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## **Government Policy Toward Handicapped Individuals**

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### *White House Conference on Handicapped Individuals*

The White House Conference on Handicapped Individuals met in Washington, D.C., May 23-27, 1977. It was the first White House Conference devoted solely to the problems and potentials of handicapped people and it brought together the largest number of disabled persons ever to meet in this country. Two-thirds of the three thousand persons in attendance at the Conference were handicapped with the balance being composed of parents, researchers, providers, and advocates.

The White House Conference marked the emergence of the handicapped segment of the population as an identifiable social entity. As a recognition of this development, this article will review the major policy questions concerning government action in relation to handicapped individuals.

Before this subject can be examined, however, the definitions of the terms "handicapped" and "disabled" must be discussed. Once defined, the question of how many persons are affected becomes relevant. The article will next examine a series of specific policy areas concerning the needs of handicapped people. Finally, the main factor which will affect future policy in this area will be presented.

DEFINITION. Among members of the handicapped community, there is considerable disagreement as to whether "handicapped" or "disabled" is the proper descriptive term. Proponents of each label use similar arguments to support the one they favor. The following formula is the common one: A handicap (or a disability) is a condition which exists and which can or has been overcome so that it does not disable (or handicap) a person in life.

Recourse to the dictionary provides no relief because, until recently, a handicap was defined in its relationship to the game of golf while a disability commonly was used to refer to someone who was "crippled." To term a person with a handicap a "cripple" is analogous to calling a black person "nigger" or a woman "chick." Many people, however, are not overly concerned about the outcome of this debate over phraseology and the predominant use of "handicapped" in recent Federal legislation may foreshadow its emergence as the more commonly used term.

Whichever term is used, there are more than three dozen definitions in Federal legislation and regulations referring to handicap and/or disability. Some of these are specialized definitions designed for specific purposes. The Education for All Handicapped Children Act (PL 94-142), for example, defines a handicapped child as one who is "mentally retarded, hard of hearing, deaf, speech-impaired, visually impaired, seriously emotionally disturbed, orthopedically impaired or other health impaired." The regulations implementing the act (41 F.R. 56965-December 30, 1976) carefully distinguish between the "hard of hearing" and the "deaf," a difference which reflects both educational techniques and political realities. The Education for All Handicapped Children Act also includes children "having specific learning disabilities who because of those impairments need special education and related services." Whether "specific learning disabilities" exist apart from another handicapping condition is a hotly debated question in the fields of psychology, neurology, and special education. However, all of these conditions must specifically have an adverse effect upon the child's educational performance in order for the child to be considered eligible for services under the act. Thus there is a way to delineate who is and who is not a handicapped child unique to the purposes of this piece of legislation.

The Developmental Disabilities Act of 1970 (PL 91-517), as amended, simply defines a developmental disability as mental retardation, cerebral palsy, epilepsy, or autism. While semantically simple, this definition is the result of legislative compromise as much as it is the product of careful thought and rational deliberation. The objections to it are that it is not inclusive enough and that it is a strange combination of vaguely defined syndromes.

Probably the most important definition of handicapped person comes from the Rehabilitation Act of 1973, as amended (20 USC 794). It is important because of the far-reaching nature of Section 504 of the Act which will be discussed in the last section of this paper. In the regulations implementing Section 504 (42 F.R.22676-May 4, 1977), the following definitions are to be found coming almost verbatim from the Act.

'Handicapped persons' means any person who (i) has a physical or mental impairment which substantially limits one or more major life activities, or

(ii) has a record of such an impairment, or  
(iii) is regarded as having such an impairment.  
'Major life activities' means functions such as  
caring for one's self, performing manual tasks,  
walking, seeing, hearing, speaking, breathing,  
learning, and working.

Whichever definition is used, there is a widespread consensus, reflected in at least one White House Conference recommendation, that "handicapped" (or "disabled") no longer be used as a noun, but only as an adjective. That is, there should only be reference to handicapped individuals, persons, or people, and the dehumanizing, third-person use of the term should be dropped.

