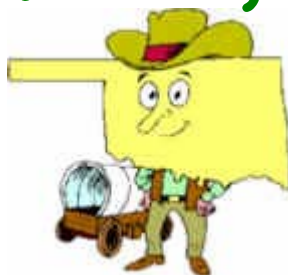


OFFICE OF HANDICAPPED CONCERNS

WILL'S CORNER, OKLAHOMA



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(Serving the Disability Community of Oklahoma)

SOCIAL SECURITY AND YOUR FUTURE

I have received several emails recently on the subject of Social Security which is said to be the most successful domestic program in the history of the United States. I have also been fortunate to have an interview with Larry Jones who is a Public Affairs Specialist for the Social Security Administration in the Oklahoma City District Office. Larry, in turn, has given me two booklets published by the Social Security Administration called *The Future of Social Security* and *Understanding the Benefits*. Information in this article is taken from all these sources. You may consult other information at the Social Security website at www.socialsecurity.gov. Let's talk a little about this social experiment which is almost seventy years old.

Social Security is a work in progress which began in the Depression Era America of Franklin Roosevelt and has evolved into the program we know today. The program be-

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EMERGENCY PREPAREDNESS

In the January issue of *Will's Corner, Oklahoma* we shared with you the efforts of people with disabilities, city emergency personnel, and employees of the Ford Center in Oklahoma City to prepare for an emergency. In November, 2004 they conducted a practice evacuation of the 20,000 seat arena using about 300 volunteers with various disabilities. People with disabilities are increasingly getting out into the public. They are attending football games, going to church, and visiting friends in the local hospital—all places where large numbers of people are congregated in a small area. People with disabilities have special needs, and those needs must be considered in any civic planning for an emergency. The World Trade Center in New York is a prime example on all of our minds.

There were heroic stories of volunteers carrying people who were not ambulatory down ninety flights of stairs to safety before the towers collapsed in a burning inferno. This is a very dramatic example, but let's look at a scenario closer to home. Are tornado shelters in your city accessible to someone in a wheelchair? Does your church have a plan of evacuation for all its parishioners including those with disabilities in the event of an emergency? If a fire occurred during a high school basketball game, have local officials planned how to safely evacuate the building? I have recently come across a document called *An ADA Guide for Local Governments* put out by the U.S. Department of Justice, Civil Rights Division, Disability Rights Section. I also have received some information about a court decision by Judge John W. Debelius III of

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OHC web site:

www.ohc.state.ok.us

EMERGENCY PREPAREDNESS (CONTINUED)

the Circuit Court for Montgomery County, Maryland which is a precedent-setting decision on emergency evacuations for people with disabilities.

The Americans with Disabilities Act of 1990 (ADA) has always been understood to help get people with disabilities into places of public accommodation. Judge Debelius' December 28, 2004 decision expands the responsibility of public places to include getting people out of those public places in the event of a fire, terrorist attack, or other emergency. Katie Savage of Washington, D.C. became trapped during an emergency evacuation in a local shopping mall that had no accessible exits for persons with disabilities. Abandoned by store employees and trapped, Ms. Savage resolved to use her terrifying ordeal as a vehicle for ensuring that fellow citizens with disabilities would not be similarly victimized in an emergency evacuation. The court declared, "It is certain that Title III of the ADA does apply to this situation." The Opinion of the Court was also significant for refusing to allow a tenant at the Mall to abdicate its responsibility to patrons with disabilities by merely placing them outside a store's entrance in an emergency evacuation situation and leaving actual evacuation to a shopping mall's owners.

It is important that community emergency preparedness and response programs be accessible to people with disabilities. Government has a role to protect all its citizens and public places have a role to protect their patrons—some of whom have disabilities. These people may be in wheelchairs or using an electric scooter for mobility. They may be unable to see or hear emergency alarms. People with disabilities are especially vulnerable in an emergency situation, and it is important that planning

reflect this reality. Let's look at a few possible components of that emergency planning.

Include people with disabilities:

If you are responsible for your community's emergency planning or response activities, you should involve people with disabilities in identifying needs and evaluating effective emergency management practices. Issues that have the greatest impact on people with disabilities include notification, evacuation, emergency transportation, sheltering, access to medical care and medications, access to their mobility devices or service animals while in transit or at shelters, and access to information.

