

SENT BY: Xerox Telecopier 7020 ; 6-11-94 ; 15:08 ; The White House

703-370-1340

Pat - Just put the original of this in the trip file.

Charles  
CR

JUN 10 REC'D



**American  
Rehabilitation  
Association**

June 6, 1994

Carol Rasco  
The White House  
Washington, DC

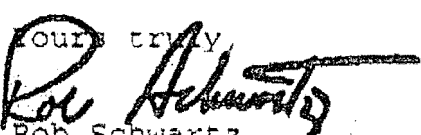
Ms. Rasco,

We are fast approaching the Annual Conference and 25th Anniversary Celebration in Baltimore, June 15-18, 1994. There is a tremendous amount of excitement surrounding this event. Almost 500 registrants will join us as we look back on 25 years of service to the rehabilitation community.

We appreciate your attendance and support of the American Rehabilitation Association's mission, "to serve as an indispensable source of leadership, advocacy, innovation and information for rehabilitation providers by helping them serve their constituencies, achieve financial growth and stability, and improve the quality of life for the people they serve."

This event will provide you with high-quality, indispensable take-home value in a variety of ways. Treasury Secretary Lloyd Bentsen will open Thursday's luncheon, and be joined by keynote speaker and rehabilitation futurist, Russell Coile. From the White House, Carol Rasco, Assistant to the President for Domestic Policy, will give us an overview of current issues. During the week, you will be able to attend six concurrent sessions, from an array of thirty-six choice topic areas geared to meet your specific needs.

We trust that this conference will meet and hopefully exceed your expectations. The American Rehabilitation Association considers you our customer. We urge you to fill out and return the evaluation form in your portfolio packets at the conclusion of the conference. Continuous improvement is important to us. We value your input and again thank you for your participation in this 25th Anniversary Celebration.

Sincerely,  
  
Rob Schwartz  
President and CEO

*file*

LOGISTICS FOR AMERICAN REHABILITATION CONFERENCE

BALTIMORE, MARYLAND

FRIDAY, JUNE 17, 1994

EVENT: AMERICAN REHABILITATION CONFERENCE &  
25TH ANNIVERSARY CELEBRATION  
Hyatt Regency Inner Harbor Hotel  
300 Light Street  
410-528-1234

TRAVEL: 6:15 a.m. Car departs WH Basement  
7:00 a.m. AMTRACK Metroliner (#102) to Baltimore  
7:37 a.m. AMTRACK arrives Baltimore Penn Station

CHR will be met by Stan Herr in Baltimore:  
Please exit station - Proceed Right on Charles  
Street. Stan will be waiting 1/2 block on  
Charles Street in a Gold Accura Legend on Right  
side of Street. (same side of street as Train  
station)  
HE WILL DRIVE CHR TO CONFERENCE SITE AND BACK  
TO WHITE HOUSE

SITE: Take escalator to second level and proceed right  
Locate: American Rehab. Registration Desk  
Susan Ewald or Tony Young will be called to desk  
upon CHR's arrival.

GENERAL  
SESSION: Constellation Room 830 a.m. - 10:00 a.m.

CHR WILL  
BE  
INTRODUCED  
BY: Dr. Allen Goldstein  
Member, Board of Directors

SPEECH: 8:40 - 9:05 A.M.  
(Time frame up to CHR - longer or shorter)\*  
(If CHR late, schedule chgs. etc, just  
call & they will rearrange speakers' times)

There will be 2 more speakers after CHR

After speech, CHR will be seated at table with  
Rob Schwartz, Board President

CONTACTS: Susan Ewald or Donna Canterna  
Registration Desk # 410-605-2818 or 2817\*

Am. Rehab. Assoc.

See about Hotel  
Train tickets  
Th.

CAROL H. RASCO

ASSISTANT TO THE PRESIDENT FOR DOMESTIC POLICY

TRAVEL CHECKLIST FORM

need papers soon  
6/13 - see travel  
6-2250

FUNCTION/ ACTIVITY	INITIALS OF DPC STAFF PERSON	COMMENTS/ PROBLEMS
DATE(S) OF TRAVEL?	Fri June 17	CHR has
DESTINATION?	Baltimore	travel folder - free of mail
TRAVEL AUTHORIZATION FORM COMPLETED?	email CHR	Sat 6/11
MODE OF TRAVEL? RESERVATIONS MADE? IF AIRLINE, WISH AISLE SEAT.	fax "	Sat 6/11
TICKETS OBTAINED FROM TRAVEL OFFICE?	6/16 am	pr
HOTEL RESERVATIONS MADE?	u/a	
CONFIRMATION NUMBER?		
NOTE: FOAM PILLOWS NOTE: NON-SMOKING		
COMPUTER SET-UP AVAILABLE AT HOTEL? DEDICATED LINE? HOTEL FAX NUMBER?	Sat <del>arrived</del>	
CAR RENTAL READY?	<del>to job</del>	
RESERVATION NUMBER?		
MATERIALS FOR TRIP (MTG. FOLDERS/SPEECH MATERIALS) READY?		
CHR SCHEDULE FAXED TO WH OPERATORS, SIGNAL & STAFF?		
CAR RESERVATIONS MADE WITH WH GARAGE?	Sat Arnette / #32 OK	6/16 10:50am Sat 6:15am Arnette
CHR DEPARTURE: 1) TICKETS PACKED? 2) ITINERARY PACKED?		6/17/94

new,  
arrived  
6/8/94

TRAVEL SCHEDULE TO MARY-MARGARET? DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

E X E C U T I V E   O F F I C E   O F   T H E   P R E S I D E N T

16-Jun-1994 10:44am

TO:            Stanley S. Herr

FROM:          Patricia E. Romani  
                Domestic Policy Council

SUBJECT:      Friday, June 17 Pick up CHR at Penn Station et. al

Stan,

I have provided Carol with the following information:

7:37 Metroliner arrives in Baltimore (Train 102)  
Penn Station.

