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Intellectual and Development Disabilities and Community Home Advocacy

Intellectual disability is defined as significant limitations in both intellectual functioning and in adaptive behavior, which can range from every day social interactions to practical skills. Typically, this disability begins before the age of 18 years old. (AAIDD) While developmental disabilities is used as an umbrella term, it not only includes intellectual disabilities, but also several other disabilities that are sparked during childhood. AAIDD describes developmental disabilities as “severe chronic disabilities that can be cognitive or physical or both” (AAIDD). People who have ID and DD have lacked equal rights from other American citizens for many years. The fight for justice and equality should not have to be a battle to begin with, yet here we are. Dating back to the 1900’s it is alarming how people with disabilities were treated by not only their peers, but their government as well. Most American people are uneducated about intellectual and developmental disabilities, and are unaware of the disability and different effects it has. When we are born, we are granted certain rights as an American citizen. Why is it that those rights have been stripped for people who have disabilities? Are they not breathing the same air we do? Are they not human just like we are? Everyone deserves to have access to the same opportunities, education, housing, and public areas; just as anyone else. Throughout my thesis I will cover how disability law has changed over various years. Over the past 25 years, caring facilities such as institutions have transitioned to smaller group homes. I believe that group homes should be the primary caring facility for people with ID/DD rather than institutions. In addition, group homes should receive more funding from the government so that the level of care in these facilities are met with the same standards.

Intellectual disabilities can appear from the age of birth to eighteen years old. (NDS) Issues such as limitations of certain mental and physical functions, difficulty learning and performing daily life tasks, and restrictions in adaptive skills compared to those of the same age are a showing factors of

intellectual disabilities. These type of disabilities include down syndrome, tuberous sclerosis, and cri-du-chat syndrome. (NDS) Another type of disabilities that is common to have from birth is acquired brain injury. This disability occurs from damage to the brain during or after birth. This results in deterioration in cognitive, physical, emotional, or independent functioning. (NBS) There are so many different types of disabilities that can affect an individual's capabilities. That being said, there are also different spectrums of abilities that a person with disabilities may have. Some individuals are only mildly disabled, and others have severe cases where they need more intensified care. Hence, care measures must be determined based on each individual's disability and capabilities.

For many people who are unaware of disability law and the development of rights, it is critical and significant to learn about how these laws have developed over the past few decades. It is exceedingly difficult to learn about something when you simply do not try to. The beginning of disability right laws started to come into motion around the 1960's and 1970's, where there was a move toward recognition of people who have intellectual and developmental disability as full citizens. (Carey, 6) This eventually led to Congress granting children with disabilities the right to attend public education with accommodations so that they will be able to learn efficiently as well as benefit from the curriculum. (Carey, 7) I ask you, if you had a child with disabilities would you consider them to not be a citizen? Would you feel as if because of their disability they shouldn't be able to receive a public education? If you have a functioning heart, you would agree that these battles should not have been battles to begin with. Progressive changes occurred in 1975 when the Developmental Disabilities Assistance and Bill of Rights Act was passed which emphasized the importance of delivering services to people with ID without being restricted to environments. This policy granted them with the same civil rights held by other citizens. (Carey,7) According to Carey, the 1970's was a critical time period for disability law, as national legislation was passed almost every year guaranteeing rights to people who have disabilities. (7) In 1990, President Bush signed the Americans with Disabilities Act (ADA) which was a key piece of legislation that

made discrimination in employment, public services and transportation, public accommodations and services, telecommunications, and miscellaneous provisions illegal. (The Arc) These 20 years were crucial to the development of rights. People with ID/DD went from almost having no rights, to the same civil rights as other Americans. Although these rights were a huge success towards recognition, there was not an piece of legislation to change the stigma and stereotypes for people with disabilities.

