

Independence and Expectations

by Fredric K. Schroeder

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From Dan Frye: Dr. Fredric Schroeder, commissioner of the Rehabilitation Services Administration during the Clinton administration, recognized professional in the fields of blindness education and rehabilitation, and first vice president of the National Federation of the Blind, delivered a powerful address to the participants attending the **◆Dare to Be Remarkable◆** conference during the first plenary session of the gathering on December 5, 2007. Resurrecting the often-discussed themes of independence and expectations with fresh and fascinating insights, he said the following:

I suppose we should begin at the beginning. Where did the structured discovery model of orientation center training come from? As Dr. Maurer indicated, it began in California in the early 1950s and was brought to maturity a decade later under the leadership of Dr. Kenneth Jernigan during his tenure as director of the Iowa Commission for the Blind.

Of course other programs were providing blindness skills training. So what was different? What was distinctive in the training Dr. Jernigan developed? What made it so much more dramatically effective? In a word, it was expectations, or, said another way, it was the National Federation of the Blind. For at its core the National Federation of the Blind is blind people asserting their right and ability to live normal, productive lives—as Dr. Jernigan so often said, the belief that, given proper training and opportunity, blind people can compete on terms of equality with their sighted peers.

The Iowa program stood alone. It was not just better than other programs; it eclipsed them in its impact on the lives of blind people. It set an entirely new standard, so different from conventional training that the two could not be compared, as different from one another as the infinite and the finite. But why was this so? What made the Iowa program extraordinary? What was the quintessential difference?

Was it the quality of the skills instruction? Was it the rigor of the program? Of course, but it was more than technical competence and a demanding curriculum. Dr. Jernigan understood that the isolation of the blind—the lack of opportunity—was the outgrowth of societal misconceptions about blindness or, said another way, prejudice based on myth and misunderstanding.

The Iowa program was rooted in a recognition that the condition of the blind was not the consequence of limited ability but prejudice. It affirmatively set out to help blind people free themselves from their marginalized status by changing their own attitudes about blindness. It worked to instill in them an understanding that society's low expectations did not reflect the truth about blindness but only the view of the majority, people who could not imagine the blind living and working alongside the sighted.

To combat a lifetime of conditioning, the Iowa program pushed its students beyond anything they could have imagined. It showed them through words and deeds that blind people are limited mostly by stereotypic thinking and low expectations, not by blindness itself. This is what made the program vital and effective, but Dr. Jernigan did not stop there.

Every day, every month, every year the program became better still—more challenging, more rigorous, and as a result more effective and more successful. There was no sense of defensiveness, no sense that to do better today must mean that we did poorly yesterday or that to do better tomorrow must mean that today's efforts are wanting. Instead staff and students alike recognized that low expectations are in us all and that there is no shame in acknowledging that fact. They took pride in a shared sense of restlessness, a sense that the limits had not and would never be reached. But the value of doing better presumes that we are building on a strong foundation, building on a shared sense of purpose and on a clear vision of where we are going.

Unfortunately, conventional programs have used the idea of doing better, making progress, as an excuse for failing to challenge their students, as a shield for low expectations. For all of their history conventional programs have used the doing-better standard to justify and defend uninspired and uninspiring programs.

As rehabilitation professionals we believe in the inherent worth of all people regardless of their ability to achieve according to external measures. We acknowledge and respect individual differences, individual strengths and abilities. But our own humanity is turned against us, used to justify low expectations. We are told that, if a person is doing better, making progress, who are we to devalue the person's achievements just because those achievements fall short of our elitist expectations? We are told that, if a person only learns to pour a cup of coffee, that should be respected every bit as much as the achievement of a blind person who graduates from Yale Law School. But there is no accountability in such a view. If the person taught to pour a cup of coffee had the ability to do more, the potential to attend Yale Law School, but was denied the opportunity, the person has not been helped but damaged. And we can and must denounce that damage even when done with caring, kind words and sincere sentiment. Without a sound foundation, without a shared vision of where we are going, the doing-better standard serves only to relegate the oppressed to continued oppression.

I respect the illiterate, but I do not celebrate the lack of opportunity that inevitably results. I respect the unemployed, but I do not celebrate the 80 percent unemployment rate among the blind. As Tevye in *Fiddler on the Roof* so eloquently put it, "There's no shame in being poor, but it's no great honor either. ♦ I respect differences, but I do not celebrate the consequences of low expectations. I respect the victims of oppression and prejudice, but I do not respect prejudice and oppression. Doing better is not enough, not enough if it means helping blind people move from despair to lesser despair, from hopelessness to lesser hopelessness, from poverty to lesser poverty, when something more is within reach.

This week we will share ideas, analyze our successes, and discuss the challenges that remain. We know the fundamentals. We know the principles that make the Iowa experience the model. But how do we know if we are doing well, doing enough? How do we know if our programs are good, very good, excellent, or poor? We know we must continually strive to do better, to make progress from day to day, month to month, year to year. But does making progress mean we are doing enough, doing all we should; or has it become an excuse for complacency, justifying mediocrity by saying, "We're doing better than we were, and we're doing better all the time"?

