SSI and Work: The Great American Story
Jen Davis

In Buena Vista, Virginia, a small rural town in the Shenandoah Valley, Mary[1] lumbers to her mailbox, mentally thumbing through her list of errands: *pick up prescription refills at CVS, buy milk, butter, and cereal at Food Lion, meet Doctor Lawson at 2:00, don't be late to work.* Sorting through the envelopes, Mary extracts one from the SSA, opens it, and removes a check for $512. Hurrying inside, she collects all eleven empty pill bottles and tucks them into her bag with the check; while she waits for her caseworker to arrive and accompany her on her various tasks, Mary tidies her tiny apartment.

At 51 years old, Mary is diabetic, alcoholic, and suffering from symptoms of both bi-polar disorder and schizophrenia; she has the equivalent of a third grade education. She lives alone in a one-bedroom apartment, although her two grown children spend most nights and mealtimes leeching off their mother's generosity. A long time member of the Eagle's Nest Clubhouse, an institution for psychosocial rehabilitation, Mary divides her time between the clubhouse and her job at HandiWorks, a program that employs many of her fellow club members. Providing an opportunity for socialization in addition to earned income, the HandiWorks position gives Mary a sense of productivity and pride; since she started working, she rarely sleeps through the afternoon or skips her appointment with the psychiatrist to get drunk. Gradually, she accrues more hours at work. Soon, however, Mary's caseworker informs her that she is amassing too much income to qualify for SSI benefits—specifically her monthly

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1 "Mary" is a pseudonym for an actual individual familiar to the author of this paper. Her story, while based on facts, has been slightly embellished to portray a broader picture of the life of a mentally disabled citizen; thus, Mary

$512 check and subsidized health care—and must therefore reduce her work hours. Without Medicaid to cover her eleven different prescriptions, she will likely regress to her former catatonic state. With no other choice, Mary reduces her hours at HandiWorks and relies more heavily on her SSI check.

According to a recent survey performed by the National Organization of Disability, 72% of disabled Americans want to work. Despite this and "in part because of disincentives in Federal law, less than 1 percent of those receiving disability benefits fully enter the workforce."[2] Supplemental Security Income (SSI) targets disabled Americans like Mary, embracing a mission statement that promises "to provide a positive assurance that the Nation's aged, blind, and disabled people would no longer have to subsist on below poverty-level incomes."[3] One facet of this objective involves reducing economic dependency, a goal endeavored by incorporating the disabled into the workforce; this goal is delineated in the 1971 pledge to "provide incentives and opportunities for those able to work or to be rehabilitated that would enable them to escape dependency."[4] An inherent paradox seems to exist here, however, as benefits reduce reciprocally—dollar for dollar in most cases—with earned income, eventually rendering some mentally disabled SSI recipients ineligible. To avoid relinquishing government assistance, therefore, some of these clients must decrease their work hours, a seemingly regressive step.

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is a compilation of various members of the Eagle's Nest Clubhouse.
2 Bush, "New Freedom Initiative," Title IV, Part B. Submitted to the U.S. Congress by President George W. Bush on February 1, 2001.
3 U.S. Senate, Committee on Finance. (1972, Sept. 26). "Social Security amendments of 1972" (Senate Report No. 92-1230). Washington, DC: U.S. Government Printing Office, 384.
4 U.S. House of Representatives, Committee on Ways and Means. (1971, May 26). "Social Security Amendments of 1971" (House Report No. 92-231). Washington, DC: U.S. Government Printing Office, 147.

Thus, although much of the current debate surrounding SSI discusses benefit levels or eligibility, this analysis focuses on the extent to which the program currently achieves the 1971 goal of facilitating employment and eliminating dependency for the mentally disabled. Commencing with policy background information, this paper demarcates the terms and standards for evaluating SSI legislation and then examines SSI history according to these criteria. Throughout this examination, it will become increasingly evident that SSI falls repeatedly short of its stated goal of self-sufficiency, primarily because mental illness is generally a lifelong disability and thus, total escape from dependency does not constitute a plausible aim. In light of this, new legislation should target effective participation, endeavoring to encourage work while diminishing, but not eliminating, dependency.

What is SSI?

