver education, State legislatures, and other interested groups. Thus, the Symposium met the requirements for a good research utilization conference in that information with implications for action was available and was shared with persons who in many instances had the power to act on it.

## FINDINGS

▶ In a survey of over 400 safety professionals, licensing officials, and judges, 71% rated the handicapped driver as average or better than the general driving public, and none rated him hazardous; overall they found him superior in driving ability. 83% called him average or better in accident rate, and 89% felt he was average or above in terms of traffic violations. 96% stated they had seen no instance where physical impairment had been a factor in an accident.

▶ A New York State survey of 409,000 accidents found that far less than 1% involved handicapped drivers. Only five physically impaired drivers were involved in fatal auto accidents in the State in 1968, even though there were 3,114 highway deaths that year and 191,000 handicapped motorists were licensed. The State Motor Vehicle Commissioner called this an amazing safety record and concluded that handicapped drivers have safety records that are at least equal to and probably better than those of the able-bodied. He also noted that with professional training they score consistently higher than the able-bodied on the New York State road test.

▶ A recent 25-year report on the licensing of handicapped drivers in Connecticut noted that the performance of 4,000 such drivers shows them to be "some of our very best drivers." Not one had been guilty of dangerous violations or involvement in a fatal accident.

▶ A Swedish study followed 494 handicapped drivers for 10 years and found them involved in the same number of road accidents as a similar group of able-bodied drivers, but guilty of fewer serious violations. Only three accidents in this 10-year period were caused by faulty technical equipment furnished the disabled driver.

▶ Several studies show that *temporary* impairment as a minor toothache, emotional stress, fatigue, frustration,

*Prepared by the Research Utilization Branch, Division of Research and Demonstrations, Office of Research and Demonstrations, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C. 20201.

(Continued)

or overexposure to carbon monoxide are much more apt to cause accidents than permanent impairments.

▶ A survey of over 300 handicapped drivers found that while they averaged 10,700 miles per year, only 18% had two or more traffic violations in a 10-year period, and almost half of these had occurred before they became disabled. Their accident involvement was even lower. 58% said they had been driving more carefully since becoming disabled, and 14 had received awards for safe driving. Only five had been charged with drunken driving. 95% reported their cars were equipped with some kind of driving aid, at an average cost of $100. 26% reported difficulty getting insurance, and were paying higher rates than unimpaired drivers. The great majority said they had no difficulty in obtaining or renewing their driving license.

▶ The American Medical Association states there is no relation between accident rates and such disorders as deafness, epilepsy, diabetes, color blindness, or cardiovascular disease, and that identification of such disorders is of little value in preventing accidents.

▶ Only 1 of 13 of this country's largest groups of insurance companies reports a bad experience with handicapped drivers. Ten of these groups of companies saw the impaired driver as a better risk than the able-bodied because of his care and caution. He was considered a safer but not necessarily slower driver.

▶ Most insurance companies are making a real effort to meet the insurance needs of physically impaired drivers and do not appear to discriminate against them by raising rates or limiting coverage, although instances of this have been reported.

▶ The majority of States do not discriminate against the impaired driver in licensing exams. 26 of them use the same test for handicapped and able-bodied, but four admit that they judge the handicapped more carefully than the nonhandicapped. Driver education facilities are relatively scarce nationally both for adult and youthful handicapped persons.

▶ Most State laws deny a license to handicapped persons only if they cannot exercise reasonable control over a motor vehicle, but always hold them to the same standards of care and safety as the able-bodied.

▶ Only 20 States have special parking privilege laws for handicapped persons, and most of these laws need revision.

▶ Very few high school driver training programs in the United States make special provision for teaching handicapped teenagers to drive or have funds to purchase driving aids for them.

▶ The International Society for Rehabilitation of the Disabled has published a guide to the "Conversion of Cars for the Disabled," outlining general methods and aids needed for specific disabilities.

▶ Two factors retard progress in licensing handicapped drivers: lack of public and official awareness of the facts and mounting pressure from the spiraling highway toll to strengthen driving laws.

## IMPLICATIONS FOR ACTION

▶ Each State should establish tax-supported driver training programs for the handicapped, to include counseling, prescription of adaptive auto equipment, and training and testing for the license to drive.

▶ State vocational rehabilitation agencies should provide driver training for eligible clients who need it and special driving equipment where necessary, for such help can make individual rehabilitation plans more effective. In particular, disabled persons who have not driven before but now need to should not be neglected.

▶ There is a need in over half the States for special parking privileges for handicapped persons near employment, medical service, recreational, cultural, shopping, and voting areas.

▶ The individual assets and liabilities of each handicapped person, and not merely his medical diagnosis, should be weighed in considering his driving potential. He must be able to drive and control the vehicle safely, either with or without special devices, and should demonstrate that he can do this.

▶ The right of handicapped people to fuller use of public transportation needs to be recognized and implemented by national transportation officials, State public utilities commissioners, and representatives of the physically handicapped themselves, all working together. As one small example, it might be feasible to maintain a certain number of taxis for use by the disabled.

▶ A continuing dialogue is desirable between representatives of the handicapped and insurance companies to guarantee fair insuring of handicapped drivers. State insurance commissioners need to be informed of the driving capabilities and records of the handicapped and of the insurance problems that exist in some areas.

▶ Handicapped persons living outside major cities need access to mobile training and testing equipment so that they will have as good a chance to learn to drive as those in urban areas. The Connecticut mobile training and testing program could serve as a prototype.

▶ Automotive controls for the disabled must be safe, easy to use, versatile, and attractive; and easy and inexpensive to install and maintain. Further, they should not hinder safe use of the automobile by able-bodied drivers.

▶ It would be helpful if the Department of Transportation could act to insure safety and quality standards for special driver equipment used by handicapped drivers. The cost of such items should be kept reasonable, and manufacturers encouraged to install them on new cars on request.

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This Research Brief is based on "A Study on Driving Records, Licensing Requirements, and Insurability of Physically Impaired Drivers" (RD-2283-G, 1970). The project director was Judge Sherman G. Finesilver, Law Center, University of Denver College of Law, Denver, Colorado 80204. We regret that no copies of the Final Report are available at present from the grantee, project director, or SRS Central Office.

