

THE Colorado Independent

Oct.-Nov. 2008



THINGS ARE A CHANGIN'

By Linda laPointe

This newsletter is published by the Provider Relations Unit of the Colorado Division of Vocational Rehabilitation, and edited by Judy Neal, Independent Living Program Coordinator. The goal is to share information among the ten Colorado Centers for Independent Living, the Statewide Independent Living Council, and DVR staff. The submission of information or articles from all affiliated with these organizations is both encouraged and welcomed. Please e-mail any articles of interest to judy.neal@state.co.us If you have questions, please phone me at (303) 866-4645.

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Persons with disabilities have never been taken very seriously. Our numbers haven't critically influenced political action. Our dollars have not been enough to be targeted. We have never been identified as a voting block.

That will soon change.

The November US Census will ask people with disabilities about their voting patterns. This data will be available March of next year by state and by voter turnout rate. By 2011 each jurisdiction will have the actual numbers of people with disabilities who vote.

So, if you are a little lazy, like me, and have skipped voting in the past because it's too early, too late, too cold, too hard to manage, do it anyway. This year, our votes will be counted in two ways.

We will soon be a **voting block** which will bring us more power in itself ---

but only if we show up.



From the Director

**By
Nancy Smith**

I recently participated in a panel discussion that was part of the ACCIL's Annual Retreat. The topic was relationships and the focus was on the future. It seems like a great time to be re-evaluating relationships. With an election looming, the crisis in financial markets, and the globalization of our economy a reality – everything has shifted. I sometimes feel like Rip Van Winkle. Did I fall asleep and stay asleep through so many changes in the world?

At a more local level, collaboration seems to be the vital key that will make things happen. While none of us is likely to be rich and/or famous, we do need to be collegial to succeed at serving our customers well. During the panel discussion we explored what the future relationships might look like among the IL Centers, the SILC, the State Agency, and the ACCIL. A critical piece missing from that group I listed is the local level. The Centers and the DVR Field Offices are important cogs in the service wheel. What can be done to strengthen the relationships that exist between local Independent Living Centers and DVR Field Offices? These places are where people with disabilities and their families come to

find answers, receive service and learn about their options.

Is there a person at the local level with whom you should be connecting on a regular basis to strengthen the IL/VR relationship? Are there opportunities in your community to share about services that could be offered to the DVR Office? Have you ever been to a staff meeting at DVR or invited them to one of yours? Does your staff know about the SWAP or about the TBI Program? I encourage both VR and IL people to find the connections and sail through these rocky times by collaborating.



***“Bridging business
and ability”***

Report from ACCIL

**By
Nancy Jackson, Chair**



Jonathan Alpert was hired in July 2008 as ACCIL's first-ever Coordinator. He's had an impressive career as an administrative law judge, business owner, adjunct professor, author, lecturer and lawyer. Although Jonathan claims to be retired, he continues to consult within the judicial system on cases.

As a part time contractor to ACCIL, his responsibilities include communicating ACCIL's vision, mission and goals to legislators, policy makers, stakeholders and organizations; monitoring advocacy and legislative issues; coordinating resource development; providing administrative support; and managing the execution of ACCIL's work plan goals.

In our high tech world, Jonathan continues living in Florida while performing these job duties, telecommuting from home. His skills, attention to details, and competence have been assets to ACCIL already. Currently he's coordinating ACCIL's application to obtain its 501 © (3). With it, ACCIL will broaden its revenue base, receive funding for

statewide projects that benefit all Colorado residents with disabilities and participate in grant funded initiatives. He acknowledges, however, that face-to-face meetings are essential in performing work in Colorado. To that end, Jonathan most recently attended ACCIL's annual planning retreat in Glenwood Springs September 17th and 18th.

Living with multiple sclerosis since age 25 and having degenerative disc disease, Jonathan understands independent living intimately both from personal experience as well as a former employer. While owning a law firm, one of his employees sustained a spinal cord injury that resulted in quadriplegia. There was no question about retaining her; accommodations were made and she continued working. Jonathan's philosophy on independent living is both sensible and pragmatic.

ACCIL looks forward to a long and mutually beneficial working relationship with Jonathan as our Coordinator. His contact information is jonalpert@aol.com.



From the SILC

**By
Debbie Peterson**

The SILC continues to work hard. At our September meeting we finalized our mission statement. The Mission Statement for the Colorado SILC is: Paving Pathways to full participation for the community of persons with disabilities served by the Colorado Centers for Independent Living. We feel that this mission statement reflects actions we take by “paving pathways.” The SILC opens doors and sets things in motion to make needed changes for the persons with disabilities in Colorado. The SILC considers “full participation” as being defined by each person with a disability. So our goal is to be instrumental in making sure any person with a disability can reach their “full participation” goals. This mission statement also addresses the community of persons with disabilities. We consider the community of persons with disabilities as anyone involved with a person with a disability, including: families, healthcare providers, legislators, communities, housing, etc. And of course, the way the SILC has the most impact on any person with a disability is through the Colorado Centers for Independent Living. As goals are developed and committee work occurs we will

consider this mission statement before moving forward.