Stan will pick up CHR: Please proceed out of train station.  
Proceed right on Charles Street. Stan will be waiting 1/2  
block on Charles Street in a Gold Accura Legend on Right  
Side of Street (same side as train station).

He will drive CHR to Conference site (Hyatt Baltimore Inner Harbor)  
and also drive CHR back to White House after presentation.

Stan, please confirm this information is correct.

Thanks,

Pat

EXECUTIVE OFFICE OF THE PRESIDENT

11-Jun-1994 03:15pm

TO: Carol H. Rasco  
FROM: Patricia E. Romani  
Domestic Policy Council  
SUBJECT: Re. Friday, June 17 Speech in Baltimore

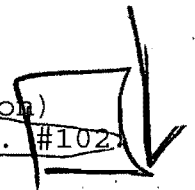
*Pick up  
subject*

Carol,

I have been checking hotel availability in Baltimore for Thursday nite as you asked. There are problems - according to all hotel reps. I have spoken with because of the Baltimore Orioles hosting the NY Yankees and 2 conventions the entire city (hotel-wise) is sold out.

I have checked the Amtrack schedules and they are as follows:  
for Friday a.m.

<u>Metroliner schedule: DC (Union Station) to Baltimore (Penn Station)</u>	
Leave DC 7:00 a.m.	Arrive Baltimore 7:37 a.m. #102
<u>Regular Train Schedule:</u>	
Leave DC 7:35 a.m.	Arrive Baltimore 8:09 a.m. #170



*See Train  
Office*

You mentioned you preferred to arrive in time not to be rushed. The part of the program you are involved with begins at 8:30 a.m. and ends at 10:00 a.m.

I checked with the hotel in Baltimore (Hyatt Regency Inner Harbor (where the convention is being held) and found out a cab from Penn Station to the hotel would normally take 15 minutes. Stan had told me earlier he would be able to meet you at the train station - I checked just to get approximate drive time.

I checked also on return train schedules. They are as follows:

<u>Metroliner:</u>		
Leave Penn Station:	10:21	Train #205
Arrive DC Union:	10:57	
<u>Leave Penn Station: 11:21 Train #107</u>		
Arrive DC Union:	11:57	

*Office  
6/13 2:45 pm  
more information  
done*

Regular unreserved trains:

Leave Penn Station:	10:25	
Arrive DC Union:	11:05	Train #89

Also, I am faxing to you the most recent correspondence we received  
(June 10) FYI.

Please advise if you have a choice of trains or wish for me  
to do anything further today re. this upcoming trip.

Thanks,

Pat

**MEMORANDUM TO CAROL H. RASCO**

**FROM:** Stanley S. Herr

**SUBJ:** Talking points and background for your plenary address to American Rehabilitation Association, Baltimore, June 17, 1994

**DATE:** June 14, 1994

Time and Place: 8:30 to 9:00 a.m., Friday, June 17, 1994 (your talk); session ends at 10 a.m.  
Constellation Room, second floor, Hyatt Baltimore Inner Harbor  
300 Light street  
Baltimore

Points of Contact:

Hotel Phone for conference organizers: 410 605-2818 or 2819  
Gene Loudon, director of communications, 410 302-2068

Audience:

Currently there are 525 registrants, and an additional 50 walk-ins are expected. Audience is mainly providers of vocational, medical, and residential rehabilitation to persons with disabilities. They are primarily CEOs and CFOs of major rehabilitation facilities; some professors of rehabilitation medicine; and other administrators and paid decisionmakers in this field.

Session:

You will be introduced by Alan Goldstein, a member of the Board of Directors and chair of their Vocational division [from Chicago's Jewish Vocational Services]

Following your remarks, Jane Stanek, Director of Government Relations, Johns Hopkins Hospital, will speak on "Health Care Reform: How It Happens."

David Daughtery, Chairman of American Rehab [from Hartford, CT], and Rob Schwartz, its President [the paid executive of American Rehab], will then talk on "Proud Past, New Promise" dealing with the future of the Association and rehabilitation in general.

There will be no Q & A.

Your Talk: "Synergy of Health Care Reform and Welfare Reform"

OPENING RECOGNITIONS:

• It is a pleasure to share this dias with such distinguished figures in the field of rehabilitation as David Daugherty [pronounced DOCKERTY], Rob Schwartz, Jane Stanek, and Alan Goldstein.

• And it is a special privilege to be with you as the American Rehabilitation Association celebrates its quarter century anniversary [CAROL: YOU CAN ALSO SHORTHAND REFER TO THEIR ORGANIZATION AS "AMERICAN REHAB."]

• I also want to thank TONY YOUNG, your director of Residential Services and Community Supports for this invitation to address you, and for all his hard work for health care reform as a leader in the CCD coalition.

• I understand that Treasury Secretary Bentsen visited with you yesterday [Thursday, around noon] and I am confident that having heard his views on health care reform you are more energized than ever to make health care universally available to all our citizens.

