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By E. B. WHITTEN, Executive Director, National Rehabilitation Association

We shall summarize a few facts concerning which experts appear to be agreed. In the next few decades, we shall have a rapidly increasing population in this country, and although we have seen a little bit of slowdown in the rate of population growth, it is not yet significant and probably is not going to be very significant in the next ten to fifteen years. This in itself has important implications for those who plan for the delivery of human services, but even more significant may be the fact that a higher percentage of the population in the future will be older people; that is, people beyond the ordinary work age; and children and youth, that is, those that have not yet entered the labor market. This means, of course, that we shall have fewer wage earners, proportionately, than we have had in the past. And, of course, as it relates to the problems of deafness, this is probably more acute than in the general population since deafness is found, as you know, in increasing numbers of cases in older people of whom we are going to have many more, proportionately, than in the past. It seems agreed that we are going to have an even more mobile population than we have ever had before, even though it is estimated, now, that one American out of five moves at least across county lines every year. If you are an individual who stays put, you are really the exception in this period, and if you stay put in the future, you are going to be even more and more an exception to this rule. It is evident that we shall have fewer and fewer people, proportionately, who are born in the community, educated in it, live and work in it, and die in it. This fact has some implications, very important implications, for planning.

It is likewise agreed that we shall have in this country a most affluent society, both in terms of the number of dollars we earn and the purchasing power of such dollars. Of course, unless the other — the second — proceeds along with the first, it doesn't amount to much, but when I think now about the high cost of living and so forth, I have to look back and remind myself of what my salary was ten or fifteen years ago. I recognize that I have not only more dollars in my pocket but I can buy more with these dollars than I

could ten or fifteen years ago, and I expect that all of us find ourselves in this position. If the present trends continue, and it appears that they will, we shall have more and more expensive gadgets which we can enjoy. The two-car family is gradually giving way to the three-car family, and the one-home family is becoming a family of two and, in many instances, even three homes.

In spite of this affluence, however, it is agreed that we shall have a substantial number of people who will not share in any substantial way in the affluence that we have descirbed. Now, it is not our function at this time to analyze the causes of this situation. It suffices to indicate whether this situation will continue to exist and it will. In large measure we shall continue to have a work-oriented society. This means that it will continue to be necessary for most people to continue to work to earn a living, and there will continue to be some kind of prestige associated with the ability to earn through work. As already indicated, wages for those who work will be higher than ever before, both in dollars and purchasing power.

It is evident, however, that we are going to continue to have a great number of people in this country who do not appear to fit in anywhere in the work-for-wages scheme or, if they do, will not find their incomes sufficient to earn the affluence that most Americans expect to enjoy. I realize that we have today a cult — I think we could call it no more than that — who indicate that they do not expect, in the years ahead, that work is going to be so important in society, and even a very small cult who think it is not necessary for an individual to prepare himself for work. By way of explanation, when I say this is a cult, I mean to imply that the small numbers of people who take this attitude are certainly not going to have any very drastic effect upon the way of life in this country in the years immediately ahead.

It's also agreed that our society will continue its rapid pace toward urbanization. A higher and higher percentage of our total population will live in the cities. We are told also that within 20 or 30 years — and I wish you'd notice this — one half of the population of the United States will be living in three densely populated corridors: the Boston to Richmond corridor, which is just about filled up now; the Chicago to Pittsburgh corridor, filling rapidly; and the San Diego to San Francisco corridor; one-half of the people of the United States. By the way, you will recognize some other corridors; for instance there's a New Orleans to Baton Rouge corridor, and there are a number of other, smaller ones, but this appears to be where our people are going to be living.

Having gained some sketchy understanding of the nature of the society that we are going to have in the next few years, let's consider the kinds of problems that people are going to have. The development of service delivery systems presupposes that people do have problems and that they need help in the solution of these problems, and that it is a role of government and of voluntary effort to provide the help that is needed. It is evident that people

will have many of the same kinds of problems in the years ahead that other people have always had, and the nature of these problems is very familiar to all of us who work in rehabilitation and in related programs.