One of the goals for the SILC in the future is to complete a statewide independent living needs assessment. Based on all of our research there has not been an assessment in Colorado that addresses the independent living needs of persons with disabilities. We feel that this is necessary to identify specific needs as well as to plan for the future so that funds and other resources can be maximized. The state plan committee for the SILC is heading up this effort to identify funds for the needs assessment as well as identify the best method to accomplish the goals of the assessment.

The public policy committee is working on some very important topics. They are looking at housing and emergency preparedness. The public policy committee is working with two interns who are doing some extensive research on these two areas and they are considering deficits and challenges. The public policy committee will be considering opportunities to resolve some of the deficits by submitting issue briefs.

The membership committee continues to recruit new members for the SILC that will represent Colorado with respect to disabilities, ethnicity,

geography, and gender. The membership committee is also considering those with an interest in meeting the goals for the SILC that have been identified in the SPIL, as they recruit new members.

We also have our website up, www.coloradosilc.org. Be sure to visit our website where you can learn about the members of the SILC, you can learn more about the SILC, including the history and what we are doing now, and you can find information about applying to be a member of the SILC.

As you can see the SILC is very busy and working hard to pave pathways to full participation for any person in Colorado with a disability.



Meetings

The SILC has scheduled four meetings for this fiscal year. The public comment segment is typically scheduled from 12:45 – 1:15. To request reasonable accommodations or to be added to the agenda during this period, please phone us at 303 866-4645.

September 10, 2008

Craig

November 19, 2008

Fort Collins

March 18, 2009

Greeley

May 20, 2009

Pueblo

www.coloradosilc.org

A Personal Look at Assisted Suicide

Razors pain you;
Rivers are damp;
Acids stain you
And drugs cause cramp;
Guns aren't lawful;
Nooses give;
Gas smells awful;
You might as well live.
Dorothy Parker

Did You Know...

. . . that at the time of WWII there was active debate and discussion in the United States about eugenics among the psychiatrists and medical doctors of the day? The population targeted was, of course, those with disabilities, 'idiots', 'genetic defects'. When word got out about Hitler's death camps, the public debate ended in the U.S.

The legalization of assisted suicide still raises controversy. So much so that the room NCIL assigned to this workshop could barely hold the group which showed up to hear why leading disability advocacy groups oppose its legalization.

Indeed, twelve advocacy organizations have publicly announced their opposition.

The reasons are numerous. But the most striking of all is the anecdotal stories which prove out that the Oregon assisted living system has no oversight built in. Oregon is the only state in the U.S. that allows physician-assisted suicide. The citizens of Oregon voted in favor of the Death With Dignity Act via a ballot measure in 1994, and the Act took effect in 1997.

Many of the reported deaths were questionable, but no investigations were performed. "We are not given the resources to investigate", says Dr. Katrina Hedberg, Oregon DHS, "and not only do we not have the resources to do it, but we do not have any legal authority to insert ourselves.", even though it was promised by proponents of the law.

Other safeguards were to be built in to Oregon's Death with Dignity Act.

- *Access to lethal drugs would only be given to those with no more than 6 months to live.* But a short life expectancy is unreliable, we all know people who have outlived their prognosis. And many of the suicides were committed 2 years or more after obtaining the prescription.
- *No one would be coerced into choosing assisted suicide.* There are stories of aged, demented, vulnerable people who were 'assisted' more than the Act would allow by HMO

administrators, hospital nurses and family members.

- *The person is to be determined to be free from clinical depression.* The guidelines only recommend a mental health consultation, so over time psychiatric evaluations of those who did suicide dropped from 31% in 1998 to only 5% in 2003-04. Suicide is commonly considered when depressed. Depression can be treated.
- *Doctors will be held legally accountable.* A 'good faith' clause protects doctors, which DREDF reports "legalizes negligence". Interestingly, 75% of the suicides were facilitated by pro-suicide doctors. In half of the cases, the patients knew the doctor less than 3 months, and the data indicates patients had been 'doctor shopping' until they found the 'right' one.

All subsequent bills in other states duplicate this one. Since Oregon passed its assisted suicide law in 1994, 21 states have introduced physician assisted suicide and/or euthanasia bills. Not one has passed. In fact, seven states have passed laws prohibiting assisted suicide.