DEALER'S APPROACH TO WHEELCHAIR PATIENT - TASK FORCE SURVEY

| Necessary Factors to be considered for wheelchair prescription. DEALERS→ | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| Patient's Physical Conditions--Ht. 5'6" lbs. 180, old, weak, no strength | Dealer failed to inquire. | inquired about patients condition | did ask nature of patients condition | did question her ht. and wt. also questioned her condition but | failed to give this any consideration | Dealer was more terested in sho off his display wheelchairs! |
| Nature of Disability: Stroke, patients left side cannot function. | failed to pursue | did question if patient was receiving physical therapy | did question if patient was receiving physical therapy. | felt that "this is not a necessary feature in order to supply a chair" | showed no interest and commented that "I don't care what's wrong with your grandmother | failed to initi concerned questions |
| Environmental factors | did not inquire | | | | | Lacked initiativ to investigate these vital factors at all. |
| Prognosis-Outlook on vocational abilities (patient enjoys writing) | never gave it a thought | considered this aspect and suggested a one arm control | inquired whether patient will be home or not. | | | |
| Remarks on additional physical conditions factors to be considered and pursued<br>a. contractures on knees<br>b. good right arm but poor grip<br>c. one fairly good leg<br>d. circulation problem | "A wheelchair is just something you sit in." | Very difficult to serve<br>"I'd recommend a leg elevation." | Suggested that I check with the doctor or patient as she is accustomed to having M.D.'s prescription. | did inquire if patient received any therapy. | lacked initiative to investigate further. | |

(Continued)

| DEALERS→ | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| As a medical equipment supply dealer what do you suggest? | HUNG UP! | dealer needs a M.D.'s prescription | "I will need a doctor's order." | requested a doctor's prescription for Medicare files only | | |
| Can you provide a wheelchair to meet her needs? | "We just have plain wheelchairs | "a standard with full description. | | | We just have plain wheelchairs | |
| What does your training and background include as a medical equipment supply dealer? | refused to discuss! | "My training is nothing, I learn from well trained managers. Individual should state her complications, but I should have been more alert." | Considered herself very thoroughly trained due to experience, seminars, literature and training on the job. "I'm given a full scope." | I've been in the business for 10 yrs., and my closest friends are patients. I am given no courses nor formal training programs other than what the manager provides & what the warehouse men explain what the chair will do." | I've been in the business for 19 years and it makes no difference what the sickness is when ordering a wheelchair. | Admitted to being a journalism major and picked up his info while on the job. |
| Dealer's Initial Concern:<br>A. rests solely on sales transaction<br>B. Depending on what she needs, the price will vary | A | B | B | A | A | A |

# SPECIFICATIONS FOR RECREATION FACILITIES*

## RECREATION FACILITIES

The following are criteria to be considered when designing recreation facilities.

## SWIMMING BEACHES

A swimming beach as defined here would include all natural swimming areas. (Figure 40).

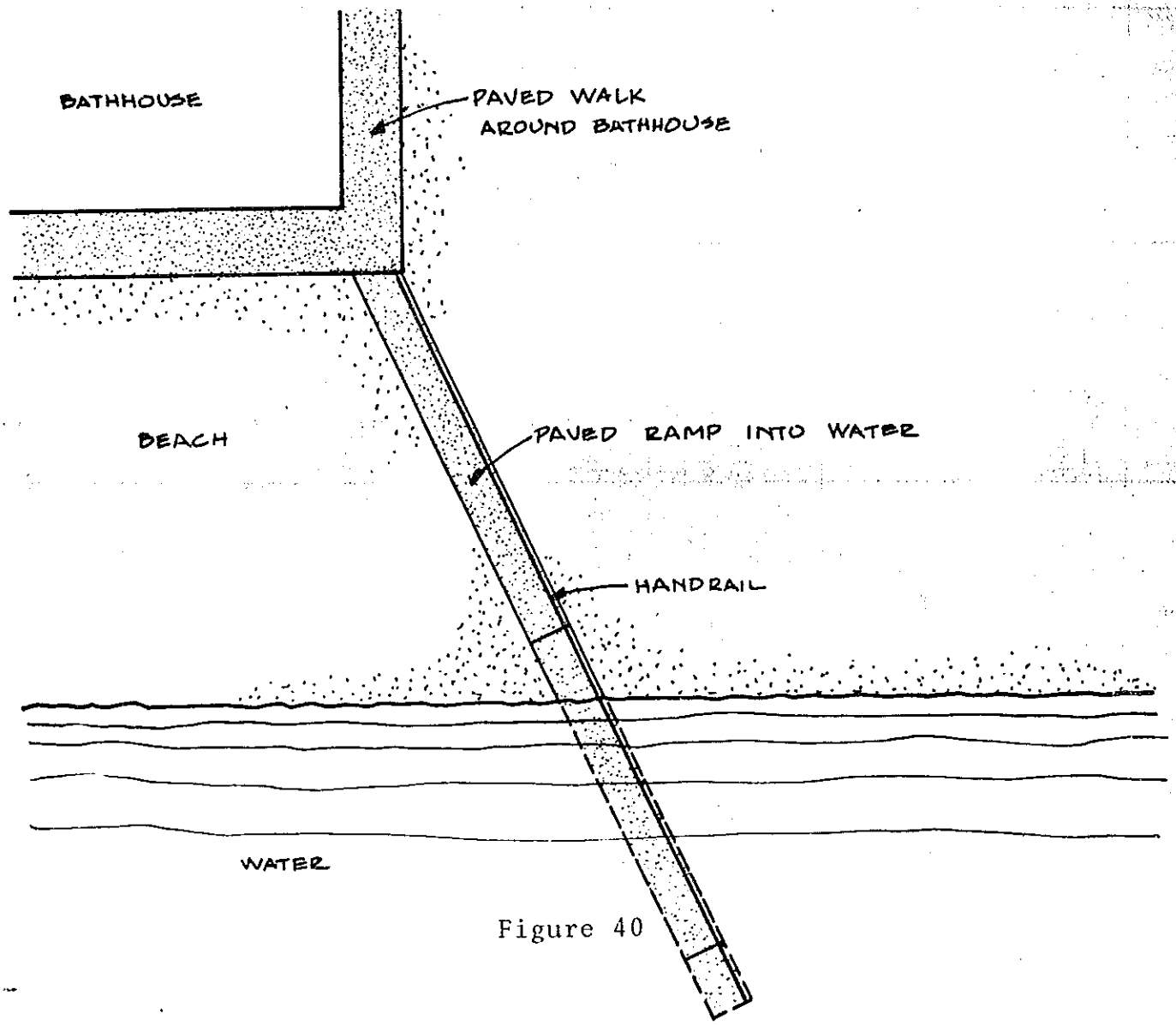


Figure 40

* Taken from Michael L. Ries, Design Standards to Accommodate People with Physical Disabilities in Park and Open Space Planning (Madison: University of Wisconsin, 1973).