Notification

People who are deaf or hard of hearing cannot hear radio, television, sirens, or other audible alerts. Those who are blind or have low vision may not see flashing lights. Consider how to notify these disability groups of an emergency.

Evacuation

People with a mobility disability may need assistance leaving a building without a working elevator. Individuals who are blind may no longer be able to independently use traditional orientation and navigation methods. Procedures should be in place to ensure that people with disabilities can evacuate the physical area in a variety of conditions and with or without assistance.

Sheltering

When disasters occur, people are often provided safe refuge in temporary shelters. It is important that these shelters are accessible to people with disabilities. People using a wheelchair or scooter have often been able somehow to get to the shelter, only to find no accessible entrance, accessible toilet, or accessible shelter area. Many shelters allow "no pets" not considering the needs of people with dis-

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State of Oklahoma

www.ok.gov

PREVENTION

The materials for this article are based on information taken from the Oklahoma Department of Health website at www.health.state.ok.us. For the last seven years, the Health Department has prepared a State of the State's Health report. As an Oklahoma citizen of almost 45 years, I find information about our collective health challenging.

The *United Health Foundation 2003 State Health Rankings* show that Oklahoma ranked 45th of the 50 states in health. This compares with our ranking of 46th in 2002. We were the only state in the nation whose health became worse during the 1990's. While it appears that we are improving on a number of items on which our health ratings are based, this is not cause to lessen our efforts.

Our age-adjusted death rates based on the year 2000 population broadly followed the national rate from 1980-1989 where we began to exceed the national rate and in 2000 exceeded it by about 11.5%. Without question, a greater priority on prevention is a key to improving the health of all Oklahomans. Let's look at a few things which are preventing us from achieving the health which we all so highly covet.

Alcohol abuse accounts for significant disability, starting with the teenage years and lasting through the lifespan. Of particular concern is alcohol use among the younger age groups. Twenty percent of all alcohol is consumed by teenagers. When combined with other risk-taking behaviors common among teens and young adults, the use of alcohol becomes deadly. The leading cause of death in teenagers is automobile accidents, often related to drinking alcohol.

High usage of tobacco compared with the rest of the United States continues to affect the state of our health. However, there are signs that prevention efforts are beginning to pay off in a survey which showed tobacco use declined from 42.1% of Oklahoma high school students in 1999 to 31.9% in the year 2002. Those areas in the state that had the

greatest number of tobacco use prevention activities also had significantly lower rates of tobacco use. With comprehensive funding to reach even larger numbers, such prevention activities will literally save thousands from the long-term detrimental consequences of nicotine addiction. Adolescents who begin smoking and continue through the remainder of their life shorten their life span on average by 14 years.

The Report Card on Health asks, "Are we eating right?" 14.4% of Oklahomans are eating five or more fruits and vegetables daily compared with 22.6% of Americans as a whole. 55% of the American population is overweight. We are the heaviest nation in the world with Germany following us as #2. Overeating (sometimes called calorie addiction) results in the over-time development of high blood pressure and diabetes—the latter of which is at epidemic levels in this country. Couple overeating with lack of exercise, and you have a guaranteed prescription of poor health. For our children and youth, cancellation of recess and physical education in our schools does not help. But lack of exercise is not just a problem of our children. Oklahoma reports 30.6% of its adults have no physical activity as compared to 24.4% on the national level. Our percentage of adults with no physical activity earned Oklahoma the rank of 47 of the 50 states and a grade of F on our health report card. There are things which we can do to improve this indicator.

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**Love is
what
makes you
smile when
you're
tired.**

REFLECTIONS ON HISSOM

Jim Nicholson is the Director of the Developmental Disabilities Services Division (DDSD) of the Oklahoma Department of Human Services. DDSD serves children and adults with a primary diagnosis of mental retardation across Oklahoma. State services include two state schools for the mentally retarded at Enid and Pauls Valey plus the delivery of services in the community offered by Oklahoma's Medicaid waivers. Hissom State School in Sand Springs was closed as a result of a class-action lawsuit filed on May 5, 1985. The federal court of the northern district of Oklahoma maintained strict oversight of the delivery of services to class members until February 1, 2005 when the court ended active supervision of the class and effectively closed the court's involvement. Mr. Nicholson reflects about the court's twenty year involvement in the service delivery system for people with mental retardation and the changes which have happened as a result.

