

THE INDEPENDENT  
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# The Independent

A VERMONT PUBLICATION FOR ELDERS AND  
PEOPLE WITH DISABILITIES

## Changes and Departures

With a new governor and a new Legislature, there will be changes ahead! In this issue, the Community of Vermont Elders (COVE) and the Vermont Coalition for Disability Rights (VCDR) share their legislative platforms. Both Disability Rights Vermont and the Vermont Developmental Disabilities Council welcome your ideas. We also celebrate an important success, as one Vermont school gets an elevator and makes it easier for all students to be a part of their school community. This particular story deserves special recognition as an example of what local community members, parents, children with and without disabilities, school staff and officials, and other concerned citizens were able to do to put their belief in inclusion and belonging into a budget and construction plan to make this dream a reality. During these hard economic times it is exciting to see what advocacy, collaboration and community make possible.

We also say farewell to our own K.K. Wilder, who will no longer be writing her column for us. We will profile her work in our next issue. K.K.'s vision and the clarity of her writing will continue to inspire us and help us move forward.

Finally, we are starting a series on the state of disability and aging services in Vermont. We welcome your letters, stories, hopes and concerns. Thank you for staying with us on this journey!



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## Letters to the Editor



*EDITOR'S NOTE: Limited space prevents us from printing all letters in full. Our apologies and gratitude to those who write to thank us and share your stories. Thanks, too, for the donations to help keep The Independent going. We are very grateful!*

### The Independent Needs Your Help

This year we need your letters and stories more than ever. We need your thoughts on the current legislative session and the bills and budget issues before us. These are hard times and the voices of Vermonters need to be both heard and celebrated.

We also need funding support. Last fall VCIL, like many community organizations, lost funding and we had to suspend publication of our Late Autumn issue. It is always a balancing act – getting out the news while protecting money for services. You can help: Your subscriptions, contributions and funding support mean so much and do make a very real difference. Please contribute today.

Our readers are independent thinkers. They do not always agree with each other or everything they read in this paper but they listen and contribute. Passionate readers and sponsors are the lifeblood of this paper. So many people have written over the years to share the sense of caring and community that comes with each issue. Many have said it is their primary source of information on disability and aging services and peer support. With your help we can keep this conversation – and this paper – available to Vermonters in every community in the state.

Thank you!

-- Deborah Lisi-Baker, Editor

### Support For Service Animals

I would like to thank you folks for supporting me and my pug, Muffin. Also, people need to be educated on service animals and the Americans with Disabilities Act so that other people don't have to give their service animals up.

I am so glad that I got services and hooked up with VCIL. You are the best people to help people with disabilities.

Thank you,

Michael Booska

Castleton

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Mail to: The Independent, c/o VCIL, 11 East State Street, Montpelier, VT 05602

Make checks payable to The Vermont Center for Independent Living and write "for The Independent" on the check. Audiotape copies available upon request.

# Reclaiming the Conversation on Dying and End-of-Life Care

by Deborah Lisi-Baker and Sarah Lauderdale

A new version of physician-assisted suicide or “Death with Dignity” legislation will be introduced at the Statehouse any day now. The governor has said he wants to see such a law passed; and a number of people wonder why many disability rights organizations, including VCIL, oppose this effort. Isn’t it just making another choice legal? That is what the slogans and headlines promise.

Readers of *The Independent* will of course have many opinions on this issue. We ask that each of you take the time to study the new bill when it comes out, talk to others and ask for a bill that really offers improvements and choices. We all need to get to know the legislation and better understand the controversy surrounding it.

VCIL’s board and staff members took two years to study the issue and talk with one another and/or friends and family members. We shared our experiences with health care systems and end-of-life care received by family members and friends. We talked about our experience advocating for others when they were not getting good care. We heard stories from people with disabilities: a man whose disabilities almost became terminal because his doctor didn’t provide antibiotics, instead counseling him that it was time to accept death; individuals left in hospitals and institutions because there was no policy for community options; a woman with a mental health diagnosis who was denied an organ transplant because doctors felt that her mental health condition meant that the quality of her life would be poor; individuals who were told they had six months to live who recovered and lived healthy and fulfilling lives.

VCIL decided that something does need to happen to improve quality, access and safeguards in pain management and end-of-life care; but that “Death with Dignity” or physician-assisted suicide legislation is not the answer. We oppose legislation that would create a role for government and doctors in prescribing death and that also does nothing or little to improve the quality of end-of-life care. We believe that the “Death with Dignity” initiative is troubling and that implementation would be dangerous in this society at this time. People already have the right to end their life. Expanding the role of doctors, insurance companies and government in authorizing and causing death seems to cause more risks than solutions.

We can’t afford to ignore the harder questions, choices and more essential actions: For example, have we done what we can to create a social commitment and priorities to offer quality and end-of-life care and aggressive pain management to all who need it and what is the appropriate role for government in making this happen? What can government, health care systems, insurance companies, communities, families and individuals do that will result in real improvements and accountability in end of life care and how can we – as citizens and policy makers – make sure these changes happen? This is the conversation we wish we were hearing in the media and at the Statehouse.



# COVE Legislative Update

by Michael Sirotkin, Esq.

**Fuel Assistance:** Last month's report on fuel assistance was quite bleak with the major source of federal funds facing a potential 40 percent cut. Surprisingly, just before Christmas, Congress acted and restored full funding, raising the block grant to Vermont to over \$25 million. Applications are up, as we knew they would be, and fuel prices are higher than anticipated. So folks will see some decrease from last year (far more households will be eligible) but nowhere near the amount that had been anticipated just three weeks ago.

Here's part of the press release that was issued from the VT Fuel Assistance Office: "The U.S. Congress recently approved an additional \$10.8 million for Vermont's Home Heating Assistance Program (also known as Fuel Assistance). This will bring the total amount of assistance available this heating season to \$25.6 million – the same as last year. Households that already received a benefit this winter will get an additional benefit by the end of January – with no further action required on their part."

**Transportation:** "Smart Streets" is a legislative proposal to ensure all future road projects take into consideration the transportation needs of mobility-impaired Vermonters and the promotion of alternative means of transportation. If passed, it will promote planning for walking, biking, public transportation and other activities in the future, design of new roads, as well as existing road improvements and expansions. AARP has been working this issue hard over the summer and we should expect renewed attention on this bill this session.

**Health Care:** A significant portion of the governor's inaugural speech was devoted to health care reform. However, long-term care was not mentioned. Last year, at COVE's suggestion, Sen. Doug Racine was able to make sure that long-term

care (LTC) was included in the studies now being performed by Dr. William Hsiao (and scheduled to be presented to the Legislature in mid-January). There has been some suggestion that while LTC costs will be analyzed, they may be viewed as complicating an already extremely complicated task. This is something we need to monitor closely, as well as any possible unfavorable segregation of Medicare from true reform. Also the federal request for proposals that will improve services to individuals who are dual eligible (eligible for both Medicare and Medicaid) has been issued. It is very likely that Vermont will be one of 15 proposals funded. This could result in well over 10,000 eligible Vermonters becoming part of Vermont's current Medicaid managed care organization which, depending on how it is proposed, could save money and provide more coordinated quality care.