We shall continue to have the problems brought about by inadequate income, illness and disability, inadequate general education, the lack of suitable vocational skills, cultural differences, addiction, and so forth. The difference in the nature of people's problems will largely be in their complicated nature. Seldom will an individual or family be found to have a single problem or a group of problems which may be dealt with directly and simply. Instead, problems will be extremely complicated. The physical and emotional problems will appear more often together. The problems of the lack of vocational skills will be associated, not only with disability but probably with addicition, and with cultural differences. In fact, we will not be able to classify the problems of people into neat groupings and deal with them within one agency or a group of related agencies on the traditional basis that we have dealt with them previously. This may be one of the most significant aspects of the nature of people's problems in the future.

As we think about these problems, one recognizes quickly and sees clearly that the problems of the deaf in the kind of society that I am talking about are going to be even more difficult and more complex than are the difficulties of the average handicapped people. An urbanized society, many people think, offers the greatest obstacles to overcoming or to meeting the needs of deaf people.

The next question that arises is, 'What is the responsibility of society to help people solve their problems?' We are assuming that the American people have accepted responsibility to help their fellow beings solve their problems and to prepare themselves for living in a democratic society. We find a few people around the edges who would deny that this has been done, but I state it as a fact that the American people have accepted this responsibility and will act accordingly. We assume, likewise, that the American people have decided that this is the responsibility of government as well as the responsibility of beneficient individuals and charitable private organizations. It is not likely that the American people will backtrack from this decision. In the first place we think it is the will of the American people to continue to expand and improve the services they provide to their fellow Americans. In the second place, we feel that the American people have traveled so far down this road, that it would be practically impossible to reverse direction even if those in power at any one point in time should want to do so. I think we might say that undoubtedly as time goes on, we will have now and then in the states, or a state, and in the national government, those in control who would like to reverse this direction, but they can succeed only temporarily and in part, for I think we shall proceed the way we are going.

In order to meet its responsibilities to people, society has developed a number of what I am calling today "systems of services." The education system is a complex of education and related services organized so as to

make it possible for every American to secure an education which will equip him to live constructively. The health system is a complex of medical and related services organized to maintain the physical and mental well-being of our people. The income-maintenance system is a complex of services and programs organized to assure that people do not suffer for want of the necessities of life. There are those who would refer to social services as a system and manpower services as a system but these are less well defined, their objects much less clear, and as I speak today, I am not referring to them as systems as such.

Most people, fortunately, can have most of their needs met reasonably well in these traditional service systems, inadequate as they may be. For instance, most individuals may go to the public schools and to college, and they will get an education that will prepare them in large measure to live and work in the society of which they are a part. The average citizen, when he is ill, may go to a physician and a hospital for treatment and return to normal life following this treatment. We say this realizing that health services have many weaknesses as a system and that it has become popular to refer to health services as a non-system; most people agree, however, that the average person is served reasonably well under our present medical service system. Again, if an individual meets a crisis on account of lack of income, he seeks help from the income-maintenance system which includes welfare programs, social security programs, and so forth. If he needs a job and is able to compete with other workers on a satisfactory basis, he seeks help from the manpower system, which may in time deserve to be called a system, at least.

The trouble with a system is that is is a system, and people who are served by the system get caught up in it and become helpless in dealing with it. People who work in the system develop a vested interest in the system and resist changes in the system. This system is likely to become inflexible, immovable, and progress may come to a standstill - and frequently does at least for protracted periods of time in almost any system if one is not very careful to avoid it. The original purpose of the system and the zeal of the pioneers of the system may very easily get lost. Most people agree that we have seen this happen in education, which remains in a crisis, that health seems to be suffering from this same disease, and you know all of the innovative efforts that are being made now to try to get the system to move again to meet the needs of the people, that income systems have often appeared to be static. In fact, we have not learned how to help people through welfare programs without breeding dependency and seem to be caught in a vicious circle there. It appears that any system of this kind needs a shock treatment of one kind or another in order to re-assess its strengths and weaknesses and to move on to provide better service.