Jim Nicholson

The Hissom lawsuit was filed against the State of Oklahoma because a group of parents felt their children were not getting quality services at one of our then three schools for the mentally retarded. Hissom State School opened its doors in Sand Springs in 1964 and was finally shut down through order of the court 30 years later. The court ruled that the magnitude of the problems at Hissom was such that they could not be repaired in that setting, and Judge Ellison ordered that class members receive the services they needed in a community setting rather than the institutional model which we had used since statehood.

Back in 1985, a parent had to decide between sending their children to a state institution where all costs were paid or keeping their child at home where they were responsible for all costs. This could be a very hard decision to make. The Hissom lawsuit offered a third option—services in the home and in the community where the individual lived. This was a dramatic shift from the past. We changed our way of doing business in Oklahoma.

The class consisted of all those who resided at Hissom at the time of the filing of the suit or had resided at Hissom in the previous five years. It included 1049 people, and the court set up a monitoring system to make sure class members received high quality services in the community in which they chose to live. Now you must keep in mind that many of these 1049 people had severe disabilities, some with profound mental retardation and secondary physical disabilities such as cerebral palsy or epilepsy. Physical therapists, occupational therapists, and direct-care workers in the community did not at first know how to serve these people. The learning curve was steep, but in the process we built a service-delivery system which meets people's needs in a setting which allows them more independence and freedom of choice. The Hissom lawsuit affected all Oklahomans with mental retardation and their families because it demanded high-quality services in the community and maintained court involvement until this became a reality.

We at DDSD were faced with a monumental task. We had to hire case managers, contract with providers, and train direct care staff in a relatively short period of time. We had to ask for matching Medicaid money from our state Legislature to pay for the new services we were offering all over Oklahoma. Finally, we had to meet deadlines set up by the Court Review Panel in its ongoing oversight of this new, budding service-delivery system. The court wanted real assurances that Oklahoma provided high-quality services to this population with high needs.

These ideas were new back in the late 80's and early 90's. People didn't really believe that people with disabilities could live and function well in the community in those early years. We have proven that those naysayers were wrong. We have proven that people with disabilities—even severe disabilities—can have a higher quality of life than was ever dreamed before and can begin to make some real decisions on their own. It has been a wonder-

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REFLECTIONS ON HISSOM (continued)

ful thing as director of this agency to see the massive changes which have occurred in this state in a short period of time. At the same time, there is no doubt that we have more to do.

I would like to see our agency (DDSD) collaborate with other state agencies such as the State Department of Education who also work with people with mental retardation. Through collaboration, we can better serve the needs of people with disabilities. We want to learn better how to support families who are so impacted by the needs of their family member with disabilities. We at DDSD want to work with Sooner Start to provide ongoing services from infancy into childhood. We want to provide intense services in early intervention to enable the individual to acquire early on the skills they will need to live a productive life in the community.

More than anything, I would like to provide services to people in a timely manner and do away with our waiting list. This is not always an easy thing to do because good services only come through effort and an unfailing public commitment to serve people with disabilities and their families.

Good services come through education of the community on the benefits which people with disabilities can contribute to society if they are only given the chance. People with mental retardation can enrich all of us if we are willing to invest in them and give them the skills they will need to be successful in this world. The Hissom lawsuit jolted our consciousness to look at those in our midst who had long been forgotten and to view them as people just like all the rest of us—people who want a chance to live in a family and pursue their dreams. Isn't that really what we all want?

We want to thank Jim Nicholson for his reflections on the closing of the monumental Hissom court case in Oklahoma. If you are interested in knowing more about community services for people with mental retardation in Oklahoma, call 800-522-1086 in Pauls Valley if you live in the southern half of Oklahoma. Call 800-522-1075 in Tulsa if you live in northeastern Oklahoma or call 800-522-1064 in Oklahoma City if you live in the northwestern quadrant of our state. Ask to speak with an intake case manager.

PREVENTION (continued)

Oklahoma falls behind the rest of the nation in childhood immunizations, percentage of mothers starting prenatal care in their first trimester of pregnancy, and seatbelt use. Becoming aware of our health status is a beginning for us. We are worth the effort it takes to become healthier and achieve a higher quality of life. Efforts in the public sector as well as individually are important in making us healthier.