There is another developing consensus that a handicap is not a health problem, but a social problem. All people have health problems (if not now, then they had one in the past or will have one in the future) which produce various conditions. Wearing glasses, being bald, or being pregnant are all conditions which have connections with one's health, but they usually are not viewed as a handicap. However, society certainly viewed those conditions as handicapping in the past and some individuals persist in doing so today. Being deaf, being blind, being mentally retarded, or being in a wheelchair are all viewed at the present as handicaps, but many persons with one or more of these conditions function in society much more freely than do persons who have none of the so-called "handicaps." Furthermore, there is an ironic overtone to the problem of definition owing to the fact that any non-handicapped person today can easily become a handicapped person tomorrow through an accident or an illness. Everyone, before he or she dies, develops for varying lengths of time a condition which under the 504 Regulations qualifies him or her as a handicapped person.

NUMBERS. With these definitional problems in mind, the question of how many handicapped people there are in the United States comes into focus. Different studies produce different numbers depending upon the definitions used. However, at least 10 percent of the population have a visible physical handicap like polio, cerebral palsy, or a spinal cord injury. Another 10 percent have an invisible handicap such as epilepsy, learning disorders, or mental retardation. Others have a communication problem of which blindness and deafness are examples.

Nationwide, the handicapped population falls into four broad categories. (1) The largest group is made up of persons who are deaf or who have a hearing impairment: 6.3 percent or 13.4 million people. (2) The next largest group includes persons with a mobility related problem such as an orthopedic condition, a chronic disease like cerebral palsy, chronic arthritis or severe cardiovascular problems: 5.5 percent or 11.7 million people. (3) The next group is composed of persons who are blind or sight impaired: 4.5 percent or 9.5 million people. And (4) are those persons who are mentally disabled such as the mentally retarded, emotionally disturbed, or mentally ill: 3.2 percent or 6.8 million people. All together the handicapped community comprises 20 percent of the population, or 41.4 million people. Further, since every handicapped person has at least one non-handicapped spouse, parent, child, or friend, the total number of affected persons is 40 percent of the population or 84.8 million people.

With so many people directly or indirectly a part of the handicapped community in this country, the question naturally arises as to why this collection of persons was so long in emerging as an identifiable social group and why it can not obtain whatever benefits it may desire through the electoral process. One could phrase an answer in terms of the inequality of income and other resources which accrue to handicapped people. Or one could provide a Mancur Olson type of argument such as the one explaining why consumer groups have a difficult time organizing. But the basic answer lies with the social fact of repressive attitudes toward handicapped people on the part of persons in and out of government.

ATTITUDES. While it is difficult to ascribe an attitude to a government since only people have attitudes, it is possible to describe the prevailing point of view held by people dealing with a segment of the population. The dominant attitude among persons (both in and out of government) in their relationship with handicapped individuals is that it is the handicapped who have the problem. In society there are norms by which appearance and physical and intellectual functioning are judged. Since these norms are the product of widely-held beliefs and thus all but impossible to change in a lifetime, the handicapped person must adjust to them. The norms are the "facts of life" with which the handicapped person must deal. Those handicapped persons who do adjust are able to enter the society of non-handicapped people. Those individuals who do not or can not adjust require the attention of physicians, psychologists, and social workers. Thus, the problem is commonly perceived as a medical and psychological one. The handicapped person, it is argued, must learn to cope with society.

To place those attitudes into proper perspective, replace "handicapped" with "women." Thus, one would say: In society there are norms in terms of sex. Since these are social norms and thus all but impossible to change in a lifetime, women must adjust to them. The norms are the "facts of life" with which women must deal. Those women who do adjust are able to enter the world, the society of white males, but in that society women must act as sexual objects. The analogy has, at this point, demonstrated how the behavior of handicapped persons is limited by their assigned social role.

It is inherent in the democratic creed that racist and sexist attitudes can not be tolerated. In the same way, the attitude which compels handicapped people to conform to criteria of acceptance based upon bigotry and ignorance must become subject to our scrutiny. The destruction of these barriers to equal citizenship is the basic policy question which all levels of government must face.

TECHNOLOGY. An example of a case in which attitudinal barriers subvert perspective lies in the area of technological devices and techniques. It is assumed that in a free market economy, the producing agents react to the demands of consumers. Whether or not this is the case in most sectors of the United States economic system is problematical. That it is an inaccurate description of the relationship between producer and handicapped consumer is undeniable. Handicapped individuals are not customarily consulted when such technological aids as braces, wheelchairs, or artificial limbs are "prescribed." Such devices

are "fitted" to the person and he or she must function with little input as to the device's safety or comfort. To reject a physician's decision concerning what device should be used is to exhibit maladjustment.