BODY OF SPEECH: [CAROL: I'VE EDITED YOUR ATTACHED SPEECH FROM ITS SOON TO BE PUBLISHED FORM; INDICATING SOME POSSIBLE INSERTS AND CHANGES]



INSERT A • "As professionals, people like you -- as administrators, residential service providers, vocational rehabilitation specialist, and all the other community-based fields and endeavors embraced by American Rehab -- have been there for me as a parent. And you have been there for my son Hamp and all the individuals like him who need your comprehensive and devoted services."

**INSERT B**

•Your Association and your nearly 1000 organizational members have critical stakes in winning those reforms and in implementing their fruits. There are two main points I would like to make.

FIRST, HEALTH CARE REFORM AND WELFARE REFORM ARE INTERTWINED AND MUTUALLY SUPPORTIVE.

SECOND, THE EXPERTISE OF YOUR MEMBERS IS VITALLY NEEDED AS WE TAKE THE LESSONS OF INDIVIDUALLY TAILORED PROGRAMS FOR THE REHABILITATION OF PERSONS WITH DISABILITIES AND APPLY THEM TO PERSONS WITH THE DISADVANTAGES OF POVERTY AND ILLITERACY WHO NEED TRAINING TO LEAVE WELFARE DEPENDENCY FOR THE WORLD OF WORK. REHABILITATION IS THE PROCESS THAT WILL GIVE PEOPLE THE SKILLS TO BECOME PRODUCTIVE.

I am therefore delighted to learn that the American Rehabilitation Association endorses health care reform and is supportive of the concepts that will underly our Work and Responsibility Act of 1994. Your active engagement in these linked reforms is essential as the Clinton Administration moves disability policies from segregation to integration, dependence to independence, and from paternalism to empowerment."

come to you to express my deep commitment, and that of the Administration, to the empowerment of people with disabilities.\*

Those of you who work in this field—whether as <sup>medical, vocational or residential rehabilitation</sup> ~~professionals~~—boost our determination and our capacity to resolve the tremendous challenges that remain before us. Your dedication and compassion inspires us to embrace the responsibility of meeting them. INSERT A

As a parent who worked exclusively in this field as a volunteer until my son was seven, and who now works as a policy-maker, I want to tell you about some of the ideas and individuals that inspire me in my daily work. Although I will focus on health care reform, our reform agenda also extends from education reform to welfare reform, from safer streets to safer transitions to adulthood for all our youth.

INSERT B

The White House Domestic Policy Council coordinates the efforts of the Administration, ~~Cabinet secretaries and other federal agencies involved with the~~ <sup>in development of</sup> every aspect of our nation's domestic policy. As director of the Council's day-to-day work, I bring a strong determination that *all children shall be empowered to develop to their fullest potential*. To meet this crucial goal, our children need each of us to believe in them, and we as parents need the opportunities to nurture their growth.



Carol Rasco a 20th birthday bault/Arham

The same is true of adults with disabilities

As President Clinton recently stated, "Having a disability does not diminish one's right to participate in all aspects of mainstream society." On the Domestic Policy Council we take that right very seriously. Working together in public-private partnerships, we are responding to the President's call to "craft policies of inclusion, independence and empowerment that will inspire positive changes in this country and in nations around the world."

Health care reform is an indispensable part of that mission. The President's health care plan is a dramatic advance for people with disabilities and their families

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Health care reform is an indispensable part of that mission. The President's health care plan is a dramatic advance for people with disabilities and their families

## Here's why:

- It guarantees universal coverage for all Americans, and the peace of mind of having health care that is always there.
- It outlaws the current insurance practices of excluding people with pre-existing health or disability conditions, or of jacking up your rates if you get sick or become disabled.
- It forbids insurance companies from picking only the lowest-risk individuals and families, and rejecting others.

*Without that health care in place, many people on welfare or disability rolls will be reluctant to seek out work*



nd son Hamp celebrate his  
(Photo: Charles Archambault Photography)

- It builds on today's private insurance system, which is primarily employer-based, while making insurance more affordable for the self-employed and subsidized for the unemployed. As a result, no one will be uninsured, even if they or members of their family experience a disability, injury or sickness.
- It offers a nationally uniform and comprehensive benefit package—in contrast to some of the other legislative proposals—that includes a range of

preventive services, doctor and hospital visits, outpatient rehabilitation, home health care, adapted durable medical equipment (including orthotic and prosthetic devices and training in their use), mental health services, and many other essential services.

Furthermore, under Senator Edward Kennedy's proposal—now ~~in congressional committee~~ *approved by Senate Labor and Human Resources*—outpatient rehabilitation services would be available to those who need them to restore capacity or minimize limitations as a result of illness, injury, "disorder or other health condition." And to maintain functioning or to prevent or minimize deterioration, rehabilitation services would be provided through a four-step process—initial evaluation and periodic oversight by a qualified rehabilitation health professional; design of a maintenance or prevention program; instructions for the patient, family members or support personnel to carry out the program; and patient reevaluations.

Our health plan provides a major expansion of long-term care coverage by adding home- and community-based services for people with severe disabilities, regardless of age or income.

With a projected 3 million people with disabilities and their families benefiting from this new program, this coverage allows people with disabilities to live in their own homes—with their families, where appropriate—and to enjoy fuller and more satisfying lives.

- <sup>Our plan also</sup> adds significant civil rights protections for the enjoyment of health care benefits, consumer involvement in the design of the new home- and community-based services for individuals with disabilities, and health care “report cards” so that families can determine the health plan that best fits their needs and reward that plan with their membership.