Fluoridation of drinking water is known to lessen dental decay. The first Oklahoma community fluoridated its public water system in 1953. As much as a 40% reduction in tooth decay can be expected per person per year simply by treating the water with this substance. Scientific evidence is overwhelming supporting the effectiveness and safety of this important preventative measure. Also

dental, medical, and public health organizations solidly support it. In the year 2000, 74.6% of Oklahoma water departments fluoridated. This is significantly improved since 1992.

Lack of health care coverage contributes to poor health status by discouraging people from seeking early, preventive care. Oklahoma is one of the states with a high rate of the uninsured—18.3% reporting not having health care coverage in 2001 compared to the 14.6% of the country as a whole. This translates to 620,000 Oklahomans without health care coverage. It is estimated that the number of deaths which can be attributed to a lack of health coverage is greater than those deaths resulting from AIDS.

SOCIAL SECURITY AND YOUR FUTURE (continued)

gan in 1935 as a retirement insurance program. In 1939 survivors' benefits were added to the program to help families which lost a bread winner. Disability benefits were added in 1956 followed by the Medicare program in 1965 and SSI (Supplemental Security Income) in 1972. Payroll taxes from American workers fund these benefits, and in the last 70 years these payroll taxes have been raised 20 times. These are some examples of the changes in Social Security which have occurred to meet our needs. In 1983 a coalition of Democrats and Republicans under President Reagan made changes in Social Security to strengthen the program. Some Americans say that we need to make changes again to Social Security to meet the needs of Americans. Let's look at some statistics which may give you a better grasp of the subject.

More than 47 million Americans receive retirement, survivors and disability benefits from Social Security. Eight million people receive disability benefits (SSDI) and five million receive Supplemental Security Income (SSI). These last two programs are a major source of income for people with disabilities in the United States.

For retirees, the average monthly Social Security check is \$914.30. That same check is \$898.10 for the person with disabilities in the SSDI program. (SSI beneficiaries' typically draw less.) In 2002 \$5.7 billion flowed into our state economy in Social Security benefits. 22% of adults in our state receive Social Security benefits in one form or another, and a total of 604,000 of all Oklahomans receive a monthly check. Social Security payments make the difference between being above or below the poverty line in Oklahoma. When we talk about changing Social Security, we must realize that we are looking at the needs of the elderly and disabled in our midst who are vulnerable in every sense.

Many people think that the Social Security taxes they pay are held in interest-bearing accounts earmarked for their own future retirement needs. The fact is that Social Security is a pay-as-you-go retirement system. That is, the Social Security taxes

paid by today's workers and their employers are used to pay the benefits for today's retirees and other beneficiaries. Younger workers are paying for their elders' benefits, not their own as many people think. This would not be an issue if it were not for the fact that there are fewer workers per beneficiary today than there were in the past.

In 1960 there were 5.1 workers for every beneficiary of Social Security. That figure dropped to 3.3 workers per beneficiary in 2004, and it is projected there will be only 2.1 workers per beneficiary in 2031. (This fact must be tempered by the increasing real wages Americans are receiving on which their Social Security payroll taxes are based.) To put it simply, Americans are having fewer children, and this has an impact on the long-term demographics.

Social Security is in excellent financial shape at this time. Today we have roughly \$450 billion worth of liabilities and \$600 billion to cover those liabilities. However, those figures will change as the Baby Boomers begin retiring in a few short years. It is estimated that in the year 2017 that Social Security will begin paying out more money than it takes in. However, it will not be until the year 2041 that the Social Security Trust Fund is completely exhausted. At that point, Social Security could still meet 73% of its obligations with existing monies being paid into the system. Is there an immediate problem? Well, maybe not. Is there a long-term problem? Probably.

Choices Lie Ahead

Some people think that benefits should be reduced, or at least their future growth should be slowed. One way of doing this would be to increase the retirement age for full Social Security benefits. They say that Americans are living longer and healthier lives than ever before and that people are spending an increasing number of years in retirement. Critics of the proposal to further raise the retirement age say most Americans now choose to retire early, and that it would be hard for some people to work

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SOCIAL SECURITY AND YOUR FUTURE (continued)

past the current retirement age because of their health or because their jobs are just too demanding.

Some people believe that Social Security taxes should be raised so that all future benefits could be paid. They want to increase the current combined payroll tax rate, which is now 12.4 percent. Critics argue that payroll taxes are already very high and that most workers already pay more in payroll taxes than they do in income taxes.