The NCIL Presenter was Marilyn Golden, a Policy Analyst at DREDF. She has become a prominent opponent of assisted suicide and euthanasia pursuant to DREDF's

position. An interesting presenter, after her explanations, she opened up the floor for respectful disagreement. This made for a lively and thought provoking workshop. People hung around afterward and wanted to continue the discussion even though it was then 5 p.m.

In light of this workshop I have been able to settle my personal unrest with this topic. The turning points for me are:

1. The majority of people who think they want access to assisted suicide are:

White Well-off Wealthy Well

2. In a new study, 52% of respondents said they'd rather be dead than disabled. When I look back at my professional experiences, that and Wolfensburger's outstanding work substantiate that when a faction are invisible and insignificant, they are so de-valued that society becomes 'deathmakers'. Now, regardless what my personal feelings are for my self, I easily oppose assisted suicide as an accepted, societal position.

Linda LaPointe, MRA
SILC Chair-elect

For more information:

www.internationaltaskforce.org

www.notdeadyet.org

www.dredf.org

www.compassionandchoices.org

First Trip to NCIL

(National Council on Independent Living)

By Linda Taylor

As a representative of the SILC, I had an opportunity to join with the hundreds of disability advocates who converged on Washington DC in July. It was an experience like my days at the University of Kansas when the Vietnam War was the issue.

The General Sessions were informative on issues that related to the ILC's as a whole. Especially disturbing was the information about RSA's reinterpretation of the Amendments to the Rehabilitation Act which would disallow activities some SILCs use to help fund themselves and pay for consumers to attend advocacy events. This is a core issue that strikes at the reason for our existence; Self Advocacy for Civil Rights.

RSA was invited to the NCIL general session to discuss their rational and new practices. When they declined, about 150 members decided to pay them a visit at their Washington Office. Walkers, wheelers, people with service dogs,

people with white canes, and committed advocates all trooped to the subway to make their way to the Potomac Building. RSA agreed to meet with a small delegation when we arrived in mass. After about two hours the delegation returned with no commitments other than a promise to consider the intent of the original legislation in their interpretation. Advocates across the nation will be watching RSA's written response and action in the coming days.



NCIL Photos

By Linda Taylor



Above: Brent, Carol, Judy, Linda L. & Linda T.



Left: Brent & Carol organized the Capitol Hill visits.

Right: Carol & Amy at the Rally.



Left: Advocates gather at the hotel

The AT Network will help people to

Get Up, Get Out, and Get a Life

By Patricia Yeager

People with disabilities of any age, and their families face four barriers to getting the equipment they need: good information and referral, evaluation for what will work to meet their needs, funding (duh!) and training/maintenance of their equipment. The Colorado AT Network is being set up to help address these

Recently I received an email from a woman on the Western Slope who was looking for help. She is a wheelchair using mom, with two children, one of whom has a developmental disability. She indicated in her message that she was very independent and had never used services before but recently had lost her accessible transportation and was struggling to get her child to critical appointments. Did I know where she could find an accessible vehicle so that she could transport herself and her disabled child to medical and other appointments?

Under a new program being put together by the Colorado's Technology Act program, AT Partners and the Colorado Senior Community Service Employment Program (SCSEP), local Centers for Independent Living and Area Agencies on Aging are being given first crack at having a free part time staff person placed in their offices to help adults who need to find equipment. Assistive Technology, adapted equipment or durable

medical equipment are all terms for the sorts of equipment that people with disabilities need in order to get up, get out and get a life!

The program is being coordinated by Julia Beems, Outreach Coordinator for AT Partners. The agency has a terrific statewide equipment loan and assistance program for kids with disabilities in school. The program uses the SWAAAC folks already in schools around the state. Equipment for loan and try on activities are shipped across the state via the State Library Courier service. The funds for the kids program come from DVR and the Department of Education. Now AT Partners is turning their attention to how to better serve adults with disabilities using a similar cross disability model.

Audrey Krebs, the program director for SCSEP at Colorado's Division of Aging and Adult services heard about the need and offered to pay the wages for seniors over the age of 55 to work 20 hours a week for up to 18-24 months. These seniors must be

low income and could have disabilities; they would be trained by the AT Partners and placed in agencies that receive and respond to requests for equipment like the one at the beginning of this article. When the trained senior leaves, a new person will be placed and trained so that services can continue.