The disability ~~community~~ <sup>community-of which you are a part</sup> can play a critical role in this drive for universal coverage. On May 2nd, I was delighted to be with the President as he hosted 125 leaders of the disability community in a tremendously enthusiastic rally for health care reform. As the President emphasized: “This is a battle that you may be able to lead for the rest of America... And so I ask you: Be an agent of change, an agent of empowerment. Never forget that you are carrying on your shoulders not only your cause, but ours as well. You can break through to those members of Congress. You can do it.” From the White House, these leaders were joined by about a thousand others who marched across the Memorial Bridge to rally at the Lincoln Memorial; then, on to lobby on Capital Hill.

Now is the time to guarantee health security for ourselves, for our children and for the generations to come. Without secure health coverage, too many of us are not free to change jobs, move to a different location or venture from disability rolls to payrolls. Without that security, employers may be reluctant to hire a person with a disability or a person with a family member who has a disability. *Without that security, welfare reform is only a distant hope.*

These basic principles unite us. But it is our common love for our families that propels us to act.

Early in my son's life, a physical therapist who had dedicated her long career to helping young children with disabilities shared with me the words of essayist and poet Joseph Addison: "Everyone must have something to do, someone to love, something to hope for."

I am constantly reminded of those words, not only for my son, Hamp, but for all the people with whom I've worked. In our quest to empower people, we must strive to fulfill these ends at each stage in life. In this process, we have myriad questions to ask and actions to take.

What do persons with disabilities have to do? For a young child, is a preschool program or other early intervention available? For a school-age child, is school relevant, safe and effective? Are our schools and transitional programs teaching both how to make a living and how to live? And, for adults, is there a job, day activity or voluntary service that satisfies and excites? As President Clinton said in Memphis last November: "I do not believe we can repair the basic fabric of society until people who are willing to work have work."

Work organizes life. It gives structure and discipline to life. It gives meaning and self-esteem to people who are parents. It gives a role model to children... We cannot, I submit to you, repair the American community and restore the American family until we provide the structure, the value, the discipline and the reward that work gives." Those powerful thoughts are particularly apt for our citizens with disabilities who, too often, experience high rates of unemployment and underemployment. *They are the driving principles and values that animate our work*  
What do persons with disabilities have to hope for? *and*  
And what do we who love them have to hope for? *Responsibility Act.*

Linda Charlton, the mother of a two-year-old daughter with Down syndrome, recently described her goals for her Katie before a superb and productive meeting of the President's Committee on Mental Retardation:

"First, we want her to feel loved... to give her a sense of high self-esteem so that she can experience life with confidence. She is a very social child and while I think she has the capacity to make many friends, I wonder how other children will accept her. We envision her attending public schools, at least for the most part, and one day we hope to see her graduate from high school. There's even a part of us that hopes she'll continue her education after that... I wonder if she'll ever get married... if she doesn't, I hope at least she has a companion to enjoy life with. And if we could, we'd like to see her remain as happy as she is today... Our Katie—who loves people, music, dogs, rain, sunshine, swings, cookies, apricots, baths and the color red."

*Goal: This can be cut or reduced. It's short on welfare reform time, or if you want to brief the audience on welfare reform*



These are dreams and feelings to which any parent can relate. Many of them were fulfilled for me when my son was asked ~~last~~<sup>just one</sup> year<sup>ago</sup> by the members of his high school graduating class to give one of the commencement addresses. I will never forget that moment, nor will Hamp. Here was the young man whom we were once told would not survive or if he passed the hurdle of his first days, would have to be institutionalized. But Hamp defied those predictions, living at home and attending school with his non-disabled peers. This is the speech that he wrote, on his own, politely declining his mother's offer of help. Hamp said that this was his speech to give:

"Hello, my name is Hamp Rasco. I am pleased to share with you what attending Hall High has meant to me.

"I enjoyed the pep assemblies and the band. I enjoyed talking with friends in the cafeteria and going out into the community with my CBI class.

"After graduation I plan to find a job in the community where my social skills can be put to use. This is important to me because I want to make new friends with all kinds of people.

"I would like to encourage other students with special needs to never give up, work hard to do a good job and be proud and happy about what you do at school.

"I want to thank Dr. Anderson and the vice principals for their support of my program. I want to tell Ms. Chapman and Mr. Smith how much I appreciate all the work

they have done on my behalf and for all students with special needs. And I also thank Ms. Yates. And, finally, I especially want to thank my parents for believing in me and always encouraging me to be all that I can be. I really hate to leave all my friends at Hall, but I must move on.

"Thank you. Good evening."

Like Hamp, we must all move on. Great challenges lie ahead, indeed. And as you well know, they are not limited to health care reform. From the White House to your house, we must work together. We need to reassure the countless young people like Hamp across this country that they will always have health insurance, that they can have jobs and that they are an essential part of life in our communities. For surely, to be whole and part of whole communities, people deserve something to do, someone to love and something to hope for.

I know that <sup>you go</sup> the leaders of the disability community are campaigning to achieve these goals and objectives. I sincerely want to thank all those leaders, including ~~Paul~~ <sup>YOUR OFFICERS</sup> ~~and~~ ~~the~~ ~~staff~~ ~~of~~ ~~the~~ ~~Office~~ ~~of~~ ~~Government~~ ~~Relations~~ ~~and~~ ~~Public~~ ~~Affairs~~ ~~and~~ ~~its~~ ~~staff~~, for their hard work in fighting to bring health security to every American. ~~Additionally~~, I commend ~~the~~ ~~100~~ ~~sister~~ ~~organizations~~ ~~united~~ ~~in~~ ~~the~~ ~~Consortium~~ ~~for~~ ~~Citizens~~ ~~with~~ ~~Disabilities~~ ~~for~~ ~~your~~ ~~steadfast~~ ~~support~~.