Of even more importance to some handicapped persons is that there is a lack of coordination among researchers, product developers, and service providers. Needs are going unmet in some areas while there is a surplus of government funds for other areas. Cost/benefit analysis must be carried out and used as the basis for a coordinated effort in the field of technological development.

TRANSPORTATION. One of the sectors of society which depends heavily upon technology is the transportation industry. However, it is one area where little advance has been made to give access to handicapped people. Although the 1970 Biaggi amendment (PL 91-453) to Section 16 of the Urban Mass Transportation Act of 1964 made it a "national policy that elderly and handicapped persons have the same rights as other persons to utilize mass transportation facilities and services," little has been done to implement this policy. During 1973 and 1974 several acts--PL 93-87, PL 93-643, and PL 93-503--required that the policy be implemented. Still it was necessary that the DOT Appropriations Act of 1975 (PL 93-391) mandate that no subway cars or buses be purchased nor that facilities be constructed with Federal funds unless they were accessible to handicapped and elderly persons. On May 19, 1977, Secretary of Transportation Brock Adams finally implemented this requirement for buses. These buses, however, are only being ordered now, which means that they will not be in service before September, 1980.

ARCHITECTURAL BARRIERS. One of the reasons that public transportation is not often usable to handicapped persons is the existence of architectural barriers. Those barriers include not only the stairs which wheelchairs cannot climb, but self-service elevators which possess no means for visually impaired persons to discern the passage of floors and door jams which trip many persons (not just handicapped people) as well as many other impediments. The issue, again, is the result of a failure of implementation.

There is no additional cost, if a building is designed with such considerations in mind, for it to be built barrier free. The American National Standard Institute (ANSI) developed standards for building accessibility in 1961. However, these ANSI standards were largely unknown to design and construction professionals in 1968. In that year, Congress passed the Architectural Barriers Act (PL 90-480) which requires that facilities built with Federal funds be barrier free in accordance with the ANSI standards. Further problems with compliance resulted in the Architectural and Transportation Barriers Compliance Board being established in 1973 by PL 93-112. Full compliance is still in the future for Federal agencies. Some states and municipalities have codes based on the ANSI standards, but compliance is sporadic and unpredictable here also.

EMPLOYMENT. Although a lack of transportation and an obstacle course of architectural barriers act as impediments to handicapped persons in locating, obtaining, and keeping a job, they do not represent the main problem area in the attempt to achieve economic self-sufficiency.

Social and political slogan-makers describe the United States as a country in which equal opportunity for all is an economic fact. The efforts of blacks and of women to receive equal treatment in the marketplace, however, have demonstrated that entrance into the "free market" is, for members of certain social groups, neither immediate nor without its costs. Those persons who have a job, especially one that pays well, may be unaccustomed to perceiving themselves as members of a privileged class, but to the unemployed and underemployed that is what they are.

Employers, invoking the language of the myth of equal opportunity, insist that performance of job functions is the only criteria of judgment used in choosing between prospective employees. Surveys cited by writers such as Conley show, however, that business firms will not as a matter of policy hire persons with certain handicaps.

In an attempt to ameliorate this situation, Sections 503 and 504 of the Rehabilitation Act of 1973 (29 U.S.C. 706) state that anyone operating under a federal contract exceeding \$2,500 and any program or activity receiving federal funds shall not discriminate against an otherwise qualified handicapped person solely on the basis of his or her handicap. In his speech to the White House Conference on Handicapped Individuals on May 23, President Carter described Title V, which contains these two sections, as a bill of rights for handicapped people.

As other disadvantaged groups know, however, rights are not self-activating.

HOUSING. Equal access to proper housing is as important an issue to handicapped persons as that which is created by the lack of employment opportunities. Historically, handicapped people have been segregated in institutions (and still are in many states) to vegetate or were isolated in their family homes as "shut-ins." Cost/benefit analysis demonstrates conclusively that a segregated housing policy is more costly than is deinstitutionalization. The latter policy is at present the one followed by the Federal government and it is proceeding at a steady, if slow, rate. At the White House Conference on May 25, HUD Secretary Patricia Harris announced the formation of an Office of Independent Living for the Disabled which will not only work on behalf of decent housing for handicapped people, but will also, according to Ms. Harris, sensitize her entire Department to the problems and potentials of handicapped persons.

Even with these advances, there are still problems confronting handicapped persons in regard to housing. To begin with, there is a lack of data. No one can say with clarity what the present situation is. Further, even where ANSI or similar standards are adopted for new housing (both public and private), there is a traditional hesitancy on the part of enforcers to take any action which will cost the builder or owner money. Many handicapped persons who are employed and mobile are forced to live in expensive and now unnecessary rehabilitation centers or nursing homes simply because suitable housing is not available.

