

REMARKS OF SENATOR BOB DOLE  
THE MENNINGER FOUNDATION RESEARCH AND UTILIZATION CONFERENCE  
"NEW DIRECTIONS IN DISABILITY MANAGEMENT: A NATIONAL PERSPECTIVE"  
CAPITOL HOLIDAY INN - COLUMBIA SOUTH MEETING ROOM  
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THE YEARS 1983 - 1992 HAVE BEEN PROCLAIMED AS "THE DECADE OF THE DISABLED" IT IS NOT THE DECADE OF THE HANDICAPPED. THIS DISTINCTION IS IMPORTANT FOR A DISABLED PERSON IS ONLY HANDICAPPED SO LONG AS HE OR SHE IS PREVENTED FROM ACHIEVING A GOAL, EARNING A LIVING, REALIZING A DREAM. THROUGHOUT MY LIFE, I HAVE KNOWN PERSONS WHO MIGHT HAVE BEEN PHYSICALLY DISABLED, BUT WHO ATTAINED GREAT ACCOMPLISHMENTS OF THE MIND AND OF THE SPIRIT. I HAVE KNOWN IN MY OWN LIFE THE CALL TO SELF-DISCOVERY THAT COMES WITH A PHYSICAL DISABILITY - AND I LEARNED MANY YEARS AGO THAT SYMPATHY IS NO SUBSTITUTE FOR A CHANCE TO DEVELOP ONE'S SKILLS.

THERE ARE THIRTY-FIVE MILLION OTHER AMERICANS WHO HAVE LEARNED - OR WILL LEARN - THAT SAME LESSON: THEY REPRESENT A VAST AND LARGELY UNTAPPED HUMAN RESOURCE. THEY ASK FOR NOTHING BUT A CHANCE TO SHARE THEIR TALENTS. AND, BECAUSE DISABLED PEOPLE ARE AS VARIED IN ABILITY, TEMPERAMENT, AND PERSONALITY AS ABLE-BODIED PEOPLE, MANY WILL SUCCEED. OTHERS WILL NOT. DISABLED PERSONS, HOWEVER, SHOULD NOT BE SET UP FOR FAILURE BY MEANS OF A SYSTEM WHICH CREATES ARTIFICIAL BARRIERS -- ARCHITECTURAL, ECONOMIC, OR PSYCHOLOGICAL -- NOR SHOULD THEY BE SHELTERED FROM "THE RIGHT TO FAIL."

I AM PROUD THAT KANSAS PLAYS HOST TO A VOCATIONAL REHABILITATION RESEARCH AND TRAINING CENTER FOCUSING ON THE IMPROVEMENT OF REHABILITATION SERVICES FOR THE SEVERELY DISABLED, PARTICULARLY THOSE WHO ARE LIKELY TO BECOME SSDI RECIPIENTS.

DISABILITY POSES PROBLEMS FOR MILLIONS OF ADULTS, MOST OF WHOM ARE NOT WORKING. GOVERNMENT AND PRIVATE INDUSTRY SPENT AN ESTIMATED \$70 BILLION ON DISABILITY TRANSFER PAYMENTS IN 1981, PLUS AN ADDITIONAL \$114 BILLION FOR HEALTH CARE COSTS TO PERSONS WITH DISABILITIES IN THE SAME YEAR.



A CLOSE LOOK AT THE MOSAIC OF PROGRAMS IMPACTING ON DISABLED AMERICANS, HOWEVER, BRINGS ONE TO THE CONCLUSION THAT MOST HAVE BEEN ESTABLISHED INDEPENDENTLY; DO NOT RELATE IN A HOLISTIC FASHION; AND, IN MANY CASES, ARE CONTINGENT UPON DEPENDENCE THROUGH UNEMPLOYMENT.

AT THE FEDERAL LEVEL, FISCAL YEAR 1983 EXPENDITURES FOR SERVICE PROGRAMS WHICH ENHANCED THE INDEPENDENCE OF DISABLED PERSONS TOTALED \$3.3 BILLION WHILE INCOME MAINTENANCE EXPENDITURES TOTALED \$36.5 MILLION.