<sup>you and your</sup> ~~the~~ 100 sister organizations united in the Consortium for Citizens with Disabilities for <sup>your</sup> ~~your~~ steadfast support. Now, we must intensify those efforts. We must each tell our personal stories so that members of Congress have before them the human faces of health care reform. We need each of you to help seize this moment of opportunity to *guarantee private insurance for all our citizens—coverage that offers choice, comprehensive benefits and freedom from unfair and exclusionary insurance practices.*

I believe that a new day has dawned for America's citizens with disabilities and for all our people. We won't always succeed and we won't always be able to do everything that we want. But with your energy and resolve, we can have health security now. And I can promise you this: we will never relent in our effort to give every person a chance to develop—fully. Because, at the end of Bill Clinton's second term, at the start of the third millennium, I want to be able to say to Hamp Rasco and Mary-Margaret Rasco and to all of America, with a clear conscience and full heart—"We did our best." And for all our children's sakes, I want each of us to be able to look at one another and say—"We did our best."

Tony Young

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16-Jun-1994 10:52am

TO:            Patricia E. Romani

FROM:          Stanley S. Herr  
                Domestic Policy Council

SUBJECT:      RE: Friday, June 17 Pick up CHR at Penn Station et. al

that's correct. thanks

Remarks by Carol H. Rasco  
American Rehabilitation Association  
Baltimore, Maryland  
Friday, June 16, 1994

event file

Thank you.

"Synergy of Health Care Reform and Welfare Reform"

It is a pleasure to share this ~~with~~ <sup>morning's agenda</sup> with such distinguished

figures in the field of rehabilitation as David Daugherty

[pronounced DOCKERTY], Rob Schwartz, Jane Stanek,

and Alan Goldstein.

And it is a special privilege to be with you as the

American Rehabilitation Association celebrates its quarter

century anniversary <sup>a sparkling silver 25 yrs.</sup> [refer to their organization as

"American Rehab."]

I <sup>particularly</sup> also want to thank TONY YOUNG, your director of Residential Services and Community Supports for this invitation to address you, and for all his hard work for health care reform as a leader in the CCD coalition.

I understand that Treasury Secretary Bentsen visited with you yesterday ~~Thursday around noon~~ and I am confident that having heard his views on health care reform you are more energized than ever to make health care universally available to all our citizens.

I come to you to express my deep commitment, and that of the Administration, to the empowerment of people with disabilities.

Those of you who work in this field - whether as medical, vocational or residential rehabilitation professionals - boost our determination and our capacity to resolve the tremendous challenges that remain before us. Your dedication and compassion inspires us to embrace the responsibility of meeting them. As professionals, people

like you -- as administrators, residential service providers, vocational rehabilitation specialists, and all the other community-based fields and endeavors embraced by American Rehab -- have been there for me as a parent. And you have been there for my son Hamp and all the individuals like him who need your comprehensive and devoted services.

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Although I will focus on health care reform, our reform agenda also extends from education reform to welfare reform, from safer streets to safer transitions to adulthood for all our youth.

Your Association and your nearly 1000 organizational members have critical stakes in winning those reforms and in implementing their fruits. There are two main points I would like to make.

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DEPENDENCY FOR THE WORLD OF WORK.

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to-day work, I bring a strong determination that all children shall be empowered to develop to their fullest potential. To meet this crucial goal, our children need each of us to believe in them, and we as parents need the opportunities to nurture their growth. The same is true of adults with disabilities. As President Clinton recently stated, "Having a disability does not diminish one's right to participate in all aspects of mainstream society." On the Domestic Policy Council we take that right very seriously. Working together in public-private partnerships, we are responding to the President's call to "craft policies of inclusion, independence and empowerment that will inspire positive changes in this country and in nations around the world."

Health care reform is an indispensable part of that

mission. The Presidents health care plan is a dramatic advance for people with disabilities and their families.

Here's why:

- It guarantees universal coverage for all Americans, and the peace of mind of having health care that is always there. Without that health care in place, many people on welfare or disability rolls will be reluctant to seek out work.
- It outlaws the current insurance practices of excluding people with pre-existing health or disability conditions, or of jacking up your rates if you get sick or become disabled.
- It forbids insurance companies from picking only the

lowest-risk individuals and families, and rejecting others.

- It builds on today's private insurance system, which is primarily employer-based, while making insurance more affordable for the self-employed and subsidized for the unemployed. As a result, no one will be uninsured, even if they or members of their family experience a disability, injury or sickness.
- It offers a nationally uniform and comprehensive benefit package - in contrast to some of the other legislative proposals - that includes a range of preventive services, doctor and hospital visits, outpatient rehabilitation, home health care, adapted

durable medical equipment (including orthotic and prosthetic devices, and many other essential services.

Furthermore, under Senator Edward Kennedy's proposal - now approved by Senate Labor and Human Resources, patient rehabilitation services would be available to those who need them to restore capacity or minimize limitations as a result of illness, injury, "disorder or other health condition." And to maintain functioning or to prevent or minimize deterioration, rehabilitation services would be provided through a four-step process -- initial evaluation and periodic oversight by a qualified rehabilitation health professional; design of a maintenance or prevention program; instructions for

the patient, family members or support personnel to carry out the program; and patient reevaluations.