These AT Information Specialists will conduct outreach activities about assistive technology and what's out there to help the disability community. They will be able to help a consumer research his/her options and get them connected to evaluations, funding and training where possible. Some limited service coordination may be available where needed. These staff members will form a network with the professionals at AT Partners to answer questions, get good referrals and gather local AT information for the AT Partners statewide data base. This data base will be available to everyone who wants to search for what equipment might help them. The statewide data base will be a perfect compliment to the funding website that AT Partners has already put together. Check out all the AT info that is available at www.uchsc.edu/atp/

Accessible, Affordable, Integrated

H O U S I N G

By Tim Wheat

ADAPT, America's leading grass-roots direct-action disability rights organization has made a clear statement on the focus of its efforts in the near future: housing. This year ADAPT celebrated 25 years of activism and recognized the progress the group has made in changing the institutional bias that traps people with disabilities and older Americans in expensive, undesirable institutions.

This past September, ADAPT recognized the vital role that accessible, affordable and integrated housing plays in providing American's with disabilities entrance into the mainstream community. Housing opportunity is equality.

The ADAPT action began with the Department of Housing and Urban Development, and built a tent city called "DUH City", to highlight the disability communities need for accessible, affordable and integrated housing. Although HUD recognizes that disability discrimination is the most common discrimination they

deal with, the federal agency has not developed a reasonable way to end the inequity.

In ADAPT style, not just complaining but having a positive proposal for change, ADAPT has developed a housing platform to guide local, state and national policy to end the housing crisis for people with disabilities.

Some highlights of the ADAPT housing platform:

- * 5000 new housing vouchers per year for 10 years, targeted to people transitioning out of nursing homes and other institutions;
- * Twice as much funding for the construction of new housing stock that is affordable, accessible and integrated;
- * Policies and procedures to track the new vouchers to assure they remain targeted to people with disabilities when the original user becomes ineligible or no longer needs the voucher;
- * People with disabilities who reside in institutional settings to be recognized as "homeless."

In May of 2007, the Sectary of HUD came to an ADAPT rally to say:

We are committed to work with you and we will do everything in our power to make sure you have affordable accessible integrated housing options in this country.

ADAPT is demanding that HUD keep that promise and ADAPT has supplied the method for achieving the goal of equal housing opportunities in our country. To read the housing platform, visit www.duhcity.org.



ADAPT build a tent city on the front plaza of HUD.



Rick Knight presents the ADAPT Housing Platform to his Senator.



ADA Definition of Disability (Part 1)

By Cindy Powell

To understand who is protected by the ADA, it is important to know how the ADA determines disability. The ADA uses a three-part definition of disability. The **ADA definition of disability is not the same as in other laws**, such as state workers' compensation or other federal or state laws that provide benefits for people and veterans with disabilities.

To be considered a person with a disability under the ADA, **an individual must only meet ONE part** of the three-part definition. The determination of whether a person has a disability is made on a **case-by-case basis**. Under the ADA, an individual with a disability is a person who:

1) **Has a physical or mental impairment that substantially limits one or more major life activities:**

- **Physical impairment:** a physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems
- **Mental impairment:** any mental or psychological disorder; Examples:
 - Mental retardation
 - Organic brain syndrome
 - Emotional or mental illness
 - Learning disabilities

"Stress" and "depression" are conditions that may (diagnosed by a psychiatrist as having an identified mental or physiological disorder) or may not (because of job or personal life pressures) be considered impairments.

Major life activity:

an activity an average person can perform with little or no difficulty;

Examples:

- Walking,
- Speaking,
- Breathing,
- Seeing
- Hearing
- Learning
- Caring for oneself
- Performing manual tasks
- Sitting
- Standing
- Reproduction

2) **Has a record of such impairment:**

- History of a disability, regardless of whether they currently are substantially limited in a major life activity
- History of cancer, heart disease, or other debilitating illness, whose illnesses are cured, controlled or in remission
- History of mental illness

- Misclassified or misdiagnosed as having a disability
- Erroneously classified as having mental retardation or having a learning disability in the past

3) Is regarded as having such an impairment:

Such protection is necessary because, as the Supreme Court stated and Congress reiterated, "Society's myths and fears about disability and disease are as handicapping as the limitations from actual impairments."

- Perceived as having disabilities based on stereotypes, fears, or misconceptions
 - Impairment that is not substantially limiting but is perceived by the covered entity as substantially limiting

- Impairment that is substantially limiting only because of the attitudes of others
- Has no impairment but be regarded by the covered entity as having a substantially limiting impairment

A detailed explanation of "substantial limitation" will be presented in the next newsletter.

For informal ADA guidance, information or materials, please contact DBTAC Rocky Mountain ADA Center at (800) 949-4232 between 8 am to 5 pm weekdays. 3630 Sinton Road, #103, Colorado Springs, CO 80907; www.adainformation.org



Bad officials are elected by good citizens who do not vote.

*Andrew Lack
at Congressional hearing on the networks' election night miscalls.*