THE MENNINGER RTC IS CONCENTRATING ITS EFFORTS ON THOSE ADULTS WHO HAVE BEEN PARTICIPATING IN THE LABOR MARKET AND HAVE BECOME DISABLED BY TRAUMATIC INJURY OR SEVERE ILLNESS, AND THE APPROACHES TO DISABILITY MANAGEMENT THAT ENSUE THROUGH MAJOR PROGRAMS SUCH AS WORKERS COMPENSATION, PRIVATE SECTOR LONG-TERM DISABILITY INSURANCE AND SSDI. SINCE SUCH INDIVIDUALS HAVE LABOR MARKET EXPERIENCE, MANAGEMENT OF THEIR DISABILITY FROM A MAINTENANCE ORIENTATION REFLECTS IN THE HIGHER COST OF GOODS AND

SERVICES IN THE PRIVATE SECTOR AND OPEN-ENDED BUDGETARY PRESSURES IN THE PUBLIC SECTOR.

IN LOOKING AT THE NEEDS OF PERSONS WITH DISABILITIES I RECENTLY REVIEWED AN ARTICLE CONTAINING DATA COLLECTED BY THE NATIONAL CENTER FOR HEALTH STATISTICS. I WOULD LIKE TO SHARE THIS INFORMATION WITH YOU.

IN 1979 OVER 31 MILLION PERSONS OR 14.6 PERCENT OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION REPORTED SOME DEGREE OF CHRONIC ACTIVITY LIMITATION. SEVENTEEN PERCENT OF THIS GROUP WERE CLASSIFIED AS HAVING WORK DISABILITIES. THE PERCENTAGE OF PERSONS REPORTING ACTIVITY LIMITATIONS ROSE SHARPLY WITH AGE; SEVERE LIMITATIONS ROSE EVEN MORE SHARPLY WITH AGE.

FURTHERMORE, A REVIEW OF THE SOCIAL SECURITY ADMINISTRATION, 1978 SURVEY OF DISABILITY AND WORK INDICATES THAT: AMONG THE 22 MILLION PERSONS WITHIN THE CIVILIAN NONINSTITUTIONALIZED POPULATION AGE 18-64 ESTIMATED TO HAVE WORK DISABILITIES IN 1978, 12 MILLION WERE NOT IN THE LABOR FORCE AT THAT TIME. OVERALL,



THESE INDIVIDUALS HAD A 44 PERCENT LABOR FORCE PARTICIPATION RATE AS COMPARED TO THE 83 PERCENT PARTICIPATION RATE FOR PERSONS WITHOUT DISABILITIES. 15.8 MILLION ADULTS OR 12.4 PERCENT OF THE WORKING-AGE POPULATION IN THE UNITED STATES REPORTED THAT BECAUSE OF HEALTH-RELATED IMPAIRMENTS, THEY WERE EITHER UNABLE TO WORK OR UNABLE TO WORK AT THE JOB HELD AT THE TIME OF ONSET OF THEIR DISABILITY. THE VAST MAJORITY OF DISABLED PERSONS NOT IN THE WORKFORCE HAD HELD EMPLOYMENT AT SOME EARLIER TIME. IN FACT, TWO THIRDS OF THIS GROUP HAD BEEN EMPLOYED AT THE ONSET OF DISABILITY.

DISABILITY MANAGEMENT IS TRULY A CONCEPTUAL ENIGMA. TO START WITH, DEFINING WHO IS DISABLED CAN LEAD POLICYMAKERS INTO BATTLE. AT THE FEDERAL LEVEL, DOZENS OF PROGRAMS WHICH PROVIDE INCOME MAINTENANCE OR SERVICES TO PERSONS WITH DISABILITIES EXIST, EACH SUBSCRIBING TO ITS OWN ELIGIBILITY RULES. THE SOCIAL SECURITY ADMINISTRATION, IN DETERMINING PARTICIPATION IN EITHER THE SSDI PROGRAM OR THE SSI PROGRAM USE THE FOLLOWING DEFINITION:

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AN INDIVIDUAL MUST HAVE A MEDICALLY DETERMINABLE PHYSICAL OR MENTAL IMPAIRMENT WHICH, WHEN MODIFIED BY DEMOGRAPHIC FACTORS, RENDERS HIM/HER UNABLE TO ENGAGE IN ANY "SUBSTANTIAL GAINFUL ACTIVITY" (SGA) DEFINED AS WORK"... EXISTS IN THE NATIONAL ECONOMY, REGARDLESS OF WHETHER A SPECIFIC JOB VACANCY EXISTS OR WHETHER ONE WOULD BE HIRED IF ONE APPLIED FOR WORK.