In December of 1999, nearly three decades after the program's inception, SSI rolls boasted virtually 6.6 million recipients; of this population, 5.2 million claimed benefits based primarily on mental disability.[5] A "means-tested, federally administered, income assistance program authorized by title XVI of the Social Security Act," SSI was established in 1972 and instated in 1974, marking a change in American social policy.[6] Replacing the Federal-State Programs of Old Age Assistance and Aid to the Blind, a program under the original Social Security Act of 1935, and the Program of Aid to the Permanently and Totally Disabled, part of the Social Security Amendments of 1950, SSI promised to make government aid more accessible to disabled citizens. Under the former programs, the State maintained discretion over who

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5 U.S. House of Representatives, Committee on Ways and Means. *2000 Green Book*, Section 3: Supplemental Security Income (SSI). Washington, DC: U.S. Government Printing Office, 45,29.

qualified as 'needy,' offering cash relief only "as far as practicable."[7] Also, despite the fact that these funds were then matched by the federal government, the States retained administrative authority over the programs, reserving the right to define 'needy' and subsequently determine benefit levels. The 1972 SSI bill thus transformed federal assistance for the mentally handicapped from a program for the deprived to an entitlement, guaranteeing support to anyone who qualified.

SSI deviated from its predecessors in numerous ways. By constructing it as an "add-on" system delegated to the ordinance of the Social Security Administration (SSA), Congress effectively instilled legitimacy in the new program as the SSA "had a longstanding reputation for dealing with the public on a fair and humane basis."[8] Consequently, this strategic administrative provision quickly garnered the faith and support of both recipients *and* taxpayers. In terms of the actual monetary dole, SSI abandoned the fluctuating benefit scale based on subjectively evaluated needs in favor of a flat grant policy adhering to uniform federal income support level.[9]

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Eligibility for Supplemental Security Insurance can be pursued via three major avenues: age (65 years or older), blindness, or disability. Disabled individuals, as defined by the House Committee on Ways and Means, are "those unable to engage in any substantial gainful activity (SGA) by reason of a medically determined physical or mental impairment expected to result in death or that has lasted, or can be expected to last, for a continuous period of at least 12

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6 *2000 Green Book*, 2.

7 *2000 Green Book*, 2.

8 *2000 Green Book*, 2.

9 In 2000, this grant entitled an individual to $512 per month and a couple to $769, indexed to the Consumer Price Index (CPI). Also, SGA was set at $700 per month (Green Book, p.17).

months."[10] The committee further delineates substantial gainful activity as earning a monthly counted income in excess of the SSI benefit, after subtracting impairment-related expenses from the salary. In other words, "the individual must be unable to do any kind of work that exists in the national economy, taking into account age, education, and work experience."[11] Policy differentiates between *earned income*, or wages, and *unearned income,* benefits such as Social Security, workers' or veterans' compensation, or interest. Although earned and unearned income are added together to determine income eligibility, this distinction is imperative for evaluating major exclusions (most of which have emerged after 1972). Since most SSI recipients amass benefits from various sources, the SSA has developed a disregards policy that accounts for the broad range of benefactors included in the unearned income category. "If the individual or couple has "countable" income, a dollar-for-dollar reduction is made against the maximum payment;" thus, loss of eligibility occurs when countable income—income minus any disregards that may apply—equates with the SSI standard benefit.[12]

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Perhaps the greatest benefit of the new SSI policy resided in its links to other in-kind assistance, specifically subsistence and health care. Although they result in decreased SSI benefits, food stamps comprise a staple government program accessible through SSI; still, food stamps reduce by $0.30 for each additional $1 of SSI income. SSI's most important connection, however, is to Medicaid. Then and now, subsidized medical attention and prescriptions are imperative to the quality of life of Mary and those like her.[13] Over time, the link between SSI

10 *2000 Green Book,* 5.
11 *2000 Green Book*, 5.

12 *2000 Green Book*, 7.
13 In thirty-two states, individuals deemed eligible for SSI benefits automatically gain access to Medicaid; in seven

and Medicaid has shifted; this transformation is addressed below.