**Adult Protective Services:** Vermont's APS program has deteriorated over the last few years with less people and resources protecting elders and other vulnerable adults from abuse, neglect and exploitation. We find our state inexplicably ranked near the bottom of the states in the numbers of investigations and substantiated cases, as well as seeing too many cases being unreasonably delayed in their resolution. We need to treat these cases every bit as seriously as cases of child abuse, and need to do a full review of why the program is not functioning as well as other states' programs.

COVE and others met yet again with the Department of Disabilities, Aging and Independent Living in mid-December to explore the extent of the problem and possible solutions. We found that DAAIL is admittedly triaging complaints so that credible reports of abuse, neglect and exploitation are being delayed weeks or months beyond the required 48-hour investigation timeline. Only if the

*Continued on next page*

situation gets markedly worse does the case move up the queue.

DAIL knows they have a problem and are making attempts to transfer more resources to the program – but they have a long way to go to stabilize this critical program. Senior and disability rights group are currently researching more immediate solutions.

**Expanded Estate Recovery:** Last year the Douglas administration suggested several approaches to expand their recovery of Medicaid dollars given to seniors to help with their nursing home and other long-term care needs. Examples of such serious cuts in help include placing liens on seniors' homes and no longer allowing the protection of certain retirement accounts. Spouses of seniors in nursing homes who still reside in the community would have been allowed to keep less of the couple's income and resources before qualifying for Medicaid assistance. Senior groups successfully opposed all these proposals feeling they would have a chilling impact on people applying for needed assistance and would hit low- to middle-income seniors especially hard. Hopefully, with the change of administrations, this ill-conceived proposal will not resurface.

**Choices for Care:** This program was designed to provide greater choices in long-term care (e.g. home and community based services) for those Vermonters eligible for Medicaid. It was also designed to save the state money by reducing the utilization of expensive nursing home care. Unfortunately, the program has been periodically shut down – as it is currently – to new applicants. This is coming at a time when the evidence shows significant reductions in nursing home days and millions of dollars in savings. These savings were supposed to be reinvested in improved and expanded home and community-based services; and with the freeze on new applicants, the intent of the program is unfortunately not being honored.

**Challenges for Change:** This controversial program was ideally designed to save the state

tens of millions of dollars through efficiencies, consolidation and redesign. Opponents feared (rightfully so) the program will mostly result in basic cuts to governmental programs and services, and not the improvements to service delivery promised by proponents. In the long-term care arena alone, our Choices for Care program must now by law find over \$5 million or 2.5 percent in reduced spending in this year alone. Many meetings have been recently convened to find the savings without harming those receiving services, with little success to date.

It now appears DAIL is proposing using the \$5 million in nursing home savings under Choices for Care (see above) from last year to meet DAIL's \$5 million reduction target under Challenges for this year. Obviously, that was not what was intended when Challenges promised reduced spending through future efficiencies, etc. and not through service reductions. We argue these funds should be reinvested in community-based services and in eliminating applicant "freeze" lists.

**Community of Vermont Elders**

To share your concerns or for more information on how you can get involved, contact COVE:

P.O. Box 1276  
641 Comstock Road, Suite 4  
Montpelier, VT 05602  
802-229-4731  
[cove@vermontelders.org](mailto:cove@vermontelders.org)  
[www.vermontelders.com](http://www.vermontelders.com)

# VCDR's 2011 Legislative Platform

## Budget and Policy Priorities

by Deborah Lisi-Baker

The member organizations of the Vermont Coalition for Disability Rights know that Vermonters face another difficult budget year when budget concerns threaten essential programs and practices. Programs and policies with long-term financial and social benefits must not be sacrificed. Approaches that support self-determination, health, independence, safety, work and community participation are good investments.

We believe that Vermont lawmakers need to find a balanced approach to the budget crisis – one that will address the very real and immediate revenue concerns while maintaining Vermont's commitment to policies and programs that work for Vermont.

VCDR will work to protect current Medicaid benefits and long-term care services that individuals with disabilities of all ages depend on to maintain their health and independence. We will also advocate for successful state-funded mental health, children and family services, education supports and the other disability programs that make health, independence, community participation and work possible.

As Challenges for Change continues, VCDR will be monitoring these activities and making recommendations. Our intent is to promote options that enhance rights and services and to ensure that proposed organizational, budget or policy changes promote best practices and successful outcomes and do not negatively affect children and adults with disabilities and their families.

Cuts in budgets and staff positions have already lessened the ability of state and nonprofit agencies to operate essential programs and maintain both policy and service commitments to Vermonters with disabilities. We will continue to monitor the impact of existing cuts and oppose those that reduce the

quality, effectiveness and availability of disability services.

Vermont's peer-run programs and services must be protected. Programs and services run by Vermonters with disabilities offer unique resources and support that must be maintained.

### POLICY BILLS

#### Civil Rights

**Respectful language legislation:** That all legislative activities and state agencies use respectful language when referring to individuals with disabilities while also ensuring that no changes in terminology be made that might negatively impact individual eligibility for services.

**Safeguarding mental health rights and protections:** VCDR will monitor and oppose legislative proposals that may diminish the civil rights of people with mental health issues, particularly those that might relate to forced treatment.

**Transporting individuals with mental health issues to hospitals:** That Vermont law relating to the transport of individuals with mental health issues between hospitals be amended to require – whenever possible – methods less traumatizing than those that currently employ shackles.

**Values in developmental services:** That individuals served by Vermont's developmental service system be protected from abuse and neglect, have choices, and are able to be full participants in community life. We will monitor legislative and regulatory activities with the goal of preserving the values of self determination and community integration established in Vermont's Developmental Disabilities Act and in related programs, services and supports.

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**Opposition to physician-assisted suicide legislation:** VCDR opposes legislating physician-assisted suicide. We are particularly concerned that this campaign is happening at a time when there are so many unresolved inequities in our current health care systems. Vermont can – and should – create needed options and real choices for individuals at the end of life by ensuring equal access to the programs, practices and protections that will make quality palliative care, hospice, and community supports at the end of life a real choice for all Vermonters.

### Education

**Early intervention:** That an equitable, needs-based funding formula be mandated to provide developmentally beneficial, evidenced-based early intervention services for all of Vermont's children ages 0-3.

**Seclusion and restraint in Vermont schools:** To continue efforts to get appropriate, comprehensive rules or legislation promoting Positive Behavior Supports in Schools, and limiting Restrictive Behavioral Interventions.

### BUDGET

**Maintaining the viability of essential disability programs and services:** VCDR will monitor tax and appropriation proposals to ensure that the viability of state and nonprofit services for individuals with disabilities and families is adequately funded and staffed.

**Preserving and enhancing essential Medicaid benefits and services:** That Vermont's current Medicaid Program (including eligibility, benefits, and cost sharing as delineated in the state FY 2010-2011 budget) be maintained and that current levels of long-term care and other supports for people with disabilities, including people with developmental disabilities and mental health issues, be maintained or enhanced.

- VCDR supports efforts to finance concurrent

palliative and curative care for children with life limiting illnesses. We hope that this initiative will allow children with life limiting illnesses to receive palliative care without stopping curative services.

- We will be asking that the state review funding levels for mandated early periodic screening, diagnosis and treatment services (especially case management and rehabilitative therapies) for Vermont's Medicaid eligible children.