THEN, OF COURSE, ARE THE VARIOUS DEFINITIONS USED TO DETERMINE ELIGIBILITY BY PROGRAMS UNDER THE VETERANS ADMINISTRATION, RAILROAD RETIREMENT DISABILITY AND SURVIVOR BENEFITS, CIVIL SERVICE RETIREMENT, BLACK LUNG BENEFITS, VOCATIONAL REHABILITATION, AND OTHER PUBLIC AND PRIVATE PENSION PLANS.

MOST DEFINITIONS ARE BASED ON A MEDICAL MODEL WHICH ADDRESSES FUNCTIONAL LIMITATION. THIS IN ITSELF MITIGATES AGAINST THE UNIVERSALITY OF ANY DISABILITY DEFINITION. WHILE MEDICAL ADVANCES HAVE MOVED FORWARD AT RECORD PACE, OUR PHYSICIANS ARE



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NOT SOOTHSAYERS AND CANNOT ALWAYS ACCURATELY PREDICT INDIVIDUAL PHYSICAL CAPACITY. THE CONTRIBUTING FACTORS TO CLIENT SUCCESS ARE NUMEROUS AND VARIED. EARLY INTERVENTION, MENTAL ATTITUDE, THE INVOLVEMENT OF FAMILY AND FRIENDS, ECONOMIC STATUS, THE AVAILABILITY OF NEW TECHNOLOGIES, TO NAME BUT A FEW, CAN TURN OUR BEST TEXTBOOK PREDICTIONS INTO A SHELL GAME.

AN OFFSHOOT OF THE PROBLEM OF DEFINITION IS THE RECOGNITION THAT WHILE SOME POPULATIONS ARE COVERED BY MORE THAN ONE PROGRAM, OTHERS FALL THROUGH THE CRACKS. OF THE 15.8 MILLION PERSONS REPORTING A WORK DISABILITY IN 1981, ONLY 2.8 MILLION RECEIVED SSDI AND 2.3 MILLION RECEIVED SSI. THE TEMPORARY NATURE, LESS THAN 12 MONTHS, OF A DISABILITY OR THE ASSESSMENT OF THE MEDICAL CONDITION AS BEING ONLY PARTIALLY DISABLING CAUSES MANY TO BE DEEMED INELIGIBLE FOR INCOME MAINTENANCE PAYMENTS. FURTHERMORE, BECAUSE OF FINANCIAL CONSTRAINTS AND PROGRAM FRAGMENTATION, THE CONTINUUM OF SERVICES NEEDED TO SURMOUNT THE BARRIERS CONFRONTED BY A DISABLED PERSON IS FREQUENTLY UNAVAILABLE OR UNOBTAINABLE IN A TIMELY FASHION.

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ALL GROUPS INVOLVED IN THE DISABILITY SYSTEM ARE AWARE OF THE NEED FOR CHANGE. LEGISLATORS, POLICY MAKERS, CARE PROVIDERS AND CONSUMERS ALIKE CONTINUE TO COLLECT AND ANALYZE WHAT MAY SEEM TO BE A CONFUSING ARRAY OF INFORMATION ON PERSONS WITH DISABILITIES. I THINK THAT A TRUE MEASURE OF OUR PROGRESS TO DATE IS OUR APPRECIATION OF THE ENORMOUS AND COMPLEX TASK YET AHEAD.

RECOGNITION OF THE TOTAL NEEDS OF PERSONS WITH DISABILITIES HAS BEEN INCREASING. CLEARLY WE NEED A SYSTEM WHICH IS FLEXIBLE ENOUGH TO MEET ALL OF THESE DIFFERENT NEEDS AND ENABLES DISABLED AMERICANS TO FULLY PARTICIPATE IN ALL FACITS OF OUR SOCIETY INCLUDING GAINFUL EMPLOYMENT. THERE ARE, HOWEVER, BASIC CONFLICTS BETWEEN OUR VALUES WHICH MITIGATE AGAINST AN EASY REMEDY.

WE ARE A PEOPLE WHO REVERE THE VALUE OF PRODUCTIVE WORK:  
"WORK HARD AND YOU WILL RECEIVE YOUR JUST DUE." NOTWITHSTANDING.



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THIS VALUE. WE ALSO HAVE EMBODIED A BELIEF THAT THE LESS FORTUNATE SHOULD NOT BE FORCED TO LIVE BELOW A MINIMALLY ADEQUATE STANDARD OF LIVING, BUT SHOULD WE LET AN INDIVIDUAL WHO IS GAINFULLY EMPLOYED, DISABLED THOUGH HE MIGHT BE, CONTINUE TO RECEIVE BENEFITS NOT AVAILABLE TO HIS ABLE-BODIED COUNTERPARTS? AND IF WE DO, WHICH BENEFITS--INCOME MAINTENANCE, SERVICES, HEALTH CARE - HOW MUCH, AND FOR HOW LONG?