In the 1970's, the first decade following the inception of SSI, disability rolls expanded, spurring federal government reforms that restricted the SSI program to the "truly" disabled. With these reforms, disability was rigidly redefined and reclassified, becoming "mired in administrative regulations" and "fail[ing] to recognize that many disabled persons do work or could work if adequate job-related support services were provided..."[14] Thus, during SSI's initial reign, the focus remained on raising disabled Americans above the poverty line and little more. Despite this, the policy was relatively ineffective in achieving its inadequate goal as the majority of SSI recipients remained impoverished. The program did virtually nothing to generate opportunities or foster inherent capabilities in order to integrate the mentally disabled into the workforce; not only did it fall blatantly short of its goal of self-sufficiency, it made few strides towards reducing dependency as well.

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Work and disability benefits maintained their conflict through the early 1980's as disabled SSI recipients risked forfeiting both cash benefits and Medicaid by choosing to work. Earning $700 a month during a trial work period led to the loss of disability status, even if the individual still fell into SSI income and resource limits; this caused Medicaid ineligibility and, consequently, a reduction in work hours for most recipients. In 1986, Public Law 99-643 annexed section 1619 to the Social Security Act, allowing working SSI recipients to sustain benefits if their earnings exceeded the level of substantial gainful activity "as long as there is not

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states, SSI recipients are consequentially eligible for Medicaid but they must complete a separate application; in the remaining eleven states (including Virginia), the disabled must apply separately to satisfy state determined Medicaid eligibility criteria which is much more restrictive than SSI standards (*2000 Green Book*, p.14).

14 Handler and Hasenfeld, 142.

a medical improvement in the disabling condition."[15] Under this provision, SSI cash assistance is gradually withdrawn until countable earnings match the SSI benefit standard or 'break-even point.' Thus, the SSI recipient's income is permanently plateaued by the SSA to maintain Medicaid eligibility. Thus, just as these individuals begin to generate substantive wages, they consequently watch their benefits diminish, stalemated just below SGA level; this hardly equates an incentive to return to the wonderful world of work.

Changing Ideology

According to President George W. Bush, the Americans with Disabilities Act of 1990 (ADA) "represented the first major piece of civil rights legislation since the Civil Rights Act of 1964 and opened many of the real and virtual doors of society closed for years to the disabled."[16] Signed by then President George Bush, the bill marked a change in policy ideology; it stressed the inherent value of the nation's handicapped by assigning more responsibility to employers for accommodating the workplace to the disabled. Pledging to "eliminate barriers that prevent disabled people from working and to provide equal employment opportunities," the bill marked the first attempt at rehabilitation for the disabled through structural change.[17] In addition to "requir[ing] employers to make reasonable accommodations unless those accommodations would create undue hardships on the employer," it prohibits discrimination against a disabled individual if he/she otherwise qualifies for the position or promotion.[18] Specifically, since July 26, 1992, employers boasting more than 25 employees may question a candidate's job performance capability but may not interrogate or employ screening tests to divulge a possible disability.

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15 *2000 Green Book,* 39.
16 Bush, "New Freedom Initiative," Title IV, Part B.

Also, an ADA compliant employer must be willing to accommodate 'reasonably' via job restructuring or equipment modification.[19] To promote small business adherence to the ADA, Congress enacted the Disabled Access Credit (DAC) later in 1990, offering a 50% credit for eligible expenses of up to $5,000 in one year. Relevant expenses encompass any cost incurred through making facilities more accessible or procuring assistive technologies.[20]

In 1996, a wave of reforms under President Bill Clinton signified a regressive step in terms of rehabilitation. Restricting the definition of disability, particularly for children, the amendments under PRWORA also denied SSI benefits to those with a primary disability of alcohol and/or substance abuse as of January 1, 1997. The government thus reaffirmed the dichotomy between the deserving and undeserving poor, dismissing the nation's alcoholics and drug users as unrehabilitative, or, at least, unworthy of the effort. While Mary's drinking cohorts lost their respective SSI checks—and more importantly, their access to rehab centers or employment services—in 1997, she continued to receive her monthly dole strictly on account of her persisting mental diagnosis. It is important to note that substance abuse is often linked to other health or behavioral problems; reliance on alcohol or drugs often represents a mere manifestation of deeper underlying issues. Because such a large portion of psychological and psychosocial disorders go undiagnosed (and therefore untreated)[21], it is conceivable that SSI is denying aid to eligible—albeit unknown—individuals by refusing substance abusers. Is it fair to classify these individuals as undeserving because of ignorance? More importantly, is it fair to

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17 Ravitch, 250-1.
18 Ravitch, 250-1.
19 "Americans with Disabilities Act Requirements."
20 Ravitch, 247.
21 Floyd, Phil, Executive Director of Eagle's Nest Clubhouse, phone interview, May 2000.

render *anyone* as undeserving?