**Flexible Family Funding & CSHN Respite:** To restore funding levels and equity in funding to Flexible Family Funding and the Department of Health/Children with Special Health Needs Respite Program.

**Traumatic Brain Injury Trust Fund:** That a trust fund be established by legislation, and funded by a surcharge on vehicle registration or other DMV penalties, to provide a source of revenue dedicated to filling the gaps in services and support for people with brain injuries and to develop programs designed to reduce the incidence of brain injury in Vermont.

**Van modification:** To request funding to assist families with expenses related to modifying a van or other vehicle required to make the vehicle accessible to children whose medical condition requires adaptive equipment and/or a wheelchair.

### SERVICES AND NEW INITIATIVES

**Insurance coverage for hearing aids:** That private health insurance be required to provide some reasonable level of coverage for hearing aids.

**Insurance for phenylketonuria:** That loopholes in the current law requiring private insurance to cover supplements for people with PKU be closed and that a requirement be added to require payment for medically modified foods.

**21st -century communications:** That the administration and/or the Legislature should ensure access to a complete electronic communication infrastructure, including unified data/voice/video

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communication modalities and technologies that use location-based and voice transcription services.

**Protect young athletes from concussion:** That legislation be passed to ensure that a youth athlete suffering or suspected to be suffering from a concussion or other head injury does not participate in school athletic activities until the student has received an examination by, and written permission to participate from, a licensed health care provider trained in the evaluation and management of concussions and other head injuries.

**Integrated family services:** VCDR will monitor the actual budget and policy actions being implemented under the Integrated Family Services initiative to ensure that actions are consistent with AHS stated goals and set outcomes.

**Work incentives:** Efforts by the administration and/or the Legislature to expand Vermont's work incentive benefits, including expanding eligibility and asset protections in Vermont's Medicaid for Working People with Disabilities Program, should be monitored and supported when they effectively eliminate disincentives to work.

VCDR thanks the Vermont Developmental Disabilities Council, VCDR members, and friends for their contributions and support of our work. For more information about particular bills and other VCDR advocacy activities, or to share your recommendations and concerns, contact us:

VCDR

11 East State St., Suite 2

Montpelier, VT 05602

E-mail: [vcdrvt@gmail.com](mailto:vcdrvt@gmail.com)

### Taser Use Concerns ACLU

Do you know what is happening in your community? Growing Taser use by police raises rights and safety questions and reminds us to be concerned about local policies and practices. Recently advocate Morgan Brown shared a letter from Vermont ACLU attorney Dan Barrett to Montpelier officials. In part it states, "The ACLU's principal objection to the use of electroshock weapons such as Tasers is that their intended use as a replacement for deadly force inevitably devolves into routine use as a pain compliance measure in situations where deadly force would be unquestionably inappropriate. Two recent examples from Vermont vividly demonstrate the problem."

The letter continues: "Last spring in Barre, a police officer used his electroshock weapon six times in less than a minute on a short, elderly woman accused of a trespassing in broad daylight at a convenience store. Later in sworn testimony before the superior court, the officer admitted that the woman had her arms at her sides and was talking in a normal voice when he decided to shoot her with his weapon. Although the police officer's actions plainly violated Barre City's written Taser policy, which specifies that stun guns may not be used 'in a punitive or coercive manner, and shall not be used to gain compliance from passively resistant subjects,' the Barre police publicly declared that the police officer had acted properly. "

Barrett's letter also states: "A second example arises from Fairlee, where a fifty-seven year old man with a history of seizures was shot with a stun gun by state police officers. After the man began experiencing a seizure at a friend's house, he called 911 to summon help. The state police arrived in response to his call, and attempted to handcuff the man. When he did not comply with the police officers' directions to their satisfaction – unsurprising, given that he was having a seizure – a state police officer shot the man with his stun gun. Criminal charges levied against the man were later dismissed by the superior court, and the state paid approximately \$40,000 to the man in compensation for the police officers' brutality."

## DAIL's Past Leaders Look Ahead

*NOTE: This is the first in a series of articles exploring the "state of the state" of Vermont's disability and senior agencies and programs.*

*by Deborah Lisi-Baker*

It's hard to know what's ahead for disability and aging services in Vermont; but one thing is already clear: The next two years will continue to be very tough budget years. Peter Shumlin promises a conservative approach to the budget and more hard times ahead. What does this mean for disability and aging services?

The Independent recently interviewed the Department of Disabilities, Aging and Independent Living's recent Acting Commissioner (formerly Deputy Commissioner) Brendan Hogan and his predecessor, Joan Senecal. Senecal served as DAIL commissioner from 2007 to June 2010. We asked each of them what they saw as the key issues facing the department and the people it serves.

Over the past 12 years, Hogan worked on several partnership projects at the Office of Vermont Health Access and DAIL, including resolving the Medicare Part D crisis, planning that led to PACE Vermont and earlier pilot projects that placed Area Agency on Aging staff into local primary care practices to help improve the coordination of health and long-term care. He points to his more recent work helping develop a proposal to the federal government that will, if funded, allow Vermont to bring together Medicaid and Medicare funding to better serve the seniors and individuals with disabilities in Vermont who use both programs. This newest initiative is one both Hogan and Senecal see as having great benefits. The Blueprint for Health, Vermont's acclaimed program to improve primary care, has not focused on senior and disability issues or addressed long-term care. The proposed "Dual Eligibles" project would help change this.

Hogan explains, "Specifically, if the state were able to secure the Medicare waiver through the Centers for Medicare and Medicaid Innovation at CMS and the state of Vermont was able to be a Medicare Managed care entity for Dual Eligibles

this would be a huge opportunity to expand and build upon the great work of the Blueprint to Health and bring long-term care services to the table."

Both Senecal and Hogan have family members who have experienced first-hand some of the challenges in the system they oversaw. What are their suggestions for Vermonters? Senecal reminds people of the services provided by the state's Area Agencies on Aging and also speaks to the challenges in getting non-medical supports. Her suggestion: "Bring the non-medical providers into the system. My parents, who are 90 and 91 now, rely on in-home assistance from one of these agencies and I simply don't know how I would manage their care without that help."

Hogan, who started his state career answering Vermonter's health care benefit and insurance questions, said: "Vermonters, regardless of age or disability, should continue to be engaged. Their families should also be engaged. I know as a son helping my family out with health insurance and long-term care services it is confusing to explain how systems work to your family in the midst of a crisis, so to the extent conversations can occur before a crisis that would be helpful."

Like many others, both Hogan and Senecal expect the continuing budget crisis will continue to restrict the efforts of the new administration at DAIL and the Agency of Human Service, just as it has shaped and shadowed their work. Hogan notes, "The state and federal budgets are continuing to be difficult. This coming year it will be even more difficult for the state (both Legislature and administration) to make decisions about what programs to keep, or what services to reduce."

Senecal agrees. "After three years of program cuts and staff cuts, layering at least one more year

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## City of Montpelier Talent Show Coming Up

Are you a person with a disability who is interested in showcasing your talents at a talent show in the capital city this spring?

We are looking for Vermonters who have talents in any area – music, comedy acts, dancing, poetry readings, etc.