Now, let us speak of rehabilitation. A good case can be made for the viewpoint that rehabilitation has risen from the failures of the traditional systems to meet the needs of all the people for whom they have responsibility, at least theoretically. Others may say that the rehabilitation

system has been developed because society has found out that it never was realistic to anticipate that the systems developed to serve all the people could actually serve, with any degree of effectiveness, those whose problems are complicated; that is, that vary greatly from those of the mean. Let us — explore this further.

Education, for instance, does not even claim that it can meet all of the educational needs of all of the individuals that society expects it to educate, although it has established "special classes" for a few of the mentally retarded, a few of the physically handicapped, a few of the emotionally ill, a few of the deaf, and so forth. It has not been successful in general in educating individuals whose problems are difficult, numerous, and complicated. I would say that certainly the deaf have been the principal sufferers or among the principal sufferers as a result of the inadequacy of this educational system. Likewise, a health system does not meet all of the health needs of the people. The general tendency has been to treat acute physical and mental illness, and sometimes do do this quite sketchily, while neglecting the important areas of prevention on the one hand and rehabilitation on the other - even medical rehabilitation, which it seems could be grasped, understood, and practiced in the health professions. Those who have administered welfare-income-maintenance programs are free to admit that they have not learned how to do this in a manner that is most suitable to the American people.

The people whose needs cannot be met in the regular service systems include the physically handicapped, the mentally retarded, many of the emotionally distressed, and many of the economically deprived and culturally different individuals. They include people of all ages. To meet the needs of these individuals, we have developed rehabilitation programs and we are beginning to refer to what we do in terms of a rehabilitation system, whether we deserve to be called a system we of course could argue. Although rehabilitation has not always been recognized as a system, and may not have thought of itself as a system, there appears to be a growing tendency to recognize and deal with it as such rather than as a satellite of medicine or a satellite of income maintenance, of education, or of something else.

By the way this is still one of the biggest problems we have as we talk to Congressional committees, and even with the Executive branch of the government; to make them see that rehabilitation is something more than just something you add on to education, add on to health, add on to social security, add on to welfare. They still have difficulty in seeing this whole thing as a system, and I guess one reason they have difficulty is that some of us don't understand it ourselves and practice it even less.

In order to justify rehabilitation as a system, its characteristics must be described and it must meet the test of the definition of a system. Some of the most significant characteristics of rehabilitation are as follows. As I give these to you I recognize the fact that it could be said that in no way have we reached perfection in attaining these characteristics. The fact is, however,

that they are significant enough, clearly enough understood, practiced generally enough that we can claim that they are characteristics of the system.

First, rehabilitation is individual, client-centered. It does not serve masses of people as such, although the total number of people served is very significant when they're all added up. Rehabilitation serves the individual. Rehabilitation attempts to determine the needs and potential of each individual, and to develop a plan through which the individual can develop his potential. It is quite likely that in serving thousands of individuals no two plans of rehabilitation will be exactly alike. This, I think, is an essential characteristic of the rehabilitation system, and — by the way, I might add — one that is much admired and one where attempts are being made to copy it into other programs that heretofore have depended upon dealing with people in groups, or in masses.

A second characteristic is that it is comprehensive. Rehabilitation attempts to provide all of the services the individual requires, to meet all of his needs, as they are related to the achievement of his life's goals. In helping the individual meet all of his needs, the agency draws from the skills of its own staff, the facilities, and also the skills and facilities of other systems; by the way, I think you recognize this as being one of its most significant characteristics. It calls upon medicine to help it meet the health need, it calls upon education to help it meet the educational need, it calls upon welfare to help maintain the income of the individual during rehabilitation, it utilizes manpower to explore job opportunities and to help him secure employment. It will be found generally that rehabilitation activities are more significant in their utilization of skills and facilities and services in other systems than in providing services which are uniquely those that are the responsibility of the public or voluntary rehabilitation agency.