The ignorance and misunderstanding behind people with ID/DD has existed for hundreds of years. Words such as “retard”, “idiot”, “incompetent”, “mentally retarded” are thrown around in every day conversations. Some people do not know the meaning behind their words, and some people don’t care. Our word choices contribute to social stereotypes and stigma’s in this world. Not only does this go for disabilities, but dozens of other stereotypes that exist. Lessons such as “if you have nothing nice to say, don’t say it at all” should be taken more seriously, because one has no idea how their words are going to affect someone else. Disability or not, hurtful words should not be used against anyone. Period. For people who do not understand, it is not people who have disabilities who are the problem. It is people who think that it is bad to have disabilities, that are the problem.

From the various research I have done, I have drawn the conclusion that people with disabilities have been, and continue to be objectified. Stella Young gave a Ted Talk called “I’m not your inspiration, thank you very much”. Within her Ted Talk, she discusses how she did all the same normal things that other teenagers do. She mentions a time where her neighbor nominated her for a community achievement award. She states that the problem was she hasn’t actually achieved anything. Young says, “I was not doing anything that could be considered an achievement if you took disability out of the equation” (Young, 1:07) She continued to crack a joke how when people see her, they expect her to say something motivational due to her disability. The majority of American’s only experience people with disabilities has objects of motivation and or inspiration. It is a sad reality that this is true for many people. However, society has done that. Usually, disabled people aren’t our dentist, doctor, teacher, or

our lawyer. But society has done that and backed people who have disabilities into a corner, which limits them achieving things to their full potential. "We have been told a lie. We have been told that disability is a bad thing. And to live with disabilities makes you exceptional" (Young, 2:52) It is simply not a bad thing, and it does not make you exceptional. People use those who are disabled for inspiration and motivation to think that no matter how bad my life is; it could be worse. This stigma objectifies people who have disabilities for the benefit of those who do not. For many, when they see a person who has disabilities, they feel bad for them, or they pity them. But they do not need your pity. Pity oppresses. Young states that, people with disabilities are more disabled by their society than they are by their bodies and their diagnosis.

Americans have grown up with prejudices that a disabled life is one that is sad and worthless. This prejudice has been passed down through several generations, making it difficult to break this vicious cycle of being uneducated about disabilities. "There are 35 million to 43 million disabled Americans" (Shapiro, 6). A major issue that is standing in the forefront of changing the stigma is that the affiliation with the movement is avoided; mainly by older people. Shapiro makes an interesting comparison; he states that older people fear that the same stigma that people with disabilities have, will be used against elders to take away their independence. He continues on to say that these two groups of people have similar concerns that overlap – they both want to maximize their independence and stay out of institutions. (Shapiro)

There are a variety of opinions about group homes and state institutions for people who have disabilities. State institutions were the old way for helping people. In the 1900's, there was not necessary as much resources and care facilities for those who have disabilities. State institutions were pretty much the norm. They were also the most affordable and only option for many families. However, institution facilities should be closed down and no one should have to experience the lack of humanity that many residents in these centers face.

WillowBrook was a large state institution in New York that “cared” for many adults and children who had some form of disabilities. To paint you a picture of the size of the clinic, it housed over 5,400 residents all at one time. (Rothman, 5) This facility is known for the horrible ways that these individuals were abused for years while residing there. These individuals were abused in such ways of years of confinement without therapy or education, as well as physical and mental abuse. (Rothman, 5) Willowbrook overcrowded their facility; beds were on top of each other and there were several residents who would be sleeping in hallways. Overpopulated areas led to medical issues such as shingles, and the spreading of various illnesses that were contagious. In addition to this, staff was minimal to say the least. The ratio consisted of one attendant to about sixty residents. This matter of being under resourced made it easy for individuals to not only abuse themselves, but injure other residents as well. (Rothman)