Doing better is not enough in and of itself and cannot be the sole measure. If a racehorse is running at half the speed of others, it can be argued that it is making progress while still falling farther and farther behind. I am reminded of the story of the haberdasher who sells a suit for one hundred dollars even though he paid a hundred and twenty dollars for it himself. When asked how he can afford to take such a loss, he says "I'll make it up on volume." Doing better is not enough; it only works if we begin with a sound foundation and if we have a clear idea of where we are going.

I believe the greatest challenge that confronts us is not external. It is not the challenge of finding the money to support our programs, even though it may feel like that from day to day. It is not the challenge of recruiting more students. It is not the challenge of working with a changing demographic—more and more older blind individuals, more and more people with additional disabilities—or even the challenge of finding new activities, new experiences to keep our programs vital. I believe our greatest challenge is not external, but lies within ourselves, within each of us individually and within all of us collectively. It is the challenge of resisting false pride, the idea that there is nothing more for us to learn. It is the challenge of resisting complacency, resisting falling into comfortable patterns, putting off the hard things. It is the challenge of facing our own beliefs about blindness, facing our own fears and uncertainty. It is the challenge of resisting the paralysis of doubt.

Our responsibility is not to perpetuate comfort, create an illusion of success, a facade concealing our own conditioning and low expectations. We cannot allow doing better to replace doing well, nor should we try.

Can a blind person do anything a sighted person can do? The answer is no. I cannot be an NFL quarterback in spite of my obvious physical prowess. I cannot be a brain surgeon in spite of my Einsteinesque intelligence. The problem is not in identifying the impossible. Blind people can do most things with a greater or lesser degree of adaptation. The difficulty is in knowing when the amount of adaptation is so great, so disproportionate as to make it impractical if not impossible for a blind person to do. I believe some things cannot be efficiently done without sight, but where I draw that line—the line between the impossible and the impractical—has been determined by my own beliefs about blindness, and consequently, I suspect, it has been set too low. I need you to help me. I need you to push and challenge me, not as an inquisitor or bully, but as a friend and colleague, as someone who shares a deeply held belief in the ability of blind people and who wants our programs to be a part of helping blind people break free from the bonds of stereotype and tradition. I need you to help me, and you need me to help you. By helping each other, will we be able to replace doing better with doing well, replace progress with real success? Who knows? But without it failure is certain.

Dr. Jernigan's assertion that with proper training and opportunity blind people can compete on terms of equality was not just a slogan, not just a dream or far off hope, not simply hortatory words to lift our spirits, cheer our otherwise empty lives. The assertion of equality for the blind was meant deeply and literally. It was a remarkable declaration made by a remarkable man on behalf of a class of people for whom equality had never before been imagined. It was remarkable in the 1960s and continues to be remarkable today. Not remarkable because of a deficiency in the will and ability of blind people to compete, but remarkable because of the oppression and associated lack of opportunity that blind people continue to face.

We should celebrate the work we have done, the difference we have made in the lives of our students, but we should view our success with a skeptical eye—always questioning, always wondering if we could have done more. The truth is that, if we are to learn from the Iowa experience, learn from Dr. Jernigan's example, we will acknowledge and accept that we could have and should have done more. I do not say this out of harshness or to demean or belittle our past efforts. I say it because I believe that understanding our own attitudes about blindness and their impact on our work is fundamental to our success.

What held us back, what kept us from that greater effort, that greater push, was not laziness or lack of imagination. What we did yesterday and what we do today and what we will do tomorrow are driven by what we believe about blindness. Changing society's attitudes about blindness is a long and painstaking process. Changing our students' attitudes—raising their confidence and expectations—is equally long and painstaking, but neither is longer or more painstaking and painful than changing our own attitudes and elevating our own expectations.

Our challenge—our responsibility—is to face our own prejudices, our own misconceptions about blindness. Face them honestly, not with a wink and a nod, not with an unspoken smugness that, while we have a vestige of societal conditioning, others are consumed by it. There is no place for arrogance, no place for false pride or, for that matter, false humility. The work we do is too important to allow ourselves to drift into complacency, too important to allow ourselves to become comfortable and self-satisfied. To achieve this goal, I need your help and you need mine. We need each other, and we need the collective dreams and aspirations of blind people, blind people who have joined together to encourage and support one another, to expand opportunities in education and employment and to change society's low expectations for the blind. We need the National Federation of the Blind. We cannot do it alone, and, more to the point, we the professionals cannot take the lead. The drive, the perspective, the push for equality must come from blind people themselves. That is the lesson of the Iowa experience. That is what made the difference. It was true in the 1960s, and it is true today. Doing better is not enough. Doing better is effective only if we begin with a strong foundation, the foundation that is the blind themselves, the foundation that is the National Federation of the Blind.