



Campus Concern: the Disabled Student

by Irene D. Jacobs, MA '67

"A year ago we had a blizzard," begins Bob Mandeville, who makes his way around the campus in a wheelchair as a result of a 1968 water skiing accident, "and the pathway between the Commerce Building and Van Vleck got frozen. As long as it was real hard I could make it across there, but all of a sudden it warmed up and got slushy and it was impossible for me to get through." Bob contacted the person in charge of maintenance and the path was clear the next day.

Nancy Johnson, a senior who has had diabetes since she was 14, finds that her path as a disabled student is not as tangible. It's filled with uncertainties on how to cope with secondary problems. A bad cold can throw diabetic regulation off, and diabetics are prone to lose limbs, eyesight, and teeth. "Having to have all your upper teeth pulled in the middle of a semester is hard," Nancy says. She wants to meet other diabetic students, but never has. She wants to share her problem and talk about solutions. "I think the Univer-

sity could help," she says quietly, "by getting some groundwork going, some way of finding out who is diabetic and seeing if they would be interested in getting together."

To go back a bit, the University has been working toward helping people such as Nancy since October 1971 when Chancellor Edwin Young re-activated a committee he'd inherited in a dormant stage. He gave his Chancellor's Rehabilitation Committee a new chairman in Richard Johnson, the 39-year-old associate director of the University Counseling Center. Johnson, who holds a Ph.D. in counseling psychology, and the 13 other committee members—faculty, campus service personnel, administrators, disabled students, and a representative from the state Division of Vocational Rehabilitation—were instructed by Young to study present campus programs and shortcomings, and to make specific recommendations to him. The committee found after a few meetings that its major hurdle was in identifying adequately just what these problems might be. Some students talk about their personal needs, but at least as many don't. No one on the campus really knows the number of students with "hidden" incapacities, nor the extent of difficulties which many disabled students have.

One office has records on some of them. The UW facility of the state's Division of Vocational Rehabilitation serves students with physical and emotional problems. Federal and state law permits students whose disabilities pose a barrier to employment to get aid from the division's Handicapped Student Unit. So unit records show about 450 who come to it for vocational and personal counseling, course planning help, medical assistance and, especially, financial aid. (About 60 percent of this group has orthopedic

Photo/Terry Husebye

The University is trying with measurable success to do all it can for its handicapped students. It could do more were it not for a silent minority: some of those students themselves.

and psychiatric incompetencies. The other 40 percent includes those with various disorders—visual, hearing, speech, allergic, cardiac, amputative.) But Patrick Mommaerts, director of the unit and a member of the CRC, thinks that at least another 600 disabled would meet the legal requirements for eligibility but have not contacted him. He speculates further that there are probably an additional 500 with disabilities who could receive help from other campus offices.

And there are many such offices who have contact with handicapped students although in areas not specifically related to their disabilities. Among these are the Counseling Center, Outpatient Psychiatry and the Psychology Clinic, and the many deans' offices. At these centers, should a student decide to talk about the more upsetting aspects of his disabling problem, he can be helped or referred to the appropriate facility. (Mommaerts believes that about 10 percent of the students who come to the unit have heard about it in this way.) But if the student remains silent when the problem is not a visible handicap—choosing to brush-off any emotional or physical hardship it may produce, or sees no reason to call on the Student Health Service—then no one can offer help, which explains what Mommaerts calls an "aura of mystery about how one gets to see people who can aid them." Students have to ask first.

Despite its lack of knowledge about the specifics, in recent years the campus has generally improved the educational environment for some handicapped students, primarily those with mobility problems. Things began to happen back in 1967 when wheelchair students formed the Handicapped Students

Association. As faculty adviser they chose James Grasskamp, associate professor in the School of Business, a polio victim in 1950 and since then a quadriplegic. They organized as a result of their time spent each day moving around campus in a Handi-Cab—a privately owned van service for people in wheelchairs. They saw shortcomings, explains HSA co-founder Mike Falconer, in the Handicapped Student Unit. According to Falconer, the unit "didn't realize how hard it was for us to get registered or to get books, or to handle all the bureaucratic junk that seemed kind of needless in our case."