DUE TO IMPROVED MEDICAL CARE, IMPAIRMENT AND DISABILITY WILL CONTINUE AND POSSIBLY INCREASE. INFANTS WHO WOULD HAVE PREVIOUSLY DIED AT BIRTH OR DURING THEIR CHILDHOOD YEARS, WILL LIVE ON TO ADULTHOOD. MOREOVER, OVER TWENTY MILLION OLDER AMERICANS ARE CONFRONTED WITH SEVERE ILLNESS AND DISABLING CONDITIONS WHICH FREQUENTLY ACCOMPANY THE AGING PROCESS. THE NUMBER OF PERSONS OVER AGE 65 IS EXPECTED TO INCREASE 40 PERCENT BY THE YEAR 2000 AND ANOTHER 60 PERCENT BY 2025. THE POPULATION OF THOSE 85 AND OLDER IS PROJECTED TO GROW EVEN FASTER, WITH A STARTLING 91 PERCENT INCREASE BY THE YEAR 2000.

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AS YOU WELL KNOW, THE IMPLICATIONS OF THIS GROWTH IN THIS POPULATION ARE ENORMOUS FOR THE SYSTEM AS A WHOLE AND FOR DISABILITY PROGRAMS IN PARTICULAR.

IN MY POSITION AS CHAIRMAN OF THE SENATE FINANCE COMMITTEE, I AM CONSTANTLY REMINDED THAT THE PROBLEMS OF DISABLED PERSONS ARE QUITE REAL. MY OFFICE IS INUNDATED DAILY WITH CORRESPONDENCE FROM THOSE WHO QUESTION THE VIABILITY OF EXISTING PROGRAMS. EFFORTS TO PROVIDE FOR THE FISCAL NEEDS OF THE DISABLED HAVE BEEN INCREASINGLY SUCCESSFUL OVER THE PAST 27 YEARS WITH THE ADOPTION OF THE DISABILITY INSURANCE AND SUPPLEMENTAL SECURITY INCOME PROGRAMS.

A MAJOR OBSTACLE, HOWEVER, OF REHABILITATION IS THE PROBLEM OF DISINCENTIVES. PRIOR TO THE ENACTMENT OF THE 1980 AMENDMENTS, A DISABLED SSI RECIPIENT GENERALLY CEASED TO BE ELIGIBLE FOR SSI WHEN HIS OR HER EARNINGS EXCEEDED THE LEVEL WHICH DEMONSTRATES SUBSTANTIAL GAINFUL EMPLOYMENT (SGA) - \$300 MONTHLY. UNDER SECTION 1619 OF THE SOCIAL SECURITY ACT, ENACTED IN THE.



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DISABILITY AMENDMENTS OF 1980, DISABLED RECIPIENTS WHO WORK AND EARN MORE THAN SGA MAY RECEIVE A SPECIAL SSI PAYMENT AND MAINTAIN MEDICAID COVERAGE AND SOCIAL SERVICES.

I AM PLEASED TO REPORT THAT LAST WEEK HOUSE AND SENATE COMMITTEE STAFF WERE ABLE TO WORK OUT A DRAFT AGREEMENT ON THE SOCIAL SECURITY DISABILITY AMENDMENTS OF 1984. I EXPECT EARLY APPROVAL OF THE AMENDMENTS BY CONFEREES AND CONGRESS. PASSAGE OF THE 84 AMENDMENTS, WHICH WILL AFFECT THE LIVES OF HUNDREDS OF THOUSANDS OF DISABLED PEOPLE, WILL END TWO YEARS OF CONFLICT OVER DISABILITY REVIEWS CONDUCTED BY THE SOCIAL SECURITY ADMINISTRATION. SINCE THE REVIEWS BEGAN IN 1981, NEARLY HALF A MILLION PEOPLE HAVE RECEIVED INITIAL TERMINATION NOTICES. MORE THAN 40,000 APPEALS HAVE REACHED THE COURTS.