By the way, a few years ago, I got really a shock along this line. I was serving on a commission that had been appointed by Secretary Wilbur Cohen to study the organization and administration of social service programs. This business of utilizing other agenices and purchasing services from other agencies was so well known in rehabilitation that I started out those discussions just on the premise that everybody understood this. In fact, I found no one understood it, and before it was over, I was asked to write a paper — to my amazement — to explain how it is that the public rehabilitation program operates, not providing everything, but purchasing, borrowing, stealing, whatever you want from any source in the community that has a service available.

The next characteristic I would mention is that rehabilitation is integrative in its approach. Not only does it utilize the traditional service systems as well as its own services, it brings them to bear upon the individual at the right time, in the right place, in the right order, in a suitable and satisfactory manner, to help the individual meet his own peculiar needs. Now, you understand that this is the ideal that I am expressing here and yet

it is a characteristic. This is what all of you professional workers in rehabilitation are trying to do, and of course we know that this is often the key: the right service at the right time, at the right place, delivered in a satisfactory manner, and focused sharply upon the needs of the individual. It is evident that the rehabilitation system will not work if the agency in charge cannot control the delivery of services which its client requires for rehabilitation. This is one reason why, over the years, we have sought, and successfully, in the rehabilitation movement to keep the authority of the state vocational rehabilitation agency so broad that it can either provide or buy almost any conceivable service that is required by the individual. By the way, this has not always been understood but I think it is an essential to the success of the program, not that the agency actually provide but that it be in position to provide if necessary and to buy whatever it needs for its clients.

Seen in the light that I have been discussing this, rehabilitation can be considered as a system in itself and I say should be supported as such. In this context, the rehabilitation system, and notice this, is a complex of services so organized as to bring to bear upon a physically or mentally handicapped or otherwise disadvantaged individual all of the services he needs from whatever source they come, to help him meet his life's goals. It implies that the average person will be served by the traditional systems, but that the person with complicated and difficult problems, the nature of which may cut across the functions of a number of systems, will be served by the rehabilitation system utilizing and calling for assistance from these other systems.

Physically, the system is seen in the vocational rehabilitation agencies, the rehabilitation facilities, the specialized departments of colleges, and public and private schools, and in many other places. Philosophically, it is seen in its role of providing an individualized, comprehensive, integrated approach to helping handicapped people meet all of their needs regardless of the source to which the agency must go to procure the service. Seen in this light, the support of rehabilitation is based upon the assumption that rehabilitation is necessary to meet the human needs of the physically impaired, the mentally ill, the mentally retarded, and so forth, and the severely economically and culturally disadvantaged, and so on. Well, so much about this.

In the next few minutes, I want to relate some of the things I have said specifically to the problems of deaf people. Are you conscious to the fact that in this talk I have concentrated up to this point on helping all of us to see ourselves as a part of a system which is far bigger than we are individually, and far bigger and more important than any one segment of the vineyard in which we may work? We are all caught up in a system which we are calling rehabilitation and although we can move ahead on this front a piece, and on this front a piece, and so forth, generally speaking, when one looks at this in a long-range way, we all really sink or swim together for if we cannot establish the concept that this is a system, we are going to become

more and more fragmented, and it is going to be more and more difficult to attain our goals rather than easier to attain our goals.

It is not an exaggeration to say, I think, that society has failed in serving the deaf. It is not too much to say that rehabilitation also, in the main, has failed in relation to the deaf. We say this in spite of the glowing illustrations of success that can be pointed to individual places and individual people. Right here, in this audience today are many notable successes but these are not the rules: these are the exceptions. We have dealt very inadequately with our deaf. Some of the products, as I say, of this success, we see before us, and every community has at least a few of them, to whom we can point. The truth of it is that the rehabilitation agencies are not staffed adequately to serve deaf individuals. The truth is that the rehabilitation facilities, all classes or any class that we could refer to, are seldom ever staffed in order to do an adequate job for the deaf. The rehabilitation of the deaf, up to this point, has been more a product of the efforts of the deaf themselves with the help of a few friends, than it has been as a result of the efforts of the state or the nation to serve them. Therefore, I would say to the deaf person who has achieved eminence, he deserves more credit than most for having attained the eminent position that he has attained in life.