If interested, please contact Michael Arnowitt at 802-229-0984 or [ma@mapiano.com](mailto:ma@mapiano.com)

## Are You Ready for Weather and Other Local Emergencies?

Members and staff of self advocacy and family organizations in Vermont joined efforts to create a self-help emergency planning kit for individuals and families. Over 75 Vermonters helped design the tool, which is designed to address the needs and concerns of individuals with different disabilities, seniors and their families. For more information or to request a copy, visit the CDCI Web site, [www.uvm.edu/~cdc](http://www.uvm.edu/~cdc), or call Deborah Lisi-Baker at the UVM Center on Disability and Community Inclusion, 802-656-1334.

## FEMA Issues Guidance on Emergency Shelter Planning

Federal Emergency Management Agency (FEMA) has released a new guide for state and federal governments and local communities on integrating accessibility and support services into emergency shelter planning and response. The 166-page document, "Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters," provides planning guidance to emergency managers and shelter services and facilities. The guide can be used to supplement existing sheltering plans so that they serve all populations. The guide is available on FEMA's Web site at [www.fema.gov/pdf/about/odc/fnss\\_guidance.pdf](http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf).

## Kudos to Counterpoint!

Counterpoint celebrated its 25th year with an outstanding Winter 2010 issue. This publication publishes "news, commentary and arts by psychiatric survivors, mental health consumers and their families." Published by Vermont Psychiatric Survivors, Inc. and edited by Anne Donahue, the paper has a wonderful history and a remarkable record of covering mental health programs in Vermont providing visionary art and powerful commentary by individuals who use mental health services. Past issues and links to other resources can be found by visiting the Web site [www.vermontrecovery.com](http://www.vermontrecovery.com). Subscriptions are \$10 or free to those who can't afford to pay. Contact: Counterpoint, 1 Scale Avenue, Suite 52, Rutland, VT 05701.

## LTC Policy Education Briefing Set

Please mark your calendars and plan to attend the LTC Policy Education briefing for legislators scheduled for Jan. 26 from 1-3 p.m. in room 11 at the Statehouse. The purpose of the day is to provide introductory education to key legislators regarding LTC at a broad level. To register or for more information, contact Sheila Burnham at the Community of Vermont Elders (COVE), 802-229-4731 or [sheila@vermontelders.org](mailto:sheila@vermontelders.org), 802-229-4731 or visit [www.vermontelders.org](http://www.vermontelders.org).

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of reductions is going to be extremely difficult. I stay in touch with many of the people who still work at DAIL and I know how hard they are working and how difficult it is for them to see any light at the end of the tunnel. Freezing positions will just add to a workload which is already crushing morale. Advocacy will be absolutely critical this year, particularly with the Legislature. The budget is set by now, actually that happens in late December, so the dice are cast. Legislators are going to be inundated with phone calls, letters and other pleas to not cut services. They will need help to figure out how to deal with the enormous shortfall without doing real damage to people through program cuts."



*The mission of VTDDC is to help build connections and supports that bring people with developmental disabilities & their families into the heart of Vermont communities.*

THE VERMONT DEVELOPMENTAL DISABILITIES COUNCIL is a statewide board that works to increase public awareness about critical issues that affect people with developmental disabilities and their families. Individuals with disabilities and families make up 60 percent of our membership ~ 14 of 23 people.

VTDDC receives a federal grant each year to create positive change for people with developmental disabilities. It supports projects in public education, leadership training, and advocacy aimed at enhancing individual and family-centered supports and services. For example, it funds Green Mountain Self-Advocates to expand local chapters throughout Vermont. It also funded the videos "The Apartment~Admit One to Adulthood" and "Bill's Bill, the History of Special Education in Vermont," and the brochure "Choosing Words with Dignity." Even if you have never heard of VTDDC you might have heard of our small grant fund that helps individuals and family members attend conferences and trainings.

VTDDC uses the federal definition of developmental disability: a disability that happens before the age of 22 that affects three areas of daily living.

VTDDC is now building a state plan for 2011 to 2015 that will drive what it will focus on and the grants it will award over the next five years. People with developmental disabilities, their families and guardians play a key role in letting VTDDC know what is happening for those with developmental disabilities throughout Vermont, and in deciding how to use its funds to have the greatest impact on people's lives, along with interested community members.

We want to know what YOU think VTDDC needs to focus on. We need to hear from YOU about what is working and what is not working. What are the needs? What changes could make a difference?

Please take a minute to complete the survey. The survey is the way for you to communicate directly with the council about what it should be working on. You can fill out this copy and fax or mail to us, or do the survey on our Web site at [www.ddc.vermont.gov](http://www.ddc.vermont.gov).

The DEADLINE to send in the survey is March 15. If you need this survey in an alternative format, or if you have questions, please call 241-2612, toll free at 866-316-2006, or send an e-mail to [vtddc@ahs.state.vt.us](mailto:vtddc@ahs.state.vt.us)

Please FAX the survey to 802-241-2989. The survey can also be mailed to:

VTDDC  
103 S. Main Street  
1 North, Suite 117  
Waterbury, VT 05671-0206

You can also complete the survey on the Web by going to  
[www.ddc.vermont.gov](http://www.ddc.vermont.gov)

Please call or e-mail us if you have other questions, or need help.  
802-241-2612 ~ Toll Free 1-888-317-2006 ~ E-mail [vtddc@ahs.state.vt.us](mailto:vtddc@ahs.state.vt.us)

## ACCESS TO INFORMATION AND FUNDING

**We want to know about your experiences ~ and experiences of people that you know ~with getting information and funding that they need.**

1. Have you ~ and other people you know in Vermont ~ been able to get information about needed services and supports? Examples are special education, developmental services, respite, etc.

◇ Always ◇ Mostly ◇ Sometimes ◇ Seldom ◇ Never ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions:

2. Have you ~ and people you know ~ been able to get funding for needed services and supports?

◇ Always ◇ Mostly ◇ Sometimes ◇ Seldom ◇ Never ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions:

**We want to know about your experiences with services and supports in Vermont and how you would rate them.**

1. How is Vermont doing in providing jobs and employment supports?

◇ Excellent ◇ Very Good ◇ OK ◇ Fair ◇ Not Good ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions.

2. How is Vermont doing in providing community supports to participate in recreation, social, and leisure activities?

◇ Excellent ◇ Very Good ◇ OK ◇ Fair ◇ Not Good ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions.

3. How is Vermont doing in providing transportation and related supports to hold jobs and participate in social and leisure community activities?

◇ Excellent ◇ Very Good ◇ OK ◇ Fair ◇ Not Good ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions:

4. How is Vermont doing in providing housing and home supports?

◇ Excellent ◇ Very Good ◇ OK ◇ Fair ◇ Not Good ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions:

5. How is Vermont doing in providing health care and related supports?

◇ Excellent ◇ Very Good ◇ OK ◇ Fair ◇ Not Good ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recom-

mendations or suggestions:

6. How is Vermont doing in providing early intervention and child care to children with developmental disabilities?

◇ Excellent      ◇ Very Good      ◇ OK      ◇ Fair      ◇ Not Good      ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions:

7. How is Vermont doing in providing special education to children, including transition services to youth?

◇ Excellent      ◇ Very Good      ◇ OK      ◇ Fair      ◇ Not Good      ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions:

8. How is Vermont doing in providing high-quality services and supports, and does it have ways to regularly evaluate them (Quality Assurance)?