Incorporating the missing rehabilitative dimension, the 1999 Ticket to Work and Self-Sufficiency Program focuses on extending resources to disabled individuals, and therefore enhancing capability sets[22]. On December 17, Congress expanded the Vocational Rehabilitation Program Purpose, vowing "to help recipients leave the SSI rolls through greater accessibility to a broader pool of vocational rehabilitation providers than is currently available to them."[23] With this legislation, the focus again returned to the individual. Administered by the SSA, the program distributes tickets to SSI recipients as vouchers for employment services, case management, vocational rehabilitation, and other support services. In exchange for these tickets, disabled individuals gain access to program managers, employment networks, individual work plans, program evaluations, and a twelve member advisory board.

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22 Coined by Amartya Sen, capability sets comprise the resources and opportunities for functioning available to an individual. In assessing poverty, Sen demands that one examine not only "being well-nourished, being adequately clothed and sheltered, avoiding preventable morbidity, etc." but also "more complex social achievements such as taking part in the life of the community, being able to appear in public without shame, and so on" (Sen, p.110). An individual must retain the freedom to choose among these resources in order to function at the most basic level.
23 *2000 Green Book*, 15.

Referring to his administration's policy during the 2001 Congressional Address, President George W. Bush stated that his "New Freedom Initiative for Americans with Disabilities funds new technologies, expands opportunities to work, and makes our society more welcoming. For the more than 50 million Americans with disabilities, we need to break down barriers to equality."[24] Focusing on a more integrative policy towards the disabled, the newly elected President extolled the importance of "ensuring that all Americans with disabilities, whether young or old, can participate more fully in the life of their communities and of our country."[25]

The major aspirations of the New Freedom Initiative include increasing access to assistive and universally designed technologies, expanding educational opportunities for Americans with disabilities, and promoting full access to community life. As a tangent of the latter goal, the proposed legislation pledges to better integrate the disabled into the workforce, as these individuals "should have every freedom to pursue careers... and participate as full members in the economic marketplace."[26] To fulfill these goals, President Bush endorses previous policy within the New Freedom Initiative, particularly the continued implementation of Ticket to Work, promoting awareness and utilization of Disabled Access Credit (DAC), enforcing the ADA, and offering a degree of subsidization to assist small business in their compliance with the ADA. In addition, the new bill proposes a commitment to telework accessibility (making a company's contribution of a home computer and Internet access for disabled employees a tax-free benefit).

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Self-Sufficiency and SSI: Possible Problems

24 Bush, President's Address to the Joint Session of Congress, Feb 27, 2001.
25 "Bush Launches New Freedom Initiative."
26 Bush, "New Freedom Initiative," Title IV, Part A.

When instated in 1972, the SSI program targeted alleviating poverty for the "deserving" poor; aid did not, generally, encompass rehabilitation, but rather assurance of subsistence above the poverty line. Within the last decade, successive acts and amendments to disability laws have amended the government's original pledge to its disabled citizens, now professing a commitment to effective rehabilitation and eventual self-sufficiency. Successful rehabilitation "is defined by law as one in which vocational rehabilitation services result in the performance of substantial gainful activity for a continuous period of 9 months."[27] This seems inherently paradoxical in that, often, recipients end up diminishing their work hours in order to sustain their SSI payments or Medicaid benefits. Thus, is "self-sufficiency," as termed in the Ticket to Work legislation, a realistic goal? Instead, should not rehabilitative efforts target achieving effective potential participation, as broad or as limited as that may be depending on the individual's particular capability set?[28]

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Criteria

Amartya Sen defines poverty as the "failure of basic capabilities to reach certain minimally acceptable levels;" these capabilities consist not only of the obvious physical necessities for minimal subsistence, but also various functionings such as "taking part in the life of the community."[29] Quality of life supercedes measurements of countable income or resources, according to Sen, as capabilities connote freedom, particularly freedom of choice.

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27 *2000 Green Book*, 15.