(Continued)

All hazardous bottom water conditions--such as drop off, rapids, and submerged objects--should be eliminated. It is also important to have a minimum of 30 sq. ft. of swimming area with a depth not exceeding 3 ft. for each non-swimmer.

Water currents should not exceed 2 miles per hour.

All beach areas should be sheltered from natural or man-made adverse conditions. They also should be oriented to take advantage of full solar exposure.

Swimming areas should be equipped with necessary facilities for accessible entrance and exit. Accessibility could be provided by walks over sand areas, ramps, steps and railings. (Figure 41-42).[16]

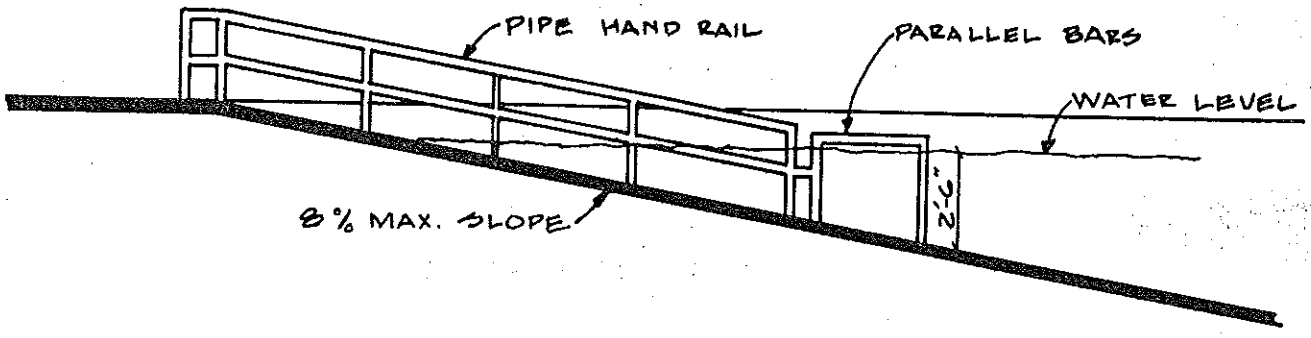


Figure 41

[16] Easter Seal Residential Camp Standards Task Force, Easter Seal Residential Camp Standards and Interpretations Revised: May 1972, p. 5.

(Continued)

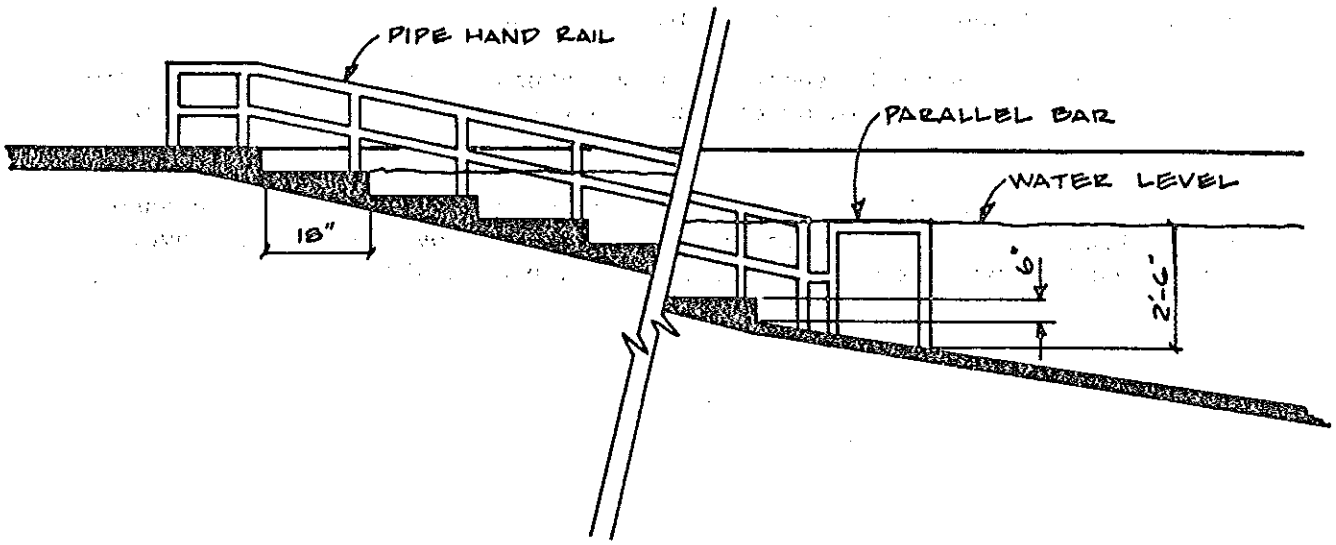


Figure 42

SWIMMING POOLS

The following recommendations enable swimming pools to provide enjoyment to persons with a physical disability as well as able-bodied individuals.

A ramp with an 8 percent grade would permit easy entry for people in wheelchairs or on crutches as well as for people with problems of incoordination. (Figure 41). It must be noted that special wheelchairs with enclosed bearings would have to be provided at the pool to avoid damage to the individual's wheelchair as well as possible contamination of the water from lubricants used on the wheelchair.

Steps with a 4 inch riser and an 18 inch tread would allow individuals with walking difficulties to enter the pool. (Figure 42). Amputees could also use these steps by unstrapping their artificial limbs and walking down the steps on their hands. The steps could also act as a seating area.