◇ Excellent      ◇ Very Good      ◇ OK      ◇ Fair      ◇ Not Good      ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions:

9. How is Vermont doing in providing individualized services, including choice about supports, services, and providers?

◇ Excellent      ◇ Very Good      ◇ OK      ◇ Fair      ◇ Not Good      ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions:

10. How is Vermont doing in providing education about civil and other rights and self-advocacy?

◇ Excellent      ◇ Very Good      ◇ OK      ◇ Fair      ◇ Not Good      ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions:

11. How is Vermont doing in advancing the rights of people with developmental disabilities (for example, voting) and offering freedom from exploitation, abuse, and neglect (seclusion, restraints)?

◇ Excellent      ◇ Very Good      ◇ OK      ◇ Fair      ◇ Not Good      ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions:

12. Overall, how is Vermont doing locally and statewide in reaching out to and including those with developmental disabilities in recreation, social, and other aspects of community life (local and state)?

◇ Excellent      ◇ Very Good      ◇ OK      ◇ Fair      ◇ Not Good      ◇ No Opinion

What is working? What is not working? What would help to improve the situation? Please add recommendations or suggestions:

Please add anything else you think is important for VTDDC to know:

### PLEASE TELL US ABOUT YOURSELF

It is helpful if we know more about you and what your connection is to people with developmental disabilities. VTDDC follows the federal definition of developmental disability: A disability that begins before age 22 that substantially affects three or more activities of daily life such as self-care, communication, movement, learning, self-direction, independent living, and employment.

1. Based on the federal definition, please check all the boxes that apply to you. Feel free to explain or add details.

- |   |  |
|---|--|
| <input type="checkbox"/> Person with a developmental disability                   | <input type="checkbox"/> Person with another disability                            |
| <input type="checkbox"/> Family member of a child with a developmental disability | <input type="checkbox"/> Family member of an adult with a developmental disability |
| <input type="checkbox"/> Direct Service Provider                                  | <input type="checkbox"/> Work for a nonprofit/community or advocacy organization   |
| <input type="checkbox"/> Work for a local or state government agency              | <input type="checkbox"/> Volunteer member of a community or advocacy group         |
| <input type="checkbox"/> Volunteer member of a public policy board                | <input type="checkbox"/> Public policy-maker                                       |
| <input type="checkbox"/> Other  |  |

2. Where do you live?

- |  |  |
|--|--|
| <input type="checkbox"/> Addison County    | <input type="checkbox"/> Bennington County |
| <input type="checkbox"/> Caledonia County  | <input type="checkbox"/> Chittenden County |
| <input type="checkbox"/> Essex County      | <input type="checkbox"/> Franklin County   |
| <input type="checkbox"/> Grand Isle County | <input type="checkbox"/> Lamoille County   |
| <input type="checkbox"/> Orange County     | <input type="checkbox"/> Orleans County    |
| <input type="checkbox"/> Rutland County    | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Windham County    | <input type="checkbox"/> Windsor County    |

If you give us contact information we can let you know about the results of the survey and other things of interest. I would like to get information about:

- Results of the State Plan Survey
- VTDDC's new State Plan
- Activities and Events
- Alerts and Advocacy Opportunities
- VTDDC Membership

Your Name:

How can we reach you?

Phone Number:

E-mail Address:

Mailing Address:



## DRVT ANNOUNCES FY 2011 PRIORITIES

Disability Rights Vermont (DRVT) is a private nonprofit agency dedicated to defending and advancing the rights of people with mental health and disability issues. We are empowered (and funded!) by the federal government to investigate abuse, neglect and serious rights violations. Our 15-member staff teams with the nine-member staff of the Disability Law Project of Vermont Legal Aid (DLP) to create the cross-disability legal protection and advocacy system for Vermont.

This past year DRVT and the DLP were busy defending the rights of people with disabilities both in individual casework and in systemic change. Of course we can't list everything here that we have done this year but following are a few of our important activities.

- DRVT believes that there is more progress to be made in reducing seclusion, restraint and emergency involuntary medication at the Vermont State Hospital. After pursuing a number of grievances on behalf of VSH clients we reached a settlement relating to the inappropriate use of emergency interventions in combination, that is, in cases where a situation is already controlled by a restraint or seclusion, but medication is then forced on the individual. In general, reliance on emergency involuntary interventions has been reduced at VSH and further protection should come from the enhanced documentation and clearer training in new de-escalation protocols.
- We have completed, with DLP, an evaluation of special education at the Woodside Juvenile Detention Facility and are working with the state to ensure that children there receive the free and appropriate education to which the law entitles them.
- We continue to monitor our settlement agreement with the Department of Corrections that requires an outside expert to evaluate the department's compliance with policies to protect prisoners who self-harm. DRVT had a hand in establishing a State Interagency Team to help people with serious disabilities reintegrate from prison into their home communities.
- We continue to monitor all the designated psychiatric hospitals in Vermont, as well as perform outreach to residential and community care homes. New areas of focus have included homeless shelters and contact with refugee communities.
- DRVT reaches out at events and recovery groups around the state and in this election year we increased our efforts at registering voters with disabilities and in doing accessibility surveys of polling places.
- We have continued our work with beneficiaries of Social Security who face barriers to employment, resolving several cases of employment discrimination based on disability.
- Each of the DLP and DRVT staff has made real and positive differences in the lives of the many individuals who have contacted us and for whom we have provided information, referrals, short term assistance, investigations, and litigation.

DRVT is once again publishing the priorities adopted by our board for the current fiscal year (Oct. 1, 2010-Sept. 30, 2011). We would welcome your thoughts about how our unique system can best serve people with disabilities and mental health issues. DRVT is publishing our formal priorities for the Protection & Advocacy for Individuals with Mental Illness (PAIMI) program, the Protection & Advocacy for Developmental Disabilities (PADD), and the Protection & Advocacy for Individual Rights (PAIR) programs on the adjoining pages. These priorities serve to focus the work of the agency and are developed by our board and our advisory councils, who get input from the community and staff. Your input is appreciated! We strive to do as much as we can with the resources we have and we can do that best when folks in the community let us know their greatest advocacy needs!

**Send us your comments to help us stay connected to the community we serve!**

## 2011 PRIORITIES FOR PROTECTION & ADVOCACY FOR INDIVIDUALS WITH A MENTAL ILLNESS (PAIMI)

**Priority 1:** Investigate individual cases of abuse, neglect, and serious rights violations in inpatient facilities (VSH, designated hospitals, designated agencies, emergency rooms, facilities for minors), prisons/jails, and community settings.

**Priority 2:** Reduce the use of seclusion, restraint, coercion and involuntary procedures through systemic efforts. Continue systemic work to create culturally competent, trauma-informed, violence free and coercion free mental health treatment environments.

**Priority 3:** Reach out to community settings, designated facilities, emergency rooms, prisons/jails, residential and therapeutic care homes. Monitor conditions and educate residents about rights and self-advocacy. Engage in systems work to improve conditions.

**Priority 4:** Advocate for self-determination and access to alternative treatment options and community integration. Use legal advocacy to enforce and expand rights across the State of Vermont.

