

BILL S.7

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ACTION

Remarks by Mr. Tower.

VOCATIONAL REHABILITATION

Mr. TOWER. Mr. President, the Smith-Peters Act, signed into law in 1936, is an historic piece of legislation. It is the origin of one of the Nation's oldest, most successful, and most respected grant-in-aid programs—the vocational rehabilitation program.

The vocational rehabilitation program has grown tremendously—its growth has been responsible and deliberate—certainly not growth for the sake of growth. The program initially offered limited services for the physically handicapped. Each client was eligible for training, counseling, and placement services. During World War II, the vocational rehabilitation program was significantly expanded to include, for the first time, provisions for medical, surgical, and other physical restorative services to eliminate or reduce an individual's disability, and expanded beyond physical disability to provide services for mentally ill and mentally retarded individuals. Furthermore, the concept of rehabilitation was expanded to include "any services necessary to render a disabled individual fit to engage in a remunerative occupation."

In 1964, the program was amended further to provide for research, demonstration, and training activities. In 1966, Federal financing was liberalized to encourage State agencies to expand their programs and to offer services to new groups of handicapped individuals. Further amendments have provided for a National Center for Deaf-Blind Youth and Adults, services for migrant workers, recruitment and training of handicapped persons in public service employment, services to families of clients and establishment and construction of rehabilitation centers.

Since its beginnings over 36 years ago, the vocational rehabilitation program has rehabilitated over 3 million people. In fiscal year 1971, for the first time, over 1 million handicapped individuals were provided services during a single year. Over 300,000 of these individuals were rehabilitated to productive, meaningful lives. New knowledge is being used to help victims of cerebral palsy, epilepsy, aphasia, arthritis, and other disabling diseases.

As if the social benefits were not sufficient justification for the program, the cost-to-benefit ratio demonstrates the value of the program. A number of benefit-cost analyses of the rehabilitation program have been completed. Although the analyses have differed as to their methods and assumptions, the result has been inevitably a finding that the benefits derived from the program are many times its costs. The ratio ranges from

8-1 to 35-1. The vocational rehabilitation program is a sound investment in the future of our Nation—it represents our belief in the worth of the disabled.

As of June, 1972, the Vocational Rehabilitation Act expired. The 92d Congress worked diligently, and prior to adjournment, passed the Rehabilitation Act of 1972.

The Rehabilitation Act of 1972 was drafted to enable the vocational rehabilitation program to more fully realize its goals. Conservative estimates indicated that over 7 million Americans who suffer from a disability could benefit from rehabilitation services. Last year, the vocational rehabilitation agencies only reached slightly over 1 million of these individuals and of those, only a fourth were successfully rehabilitated. One of the primary intentions of the act is to provide more services for more individuals.

A second major provision of the act is to emphasize the treatment of individuals with the most severe handicaps. Less than one-fourth of those successfully rehabilitated in fiscal year 1971 could be classified as "severely handicapped." The severely handicapped are, however, the ones most in need of rehabilitative services. Because their disability is so acute, they are less likely to find help anywhere else. This provision of the Rehabilitation Act will enable State agencies to provide more services to more severely handicapped persons.

Third, the Rehabilitation Act authorizes increased technical and scientific research. All indications point to immediate benefits from research. Furthermore, the act promotes the dissemination and utilization of recent technological breakthroughs.

Fourth, the vocational rehabilitation program was expanded to specifically address the needs of special groups—such as those suffering from a spinal cord injury and those suffering from end-stage renal disease. Too often, the future of a person suffering from a spinal cord injury is a long life in a nursing home—totally dependent upon others. His very existence drains the resources of his family and the public. This situation can be—and must be—changed.

Mr. Scott Duncan, of Houston, Tex., a most remarkable young man, visited me last week. He suffered a spinal cord injury at the age of 16. Today he is participating in a unique program called Life Styles, Inc., which is designed to help young men and women learn to live independently—to minimize their dependence upon others. Many of the participants are currently attending college. Regrettably, such programs are rare. The Rehabilitation Centers for Spinal Cord Injuries authorized by the act would correct this situation.

The resources available to end-stage renal patients—persons suffering from kidney disease—are limited presently. I have toured hemodialysis centers and visited with patients who have successfully undergone a kidney transplant. We possess the means to have these lives. Treatment can restore many kidney patients to an active and fulfilling life. The Rehabilitation Act authorizes State programs to provide the treatment,

equipment, counseling, and training necessary to rehabilitate kidney patients.

Finally, the Rehabilitation Act creates an Office of the Handicapped. At last count, there were over 20 different programs for the handicapped. The Office of the Handicapped will operate in an advisory capacity to evaluate and coordinate the various programs. Furthermore, it will perform the vital function of a national information center, directing inquiries to the most appropriate programs.

The Rehabilitation Act (S. 7) was re-introduced in the 93d Congress by the Senator from West Virginia (Mr. RANKIN), chairman of the Subcommittee on the Handicapped. Today I join Senator RANKIN and the members of his subcommittee as a cosponsor of this most important legislation.