- Our health plan provides a major expansion of long-term care coverage by adding home- and community-based services for people with severe disabilities, regardless of age or income.

With a projected 3 million people with disabilities and their families benefiting from this new program, this coverage allows people with disabilities to live in their own homes -- with their families, where appropriate -- and to enjoy fuller and more satisfying lives.

- Our plan also adds significant civil rights protections for the enjoyment of health care benefits, consumer

involvement in the design of the new home- and community-based services for individuals with disabilities, and health care "report cards" so that families can determine the health plan that best fits their needs and reward that plan with their membership.

The disability community, of which you are a part, can play a critical role in this drive for universal coverage. On May 2nd, I was delighted to be with the President as he hosted 125 leaders of the disability community in a tremendously enthusiastic rally for health care reform. As the President emphasized: "This is a battle that you may be able to lead for the rest of America...And so I ask you: Be an agent of change, an agent of empowerment. Never forget that you are carrying on your shoulders not

only your cause, but ours as well. You can break through to those members of Congress. You can do it." From the White House, these leaders were joined by about a thousand others who marched across the Memorial Bridge to rally at the Lincoln Memorial; then, on to lobby on Capitol Hill.

Now is the time to guarantee health security for ourselves, for our children and for the generations to come. Without secure health coverage, too many of us are not free to change jobs, move to a different location or venture from disability rolls to payrolls. Without that security, employers may be reluctant to hire a person with a disability or a person with a family member who has a disability. Without that security, welfare reform is only a distant hope.



These basic principles unite us. But it is our common love for our families that propels us to act.

Early in my son's life, a physical therapist who had dedicated her long career to helping young children with disabilities shared with me the words of essayist and poet Joseph Addison: "Everyone must have something to do, someone to love, something to hope for."

I am constantly reminded of those words, not only for my son, Hamp, but for all the people with whom I've worked. In our quest to empower people, we must strive to fulfill these ends at each stage in life. In this process, we have myriad questions to ask and actions to take.

What do persons with disabilities have to do? For a

young child, is a preschool program or other early intervention available? For a school-age child, is school relevant, safe and effective? Are our schools and transitional programs teaching both how to make a living and how to live? And, for adults, is there a job, day activity or voluntary service that satisfies and excites? As President Clinton said in Memphis last November: "I do not believe we can repair the basic fabric of society until people who are willing to work have work. Work organizes life. It gives structure and discipline to life. It gives meaning and self-esteem to people who are parents. It gives a role model to children...We cannot, I submit to you, repair the American community and restore the American family until we provide the structure, the value, the discipline and the reward that work gives." Those powerful thoughts are particularly apt for our

citizens with disabilities who, too often, experience high rates of unemployment and underemployment. They are the driving principles and values that animate our Work and Responsibility Act." And what do we who love them have to hope for?

~~These are dreams and feelings to which any parent can~~  
~~relate.~~ Many of <sup>my dreams</sup> ~~them~~ were fulfilled for me when my son  
was asked just one year ago by the members of his high  
school graduating class to give one of the  
commencement addresses. I will never forget that  
moment, nor will Hamp. Here was the young man whom  
we were once told would not survive or if he passed the  
hurdle of his first days, would have to be institutionalized.  
But Hamp defied those predictions, living at home and  
attending school with his non-disabled peers. This is the  
speech that he wrote, on his own, politely declining his  
mother's offer to help. Hamp said that this was his  
speech to give:

"Hello, my name is Hamp Rasco. I am pleased to  
share with you what attending Hall High has meant

to me.

"I enjoyed the pep assemblies and the band. I enjoyed talking with friends in the cafeteria and going out into the community with my CBI class.

"After graduation I plan to find a job in the community where my social skills can be put to use. This is important to me because I want to make new friends with all kinds of people.

"I would like to encourage other students with special needs to never give up, work hard to do a good job and be proud and happy about what you do at school.

"I want to thank Dr. Anderson and the vice principals for their support of my program. I want to tell Ms. Chapman and Mr. Smith how much I appreciate all the work they have done on my behalf and for all students with special needs. And I also thank Ms. Yates. And, finally, I especially want to thank my parents for believing in me and always encouraging me to be all that I can be. I really hate to leave all my friends at Hall, but I must move on. "Thank you. Good evening."

Like Hamp, we must all move on. Great challenges lie ahead, indeed. And as you well know, they are not limited to health care reform. From the White House to your house, we must work together. We need to reassure the countless young people like Hamp across

this country that they will always have health insurance, that they can have jobs and that they are an essential part of whole communities, people deserve something to do, someone to love and something to hope for.

I know that you as leaders of the disability community are campaigning to achieve these goals and objectives. I

sincerely want to thank all <sup>of you</sup> ~~these~~ <sup>again specifically</sup> ~~leaders, including~~ Tony <sup>recog-</sup> <sup>nizing</sup>

Young and your offices for their hard work in fighting to bring health security to every American. I commend you and your 100 sister organizations united in the

Consortium for Citizens with Disabilities for your steadfast support. Now, we must intensify those efforts. We must

each tell our personal stories so that members of

Congress have before them the human faces of health care reform. We need each of you to help seize this

moment of opportunity to guarantee private insurance for all our citizens -- coverage that offers choice, comprehensive benefits and freedom from unfair and exclusionary insurance practices.