## 2011 PRIORITIES FOR PROTECTION & ADVOCACY FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (PADD)

### Health Priority Area

- People with disabilities have access to needed health care/long-term care; children with mental health needs will receive needed services and supports.

### Education Priority Area

- Students with disabilities are not harassed, are not subjected to Restrictive Behavior Interventions, and are not unlawfully disciplined, suspended or expelled from their educational program. Students with disabilities receive an appropriate transition from school to employment and independent living. Resources permitting: Students with disabili-

ties are identified, evaluated, and receive a free and appropriate public education and related services. Federal and Vermont entitlements and procedural protections are preserved.

### Quality Assurance Priority Area

- Olmstead: People with disabilities have access to appropriate services/supports in the least restrictive, and most integrated, settings.
- Children in institutional and other residential and alternative educational settings will receive protection and advocacy services.
- Access to Developmental Services for children and adults with developmental disabilities.
- Guardianship: Protection of legal rights in guardianship proceedings. People with developmental disabilities do not have unnecessary guardianships.
- SSI: Access to and preservation of SSI benefits for income eligible children under age 18 or turning 18 whose benefits are terminated on the basis of disability. Maintain maximum SS benefits for adults who are disabled and working.
- Title II ADA: Increased accommodations for people with disabilities in government services, including state and local emergency services.
- Title III ADA: Individuals with disabilities will have increased access to businesses open to the public.
- Communication Support Project (Joint priority with DDC and UCE): People with developmental disabilities receive communication support in judicial and other proceedings.
- Self Determination: People with disabilities make meaningful and informed choices about their services and supports.
- Abuse Neglect & Exploitation: Adults and children with developmental disabilities living independently, in institutions, or in parental, family, group or developmental homes, are free from abuse, neglect or rights violations.

*Continued on next page*

### Housing Priority Area

- People with disabilities receive needed accommodations in housing.

### Employment Priority Area

- People with disabilities will not be discriminated against in hiring, employment and advancement.

### Transportation Priority Area

- People with disabilities have access to accessible transportation.

## 2011 PRIORITIES FOR PROTECTION & ADVOCACY FOR INDIVIDUAL'S RIGHTS (PAIR)

### Health Priority Area

- People with disabilities have access to needed health care/long-term care; children with mental health needs will receive needed services and supports.

### Quality Assurance Priority Area

- Olmstead: People with disabilities have access to appropriate services/supports in the least restrictive and most integrated settings.
- Maintain maximum SS benefits for adults who are disabled and working.

- Title II ADA: Increased accommodations for people with disabilities in government services, higher education, Reach Up, judicial and corrections systems - including people with disabilities who have been victims of crime, and parents with disabilities in the child protection system.

- Title III ADA: Individuals with disabilities will have increased access to businesses open to the public.

- Abuse Neglect & Exploitation: Adults and children with disabilities living independently, in institutions, or in parental, family, group or developmental homes, are free from abuse, neglect or rights violations.

### Housing Priority Area

- People with disabilities receive needed accommodations in housing.

### Employment Priority Area

- People with disabilities will not be discriminated against in hiring, employment and advancement.

### Transportation Priority Area

- People with disabilities have access to accessible transportation.

How can you make your voice heard?

Contact DRVT at:

141 Main Street, Suite 7, Montpelier, VT 05602

Or by phone: 1-800-834-7890 or, locally, at (802) 229-1355

By email: [info@disabilityrightsvt.org](mailto:info@disabilityrightsvt.org)

Please visit our Web site at [www.disabilityrightsvt.org](http://www.disabilityrightsvt.org)

## VCIL Encourages Civic Engagement

VCIL's main goal this legislative session is to get information to the public about issues that concern us as an organization. We want to encourage people with disabilities to speak to your senators and representatives and to get the information you need to know what is going on at YOUR Statehouse.

We are trying to engage as many of you as possible through electronic outlets. If you want to be on our electronic newsletter list to receive weekly updates, please send your name, e-mail and topics of interest to [mkaufman@vcil.org](mailto:mkaufman@vcil.org)

VCIL's Facebook page will be updated regularly, providing you copies of our testimony and other information. We have also started some discussion boards on topics of the session and hope you can take the time to participate. Our Facebook page is:

[www.facebook.com/group.php?gid=51523799515](http://www.facebook.com/group.php?gid=51523799515)

We encourage you to check out the Vermont State Legislature's new Web site: [www.leg.state.vt.us](http://www.leg.state.vt.us). Here you can find your representatives, information about committees, search bills and learn about the legislative process.

### Physician-Assisted Suicide

VCIL is taking the lead on the opposition of physician-assisted suicide, which we expect to be introduced in the House within the next few weeks. We understand that some of you may not agree with this position.

We want to set the record straight – VCIL believes in and fights for choice, dignity and independence of people with disabilities. We are opposing this legislation because those of us with disabilities, especially those living in poverty, are not always given equal opportunities in life. At a time when basic resources that let people live and die with dignity are not made available to many who need them, there is a very real risk that lethal medication may become a choice for some and the only choice offered to others.

We want real choices. This includes equal opportunity to continue to live in our own homes instead of nursing homes, access to quality medical care, access to home access modifications and assistive technology that allow us to live our lives with dignity till life ends. Many of us do not want to give the government and doctors a greater role in ending our life. We know that people with disabilities are able to choose what they want and we fight daily to make sure that programs and policies are not compromised, that they honor our right to live fully inclusive lives. We want to ensure that access to quality end-of-life care, pain management and health care is available for everyone making an end-of-life decision. This is not the case now and so we cannot support this legislation.

### Other Issues VCIL Is Following

We are also keeping tabs on the state budget, health care reform, broadband access, the use of Tasers and training of law enforcement, an update to the Challenges for Change language to include people with disabilities in the outcomes, hunting and fishing licenses for disabled veterans, medical marijuana dispensaries, property tax exemption for veterans with disabilities and mental health hospital admissions. As new bills are introduced, VCIL will update the Facebook page and start discussion groups for you to share your thoughts.

### Community Meetings

Community meetings are happening monthly across the state. Visit our Web site, [www.vcil.org](http://www.vcil.org), for a meeting close to you to participate in the dialogue and action of issues from your region.





## got access?

by Kim Brittenham

### Edmunds Middle School Got Access!

For the first time in its 110-year history, Burlington's downtown middle school has wheelchair access thanks to a parent-led campaign for an elevator!

The community celebrated with a ribbon-cutting ceremony on Jan. 19. Ben Wood-Lewis was scheduled to be there with scissors in hand along with his fifth-grade peers. Ben will attend Edmunds next year with these same classmates. Previous to the installation of the elevator, Ben would have been separated from his friends and bussed up to the Lyman C. Hunt Middle School in the Old North End. This has been Burlington's long-running answer to providing program access, although arguably not equal access, to students who use wheelchairs and other mobility devices.

This access victory was not won alone. People have talked about, and argued for, equal access to Edmunds for well over 30 years. Throughout the past two years, a small group of passionate community members sharpened their focus, showed up at city council and school board meetings, and sought assistance from Vermont Legal Aid and VCIL. The long-awaited success now looks like a five-stop elevator and accessible bathrooms in the multi-storied four-building school complex.