Railings would have to be provided for the ramps and the steps.

Benches in water 2 1/2 feet deep could be provided separately from the steps. This would permit individuals to sit and relax with water midway

(Continued)

up to their chests without danger of slipping into the deeper water.

The depth of the water at the end of the ramp or steps should be approximately 2 1/2 feet. Diving or deep water areas can be provided as well, so long as they are separated by floatations or some other device.

By changing the texture of the surface material around the pool, the blind individual can orient himself and use the pool area safely.[17]

FIRST AID

At any swimming area, a water safety instructor and first aid equipment are essential. The equipment should include a resuscitation unit and/or an inhalator, two 18 inch ring buoys with 50 feet of 1/4 inch rope, and life jackets. It should be noted that swimming pool stations must also include one reaching device that extends to the middle of the pool.

Individuals with severe limitations would need much closer supervision than that provided by a single lifeguard on any one beach.[18]

SPRAY OR WADING POOL

Individuals who can not enter a swimming pool or those who can not be submerged in water could use a spray pool.

Jets of water would rise into the air and fall back down into a shallow basin that does not hold water. (Figure 43). People in wheelchairs could move into the basin and out again as they desire. For those people with mobility difficulties, benches in the area of the spray could be used. The water jets not only provide fun, but also act as an orientation device for people who are blind because of the sound created by the spray.

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[17]Trout Pond, Recreation Area for the Physically Disabled.

[18]Easter Seal Residential Camp Standards Task Force, Easter Seal Residential Camp Standards and Interpretation, p. 5.

(Continued)

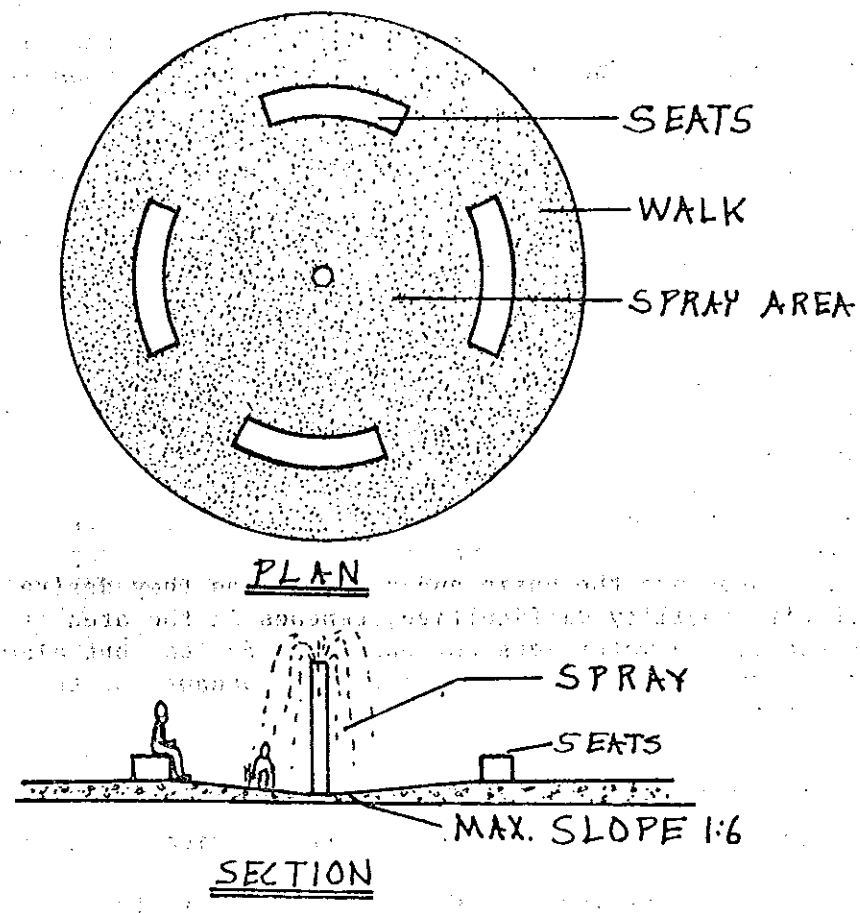


Figure 43

# CHAPTER 70

## LAWCON AND LOCAL PARK AIDS GRANTS

### PROCEDURES FOR APPLYING FOR AIDS

LAWCON (Land and Water Conservation Act Program)

A. Eligible units of government - towns, counties, incorporated villages, cities, soil and water conservation districts, school districts and state agencies.

B. Level of assistance - federal support shall be on a matching basis to a maximum 50% of total project allowable costs.

C. Procedure for application for grants -

1. Meet planning requirement.

2. Submit application forms.

3. Submit a resolution officially adopted by the governing unit contining the following:

   a. Formal request for a grant.
   b. Naming the agency of local government authorized to act in behalf of sponsor and sign forms and claims.
   c. That the local government will maintain the area of facility.
   d. Indicate funds budgeted for the project or schedule of funding.

4. Agree to comply with the terms and interests of Title VI of the Civil Rights Act of 1964, PL-88-354 (1964) and to the regulations promulgated to such act by the Secretary of the Interior and contained in 43 CFR 17.

5. Submit a letter to the Metropolitan and State Clearinghouses stating intention to apply for a federal grant as required under the Bureau of Management and Budget Circular A-95.

6. Furnish property appraisals, relocation & relocation assistance service, plans, specifications for development and other information as may be required.

7. Furnish environmental impact assessment information where significant alteration of the environment will result, such as roads, dredging, filling, etc.

LOCAL PARK AIDS - ORAP - Sec. 23.09 (20 and 66.36)

A. Eligible units of government - city, county, town or incorporated villages.

(Continued)

B. Level of assistance - state support shall be on a matching basis to a maximum of 50% of total allowable cost.

C. Procedure for application for grants:

1. Meet planning requirements.

2. Submit application forms.

3. Submit a resolution officially adopted by the governing unit containing the following:

a. Formal request for the grant.
b. Name the agency of local government to act in behalf of sponsor and sign forms and claims.
c. That the sponsor will maintain the area of facility.
d. Indicate funds budgeted for the project or schedule of funding.

D. Furnish property appraisals, relocation & relocation service plans, specifications for development, environmental impact statements and other information as may be required.