RECREATION. Much of the present debate over recreation policy and handicapped people concerns the degree of segregation needed, if any. While handicapped swimmers mingle freely with

non-handicapped swimmers, wheelchair basketball players might not want to share the court with non-wheelchair players. Beyond this question there are four problem areas: (1) architectural barriers exist in many recreational facilities; (2) a lack of adequate transportation is to be found even when there are transportation services for shopping and work; (3) most recreational programs are designed for persons with normal hearing, seeing, and speaking abilities so that persons with communication handicaps are automatically excluded; and (4) there is a lack of trained personnel, especially those people experienced with handicapped persons.

EDUCATION. In a democratic system, each person has the right to an education which will at least prepare him/her for the responsibilities of citizenship and is obligated to seek that education. Historically, handicapped children have been segregated from other children under the guise of helping them. Now, however, the Education for All Handicapped Children Act (PL 94-142) mandates that every school system receiving Federal aid must provide an appropriate education for all children. The implementation of that policy is just now underway although states like Massachusetts have had, for some time, a comparable state policy. Questions about funding and about the definition of "appropriate" are being raised. Although "mainstreaming" has been the key word up until now, it is being suggested that the "least restrictive environment" provides the most appropriate education for handicapped children.

Similar questions about career education and continuing education for handicapped adults are being raised. While no legislative mandate exists, Section 504 guarantees access to whatever federally funded adult education programs are in operation.

Proper education and sensitization of non-handicapped persons towards the needs of the disabled would solve problems arising in many policy areas. Much of the discrimination against handicapped persons and many of the other problems they face arise from the ignorance, lack of experience and resulting insensitivity of non-handicapped policy-makers and administrators. Where knowledge of the problems of handicapped persons is obvious, but the attitude still prejudicial, the solution lies also in the educational process which produced or fostered such feelings of bigotry. If social change in this area is to be realized, education policy must be considered to be of major importance.

OTHER POLICY AREAS. No brief overview article can cover every area of policy. Questions exist having to do with health screening and prevention of handicapping conditions. The whole area of patient rights and civil rights remains to be explored. Access to and participation in cultural activities, communication problems, economic security, and the problems of the severely handicapped, veterans, the elderly, and minorities need to be discussed. Nevertheless, many of the questions are dependent upon solutions to policy areas already covered.

FUTURE. On April 28, 1977, HEW Secretary Joseph Califano issued the regulations cited previously which implemented Section 504 of the Rehabilitation Act of 1973, as amended. These regulations comprise the most far reaching and comprehensive act affecting handicapped people in the history of the country. The

regulations prohibit discrimination against any qualified handicapped person on the basis of his or her handicap. The regulations apply to every program or activity which receives federal financial assistance from HEW. Eventually, each federal funding source will have its own set of regulations modelled after those of HEW.

The implications of the 504 regulations are extensive because federal financial assistance permeates society. As columnist George Will wrote in the May 7, 1977, issue of the Boston Globe: "... the significance of the regulations is that now the nation must stop rationing citizenship, almost absent-mindedly allocating to the handicapped only as much as is convenient." As the implementation plan for the White House Conference Recommendations is being drawn up, and especially while the recommendations are being carried out, it would be wise for the American people to keep these words in mind. A change in government policy does not occasion a change in the heart of each citizen, but it can help citizens to learn and grow.

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## **Policy Analysis on Capitol Hill: Issues Facing the Four Analytic Support Agencies of Congress\***

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Since 1970 there has been an impressive surge of change in Congress including rapid turnover in the membership of both houses, significant structural reorganization by the Stevenson Committee in the Senate and the Bolling and Hansen Committee in the House, party caucus reforms, decentralization of power to subcommittee chairmen, new powers given the leadership, a direct attack on the seniority system, a new congressional budget process, and many other reforms in rules and procedures (see Dodd and Oppenheimer, 1977; Rieselbach, 1976; and Ornstein, 1975). Also with these dramatic reforms has come an increased demand for information and analysis in Congress. The demand is for information that is independent of the traditional sources from the executive branch and interest groups. It is also a call for "democratization" of information and analysis within Congress. The new members want an independence from those who have traditionally dominated access to information, the committee and subcommittee chairmen (Schick, 1976).

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