Media played a large role in this success story. News stories aired on WCAX Channel 3, WPTZ Channel 5, Fox 44, CCTV, and Radiator Radio. Stories surfaced repeatedly in Seven Days and The Burlington Free Press. ACCESS\* (Associated Citizens Concerned with Entering School Structures) Burlington blog spot chronicled the entire process with community organizer, and parent Michael Wood-Lewis at the keys.

Wood-Lewis began thinking about access at Edmunds when his son Ben was 4 years old and

enrolled in EEE. Looking ahead and realizing Ben would need wheelchair access from his schools, Wood-Lewis started asking questions about Edmunds. He got vague assurances that this would not be an issue by the time Ben reached middle school. At three years out from middle school, Wood-Lewis began to advocate, advocate strongly, for change.

There were challenges. There were strong "no ways" at the onset. There were serious concerns and drastic over-estimates for construction costs. There were treasure hunts for funding from foundations and through congressional delegates.

Wood-Lewis and his group of community advocates kept the faith. All through the process, they counted on the good will of the people involved and the inherent justice of the situation. And over a relatively short time, with constant advocating and puzzle-solving, the "nos" turned to "yeses," and the \$15-million elevator turned into a \$1.5-million construction project with only one-third of the cost being the actual access elements. In the end, the Burlington School District allocated the funds, went to bid, and completed construction within a calendar year.

VCIL applauds the work of students who came to the public meetings in support of their classmates with disabilities, parents with strong voices, school officials with creative solutions, media who loyally followed the story, and the Burlington community at large for providing access to everyone at Edmunds. You are among the winners in this. Now you all have better access to people with disabilities – be they educators, entertainers, political leaders, or students.

*The Community Access Program works to improve access to buildings, services and programs in Vermont and is supported by the regional DBTAC ADA Technical Assistance provider: New England ADA Center from the National Institute of Rehabilitation and Research (NIDRR). For more information: 1-800-639-1522 (V/TTY) or [www.vcil.org](http://www.vcil.org).*

## Vermonters Converge on Statehouse to Demand Universal Health Care

Over 300 Vermonters converged at the Statehouse Jan. 5 to deliver more than 4,000 petition signatures to lawmakers Shap Smith, John Campbell, Claire Ayer and Mark Larson. The petition demands that Vermont lead the nation in the adoption of universal health care. The petition also builds on last year's passage of Act 128, the "Universal Access To Healthcare Act," which mandates that Vermont create a health care system which meets the human rights principles of universality, equity, accountability, transparency, participation and health care as a public good. The rally also comes in anticipation of the release of the state-mandated universal health care system options, designed by Dr. William Hsiao, expected on Jan. 19 of this year.

The Cedar Creek room was packed with Healthcare Is a Human Right supporters from all across the state, along with many legislators on their first day back at the Statehouse.

Mari Cordes of the Vermont Federation of Nurses & Health Professionals Union at Fletcher Allen, spoke about her personal experiences witnessing the health care crisis in Vermont: "As a nurse, I can report firsthand that the current system is not working. We know that people are suffering and dying needlessly. Tens of thousands of Vermonters lack access to health care and we know people who have health insurance are suffering because they cannot afford the increasing costs of premiums, deductibles and copayments. And we know as a result many Vermonters are not getting the care they need when they need it because they can't afford it."

All of the legislators who spoke at the rally expressed their commitment to passing legislation this year in order to create a health care system that meets the human rights standards adopted in Act 128. Speaker of the House Shap Smith (D-Morrisville) pledged to push for passing universal health care legislation this year. The new co-chairs of the Healthcare Committee, Sen. Claire Ayer (D-Addison County) and Rep. Mark Larson (D-Burlington), both stated their support for the campaign and for passing legislation this session. "It's a disgrace that we're the only

industrialized nation without universal health care," said Ayer.

Larson reiterated that passing a universal health care bill this session is a top priority. "We are going to give this our most and work very hard to get something done this year."

### People's Movement Assembly

The rally was followed by the People's Movement Assembly to address the many critical issues facing working and low-income families, and to build a new people's movement in Vermont. Group after group echoed the need to come together across struggles, both in Vermont and nationally.

A variety of groups from across the state participated in the People's Movement Assembly, including the Vermont Center for Independent Living, Rural Vermont, the Vermont Federation of Nurses & Health Professionals Union, Vermont Partnership for Fairness and Diversity, Vermont Migrant Farmworker Solidarity Project, Vermont Early Educators United, and the People's University for Learning and Liberation (a project of the Vermont Workers' Center).

Sarah Launderville, executive director of the Vermont Center for Independent Living, participated in the assembly. She told the crowd: "In addition to health care issues, Vermonters with disabilities are troubled by the cuts in social service programs that have left them in situations where they are no longer equal members of our community. Cuts to services that cover basic assistive technology, personal care attendant services, mental health services, housing and employment support. In addition, the state of our economic services department has dropped people with disabilities from coverage that provides basic essentials like health care, food, fuel and transportation to doctor appointments."

"To truly have safe and healthy communities we need to build a broad and unified movement that directly confronts systems of oppression," said Sheila Linton of the Healthcare Is a Human Right campaign and Vermont Partnership for Fairness and Diversity.

*Continued on next page*

Brendan O'Neill of the Vermont Farmworker Solidarity Project agreed. "Only by working together will we be able to build movements capable of taking back these resources that corporations drain from our communities and rebuild our food, health care and educational systems."

Launderville said, "We are joining today with other groups that are feeling the impacts of these cuts. We join together today with you to work with you on educating the public about how these issues are not about a small few, but how they intertwine as the fabric of our full community."

During the last legislative session people from all across the state contacted their legislators as part of the Healthcare is a Human Right campaign to voice their concern that the current crisis in access to health care needs bolder comprehensive change. The result was the passage of S.88 (which became Act 128), the "Universal Access To Healthcare Act," which affirmed Vermont's commitment to adopting a health care system which meets human rights principles of universality, equity, accountability, transparency and participation. S.88 also called for the state to hire a consultant to design three health care plans for Vermont, which all meet human rights principles. The state hired Dr. Hsiao, a Harvard economics professor.

The health insurance and pharmaceutical industries are expected to pour excessive amounts of money into the state in advertising and "astroturf" groups in an attempt to hold back the groundswell of support for real change in our health care system that Vermonters are demanding from their elected officials.

"We know that we have a battle before us, but we also know that the people of Vermont have demonstrated time and time again that our system is broken and that we all have a human right to healthcare," said Peg Franzen, president of the Vermont Workers' Center. "While we might not have the billions of dollars that the insurance and drug companies have, when the people of Vermont come together they have more say than the corporations in the future of our state."

### *Thaw*

Rain has licked frosting  
off branches

Scattered snow  
like dice  
has washed the roofs  
(no shoveling now)  
clear, clean

and I keen still  
for the fleece that was

fear the glare  
of hidden ice

tremble in the new chill.

### *Foraging*

Foraging for light  
past Chanukah  
before the longest night.

I am led

to  
Venus  
Noga  
K'tzi Alakus  
Great Star

Dazzling  
on the half shell  
of dawn.