28 "Unemployment rates for working-age adults with disabilities have hovered at the 70 percent level for at least the past 12 years, while rates are significantly lower for working-age adults without disabilities" (Bush, "New Freedom Initiative," Executive Summary).

29 Sen, 109.

Individuals, regardless of ability or income level, must be afforded a choice among possibilities for functioning in every day life. With this mandate, Sen surpasses the typical argument favoring the right to choose one's own social service providers--health care clinics and childcare services, for instance--and focuses on more common choices such as academic pursuits, recreational activities, and, most likely, work. Admittedly, disabled individuals are restrained by limited capability sets and, therefore, limited choices, but employment should never constitute a discounted option. Indeed, Sen believes that anti-poverty programs must focus on providing an individual with the resources—the capabilities—necessary to achieve effective participation[30]; providing income is not a substititute for augmenting capability sets.[31] Following this ideology, it can be inferred that Sen would not target "self-sufficiency" as the ultimate goal for mentally disabled individuals, but rather, he would aim for the progressive maximizing of each individual's specific capabilities as a route to effective participation. If a disabled citizen desires additional work, why should the government discourage the demonstration of self-efficacy and work ethic?

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Although the original SSI policy (as well as substantial constituency of the current population) seems to assume that a disabled individual harbors a handicapped work ethic as well, Mary and the majority of her contemporaries disprove this erroneous contention. Even in more

30 "Effective participation" has been adapted from Henry Shue's Basic Rights. Though his definition refers to basic rights and liberties, the author has adopted the term differently. In this context, effective participation connotes an individual's ability to have some effect, however small or seemingly irrelevant, on his/her society. Participation in society, whether economic or social, comprises the effort necessary for proportionate reciprocity. In other words, the mentally disabled must be afforded the opportunity for effective participation and subsequently compensated—rewarded—with benefits such as continued SSI payments or Medicaid coverage. Working, in any capacity or for any level of income, constitutes effective participation.

31 Sen, 102-116.

recent legislation, however, the stereotype persists. Critics agree that "the demarcation between disability and work is untenable; it overlooks the fact that many disabled have extensive attachment to the labor market, and it discourages the disabled who could work if they were permitted to combine earnings with disability payments."[32] Disability and employment should not be mutually exclusive. Also, if these individuals must comply with restrictive, employment-discouraging policies in order to maintain vital medical and monetary benefits, they are stalemated, perpetually marginalized due to their disabilities.

Benefits of Work: Self-Respect through the Principle of Reciprocity.

According to a 1998 GAO inquiry into the shortcomings of SSA's promotion of returning to work for the disabled, "[m]ost beneficiaries... interviewed reported that financial need and the desire to enhance self-esteem were the main reasons for attempting work."[33] Supporting this idea, Donald Moon asserts that welfare must be a condition for self-respect, a sense of achievement attainable only through reciprocity. In order to achieve this elusive concept, individuals must "gain economic independence through their own labors," an idea embraced by much of the American public but dispelled by Harlan Beckley as he cites Guttman and Thompson in his address to the Society of Christian Ethics.[34] Moon's capitalistic ideology echoes that espoused by the Ticket To Work and Self-Sufficiency Program, which assumes virtual self-sufficiency as the ultimate goal, attainable only through the fruits of one's labor; however, it does not consider just how limited these labors may be.

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32 Handler and Hasenfeld, 142.
33 U.S. House of Representatives, Committee of Ways and Means. (1998, Jan.) Report to the Chairman, Subcommittee on Social Security, "Social Security Disability Insurance: Multiple Factors Affect Beneficiaries' Ability to Return to Work." Washington, DC: U.S. Government Printing Office, 5.
34 Beckley, citing Guttman and Thompson, 6.

My analysis does not seek to disprove the benefits of employment for the disabled; rather, it embraces the positive returns of *active participation* in a market economy without aiming for self-sufficiency—only self respect. Bill, a middle-aged chef's assistant with a psychotic disorder and a source for the cited GAO inquiry, defends the psychological benefits of employment. He affirms his work ethic, proclaiming, "I am not lazy. I love my job. I don't want no one to take care of me. I try to do that myself. I do not want to be put aside. SSA tried to keep me at home. They said I was unsuitable to work. But I work to help my physical and mental condition."[35] Thus, Moon rightly justifies the psychological merits of employment for an individual like Bill or Mary; Beckley endorses work as well, claiming that "[p]ersons whose basic needs are met but denied the self-respect that comes through participation in the economy remain impoverished," lacking the "opportunity for a decent life in a market society."[36] Unlike Moon, however, who misinterprets the economic effort necessary to procure this coveted sense of self-worth, Beckley approaches participation more realistically.