THE AMENDMENTS OFFER MUCH NEEDED REFORM OF THE SOCIAL SECURITY DISABILITY REVIEW PROCESS AND INCLUDE A SERIES OF PROVISIONS DESIGNED TO IMPROVE THE ACCURACY OF DISABILITY DETERMINATION, THE UNIFORMITY OF DECISIONS BETWEEN DIFFERENT LEVELS OF APPEAL, AND THE CONSISTENCY OF SUCH DECISIONS WITH

FEDERAL LAW AND STANDARDS. THE KEY ELEMENT OF THE COMPROMISE DEALING WITH THE ISSUE OF MEDICAL IMPROVEMENT IS AGREEMENT THAT ONCE A PERSON HAS BEEN FOUND SO SEVERELY DISABLED THAT HE IS UNABLE TO PERFORM ANY JOB IN THE ECONOMY, SOCIAL SECURITY IN MOST CASES MAY NOT REMOVE HIM FROM THE ROLLS UNLESS IT CAN SHOW THAT THERE IS MEDICAL IMPROVEMENT IN HIS CONDITION. A PROCEDURE HAS BEEN ESTABLISHED BY WHICH THE INDIVIDUAL MUST SUPPLY EVIDENCE ON HIS MEDICAL CONDITION AND THE SOCIAL SECURITY ADMINISTRATION MUST THEN MAKE A DETERMINATION BASED ON THAT AND THE LAW. REVIEWS STARTED SINCE 1981 THAT ARE NOW IN THE ADMINISTRATIVE PIPELINE OR BEFORE THE COURTS WILL BE REMANDED FOR RECONSIDERATION IF THEY INVOLVE MEDICAL IMPROVEMENT.

THE AMENDMENTS ALSO REAUTHORIZE SECTION 1619 THROUGH JUNE 30, 1987. IN ADDITION, THE SECRETARIES OF HHS AND EDUCATION WILL BE REQUIRED TO ESTABLISH TRAINING PROGRAMS ON SECTION ~~1619~~ 1619 FOR STAFF PERSONNEL IN SSA DISTRICT OFFICES AND STATE VR AGENCIES, AND DISSEMINATE INFORMATION TO SSI APPLICANTS, RECIPIENTS, AND POTENTIALLY INTERESTED PUBLIC AND PRIVATE ORGANIZATIONS.



THE SOCIAL SECURITY ACT PROVIDES FOR THE APPOINTMENT OF A 13 MEMBER QUADRENNIAL ADVISORY COUNCIL ON SOCIAL SECURITY. IT IS RESPONSIBLE FOR STUDYING ALL ASPECTS OF THE SOCIAL SECURITY AND MEDICARE PROGRAMS. THE '84 AMENDMENTS DIRECT THE NEXT QUADRENNIAL ADVISORY COUNCIL TO STUDY AND MAKE RECOMMENDATIONS ON VARIOUS MEDICAL AND VOCATIONAL ASPECTS OF DISABILITY, INCLUDING ALTERNATIVE APPROACHES TO WORK EVALUATION FOR SSI RECIPIENTS, THE EFFECTIVENESS OF VOCATIONAL REHABILITATION PROGRAMS FOR SSI RECIPIENTS AND THE QUESTION OF USING MEDICAL SPECIALISTS FOR COMPLETING MEDICAL AND VOCATIONAL FORMS USED BY STATE AGENCIES. THE COUNCIL WILL BE AUTHORIZED TO CONVENE TASK FORCES OF EXPERTS TO DEAL WITH SPECIALIZED AREAS.

IT WOULD BE UNFAIR TO YOU ASSEMBLED HERE TODAY TO NOT SUGGEST THAT THE CONTINUED ESCALATION OF THE COST OF HEALTH CARE NEEDS TO BE EXAMINED IN FURTHER DEPTH SO THAT A SOLUTION OR SOLUTIONS CAN BE ADOPTED WHICH SUPPORTS THOSE WHO NEED OUR ASSISTANCE -- THE POOR, THE ELDERLY, AND THE DISABLED -- AND SIMULTANEOUSLY MAINTAINS A SYSTEM THAT PROVIDES THE HIGHEST QUALITY OF CARE IN THE WORLD.

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IN 1982 HEALTH EXPENDITURES IN THE UNITED STATES TOTALED \$332.4 BILLION, OR 10.5 PERCENT OF GROSS NATIONAL PRODUCT, THE HIGHEST SUCH SHARE IN HISTORY. THE INCREASE IN MEDICAL COSTS WAS 12.5 PERCENT, ABOUT TWICE THE GENERAL RATE OF INFLATION.