*The above poems were written by Phyllis Rachel Larrabee, a poet who lives in Woodbury. They can be found in the collection, "Molotzapku-Ol: Deep Roots." Phyllis was an information and referral specialist at VCIL for nine years. She credits this experience with "giving her a PhD in how to live with a disability."*

## VCIL's Executive Director Attends International Conference

Sarah Launderville recently served as a Vermont delegate to activities surrounding International Day of Persons with Disabilities in Washington, D.C. In December, Launderville attended a reception hosted by the United States International Council on Disabilities (USICD) and a conference hosted by the U.S. State Department. It was led by Judith Heumann, special advisor for International Disability Rights.

USICD President Marca Bristo issued a press release stating: "It is estimated that there are 650 million people with disabilities in the world today and 80 percent of them live in developing countries. This includes 150 million children with disabilities, most of who live with the reality of exclusion manifested anew each day. People with disabilities, particularly women and children, can face multiple layers of discrimination-based on gender, age, race, and socio-economic status in addition to disability."

Secretary Hillary Clinton issued a statement:



COURTESY PHOTO

*ALL SMILES - VCIL Deputy Director Janet Dermody and Gov. Peter Shumlin are all smiles at the inaugural ball Jan. 7 at Sugarbush Resort.*

"The United States is proud to be a signatory to the Convention on the Rights of Persons with Disabilities, and we look forward to continuing our efforts to support its full and effective implementation.

We are also invested in including disability rights as a core focus of our efforts to achieve the Millennium Development Goals. This global undertaking to eradicate extreme poverty and inequality offers hope to millions of people across the developing world, but much remains to be done for people with disabilities, particularly disabled women and girls. We cannot hope to achieve the Millennium Development Goals when those with disabilities are denied the opportunity to lead empowered and autonomous lives by violence or fear of violence. Disabled people deserve equal access and opportunity within society."

Launderville was honored to participate in the events and sees the connection to Vermonters with disabilities. She said, "We have so much to share with our international brothers and sisters and so much to learn in return. It is sad that it took so long for the U.S. to sign onto the convention this past year, but I am hopeful that the ratification process through Congress goes smoothly and people with disabilities join nationwide to inform their representatives of the importance of this convention."

For more information or to become involved with international issues, the convention and Millennium Development Goals, visit [www.usicd.org](http://www.usicd.org), or if on Facebook: [www.facebook.com/SAHeumann](http://www.facebook.com/SAHeumann).



*Sarah Launderville*

# Disability Happens -K.K.

by K.K. Wilder

## Plans and Results

There's an old adage that says: We can make all the plans we want, but we can't plan the results. When I started this column about 15 years ago, I planned to write about ways to survive disabilities, deal with aging, and go on to continue a viable lifestyle. I hoped something I wrote would help people come out of their rooms and get on with their lives in whatever ways were possible. Most of my pieces were first person, based on my own experiences; others were about people I found especially courageous and even inspirational. There was the loving couple – she seriously hearing-impaired and he profoundly affected with a muscular disease – who were so upbeat they were guiding lights to others. There was the young man I met at Disney World who was developmentally disabled and unable to walk, who drew people to him with his outgoing enthusiasm. A blind woman who counseled others with great understanding in dealing with new disabilities and another with severe rheumatoid arthritis who had a sense of humor that put others at ease and brightened their days allowed me to write about them. All had individual personality and character traits and one commonality stood out: They each had the desire to live their lives in ways to achieve to their utmost abilities.

In other words, "Disability Happens" was meant to show us all what was possible and to give hope. Added to that theme were pieces about learning to reach out and ask for help, appreciating kindness from those offered, even strangers, continuing to be grateful to life, making those in the health fields aware of us as real people, getting through the rough times, and appreciating ourselves as we age.

Many e-mails, notes, and calls from readers let me know something I wrote had a positive impact on their lives or, conversely, that

they disagreed with something I said.

Sometimes a person would ask me what to do about a certain emotional or physical situation and, although I was often moved, all I could do was refer them to places I would call myself if I were in their situations. Other times, one of my columns would lead to people contacting me about speaking to their groups or serving on a committee or panel about living with disabilities. I put together a "how-to" on forming your own care group to call on when assistance was needed and it became a tool for a helping agency.

That's what I planned for the column, what I wrote about, and the serendipitous occurrences that came out of my years writing "Disability Happens."

So, what about the results? Were there any? Were they what I'd hoped for in the beginning? A columnist doesn't always know about such things. As I so often say, "What is, is." Like little boats we send our thoughts, stories, and hopes out on the water to sail as they will. We never really know where the boats will land and whether or not what we put in them made a difference in anyone's life.

My own health situations have left me with too little energy to continue writing my columns, I'm sorry to say. I still have what might be an unrealistic hope of putting the little boats together in a small book sometime. But who knows? Plans and results, like life, have a way of taking on their own paths. Perhaps one of the main things to remember is to be guided by our faith, not our fear.

May you all find meaning in your lives and fulfillment that brings light and kind seas to your hopes.

*(K.K. Wilder makes her home in Vermont. She can be reached online at [KKWilder@aol.com](mailto:KKWilder@aol.com))*



# B u l l e t i n B o a r d



## Disability Awareness Day

SAVE THE DATE!

Wednesday, March 23, 2011

At the Statehouse

The Vermont Coalition for Disability Rights invites you to join us in celebrating and speaking up for disability rights and services. Take the opportunity to talk to your senators and representatives, participate in a workshop and possibly tour the Statehouse. There will be a dinner program. Check out VCDR's Web site, [www.vcdr.org](http://www.vcdr.org), for more information.

## ReCycle Catalog

The Vermont Center for Independent Living maintains a ReCycle Catalog, a listing of used disability equipment that people are seeking and disability equipment that is for sale. To receive a copy of the ReCycle Catalog or to list an item, contact Ericka Reil at 802-229-0501, or visit us online at [www.vcil.org/resources/recycle-catalog](http://www.vcil.org/resources/recycle-catalog)

## VTrans Meetings Set

The Vermont Agency of Transportation is holding a series of public meetings to help shape a 10-year plan for the state's transit system. Visit [www.kfhgroup.com/vermonttransitplanupdate.htm](http://www.kfhgroup.com/vermonttransitplanupdate.htm) for more information, or contact Scott Bascom at VTrans: 802-828-5748 or [scott.bascom@state.vt.us](mailto:scott.bascom@state.vt.us)

All meetings will begin at 7 p.m. The schedule is:

Feb. 7: Vermont Interactive Television (VIT) sites, including Bennington, Brattleboro, Castleton, Johnson, Lyndonville, Middlebury, Montpelier, Newport, Randolph Center, Rutland, Springfield, St. Albans, Waterbury, White River Junction and Williston. For location information and directions go to: [www.vitlink.org/location](http://www.vitlink.org/location) or call: 802-728-1455.

Feb. 8: Central Vermont Regional Planning Commission, 29 Main St., Montpelier. Directions: [www.centralvtplanning.org/montbase.JPG](http://www.centralvtplanning.org/montbase.JPG)

Feb. 9: Connecticut River Transit (CRT), 706 Rockingham Road, Rockingham. Directions: [www.crtransit.org/contact/contact\\_info.html](http://www.crtransit.org/contact/contact_info.html)

*To find out about other disability or senior programs, activities, and services, contact the Senior Helpline (1-800-642-5119) or the I-Line at the Vermont Center for Independent Living (1-800-639-1522)*

## SUBMISSION DEADLINE

Submissions for the next issue must be received by March 2, 2011