PRIORITIES

Generally, in evaluating acquisition and development proposals for assistance, priority will be given to meeting urban needs, to activities of the general public over those for a limited group, to basic over elaborate facilities, to participant over spectator type facilities, to projects not having other public or private funds available to them, and, where a scarcity of recreation lands exists, to acquisition over development. Projects which would enhance, preserve or restore natural beauty are encouraged.

1. Evaluation of Applications

Applications for recreation aids will be evaluated according to the criteria shown below which are based on Legislative Acts and recommendations of the Outdoor Recreation Advisory Council.

A. Where there is sufficient public land suitable for recreation development. In the absence of desirable sites, acquistion must receive top priority. Acquistion should also receive high priority for lands having high recreational potential and are needed for long-range needs and may be lost to the public.

B. Acquistion and development projects which can be financed only through public funds appropriated specifically for outdoor recreation purposes will be given particular consideration.

C. Proposals to benefit the general public are preferable to those intended for a segment of the public; however, consideration should be given to the needs of handicapped, aged and under pri-

(Continued)

vileged groups to assure they are adequately provided for.

D. Development of basic facilities is preferable to that of more elaborate construction.

Basic facilities are defined as the minimum improvements necessary to enable people to make use of available sites with minimum maintenance.

These improvements would include, but are not limited to:

1. Access by road or trail and parking
2. Sanitary facilities
3. Water supply
4. Picnic areas
5. Camping areas
6. Boat launching sites
7. Natural beaches
8. Open play areas

E. Recreation developments for user participation are preferable to construction of spectator-type facilities.

F. Priority attention should be given to meeting the needs of urban populations.

G. In those areas where there is a scarcity of recreation lands and immediate action is imperative to preserve such lands for public use, such acquisitions may be preferable to development projects.

Within any district, priorities for counties and local governments must be determined on the basis of existing recreational facilities in relation to existing and projected needs.

A. If adequate basic facilities are not available, then these would be given high priority.

B. The type of area to receive priority will depend on the availability and quality of the local resource.

C. Projects which have multiseasonal facilities should receive high priority.

General factors which will be considered in establishing priority include:

A. Use demands - both local and nonresident.

B. Availability of resources.

C. Higher degree of development should be considered for local governments which have fulfilled their obligation in providing basic facilities.

(Continued)

D. Degree to which state and local projects fulfill the local need.

E. Contributions of private enterprise in providing public recreational opportunities.

2. Criteria for Acquistion Projects

Types of Acquistion: Acquistion of lands for public outdoor recreation, including new areas or additions to existing parks, forests, wildlife areas, beaches, and other similar areas dedicated to outdoor recreation may be eligible for assistance. Acquistion can be by fee simple title or by whatever lesser rights will insure the desired public use. The types of acquisition that are eligible for assistance include, but are not limited to:

A. Areas with frontage on rivers, streams, lakes, estuaries, and reservoirs that will provide water-based public recreation opportunities.

B. Land for creating water impoundments to provide water-based public outdoor recreation.

C. Areas that provide special recreation opportunities, such as floodplains, wetlands, and areas adjacent to scenic highways.

D. Natural areas and preserves and outstanding scenic areas where the objective is to preserve the scenic or natural values, including areas of physical or biological importance and wildlife areas.

E. Land within urban areas for day-use picnic areas, neighborhood playgrounds and totlots, areas adjacent to school playgrounds, competitive nonprofessional sports facilities, as well as more generalized parklands.

F. Land for golf courses.

Activities Covered: Areas acquired may serve a wide variety of recreation activities including, but no limited to, driving and walking for pleasure; sightseeing; swimming, and other water sports; fishing; picnicking; nature study; boating; hunting and shooting; camping; horseback riding; bicycling; hiking; ski touring; and other outdoor sports.

3. Criteria for Development Projects

Coverage: Subject to appropriate policies and regulations covered elsewhere in these guidelines, financial assistance is available to provide most facilities necessary for the use and enjoyment of outdoor recreation areas.

Facilities may be developed on lands and waters owned by or leased to the sponsoring agency.

Plans for the development of land and/or facilities should be based on the needs of the public, the expected use, and the type and character of the project area. Facilities should be attractive for public use and be generally consistent with the natural setting and the topographic limitations.

(Continued)

Improvements and structures should be so designed that they harmonize as much as possible with the natural environment. Emphasis should be given to public health and safety of users and to protection of the recreational value of the area. Development projects may consist of an improvement or group of related improvements designed to provide basic facilities for outdoor recreation, including access, safety, health, and protection of the area as well as the facilities required for the use of the area. A project may consist of the complete or partial development of one area such as a state park or forest or a city playground. The project must be a logical unit of work to be accomplished in a specified time.

Development project proposals may include, in addition to construction and renovation, site planning, demolition, site preparation, architectural services, and similar activities essential for the proper conduct of the project.

In general, developments which do not have well defined objectives are not acceptable. Also developments which do not contribute directly to outdoor recreation are not acceptable, such as supporting facilities not directly related to outdoor recreation activities, or facilities which contribute primarily to indoor recreation.

Eligible Types of Developments: Developments may include, but are not limited to the following:

A. Observation and sightseeing facilities such as overlooks, turnouts, and trails.

B. Boating facilities, such as launching ramps and docks.

C. Picnic facilities, including tables, fireplaces, shelters and paths.

D. Camping facilities, including tent and trailer sites, tables and fireplaces.

E. Swimming, bathing, and water sports facilities, including beaches, swimming areas and swimming pools, guard towers and bathhouses.

F. Fishing and hunting facilities, such as trails, safeguards to public health and safety, fishing piers.

G. Winter sports facilities, such as slopes and trails for sledding and tobogganing, facilities for skating, snowmobiling. Ice rinks may have sun shade & dasher boards but cannot be enclosed.

H. Urban recreation areas, such as neighborhood playgrounds, bicycling paths, walking or riding trails, and participant sports facilities, including playing fields, and tennis courts.

I. Supporting facilities, including entrance and circulation roads, utility and sanitation systems, erosion control work, parking areas, toilet buildings, and interpretive facilities.