GOVERNMENT SPENDING - FEDERAL STATE, AND LOCAL - TOTALED 42 CENTS OUT OF EVERY DOLLAR OF NATIONAL SPENDING FOR HEALTH, WITH THREE-QUARTERS OF THAT COMING FROM THE FEDERAL GOVERNMENT, MAINLY FOR MEDICARE AND MEDICAID.

PERSONS WITH CHRONIC ACTIVITY LIMITATIONS, WHILE REPRESENTING 15 PERCENT OF THE POPULATION, ACCOUNTED FOR 58 PERCENT OF THE HOSPITAL DAYS RECORDED BY THE CIVILIAN NONINSTITUTIONALIZED POPULATION IN 1979. PHYSICIAN VISITS BY THE GROUP ARE MORE THAN TWICE THE AVERAGE OF THE NONINSTITUTIONALIZED POPULATION.

I HARDLY NEED TO REMIND ANYONE IN THIS ROOM THAT WE LIVE IN A TIME OF FISCAL AUSTERITY. THE FEDERAL BUDGET IS UNDER SEIGE TO SOME HARD ECONOMIC REALITIES. THE FEDERAL GOVERNMENT ITSELF IS TRYING TO RESTORE THE HISTORIC CONCEPT OF FEDERALISM BEFORE THE



FOUNDATION OF AMERICAN SELF-RULE IS SMOTHERED BENEATH  
WASHINGTON'S DEFICITS, WASHINGTON'S RULES, WASHINGTON'S  
REGULATIONS AND WASHINGTON'S SMUG CONVICTION THAT IT KNOWS BEST.

THE DEMANDS ON OUR DOLLARS HAVE NEVER BEEN GREATER. BUT THAT  
DOES NOT MEAN ANY DIMINUTION IN THE NEEDS OF THE DISABLED. WHAT  
IS JUST IN A TIME OF HEAVY SPENDING REMAINS EQUALLY JUST IN A  
TIME OF BELT-TIGHTENING. FORTUNATELY, I CAN REPORT THAT PROGRAMS  
FOR THE DISABLED HAVE, BY AND LARGE, ESCAPED THE BUDGETARY AX.  
THE REAGAN ADMINISTRATION IS CLEARLY SENSITIVE TO THE NEEDS OF  
DISABLED AMERICANS. I SEE NO DESIRE - AND NO POSSIBILITY - FOR A  
RETREAT OF THE COMMITMENT OF RECENT YEARS.

WHAT I DO SEE IS A GREATER RELIANCE ON PARTNERSHIPS BETWEEN  
GOVERNMENT AND PRIVATE INDUSTRY. GOVERNMENT NO LONGER HAS ALL  
THE ANSWERS OR THE AVAILABLE RESOURCES TO COPE WITH THE DIVERSITY  
OF PROBLEMS AND NEEDS WITHIN OUR SOCIETY. ONLY BY HARNESSING THE  
ENERGIES AND TALENTS OF ALL SECTORS OF AMERICA CAN WE  
SUCCESSFULLY RESTORE BOTH HUMAN DIGNITY AND SELF-RELIANCE TO THE  
LIVES OF AMERICA'S 35 MILLION DISABLED.

IT IS ABSOLUTELY VITAL TO THE FUTURE OF PROGRAMS BENEFITTING PERSONS WITH DISABILITIES IN THIS COUNTRY TO DEMONSTRATE THAT PROGRAMS FOR THE VULNERABLE OF OUR SOCIETY CAN BE RUN EFFECTIVELY AND EFFICIENTLY. COMPASSION FOR THE PEOPLE SERVED WILL BE SHOWN BY IMPROVED MANAGEMENT WHICH WILL BOTH PRESERVE THE INTEGRITY OF THE PROGRAM AND EARN THE SUPPORT OF THE AMERICAN PEOPLE AS A WHOLE.

WE HAVE COME A LONG WAY. WE STILL HAVE A LONG DISTANCE TO GO. BUT WE HAVE A CLEAR AND WORTHY GOAL: TO REDUCE THE GROWING COSTS OF DISABILITY COMPENSATION AND ENABLE MORE PERSONS WITH DISABILITIES TO LEAD PRODUCTIVE LIVES THROUGH INCREASED WORK OPPORTUNITIES WHILE PROVIDING BENEFITS FOR THOSE WHO CANNOT WORK. TOGETHER I KNOW THAT WE WILL BE ABLE TO CORRECT OPERATIONAL WEAKNESSES AND IMPLEMENT NEEDED LEGISLATIVE IMPROVEMENTS AND MAKE THIS A BETTER AMERICA FOR ALL OUR DISABLED CITIZENS.