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Goal: Effective Participation, not "Self-Sufficiency"

Poverty, as described by Sen and even somewhat by the misled Moon, is a barrier to participation. In his manuscript on the moral justifications of the welfare state, Harlan Beckley agrees that "[p]overty is more than income deprivation," but redefines Moon's reciprocity.[37] Attesting that individuals can only contribute to the economy in proportion to what they receive, he justly views a reasonable economic effort--not self-sufficiency--as the prerequisite for

35 U.S. House of Representatives, Committee of Ways and Means. (1998, Jan.) Report to the Chairman, Subcommittee on Social Security, "Social Security Disability Insurance: Multiple Factors Affect Beneficiaries' Ability to Return to Work." Washington, DC: U.S. Government Printing Office, 9.

receiving what one needs for an adequate living. Mary, for example, will never be capable of matching the contribution that an average Washington and Lee graduate makes to the economy. Because her disability will never disappear or even improve significantly—diabetes, bi-polar schizo-effective behavior, and late stage alcoholism will plague her for the rest of her life—she will always require certain assistance such as therapy and subsidized prescriptions. Thus, Mary could never, even under the best of circumstances and the most generous of assistance programs, achieve self-sufficiency; deficient capability sets necessitate compensatory aid because reciprocity cannot be an exchange of economic equivalents. She can, however, bolster her self-worth by contributing in whatever ways possible to society, simultaneously cushioning her income and advancing the skills she possesses. SSI should not link reciprocity with economic independence, then, but instead hinge it to self-respect and efficacy—to participation. Most mentally disabled Americans will probably never achieve independence, but full potential participation is realistic, as is the inherent rise in self-worth.[36]

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SSI Failures: An Evaluation

Assessing SSI by the aforementioned criteria, it is apparent that the program's maturing policies have boasted limited success in achieving goals within three major arenas: rehabilitation, structural adjustment, and disregards. Despite admirable steps toward a more actively progressive, encompassing assistance program for Americans with disabilities, SSI has been historically plagued by weak or misguided efforts, culminating in the program's failure to attain its ultimate goal—self-sufficiency.

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36 Beckley, 9.

First, in terms of rehabilitation, an element afforded virtually no attention until the 1999 Ticket to Work act, SSI has made limited progress. In fact, as previously mentioned, Clinton's 1996 amendments marked a backwards step for rehabilitation as alcoholics and drug abusers were subsequently denied assistance. Even in its earlier stages, though, SSI policy completely ignored the necessity for rehabilitative programs as a means to reduce dependency, primarily due to the fact that it aspired narrowly to alleviate poverty through a handout. As noted by Moon, Beckley, and Sen, a mere monetary dole does little to alleviate poverty, particularly for a mentally disabled individual. While Mary required psychosocial services, skills enhancement, and employment facilitation in addition to income assistance, SSI provided only a monthly check and various medical subsidies for the first twenty years following its implementation. With the ADA of 1990, the federal government finally adopted rehabilitative rhetoric, acknowledging the link between rehabilitation, reducing poverty, and work within the mentally disabled population. Despite this recognition and the subsequent push toward employment, however, the Americans with Disabilities Act did little in terms of actually preparing SSI recipients for work. The government proffered no network of support services to better qualify the disabled person for the workplace, nor did it encourage the workplace to better accommodate the disabled person.

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With the 1999 Ticket to Work program, the government finally incorporated capability enhancement into the mere lipservice it had previously given to rehabilitation. As Sen would predict, by affording disabled individuals the choice of support services, the vouchers instill a sense of independence and freedom into their holders. While this act certainly surpasses its

37 Beckley, 9.

predecessors in promoting work, rehabilitating through capability enrichment, and reducing dependency, it does not, nor could it ever, live up to its implausible title of self-sufficiency. Even with the aid of *all* of the aforementioned services—case management, work plans, advisory boards, employment networks—Mary could not be entirely self-sufficient, and it is unfair of society to expect this of her. Rather, as Sen remarks, programs must focus on "capability as opposed to achievement;" we must refrain from labeling her a failure for not achieving independence and, instead, commend her for whatever valuable contributions she makes to society, whether that entails the paycheck she earns at HandiWorks or the tapestries she knits for her friends at the Eagle's Nest.38

Upon close examination of the stated goals of the New Freedom Initiative, it is difficult to discern anything 'new' at all; in fact, Bush's proposed 'new' bill seems merely to reiterate the rehabilitative efforts of the 1999 Ticket to Work bill, already determined to be inadequate.