J. Renovation or redevelopment of an existing facility. When a faci-

(Continued)

lity or area has received adequate and regular maintenance attention, yet has deteriorated to the point where its usefulness is impaired, or has become outmoded, renovation to bring the facilities up to standards of quality and attractiveness suitable for public use or redevelopment to a more useful form may be undertaken.

K. Beautification of an area, such as landscaping to provide a more attractive environment, the cleaning and restoration of areas which have been exploited, polluted, littered, etc., and the screening, removal, relocation, or burial of overhead wires.

L. Playgrounds and recreation areas on public school grounds, provided that such recreation grounds and facilities being developed are in excess of those required by local or State education agencies to meet minimum education requirements. In determining the eligibility of a project a statement or schedule of the time the facility will be available to the public may be required.

These examples are meant to be illustrative, rather than all inclusive.

M. Combination buildings may be in part open or closed and are buildings which provide support to available outdoor recreation activities. These might be a bathhouse for a swimming beach, toilets in campers, a warming building for ice skating, or an open shelter for picnickers. The enclosed part of these buildings containing concessions, storage and kitchen areas is not eligible for cost sharing and must be deducted out. An eligible percentage of the building will be determined, be a part of the agreement and be applied to billings. The portion of any building used for a summer shall be open on at least three sides.

N. Fences for the protection of park users, backstops and tennis court fencing.

O. Dams where the entire shoreline is public and there is sufficient public backup land to insure a good recreation facility. The standards for the artificial lakes program will apply to ORAP and LAWCON. Dam repair and maintenance projects are not eligible items for cost sharing.

P. Fixed playground, camp picnic area and beach equipment.

Limitations on the Development of Leased Property: Assistance may be given to develop real property that is leased to the participant provided that control of such property is commensurate with the proposed development. This control must be adequate in two regards:

A. Time. The time remaining on the lease will be a term sufficient, in the Department's judgment, to insure a period of public use and enjoyment commensurate with the expenditure of money. The lease cannot be revocable at will by the lessor.

(Continued)

The original lease must have been for at least 25 years, although some of that time may have elapsed.

B. Use. The sponsor must provide evidence that the proposed development and its intended uses are consistent with and legally permissible under the conditions of the lease.

Development Projects which will not be assisted. Generally, assistance will not be made available for the following items:

A. Restoration or preservation of historic structures.

B. Development of areas and facilities to be used primarily for semi-professional and professional arts and athletics.

C. Development of amusement facilities (such as merry-go-rounds, ferris wheels, children's railroads, "pioneer towns" and allied exhibit-type developments, etc.), convention facilities, and commemorative exhibits, or the construction of facilities, including their furnishings, that are only marginally related to outdoor recreation (such as professional type outdoor theaters), even when such facilities are a part of a larger outdoor recreation area.

D. Construction of, and furnishings for, employee residences.

E. Development of areas and facilities to be used solely for game refuges or fish production purposes. However, such developments are eligible if they will be open to the public for general compatible recreation use, or if they directly serve priority public outdoor recreation needs identified in the State Plan.

F. Construction of lodges, motels, luxury cabins, or similar elaborate facilities.

G. Development projects in new or previously undeveloped recreation areas may not consist solely of support facilities, unless it is clearly indicated that such facilities are required for proper and safe recreation use of the area.

H. Buildings primarily devoted to operation and maintenance.

I. Building exclusively devoted to concessions, storage, kitchen facilities or indoor recreation.

J. Buildings which lend support to facilities not eligible for cost sharing, such as chalets for ski hills, clubhouses for golf courses.

K. Golf courses, marinas, downhill ski development and similar facilities which are normally provided by private enterprise.

L. Poles, lights and fixtures for sport fields are not eligible. Security and safety lighting are eligible.

(Continued)

The cost of underground wiring if required to improve the appearance of the area or improve the safety to the users of a park or recreation area is eligible. Bleachers and dugouts are not eligible.

M. Dredging except for swimming beaches and boat launching ramps where it is necessary to dredge the first time to make the area usable.

Swimming Pools

Outdoor swimming pools are eligible for LAWCON or ORAP Local Park aids. Indoor pools are not eligible.

The following is a timetable and procedure for pool projects.

| Who | When | What |
|---|---|---|
| Local Government Sponsor | Before Jan. 1 | If planning requirements have been met, contracts DNR to inquire about detailed requirements. |
| | | Requests pool site inspection. |
| Dept. of Natural Resources | By Feb. 1 | Furnishes applicant information and inspects sites. |
| Local Government Sponsor | By March 1 | Submits application to DNR. |
| | | Obtains approvals of Health & Social Services and other state agencies. |
| | | Submits resolution that the sponsor has the funds and intends to undertake the project during the following summer. |
| Dept. of Natural Resources | By June 30 | If funds are available, reviews projects and approves or rejects. |

Only communities reasonably sure of strong local support and adequate local funding should consider pool projects. The applicant has the responsibility of retaining an engineer or architect to prepare plans and specifications without assurance that these costs will be partially reimbursed with ORAP or LAWCON funds. Plans and specifications for pools must be approved by the Department of Health and Social Services and 2 months' review time is needed. The site selected sould have a parklike setting and space for picnic area or open space. It is anticipated that there will not be sufficient funds to cover all land acquistion basic park development and swimming pool projects and some pool projects may have to wait or be funded from the other sources.

(Continued)

Sanitary Landfill Projects: Areas acquired for future use for recreation but to be used during an interim period for sanitary landfill may be eligible if the interim use is three years or less and if the value of interim use is credited towards the purchase of the land.

Supporting Data. The current state of accessible restrooms along Wisconsin highways is as follows:

11,920 miles of Interstate, U.S. and state-numbered highways with:

17 rest areas currently accessible
82 waysides accessible
61 waysides with restrooms needing remodeling for accessibility
31 waysides being remodeled this year

Estimates of costs and number of needed facilities were based upon these assumptions:

approximately 6,000 FAP system highway miles

restrooms needed every 45 miles on average to meet goal

approximately 6,260 miles of scenic-route miles

$15,000 = estimated cost of construction of facilities on existing state-owned sites

Figures were developed in consultation with the Maintenance Section of the State Division of Highways.