So the HSA with about 15 members at its height, met with the HSU staff. This led to making contact with key service offices on campus, such as those in charge of parking, safety, the physical plant, admissions, and residence halls, and to establishing the Ad Hoc Rehabilitation Committee in July of 1970. This is still active although it has no official University status.

Both the Handicapped Students Association and the Ad Hoc Committee have been instrumental in abolishing barriers around the campus for students with mobility impairments. For instance, basketball fans among them complained that there was no place to set their wheelchairs in the Field House. The Handicapped Students Association called the safety director in the physical plant, and he had rows of bleachers removed to give them a seating section. Today there are curb cuts and ramps all around campus. All new buildings have ramps and elevators; the class timetable indicates which classrooms

are inaccessible, and room assignments can usually be changed if necessary. Keys are available for elevators not otherwise open to students. Parking authorities now issue a special permit, at \$50 a year, to students with mobility impairments so that they can park in any campus lot. The campus architect prints a map showing the location of ramps, curb cuts, elevators that require keys, accessible bathrooms, and parking lots. Residence Halls has reserved rooms for students with mobility impairments, with telephones and marked by identification stickers so that, in case of fire or other emergency, the staff can evacuate them quickly. Through the Handicapped Student Unit, those in wheelchairs can register entirely by phone. They can renew library books through the mail. The unit provides note-takers for those unable to use their fingers or hands. The Physical Education department offers an adaptive program for disabled students.

Some departments are harnessing research facilities to develop aids for disabled students. For those whose impairments prevent them from writing, typing, or speaking, the Cerebral Palsy Instrumentation Group (in the Electrical Engineering department) has developed an Auto-Com system, which uses a magnetic sensing device to provide TV or typed output from gross arm movements. They constructed a special plywood "mask" and foot-switch for Teletype terminals connected to the Univac 1108 computer at the computing center. These adjustments enable a disabled person to use only one finger to operate the Teletype.

Not all of the modifications are trouble-free. The Auto-Com system is new and needs to be tested. Curb cuts are a blessing, but snow removal remains a problem. A special



parking permit is still little more than a hunting license. It doesn't guarantee there'll be room in the lot closest to one's classroom. (And, Bob Mandeville explains, if the parking slot is not wide enough, "you can't get the car door open and you can't get your wheelchair out.") Elevator keys help, but often "the keyhole is way up on top of all the numbers, and it's impossible for a person in a wheelchair to reach it. Moreover, a blind person has problems recognizing where to put the key and which numbers are which," Mandeville says.

Still, these changes and the trend they represent outweigh the pitfalls, especially because they benefit more people than just those with permanent disabilities. Someone who breaks his leg skiing and has to wear a cast for six weeks gains from the curb cuts and ramps, too.

The University is alerting the citizens of Wisconsin that the Madison campus has facilities and services for the handicapped. Information about the HSA is included in a newsletter going to high school counselors, teachers, and administrators. The same information is part of the University's general publications and brochures for all students. And the Handicapped Students Association publishes a newsletter about what is being done on campus.

Students with mobility problems are fairly satisfied with what the campus has done to meet their most pressing needs, and they do not want to be spoon-fed. "The only special efforts I would like to see the University make," Mandeville says, "is in accessibility in order to put us in the room and on equal ground with other students." Falconer agrees, although he puts it in

broader terms: "The University has the responsibility to serve the population of the state of Wisconsin for higher education and that means *everybody*. If it can do something to the physical plant that would make it possible for someone to come here who couldn't come without the change, then someone ought to think hard about doing it."

George N. Wright, director of the Rehabilitation Research Institute on campus and a member of the Chancellor's Rehabilitation Committee, sees students with disabilities as a "neglected minority group" and believes the University must take steps to change this situation. "With proper vocational objectives and educational benefits," he explains, "most disabled persons—even those with severe impairments—overcome their limitations and achieve equal status and the right to work."