Parents of these individuals were lied to and betrayed when they trusted that the care of their children would be a priority to the facility. The mistreatment of their family members were kept a secret, but soon enough the abuse was apparent. Rothman states, “All of these parent’s initial encounters with the institution were positive”. (19) The physical presence of the building was nothing more than misleading. The grounds were compared to those of a college campus, and of a cathedral in a small town. (Rothman, 19) Further, one of the parents wrote a letter to the director of the Willowbrook shortly after their daughter had been enrolled. The parents stated, “Willowbrook had fulfilled all we had hoped for in the way of care, kindness, and considering for our darling child” (Rothman, 19). I cannot speak from personal experience, however, I feel as if it is not an easy thing to bear trusting someone else for the care of your child. One family would visit their daughter at the institution every Sunday. They would have to hours to see their child, and when they did, they found their daughter to be soiled in her clothing left for days. The family was unable to see the inside of the ward, where the residents lived. Once allowed to see their child, they would take her to a bathroom and cleaned her properly and

dressed her in clean clothing. This is when the family learned about their daughter's life in the ward, and saw first-hand the bruises all over her body. (Rothman, 19)

Another occurrence was when a blind resident was struck by another and had received a concussion. Rothman states, "although the incident had occurred five days earlier, he was still wearing his bloodstained clothing" (Rothman, 21) This particular individual's only disability was being blind; therefore, was able to communicate what he had been experiencing at Willowbrook. Many of the residents that resided in the institution had severe disabilities, where they were unable to express themselves. That being said, some people were unable to articulate to someone the abuse that they were facing. There was absolutely nothing they could do about the mistreatment and horrendous abuse that they were afflicted. Another problem was that many families could not afford anything else besides Willowbrook. Rothman states, "As they drove back over the Verrazano Bridge to Staten Island, the sobs turned to moans and grew louder and louder. The Silverses, their eyes brimming with tears, would return Paula to the attendant and make their way home. What else were they to do? There was no money for a private facility, and they would not care for her themselves. It was Willowbrook or nothing" (Rothman, 20). From a general standpoint, the cost to raise a child with special needs is roughly \$240,000 from birth to the age of 18. (U.S Department of Agriculture) For so many families, this is simply not possible. People put their trust into institutions such as Willowbrook because they have no other options. This level of care that individuals are receiving such facilities is unacceptable beyond words.

Reading dozens of abuse cases that have occurred in so many different institutions across America made me physically sick. If you think that Willowbrook is the only large state institution that abuses individuals who have disabilities, I am so sorry to tell you this but you are wrong. Additionally, there is a sexual abuse epidemic that exists for people with disabilities that is rarely acknowledged. According to data run by National Public radio by the Justice Department, people with intellectual disabilities are sexually assaulted seven times more than those without disabilities. (NPR) Also, the

disabled are at heightened risk at all moments of their life. People with intellectual and or developmental disabilities are vulnerable and easily manipulated by others. It is heart breaking that most of these crimes go unrecognized, unprotected, and unpunished. (NPR) Another key finding, finds that police and prosecutors are often hesitant to take these types of cases because they are difficult to win in court. (NPR) Furthermore, when people with disabilities are suspected of crimes, on arrest they do not understand their Miranda rights and waive them. Stressful questioning many times lead to false confessions instead of asking for the help they need. (Carey, 186) It is nothing short of disappointing, that we, as Americans, as humans, are completely and utterly letting down this community. Society needs to do better. This begins with becoming informed and educated on disabilities and the societal issues that this community faces. Furthermore, large state institutions need to be closed down and transitioned into smaller group homes. Small group homes enable the appropriate care and higher quality of life that is not an option, but a requirement.

The battle of deinstitutionalization has been a long and weary one that many different organization advocate for. One organization, Self-Advocates Being Empowered, has taken deinstitutionalization as one of their most pressing political issues. This organization describe an institution as, "any facility or program where people do not have control over their lives" (SABE) They demanded the closure of traditional group homes, sheltered workshops, day facilities, and any other segregated group services. (Carey, 185) Facilities as such, treat people as animals instead of human beings. Everyone should be able to have the same independence and freedom. Just because people may look different or act different, does not make abuse acceptable. An individual who lived in an institution describes his experience as "They used to pound me and beat me up" (Carey, 185). He then goes on to describe his life in a community as "I have a good life now. Make my own coffee...I live by myself now, and have my own apartment... I like myself. I am better off now" (Carey, 185). Institutions strip away humanity and take away things that every human being needs; like friendship, care, and support.