We all recognize that there is evidence of an awakening, however, as pertains to the rehabilitation of the deaf. Gallaudet College, for instance, is better equipped and staffed than it has ever been before, serving more people and serving them better than it ever did before; I am convinced of that. The National Technical Institute for the Deaf, recently established, offers more and great promise for those deaf individuals who choose technical careers at a high level. H.R. 8395, which has passed the House, and which Rod referred to a moment ago, provides for comprehensive demonstration centers to serve deaf youth and adults. The purpose of these ceners would be to demonstrate how one can most effectively serve the average deaf person, the deaf person who is like us, not the genius who may go on one way or the other, but the average deaf person, who is going to have to work for a living, and probably work hard, and it is this group, I guess, with respect to which we have failed most miserably in the past.

More and more of the state vocational rehabilitation agencies have staff that could communicate with the deaf, at least, and having communicated with them satisfactorily their chances of helping them of course increase with geometric progression. I think one of the finest things that has happened in many years was when Gallaudet College established its courses and invited state rehabilitation agencies to send members of their staffs in to learn to communicate with the deaf. This has had a tremendous effect over a period of ten or fifteen years in increasing the competency of these agencies. More and more vocational training and adjustment centers have staff that can communicate with the deaf.

In an organizational way, there are also some encouraging signs. The Council of State Administrators of Vocational Rehabilitation, under the leadership of Mr. Mills, who is here with us today, has established a committee to grapple seriously with the problem of how the state rehabilitation agencies can do better in their efforts to serve the deaf. The National Rehabilitation Association has also established a task force, already referred to, where we are trying to decide what we can do, in NRA, to more effectively advance the rehabilitation of the deaf. All of these things have come as a result of some soul-searching, as a result of — I guess you would say — a kind of a "backbite of conscience" on the part of state administrators, and leaders in NRA and other organizations, that they have been woefully weak and inadequate in dealing with this great problem.

It is also true that we are having more and more people who are learning to communicate with the deaf, and learning to work with the deaf in our colleges and universities. At least one university, I know, has a specialized program for training counselors for the deaf and there may be more than that.

Most important of all, I think however, when I try to evaluate in some way the progress that is being made in rehabilitation of the deaf is the fact that deaf individuals themselves are increasing in their ability to help themselves. Now, let me ring the bell with that if I can. You know, for many, many years we have had effective organizations of the blind. They have become quite influential at local, at state, and at national levels. We have never had that with respect to the deaf. There have been many times in my career when I wanted to find a deaf person or a head of an organization of the deaf to come in and testify before a Congressional committee. We just couldn't find one that was well versed enough and effective enough to invite, and we even had the presidents of such organizations turn us down when we requested them to come. They just hadn't learned how to do this. Things are changing, and changing rapidly.

I think that the COSD (and I'm going to learn what that means some of these days), I think that this organization is contributing immeasurably to getting deaf people, organizations of the deaf, and deaf parents along with their children to work together to try to become more understanding, and yes, more articulate, when it comes to expressing the needs of the deaf. I don't like to say it, and yet I live in it, this is a political word and it moves on a political basis. Those individuals who cannot make their viewpoints felt, who are not in position to be emphatic, who cannot muster the facts, and all these things, they just have a great deal of difficulty in getting their just deserves.)

So, I am encouraged that we have these things moving for us now, and together I think that we are going to do a much better job than we have in the past. I think that this organization, holding the conference here today, is one that has had a great deal of value in somehow or other bringing together

and cementing some of these ideas that I've talked about. I think you have had a useful past. I look for you to have a useful future, and as I said in the beginning, I hope our own work with you in NRA can be much closer and more effective as the years go on. Yes, a better day is ahead for all classes of handicapped people in this country and there is certainly a better day ahead for the deaf. Thank you.