Other people suggest personal accounts—allowing younger workers to pre-fund their own benefits by investing in stocks and bonds. They argue that workers could have more say in the management of their benefits this way and stock market performance has been good. Private accounts could even be passed on to heirs and used by succeeding generations. Detractors point out that personal retirement accounts mean higher risks for workers. It would be possible for a worker to be invested in a poorly-performing stock and be forced to change retirement plans because of this.

Another version of the previous argument is to allow the government itself to invest Social Security reserves in stocks and bonds in order to harvest higher potential returns. The problem remains on what to do with poor-performing investments. Critics also say the government should not invest in private companies because the government could end up being the largest stockholder in a company.

Another proposal to solve the Social Security long-term shortfall has a political angle. These people argue that we have millions of illegal aliens working in this country who do not pay Social Security payroll taxes. Legalize these aliens or set up some kind of program where they may be taxed on their earnings in this country to strengthen the Social Security system. This could change the ratio of workers to retirees in a favorable way. However, many people strongly believe that immigration policies must remain strong, especially during times that our national security is threatened.

Social Security Personal Accounts and Disability

People with disabilities typically pay less into the Social Security system than they receive in benefits. Private accounts provide benefits based on good investment and the amount invested by each person. What happens to people with disabilities in this scenario? If they have a shorter work history, they will have less money to invest in private accounts and presumably less benefits as well? What about people who have never paid into the Social Security system at all and are currently drawing SSI (Supplemental Security Income)? How will these benefits be affected by changes in the Social Security system?

Social Security reform has become a hot domestic topic in recent months. The national debate continues in the halls of Congress and over a cup of coffee at the local convenience store. The issue is cross generational concerning young people who will be entering the system, middle-aged workers paying into the system, and beneficiaries of the program. We want a system in America which is fair to all and meets all our needs for our lifetimes.

EMERGENCY PREPAREDNESS (CONTINUED)

abilities who use service animals to function. Shelters should have back-up generators to keep medications cool and to provide electricity for individuals who may be on oxygen.

Admittedly we have a long ways to go in preparing for an emergency for all our citizens. It is time to begin planning. If you have responsibility in preparing for an emergency in your community, why not contact some people with disabilities. No one knows the needs of people with disabilities better than the people themselves.

The Office of Handicapped Concerns has a publication entitled *Emergency Evacuation Preparedness*. If you would like a copy, call 800-522-8224.

CALENDAR OF EVENTS

- April 18, 2005** Community forum on developmental disabilities in Durant, Oklahoma from 6-7:30 p.m. at the Robert L. Williams Public Library, Utterback Room, 323 W. Beech. Call Vyonda Martin at 800-627-6827 for more information.
- April 19, 2005** Community forum on developmental disabilities in Atoka, Oklahoma from 11:30 a.m.-1 p.m. at the Kiamichi Tech Center, Room-Industrial, 1301 W. Liberty Road. Call Vyonda Martin at 800-627-6827 for more information.
- April 20, 2005** Reverse Job and Technology Fair from 10 a.m.-4 p.m. at DRS Career Planning Center 5813 South Robinson in Oklahoma City. Contact Glenn Hatter for registration at 800-523-0288.
- April 27-29, 2005** Children's Mental Health Conference at the Reed Conference Center in Midwest City, Oklahoma. Contact Shannon Manning at 405-522-8300 for more information.
- May 3-5, 2005** State Conference on Aging, Reed Conference Center in Midwest City, Oklahoma. Call 800-426-2747 for more information.
- May 5-6, 2005** NAMI (National Association for the Mentally Ill) Conference at Clarion Meridian Conference Center in Oklahoma City. Contact Andrea Volk at 405-230-1900 for more information.
- May 11-13, 2005** Special Olympics State Games on the campus of Oklahoma State University in Stillwater, Oklahoma. Call 800-722-9004 for more information.
- June 9-12, 2005** National Endeavor Games held at the University of Central Oklahoma in Edmond, Oklahoma. Sports competition for people with disabilities. Contact Katrina Shaklee for more information at 405-974-3144.
- June 20-24-2005** Second annual Youth Leadership Forum to develop leadership skills for students with disabilities. The Forum will be held at the University of Arts and Sciences in Chickasha, Oklahoma. Call 800-836-4470 for more information.

If you have an event coming up relating to disability, let us know at 800-522-8224 and we'll help you publicize.

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