



VR 101: History, System & Process

Transcript of VR History Presentation

Module 1: History of Vocational Rehabilitation

The Public Rehabilitation Program in America can trace its roots back to World War I.

During that war, modern medicine allowed more injured soldiers to survive and come home with significant disabilities than ever before.

But they couldn't go back to their old jobs.

The Soldiers Rehabilitation Act of 1918 introduced a new concept in disability support - not just money to live on, but training for the injured veterans as preparation for new jobs matching their "new" abilities.

A farmer who lost a leg fighting in France might be trained in drafting.

A factory worker with lungs burned by chlorine gas might become a pharmacist.

This idea was popular with the American people and matched programs in several states for training injured workers.

In 1920 Congress expanded the veteran's program to include anyone with a physical disability, not just veterans.

This was the beginning of the Public Vocational Rehabilitation Program, or VR.

The new program was great - as long as your physical disability met the requirements and as long as you needed the limited VR services the system offered.

These gentlemen, for instance, are learning to weave wicker backs and seats for chairs.

These men are making rugs.

But if you had some other kind of disability that didn't meet the requirements - such as seizures or mental retardation - you weren't eligible for any help.

People with these disorders continued to live on charity from family, church groups, or strangers - or in a state-supported institution.

World War Two expanded the rehabilitation system even more.

When millions of soldiers went off to war, they left behind jobs that still needed to be done.

So millions of women went to work to help out, but many unskilled jobs were still empty.

To help fill those jobs, some amendments to the Rehab Act in 1943 expanded VR services to include people with mental illness and mental retardation.

This gradually doubled the number of people finding jobs through VR.

And those new workers began changing society's stereotypes about what people with disabilities could do.

In response to comments from the public, these amendments also changed the kinds of services that VR provided.

In addition to training and guidance, VR began paying to correct certain disabilities, including cataract surgery on eyes or bone surgery for limb deformities.

VR also began paying for equipment like hearing aids or wheelchairs - anything that improved the ability of someone with a disability to find a job.

The 1943 amendments also allowed states to create separate VR agencies for people with blindness, if the states chose to.

In the decades that followed, as the economy grew and as doctors learned how to treat more serious disabilities, the process of VR became more complicated.

Beginning with the 1954 amendments to the Act, the federal government started funding scientific research into disabilities and rehabilitation, eventually leading to the National Institute on Disability and Rehabilitation Research, or NIDRR.

These amendments also significantly increased funding for the public rehabilitation system to match its growing popularity.

Politically, Vocational Rehabilitation was popular.

It helped thousands of people, even if it still didn't reach everyone with a disability.

It had a clear definition of its target group - people with disabilities who could return to work with help - and a clear definition of success - employment of those people.

You could measure the results financially and the program consistently made money for the government.

On average, for every dollar spent on training and support initially, people with disabilities paid 7 dollars in state and federal taxes when they got back to work.

VR was a Washington success story.

Then came the 1965 amendments.

President Johnson used these to recruit VR into his Great Society program.

VR had been so successful finding jobs for people in need, so to speak, that the administration was going to expand its role.

Suddenly the term Disability included drug abuse, alcoholism, repeated jail sentences, so-called Behavior Disorders, public assistance, and many other conditions that were not medical at all.

In short, almost anyone who couldn't get a job could get help from VR.

VR was operating offices in prisons, welfare offices, and storefronts.

Where the VR system had once served thousands of people, it now served tens of thousands.

This change quickly overwhelmed the system, and VR officials had to streamline the process.

Now applicants were processed and evaluated quickly, and training choices were much more limited.

VR services became less individualized and flexible and rehabilitation became a mass production system.

VR now helped many more people, but the people who needed the flexibility and individualization of earlier years - people with the most significant disabilities - often got lost in the shuffle. They had to go back to doing without.

By this time - in the late sixties and seventies - people with disabilities, advocates, and family members had learned a few lessons from the civil rights movement.

They began lobbying and protesting about, among other things, this streamlining of VR.

In 1973 Congress responded with a completely new Rehab Act.

This act directed VR to primarily serve people with significant physical or mental disabilities.

In addition, counselors and consumers would now work in close partnership to individualize services.

And each counselor-consumer team would use a formal Individualized Written Rehabilitation Program to help them develop and carry out those services.

Meanwhile, the voices of disability advocates continued to grow.

They started a radical "de-institutionalization" movement in the 1960s, which pushed institutions to move people out into new "group homes" and "residential care facilities" in local communities.

Unfortunately, after lifetimes living passively in institutions, many people living in the new facilities didn't know what else to do. Instead of creating community inclusion, many group homes became small duplicates of the institutions.

Although the new facilities were a good idea, it was going to take more than that for people with disabilities to build ties to their communities and live independently.

Out of these efforts and others, came a new Disability Rights movement.

Advocates began to talk about things like "community inclusion" and "consumer choice" for disability services.

The VR system integrated these concepts with new amendments in 1986.

For people with the most significant disabilities, these amendments shifted VR's focus away from jobs in protected places like sheltered workshops.

Instead, the amendments provided supports to help people adapt to work in typical jobs out in the community.

Since 1986, VR has continued working closely with the disability community and has integrated emerging concepts into its regulations and services.

In 1992, new amendments to the Rehab Act created a new front section that spelled out some of these concepts in a statement of definitions and principles.

These amendments also created the State Rehabilitation Councils - which are citizens' advisory councils in each state to increase the voice of consumers in the policy and operations of state agencies.

In addition, the 1992 amendments increased the role of the consumer in planning his or her services, mandated a set of standards and indicators for monitoring agencies, required agencies to set minimum training standards for all VR counselors, and speeded up the eligibility process.

The amendments also said Agencies were to presume that everyone with a disability could benefit from VR services.

This meant agencies could not deny services to someone just because his or her disability was very significant.

In 1998, another set of amendments increased supports for informed consumer choice in the VR process, streamlined some administrative requirements, and increased the options to help consumers find high quality jobs.

This set of amendments also required a partnership between the public rehabilitation system and other state and federal agencies that provide employment-related services.

This included requirements for local cooperative agreements.

As part of this partnering effort, the Rehab Act became Title Four of the Workforce Investment Act.

However, the changes carefully maintain the integrity of the Public Rehabilitation System.

The VR system still provides flexible, individualized services to people with disabilities who need more than the general public jobs programs can provide.

Through all these changes, the guiding principles of the rehabilitation system have not changed - a belief that employment and productivity lead to independence and a belief that independence is the right of all American citizens.