The changes still needed may be as numerous as the disabilities represented on campus. Pat Mommaerts is especially concerned with those with inadequacies other than physical—students who have just come from correctional institutions, for example. Three years ago the Handicapped Student Unit had no such clients; this year it has 35. "They come out of one institution and go into another of a completely different nature—no structure at all, virtually. It's quite an adjustment." The most important need of *these* students, Mommaerts thinks, is financial aid; they leave the correctional institution with no means of support and may have trouble finding a job. Other disability groups have unique needs as well. "Locating a person when an emotional crisis is developing, and directing him or her to the right resource," Mommaerts says, "is a major difficulty." And so is finding whether laboratory and research equipment are safe for students with epilepsy; or food services adequate for students with

endocrine disorders. Because Nancy Johnson's diet is not as restrictive as those of other diabetics, she finds the food services satisfactory. But, she explains, "seldom do I run into people who understand that the problem isn't *just* my diabetes or *just* my eye infection or *just* my leg infection; the problem comes when I have to face them all together."

To get feedback on such concerns, the Chancellor's Rehabilitation Committee last year asked George Wright to survey students, drop-outs, potential students, and alumni* with physical disabilities, and to solicit the opinions of University and human-service agency personnel on the difficulties that disabled students face here. The Student Health Service and the state Division of Vocational Rehabilitation would help identify those surveyed and keep identities and records confidential. The research plan proposes three simultaneous survey methods: a mailed questionnaire, a telephone survey, and personal interviews.

At present the CRC has not found the money to underwrite this comprehensive survey, but it plans an interim measure. The Division of Student Affairs has given the Committee \$1,800 to send a short mail questionnaire to *all* students on the campus; and about \$1,500 to hire a half-time project assistant this semester to help with the research. This substitute questionnaire is not nearly as all-encompassing as the full-scale proposal, but it's a be-

*Mr. Johnson invites any of our readers who were handicapped students in the last decade or so to give him your comments about campus details you found either a problem or an aid. Write to: Richard W. Johnson, Assoc. Dir., UW Counseling Center, 415 W. Gilman Street, Madison 53703.—Ed.

ginning. It asks whether the student has "any type of permanent or temporary disability (e.g., diabetes, paraplegia, uncorrectable visual or hearing impairment, broken leg, emotional disorder, etc.)" and what troubles on campus the student has encountered as a result. Richard Johnson expects to receive results from the questionnaire by June.

The Chancellor's Rehabilitation Committee will use the survey information to work on long-range programs for disabled students. What is needed, says Johnson, is a basic policy, defining how "the University can be restructured to handle these problems." Pat Mommaerts agrees and wants the committee "to come up with some kind of philosophical statement on its willingness to deal with the handicapped—to take a stance of a broad nature."

Such a commitment to disabled students will make change easier and will improve facilities in the future when, Mike Falconer predicts, the campus will have more disabled students than it has now. For one thing, medical developments mean that disabled people live longer, more normal lives. A second is that many disabled Vietnam veterans will be seeking an education.

Given this situation, it's imperative that the Chancellor's Rehabilitation Committee and the Ad Hoc Committee—with the help of faculty, campus personnel, students, and alumni—isolate the most devastating frustrations for disabled students. Two of these appear to be transportation and communication.

Transportation prompts the most complaints. Although the Handi-Cab service exists, it costs each student, or more directly, the Handicapped Student Unit, between \$1,500 and \$3,000 a year for getting to, from, and around campus each day. (The lower rate is for wheelchair students living in the dorms who travel at most a mile or so.) Most users don't

feel that the University must resolve this burden itself. Falconer believes that the solution to transportation should be national: "Mass transportation stinks for people in wheelchairs because you can't get on a bus. But that's not a University problem; it's a General Motors problem." The Chancellor's Committee and the city are working on it.

There's a need for improvement in communication among groups and individuals concerned with handicapped students. The major responsibility seems logically to rest with the handicapped students themselves or, specifically, with those who keep their disabilities hidden because they fear a possible stigma. As Mommaerts said earlier, the University can't deal with issues it is not aware of. Yet "I think to identify themselves," says Richard Johnson, "disabled students will have to have some confidence or trust that it will be for a good purpose and that it will be helpful to themselves or to others in their position."

It is this faith and trust that the University is trying to foster by eliminating as many barriers as possible so that disabled residents of the state can take advantage of their educational resources. The first step now under way, is the identification of those barriers.

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