# THE HANDICAPPED CHILD IN A REGULAR PHYSICAL EDUCATION CLASS*

By Donald L. Roetter

Melrose-Mindoro Area Schools

The purpose of this article is to aid any physical education teacher who might face the problem of what to do with a child who is handicapped and enrolled in regular school.

The problem which we faced in our district was that we had a boy who was born with a birth deft to the spinal column and he is confined in a wheelchair and has leg braces and a back brace - he could use a walker about the gym but most of the time he is in a wheelchair. The other part of the problem was that on the elementary level we did not have the time for an adaptive class alone for this boy, so we had him in a regular physical education class with his classmates. We have done this for the past three years and the boy has completed the second grade. It should be pointed out that these physical education classes meet twice a week for 30 minutes and our program starts in kindergarten. I also feel that a lot of the credit for the success of this child in physical education goes to the parents who wanted their son to participate in all of the school activities.

It is understandable that this boy, who I shall call Bill, can not do all of the things that the "normal" child in his class can do but he can, with modification, do most of the things that his classmates can do. To illustrate this point: when the class takes the 30 yard dash, as part of their physical fitness tests, Bill also takes the test except that he wheels

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* Taken from The Wisconsin Association for Health, Physical Education and Recreation Newsletter, Superior, Wis. 54880; Sept. 1973, Vol. 3, No. 1.

(Continued)

himself down the 30 yard distance and his time is recorded the same as the rest of the children in his class. Regarding ball skills, such as throwing a ball up in the air and catching it or other activities which go along with individual ball skills of this type, I modified this by attaching a string to a wiffle ball and the other end of the string to the wheelchair. This way Bill can retrieve the ball if it gets away from him and he does not have to depend on other children for help, although the other students like to help. On other ball skills of throwing and catching I just let Bill go to it with his partner. We have used plastic jugs with the bottoms cut off as another tool in throwing and catching with the entire class doing these things at the same time as Bill is doing them.

One of Bill's favorite activites is our balance board which is a piece of handmade equipment which I made. It consists of an old tire from the local gas station and a piece of 3/4-inch plywood smoothed and finished with gym floor sealer, this board is about 12 inches larger than the tire and is bolted with stove bolts. Holes are drilled into the tire to let the air escape. This piece of equipment is large enough for Bill to sit on and hold onto the sides while other students get on the board thus causing the board to tilt in the direction that the weight is put on the board. This causes Bill to adjust his balance so that he won't fall off.

This past school year Bill has started learning to do modified pullups on the horizontal bar. In this activity we set the bar at a height which Bill can reach from the wheelchair. Then we take Bill out of the chair and place his feet on the mat so that he is in a standing position to do his pullups. Usually I stand near him as a safety precaution while he does his pullups.

There are a number of other activities which Bill does in physical ed-

(Continued)

ucation classes but time and space does not permit me to dwell on these activities. As far as Bill is concerned he enjoys physical education and learning new skills the same as the rest of the boys and girls in his class, and is a participant and not a spectator in physical education, in spite of his handicap.

UNDERGRADUATE

COURSE OFFERINGS

WITHIN

CONCENTRATION IN PHYSICAL EDUCATION FOR THE HANDICAPPED

Required Courses: (14 hours)

| Dept. | No. | Course Title | Cr. Hr. |
|---|---|---|---|
| P.E. | 231 | Introduction to Physical Education for the Handicapped | 1 |
| P.E. | 233 | Physical Education for the Physically Handicapped | 2 |
| P.E. | 331 | Physical Education for the Mentally Retarded, Emotionally Disturbed and Sensory Disorders | 3 |
| P.E. | 333 | Perceptual Motor Learning | 3 |
| P.E. | 339 | Practicum in Physical Education with the Handicapped | 2 |
| Psych. | 411 | Exceptional Child (Prereq: Psych. 310) | 3 |
| | | Total | 14 hrs. |

Elective Courses: (6 to 9 hours)

| Dept. | No. | Course Title | Cr. Hr. |
|---|---|---|---|
| Psych. | 304 | Abnormal Psychology | 3 |
| Sp. | 336 | Introduction to Communicative Disorders | 3 |
| H.E. | 345 | Emotional Health in the Classroom | 3 |
| Psych. | 417 | Nature and Need of the Disturbed Child | 3 |
| Psych. | 419 | Survey of Mental Retardation | 3 |
| Educ. | 450 | Methods of Special Education | 3 |
| P.E. | 471 | Dance Therapy | 2 |

If you are interested in obtaining more information on this new concentration, please contact:

DR. LANE GOODWIN
ASSOCIATE PROFESSOR
COLLEGE OF HEALTH, RECREATION &
PHYSICAL EDUCATION
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DEPARTMENT OF NATURAL RESOURCES #5

October 27, 1972

"Until recently many outdoor recreation facilities have been developed with little or no regard for physically and mentally handicapped persons. The 1970, Outdoor Recreation Area Inventory yielded information indicating that only 3 percent of all recreation areas make any attempt to accommodate the handicapped.

Modification of existing recreation facilities and innovative development techniques are needed if the handicapped are to be served. In most instances the modification or installation of a facility which would make it useful to the handicapped would not reduce its utility to those with noraml capabilities. The aged and the very young could also conceivably benefit from these facilities. Examples of modifications include: ramps rather than stairs, spacious lavatories with handrails in stalls, large doorways, fishing piers with safety rails, wheelchair ramps or lifts in swimming pools, and specialized recreation equipment.

Beginning on January 1, 1973, all development project applications submitted to the Department of Natural Resources for cost sharing will be required to contain a statement which explains the degree to which handicapped persons will be accommodated on the completed project. This statement need not be long or elaborate, its primary purpose is to insure that the handicapped are adequately considered during project formulation.

Obviously, not all types of facilities can be expected to accommodate the handicapped. But the Department <u>does</u> expect that their needs will be considered."