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While the President's rhetoric describes rehabilitation and participation, the language incorporated into the actual bill identifies the wrong aspiration—self-sufficiency. Thus, though this bill, coupled with its antecedents, will advance mentally disabled Americans somewhat, it will concurrently exacerbate the problem by equating successful improvement with an unattainable goal.

Secondly, in terms of structural adjustment in the workplace, changing SSI policy again makes great strides towards the correct notion of reciprocity on paper but, in reality, falls short of success. Structural adjustment encompasses alterations of the workplace or, more broadly, the

38 Sen, 109.

economic structure, to accommodate the disabled; this type of restructuring is imperative, according to economists such as Rebecca Blank, to any real alleviation of poverty. Indeed, while the improvement of the individual embraced by rehabilitation is essential, it can only be effective when coupled with enhancements in the environment. Just as rehabilitative efforts were neglected during SSI's infancy, structural economic change was ignored as well.

By virtue of the 1990 ADA, SSI policy attempted to transfer some responsibility for integrating the disabled into the workplace to employers. Unfortunately, however, "[n]one of the ADA requirements for employers are clear-cut" as the bill is crippled by the uncertainty surrounding terms such as "reasonable accommodation" and "undue hardship."[39] Thus, despite nominal empowerment of the disabled, few barriers to work actually crumbled as many employers did not and continue not to comply, "either intentionally or due to ignorance."[40] The subsequent creation of the Disabled Access Credit (DAC) marked an effort to combat this rampant disregard. Regrettably, however, this incentive remains relatively ineffective as the majority of small enterprises remain unaware of the credit.[41]

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Thus, SSI and its contingent policies fell short of all goals: it failed to make structural changes, as promised, and it failed to make any progress towards self-sufficiency. Even if businesses had been widely receptive to the DAC and the modifications it rewarded, the accommodations would have been ineffective without accompanying rehabilitative efforts. More important than the failures of the stated goals, however, is the neglect of the objective established

38 Handler and Hasenfeld, 142-3.
40 Ravitch, 247.
41 Bush, "New Freedom Initiative," Title IV, Part C.

in this paper—effective participation. While the ideology necessary to pass this act certainly embraces the promised theme of encouraging participation, its weak implementation crippled it, as did the lack of needed tangent services.

The New Freedom Initiative pledges to pursue the efforts launched in 1999 by publicizing the existence of incentives for employers to comply with the ADA, namely the DAC. Unfortunately, though Bush's policy endorses a principle of reciprocity more akin to Beckley than Moon—the economy must provide for the disabled individual so that, in turn, the disabled individual can contribute to the economy—Bush neglects to mention exactly how he plans to execute this. In fact, overall, the New Freedom Initiative as it reads in the proposal submitted to Congress on February 1, 2001, offers very little change to existing policies in addition to being relatively unclear about its own goals. Thus, it is unlikely that the Bush administration will bring the disabled population much closer to diminished dependency, let alone self-sufficiency.

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Finally, although SSI has made significant improvements in terms of income disregards, the paramount conflict between access to Medicaid and increased earnings endures. On the positive side, it is important to note that since 1972, major exclusions have included the first $20 of monthly income and the initial $65 of monthly earned income, plus half of any remaining earnings.42 In addition, by filing an Impairment Related Work Expenses (IRWE), an individual can be reimbursed for the cost of services or items related to the disability and necessary to enable him/her to work. While this provision typically applies to physically handicapped employees, the mentally ill can apply in order to deduct the cost of routine drugs or medical

42 "Supplemental Security Income: A Bridge to Work."

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42 "Supplemental Security Income: A Bridge to Work."

services necessary to "control[] a disabling condition;" with the IRWE, Mary could theoretically deduct the cost of her antidepressant medication or psychiatrist's fees.[43] Unfortunately, IRWE is routinely under-utilized and, therefore, still ineffective.