I believe that a new day has dawned for America's citizens with disabilities and for all our people. We won't always succeed and we won't always be able to do everything that we want. But with your energy and resolve, we can have health security now. And I can promise you this: we will never relent in our effort to give every person a chance to develop -- fully. Because, at the end of Bill Clinton's second term, at the start of the third millennium, I want to be able to say to Hamp Rasco and Mary-Margaret Rasco and to all of America, with a clear conscience and full heart -- "<sup>I</sup> ~~We~~ did <sup>my</sup> ~~our~~ best." and



for all our children's sakes, I want each of us to be able  
to look at one another and say -- "We did our best."

LOGISTICS FOR AMERICAN REHABILITATION CONFERENCE

BALTIMORE, MARYLAND

FRIDAY, JUNE 17, 1994

EVENT: AMERICAN REHABILITATION CONFERENCE &  
25TH ANNIVERSARY CELEBRATION  
Hyatt Regency Inner Harbor Hotel  
300 Light Street  
410-528-1234

TRAVEL: 6:15 a.m. Car departs WH Basement  
7:00 a.m. AMTRACK Metroliner (#102) to Baltimore  
7:37 a.m. AMTRACK arrives Baltimore Penn Station

CHR will be met by Stan Herr in Baltimore:  
Please exit station - Proceed Right on Charles  
Street. Stan will be waiting 1/2 block on  
Charles Street in a Gold Accura Legend on Right  
side of Street. (same side of street as Train  
station)  
HE WILL DRIVE CHR TO CONFERENCE SITE AND BACK  
TO WHITE HOUSE

SITE: Take escalator to second level and proceed right  
Locate: American Rehab. Registration Desk  
Susan Ewald or Tony Young will be called to desk  
upon CHR's arrival.

GENERAL  
SESSION: Constellation Room 830 a.m. - 10:00 a.m.

CHR WILL  
BE  
INTRODUCED  
BY: Dr. Allen Goldstein  
Member, Board of Directors

SPEECH: 8:40 - 9:05 A.M.  
(Time frame up to CHR - longer or shorter)\*  
(If CHR late, schedule chgs. etc, just  
call & they will rearrange speakers' times)

There will be 2 more speakers after CHR

After speech, CHR will be seated at table with  
Rob Schwartz, Board President

CONTACTS: Susan Ewald or Donna Canterna  
Registration Desk # 410-605-2818 or 2817\*

# MEDICAL REHABILITATION MAKES DOLLARS AND SENSE.

AS SEEN IN:

THE WASHINGTON POST

WALL STREET JOURNAL

ROLL CALL

Most Americans will need medical rehabilitation at one time or another. So, it's a good thing that medical rehab is a cost-effective way to help people live productive lives. In fact, 80 percent of those



people back to work, too — about 350,000 a year. They recover more quickly and they're productive faster — and by returning to work, their income taxes alone raise about \$700 million in federal and state revenues.

who receive medical rehab go home as opposed to incurring the staggering costs of long-term hospitalization.

✓ Cited in a Rand Snell Report, by returning these Americans to their homes, medical rehab saves families, insurance companies and the government up to \$1 billion each year. Medical rehab gets

✓ Medical rehab is a good investment. A study by Northwestern National Life Insurance Co. says it saves \$30 for every \$1 invested in long-term disability.

✓ Medical rehabilitation has proven its value. It just makes sense to make medical rehabilitation a key component of any national health care plan.

## MEDICAL REHABILITATION ADDS VALUE TO LIFE.

*For more information about  
medical rehabilitation, call*

**MREF 1-800-GET-REHAB**  
Medical Rehabilitation Education Foundation

## Talking Points for American Rehabilitation Association Speech

- The American Rehabilitation Association (or American Rehab, but never ARA, because there are 6 others that are ARA) is the largest national trade association for providers of medical, vocational, and residential rehabilitation services to Americans with disabilities and other disadvantages, with more than 1,000 member providers across the nation. Members include free standing rehabilitation hospitals, rehabilitation units within hospitals, comprehensive outpatient rehabilitation facilities, community rehabilitation providers of vocational services, and residential service providers.
- The Association is vitally interested in both health care reform and welfare reform. Member organizations serve millions of people with disabilities and other disadvantages each year with a comprehensive package of community based, individually focused rehabilitation services. As we move toward the 21st Century, we view ourselves as uniquely positioned to assist government in addressing problems such as illiteracy, unemployment, and drug rehabilitation.
- Over the last 20 years there has been a marked change in the populations served by American Rehab member service providers. This change has manifested itself in the types of disability, the causes of disability, the addition of serving people with other disadvantages, and the cultural background of the individuals who are now being served. Providers of rehabilitation services need new service methods, strategies and qualified personnel to meet the ever changing needs of the diverse population requesting services. Service providers, service consumers, and rehabilitation educators must collaborate in a unified effort to develop these methods, strategies and personnel.
- People with disabilities in rehabilitation 20 years ago, as now, had disabilities such as cerebral palsy, muscular dystrophy, mental retardation, spinal cord injury, and polio, that were the results of inherited disabilities, acquired conditions and accidents. However, two decades ago many individuals who were born with or who acquired a *significant* disability either died shortly afterward or were sheltered away at home with their family or in an institution. Only those with less severe disabilities both survived and were allowed to participate in vocational and residential rehabilitation programs.
- Today, thanks to improvements in trauma care, acute medical rehabilitation, long term disability management, and, ironically, a *decrease* in access to prenatal and perinatal care, more individuals with significant disabilities are surviving long after the onset of disability. In addition to the individuals previously seen, rehabilitation professionals are seeing individuals with traumatic head injuries, high level spinal cord injuries, a wide range of cognitive impairments, learning disabilities, and mental disabilities. Importantly, changing societal attitudes about individuals with

disabilities—most brought about by activists who themselves have disabilities—are enabling individuals with more significant disabilities to access a wide variety of rehabilitation services.