Cal. P.U.C. No. 6 | M. P. S. C. No. 29 | PUCO 28 | I. C. C. No. 9
▲P.S.C.I. No. B-44 | P. S. C. N. Y. No. 13 | Bus Pa. P. U. C. No. 27 | MP-I. C. C. No. 774
Wyo. P. S. C. No. 31 | Also Other State Commission Numbers Shown on Title Page

**NATIONAL PASSENGER TARIFF No. A-1000**
**NATIONAL BUS TRAFFIC ASSOCIATION, INC., AGENT**
**506 South Wabash Avenue, Chicago, Illinois - 60605**
Issued: March 17, 1972

Twenty-Sixth Revised Page A3-5
Cancels
Twenty-Fifth Revised Page A3-5
Effective: May 1, 1972

## SECTION A3

| RULE NO. | RULES AND REGULATIONS--Continued |
|---|---|
| 6 | LIABILITY:<br><br>(1) Except as responsibility may be imposed by law, Carriers will not be liable for delays caused by accidents, breakdowns, bad conditions of the road, snow storms and other conditions beyond their control, and do not guarantee to arrive at or depart from any point at a specific time. The time of arrival at and departure from any point shown in their published Time Schedules is the schedule they endeavor to maintain, but same is not guaranteed.<br><br>(2) Except as responsibility may be imposed by law, Carriers will not be responsible for lost or stolen tickets.<br><br>(3) Tickets, sold at fares shown in Tariffs subject hereto, are non-transferrable and, if presented for passage by any person other than the one for whom originally purchased, will be void and may be confiscated by any Agent or authorized employee of any Carrier over which they read.<br><br>(4) In issuing Tickets and Checking Baggage under authority of Tariffs subject hereto, for passage over the lines of other Carriers participating in such Tariffs, the Issuing Carriers shown in such Tariff act only as Agents and do not assume responsibility for transportation over the lines of other Carriers, except as responsibility may be imposed by law with respect to Baggage. In the sale of interline, through transportation of passengers across International Border Lines, the initial Carrier assumes no liability for the transportation by, or the acts and neglects of other Carriers, beyond such International Borders. (See Rule No. 10, "Baggage") |
| 7 | SEASONAL OPERATIONS:<br><br>(1) Operations via some routes and to some destinations are seasonal in character and are subject to road and weather conditions. Carriers reserve the right to issue or honor Tickets only during the season that service is operated.<br><br>(2) Seasonal Routes are so designated in Tariffs which authorize such routes, or as shown in Section E5 hereof. |
| 8 | OBJECTIONABLE PERSONS:<br><br>Carriers reserve the right to refuse to transport a person under the influence of intoxicating liquor or drugs, or who is incapable of taking care of himself or herself, or whose conduct is such or is likely to be such as to make him or her objectionable to other passengers or prospective passengers.<br><br>EXCEPTION - This Rule does not apply to persons who are ill and accompanied by an attendant or nurse. |
| 9 | ANIMALS:<br><br>(1) Dogs,cats,birds or other animals will NOT be transported,except as provided in Paragraph (2) hereof.<br><br>(2) A dog, trained for the purpose of and accompanying a blind person who pays the standard fare and is not accompanied by a guide, will be carried free of charge. Such dog must be properly harnessed and muzzled and must lie or stand at the feet of its master. |
| 10 | BAGGAGE:<br><br>Rules, Regulations, Rates and Charges governing the Checking, Storage and Transportation of Baggage will be as shown in National Baggage Tariff No. A-500-G (described below) except that such arrangements do not apply via the lines of Carriers who are not parties to such Baggage Tariff:<br><br>▲National Baggage Tariff No. A-500-G, MP-I.C.C. No. 2461,<br><br>Ala. P.S.C. No. 184; MP-A.C.C. No. 90; MP-Ark. C.C. No. 110; Cal. P.U.C. No. 16; Colo. P.U.C. No. 166; P.U.C. Conn. No. 96; Del. P.S.C. No. 92; Fla. P.S.C. No. 193; Ga. P.S.C. No. 226; I.P.U.C. No. 133; MP-Ill. C.C. No. 260; P.S.C.I. No. B-169; Ia. C.C. No. 169; K.C.C. No. 140; Ky. D.M.T. No. 178; P.S.C.-La. No. 175; M.P.U.C. No. 94; Bus-P.S.C.-Md. No. 171; M.D.P.U. No. 108; M.P.S.C. No. 156; Minn. P.S.C. No. 120; Miss. P.S.C. No. 168; Mont.P.S.C. No. 135; Neb. R.C. No. 116; P.S.C.N. No. 149; N.H.P.U.C. No. 116; N.M.C.C. No. 157; P.S.C.N.Y. No. 81; N.C.U.C. No. 229; N.D.P.S.C. No. 136; PUCO 214; Okla. C.C. No. 166; P.U.C. Ore. No. 194; Bus-Pa. P.U.C. No. 194; P.S.C.S.C. No. 204; P.U.C.S.D. No. 135; T.P.S.C. No. 180; R.C. Tex. No. 134; P.S.C.U. No. 236; V.P.S.B. No. 87; MP-V.C.C. No. 166; WN. T. No. 151; MP-P.S.C.W. Va. No. 104; Wis. P.S.C. No. 139; Wyo. P.S.C. No. 150<br><br>supplements thereto or reissues thereof, issued by National Bus Traffic Association, Inc., Agent. |

For Explanation of Abbreviations,Designations and Reference Marks not explained on this page,see Section A1.

| To: ALL EMPLOYEES AND COMMISSION AGENTS | File | Transportation | |
|---|---|---|---|
| | Date | Jan. 15, 1970 | Page 1 of 1 |

Re: HANDLING OF PHYSICALLY HANDICAPPED

RECEIVED
MAR 9 1970

Persons who are disabled to such extent that they have to be carried on and off buses will not be accepted for transportation at origin points shown on their tickets unless they are accompanied by an attendant who is capable of handling them without the assistance of our operators or other employees.

Ticket Agents (including Commission Agents) should take this into consideration before selling tickets to persons who obviously are not ambulatory.

Under no circumstances, however, will disabled persons be refused transportation at transfer points if they have already been accepted for transportation by another Greyhound Company or connecting carrier, because once they have been accepted, transportation cannot be refused en route without breaching their ticket contracts.

If any doubt exists as to whether or not transportation should be refused, a supervisor should be consulted immediately for instructions.

Issued by:

R. N. Dick

R. N. Dick
Vice President - Transportation

Cancels CGL Tn-9 Issued Aug. 1, 1966