Despite the aforementioned disregards, the juxtaposition of earnings under SSI and Medicaid still poses the pivotal quandary. In fact, according to David Super[44], General Counsel for the Center for Budget and Policy Priorities, "for many... disabled people, SSI is more important as a path onto Medicaid than it is for the cash it supplies. People who could earn more than the fixed SSI benefit are afraid to do so because that could cause them to lose Medicaid coverage. This paradox has led to a series of efforts to make Medicaid available to people with serious disabilities that are nonetheless able to work (at least if they have health care coverage)."[45] Indeed, a provision of the 1999 Ticket to Work and Work Incentives Improvement Act offers states the option of disregarding income and resource limitations on disabled workers who would qualify for Medicaid if their incomes did not exceed the SGA standard. By exercising this choice, states can extend access to Medicaid's health and mental services to disabled workers who still require healthcare coverage after returning to work. Once an employee breaches the income threshold (determined separately for each state), however, a

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43 "Supplemental Security Income: A Bridge to Work."

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45 Super, David, email interview on February 19, 2001.

review establishes if he/she must purchase his/her own health insurance based on the continued "severe" classification of the disability.[46] In light of this subjectivity laden provision, therefore, even the most recent efforts to encourage work among SSI recipients have failed. Clearly, this bill falls short of ensuring continued Medicaid coverage, which often comprises the bulk of a potential employee's concerns. The threat of losing Medicaid, therefore, composes a justifiable disincentive to work for SSI recipients, subsequently deterring any possibility for effective participation.[47]

SSI Targets Wrong Goal: Remedies

As SSI currently exists, it fails to meet its own goals and will continue to do so as long as the program preserves self-sufficiency as its ultimate, impossible goal. The first step toward a solution, then, requires restructuring policy objectives to target effective participation and diminished dependency. With these *plausible* aims, SSI legislation can be evaluated in terms of accomplishing its purpose; it will finally stand a chance at success.

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In order to fulfill its new mission statement, SSI must fortify the undeniable link between effective participation and work, efficiently integrating the three facets where it currently fails: disregards, structural adjustment, and rehabilitation. As success in each arena relies on accomplishment in the others, SSI must begin by removing the obstacles to work. Most importantly, the revised policy needs to guarantee continued Medicaid coverage, regardless of earned income. Mental illness is, with few exceptions, a lifelong disability, and though working

46 "Legislative Update on First Session of 106th Congress," 2.
47 Ticket to Work legislation affords states the option of offering working individuals earning incomes of 250% of the poverty line to buy into the Medicaid program (*Green Book*, p.41). While this provision, indeed, makes health care more accessible to some, it falls substantially short of the guaranteed continued Medicaid coverage that is

contributes to rehabilitation, it certainly cannot completely displace medical care; therefore, in order for the mentally disabled to truly improve, they must be afforded the opportunity for improved self-efficacy through employment *in conjunction with* perpetual medical coverage. Once an SSI recipient like Mary surpasses the income threshold set by Ticket to Work, her monthly grant should be gradually reduced, but health insurance must remain intact. Other disregards, such as IRWE, should continue.

Secondly, new policy must make good on the adjustive efforts already promised by the 1990 ADA. Current incentives for employer compliance are noble but not sufficient; perhaps, in addition to better publicizing subsidies such as the DAC, the federal government should enact sanctions for noncompliance. President Bush would do well to incorporate penalties into his pledge to defend the ADA, in combination with the already established additions of telework and increased subsidization.

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Finally, with the primary disincentive to work eliminated and an accommodating workplace established, fresh legislation must then continue the proactive stance on rehabilitation invoked in the Ticket to Work act. Liberated from the fear of losing health insurance, SSI recipients will more eagerly capitalize on the capability enhancing resources offered by the 1999 bill: educational and vocational services, employment networks, individualized work plans, and case management. By enriching each individual's latent talents and consequently helping him/her contribute to the economy, SSI policy will foster proportionate reciprocity and, finally, decreased dependency.

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necessary to eliminate work disincentives.

notion of reciprocity that more fully integrates them into mainstream society, not because they owe America something but because Americans owe something to each other.

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