- Along with the changes in type and severity of disability, there have been significant changes in the underlying causes of disability. Where before the causes of disabilities were often car accidents, diving accidents, or polio, today the causes include gunshot wounds, knife wounds, or AIDS. If there was a drug involved in the onset of the disability, that drug was usually alcohol. Now, the drug could be crack cocaine, heroin, or the current designer drug *de jure*.
- There are significant cultural changes seen in the rehabilitation arena as well. Recent census data indicate that 14.1% of African Americans of working age are disabled compared to 8.4% for Whites (US Department of Commerce, 1989). One in three severely disabled women is of Black or Hispanic origin (Bowe, 1985a) and in 1988 there were 43% more Hispanic women with disabilities than in 1981. It appears that various factors, including poor prenatal and perinatal care, inadequate nutrition and diet, violence in the neighborhood placing individuals at greater risk for physical injury, substance abuse, lack of access to adequate health care, and insufficient health care knowledge and education (including preventative care) appear to contribute to this increase in disabilities for minority populations (Walker, 1987; Hopkins, 1991; Thornhill & Hosang, Hart, and Rivera, 1991).
- Medical conditions which may be corrected for non-minority individuals, may remain untreated for minorities and result in permanent disabilities—for example, diabetes left untreated can result in blindness and amputation (President's Committee on Employment of People with Disabilities, 1989) and substance abuse not only is identified more frequently as a disabling condition for minority groups, but hinders rehabilitation and recovery for other primary disabilities. (Wade, 1990).
- People with disabilities and people who are disadvantaged share much in common. They share a common economic status; lack of access to job training and needed community supports; they respond more favorably to an individualized assessments of abilities and needs; they are better served by individualized services.
- Community rehabilitation providers (CRPs) have a long history of offering individualized assessments, plans, and services to individuals with disabilities. CRPs have recently begun to serve other populations of disadvantaged persons, including substance abusers, drop-outs, illiterate persons, non-English speaking persons, and ex-offenders using the same individualized assessments, plans, and services they have successfully used with people with disabilities.

- CRPs should play a significant role in any redesigned employment training system as part of the one-stop shopping centers for employment services. The individualized assessments, plans, and services they have successfully used with people with disabilities fit well into proposed programs such as the Administration's Reemployment Act of 1994.
- The successful reform of the welfare system is contingent upon other successful reforms in health care and employment training. Significant barriers conspire to keep people out of the job market and on the public dole. These barriers include a lack of access to medical care; poor basic skills; lack of appropriate job training; and inadequate community supports. The only difference between people with disabilities and people with other disadvantages is that people with disabilities require personal assistance services in addition to other community supports such as transportation, child care, and assisted living.
- All of the major players must become engaged in the process of change in order for the reform of these major systems, including education, health, job training, and welfare, to occur. To sit on the sideline during this momentous debate is to abdicate the responsibility for meaningful social policy change to a few vested interests. To become engaged in the social policy debate is to help forge a future for people with disabilities and people with other disadvantages that can lead them into the mainstream of American society. This will result not only in the economic empowerment of people with many disadvantages, but also help America to be more competitive in an ever more challenging global economy.

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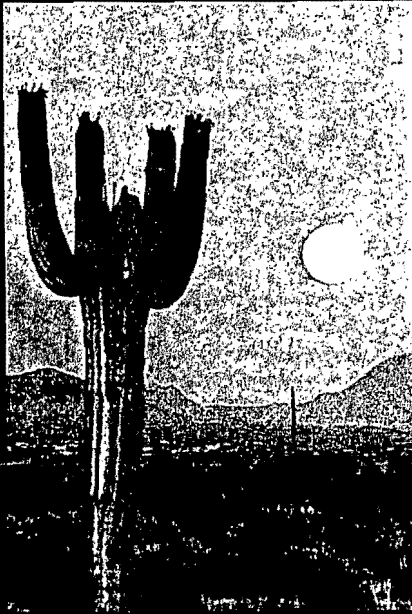
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WARM UP FOR THE HOLIDAYS!

## 26th Annual Meeting and Training Conference

Phoenix, Arizona  
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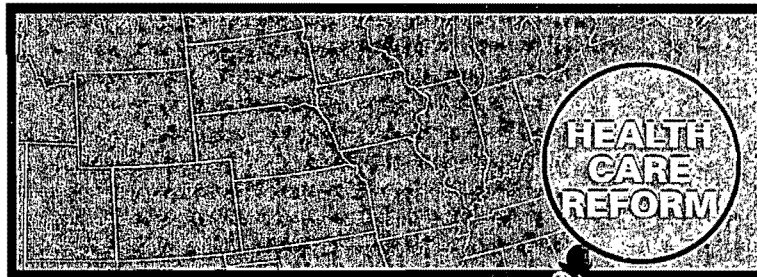
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**PROPOSED MODIFICATIONS  
TO THE HEALTH  
SECURITY ACT**



**AMERICAN  
REHABILITATION  
ASSOCIATION**



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