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THE SURVIVAL OF REHABILITATION SERVICES FOR DEAF CITIZENS IN THE 1980'S

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Front line deafness rehabilitation workers will have their work cut out for them in the 1980's trying to reconcile (1) congressional mandates to serve a broader population of severely disabled people (P.L. 93-112; P.L. 95-602); (2) a 188 percent increase in the number of deaf youth turning 19 between 1982 and 1984 because of the 1964-1965 rubella epidemic (Vernon, 1981); (3) increasing numbers of multiply handicapped deaf people (Vernon, Grieve & Shaver, 1980); (4) an economy characterized by declining productivity, a prime interest rate hovering around 20 percent, unemployment approaching 10 percent, 13 percent inflation and a worsening employment picture for untrained and first-time workers (Matkin, 1980); (5) and a paucity of rehabilitation centers and non-college post-secondary training programs for multiply handicapped deaf people (Petersen, 1981).

During the International Year of Disabled Persons, the Reagan administration cut Vocational Rehabilitation (VR) funding by 25 percent in spite of the research available regarding the cost-effectiveness of VR services in reducing dependency payments (Bowe, 1980) and increasing tax revenues (Conley, 1969). The Rehabilitation Services Administration (RSA) has made paralyzing cuts in deafness rehabilitation training at a time when RSA has no VR training master plan to implement promises made to deaf people in the Rehabilitation Act of 1973. Deafness rehabilitation training funds have been cut even though deaf people represent only 2.7 percent of the closures in VR (Rehabilitation Services Administration, 1980). Interestingly, RSA cannot evaluate that closure rate because they have no reliable information

about the size of the working-age deaf population, the size of the severely disabled population, or the size of the VR eligible population. The cuts in client service and deafness rehabilitation training funds come at a time when research indicates that 71.5 percent of successfully closed deaf VR clients are being placed in the lowest skill categories of the employment spectrum, double the representation of the general population in the same work categories (Pitts, 1980). Funds have been cut in spite of an RSA study (National Institute for Advanced Studies, 1979) showing inadequate implementation of the *Model State Plan for Vocational Rehabilitation of Deaf Clients* (Schein, 1980) and inadequate involvement of deaf consumers in planning and evaluating VR services for deaf clients.

As we look toward the next year, we may see President Reagan impounding VR service dollars, and pushing for VR funding through state block grants. On this point, the administration seems clearer about state responsibilities for human services than it is about federal responsibility (Babbitt, 1981). The assumption that some states will become 'rehabilitation ghettos' without federal leadership is based on a considerable number of precedents in U. S. rehabilitation history (Obermann, 1965; Wright, 1980). The majority of states wanted nothing to do with the 1917 Smith-Fess Act. More recently, only the courts prevented Florida from dismantling its VR agency in the mid-1970's. *Controls Over Vocational Rehabilitation Training Services Needs Improvement* by former U.S. Comptroller Staats (1977) is must reading for administration officials who feel confident that rehabilitation will survive without

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CALL TO CONVENTION '82



National Registry of Interpreters for the Deaf

Tuesday, July 27, through
Sunday, August 1, 1982
Hartford, Connecticut

Issues on the agenda for Forums,
Workshops and Special Interest
Group discussions include: The
Political Process for Interpreters;
Interpreting in Educational Settings;
Interpreting in Health Care Settings;
Interpreting in Criminal Justice
Settings, among others.

For details:
Write Christine Stranges, c/o Con-
necticut Registry of Interpreters for
the Deaf, P.O. Box 12202, Hartford,
Connecticut 06112.

The statue of Alice, in honor of
founders of the first American
School for the Deaf, Gallaudet
Square in Hartford. She
represents all deaf children
who seek light through
education.



federal leadership. Contact your congress-
man for a copy of the report.

The list of variables affecting rehabilita-
tion services for deaf people in the 1980's
would not be complete without mentioning
Vice-President Bush and the President's
Task Force on Regulatory Relief. This group
is currently re-evaluating regulations for
Title V of the Rehabilitation Act of 1973.
Lastly, effectiveness of the Rehabilitation
Services Administration is likely to be fur-
ther diminished as the Department of Edu-
cation is re-organized and relegated to sub-
cabinet status.

Cooperative Action Planning

If deafness rehabilitation workers are go-
ing to have any impact on these trends, it
will be because we build a united coalition
of professionals, deaf community leaders, and
parents of deaf people who are committed to
an action plan. The action plan should be
the product of state and regional meetings
that focus on practical, cost-effective ways to

save and improve rehabilitation services for
deaf people. The following ideas might be
a part of that action plan, but the list is by
no means comprehensive.

1. Annual evaluations of state VR agency
progress in serving deaf and multiply handi-
capped deaf people. Evaluation teams would
be composed of state and national represen-
tatives of the National Association of the
Deaf (NAD), the American Deafness And
Rehabilitation Association (ADARA), and
the International Association of Parents of
the Deaf (IAPD). Ouellette and Austin
(1980) have already developed an excellent
model for evaluating state VR services for
deaf people. Results of these annual evalua-
tions might be published in *The Deaf Ameri-
can* magazine.

2. The NAD 504 Project (Strassler &
Mentkowski, 1981) model should now be
applied to state and regional workshops to
train deaf people about their rights and
responsibilities in Vocational Rehabilitation,
the Model State Plan, state advisory boards
on services to deaf VR clients, and other re-
habilitation consumer issues. Participants in
these workshops might form state consumer
action groups that will be indispensable if
VR funding goes to block grant form.

3. The deafness rehabilitation coalition
should lobby for the following priorities with
RSA:

- a. reliable information about the
quantity and quality of VR services for
deaf and multiply handicapped deaf peo-
ple;
- b. a measureable increase in case
finding efforts with deaf adults;
- c. a training master plan in deaf-
ness rehabilitation;
- d. a weighted closure system in VR
that does not penalize counselors who are
really trying to serve difficult-to- rehabili-
tate deaf clients (Vernon, Bussey, & Day,
1979); and
- e. a major investment in state and
regional rehabilitation center and non-
college post-secondary programs for multi-
ply handicapped deaf clients.

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In conclusion, a review of trends impinging on the quality of rehabilitation services for deaf people in the 1980's argues for continued progress (Mills, 1976), not necessarily an indictment of the current administration. It is our responsibility to renew our commitment and the commitment of RSA policy-

making as we cooperatively search for ways to do better, more cost-effective rehabilitation work with deaf people. In 1990, we may look back on the government belt tightening of 1981 as the impetus that significantly advanced the scope and quality of rehabilitation services for deaf people.

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