Growing facilities as small group homes promotes the maximize protection and support for those who need it. The mission for these homes should be to give the best quality of life possible. This quality of life indicates healthfulness, happiness, and longevity. “The more relationships in your life, the happier you are, the healthier you are, and the longer you live” (Lavigne qted in Carey, 195) The quality of life should not differ due to a disability. There is a standard that needs to be met for everyone. That being said, deinstitutionalization of these facilitates need to continue until there are none left.

The necessity of integrated community homes; also known as group homes, can be as pressing as life or death for so many individuals with disabilities. According to the National Council of Disability, in 2006 eleven states have closed all their large public institutions. However, several states resist on closing any. (NCD) As a society, we all must be on the same page on giving people with disabilities the opportunity to live in the most integrated setting as possible. In the early 2000’s, the Supreme Court recommended that states come up with plans to reduce institutionalization, and make progress towards the arrangements of services to the disabled community; these were called Olmstead plans. By 2006, thirty states had published Olmstead plans, however, several states had no compliance plans in place. States argued that they faced roadblocks that prevented such plans, such as financial constraints on Medicaid as well as lack of affordable and accessible housing, labor shortage of health care workers, as well as political pressure. (Carey, 201)

To combat these financial constraints, President Bush introduced the New Freedom Initiative, which gave support to the restructuring of Medicaid funding. (Carey, 201) This announcement encouraged states to change funding grants to implement something called “Money Follows the Person” or MFP. This system allowed flexible financing of long term services for those with disabilities, as well as the support to move funds diriment by the most appropriate and preferred setting. (Carey, 201). This was the first piece of public policy that gave people with disabilities the ability to leave large

institutions, as well as the freedom to make the choices that benefit each individual based on their wants and needs. Currently, 44 states follow the Money Follows the Person program plan.

A massive challenge in creating more group homes or congregate homes, is the funding. As mentioned, these smaller facilities need an abundance of resources that are quite costly. Under the Affordable Health Care Act, people with disabilities are provided crucial services by Medicaid. More than 1 in 3 adults under the age of 65 are enrolled in Medicaid have a disability and rely on it for medical care and supportive services. (CBPP) Nevertheless, Medicaid is the primary payer for this essential long term services and support. "Medicaid supports home- and community based services, such as personal and attendant care services that help people with disabilities live in their homes and communities. Medicaid also covers wheelchairs, lifts, and supportive housing services" (CBPP). This level of care is usually unavailable through private insurance companies, and is too costly for the wealthiest people out of pocket. Furthermore, Medicaid also helps provide states with supportive employment programs so that people with disabilities can receive efficient training so that they can join the workforce. Lastly, Medicaid provides services that help children with disabilities in school receive individualized education plans (IEPs) that help with related services such as physical and speech therapy. (CBPP) Recently, there has been talk of Congress cutting Medicaid funding and implement an arbitrary cap on federal funding for state Medicaid programs. (CBPP) This would put people with disabilities at risk for losing everything that they need in order to have the quality of life that they deserve. It would be taking 7 huge steps back after all the work and effort that has been done into fighting for equal rights for those who are disabled. Medicaid spent more than 83 billion dollars for services for those with disabilities such as case management, health aids, personal care services, and respite care. (CBPP) Because home and community based services consist of a large share of states' optional Medicaid spending, they are most likely the target for cutbacks in the cut of federal funding.

In terms of state funding in Massachusetts regarding community based homes, there are not nearly as many public resources as there should be. There is an overview of the different programs and services available to those with disabilities in Mass. The state offers temporary subsidized housing only if you are considered low income. In addition, there is project based subsidized housing which is multifamily and permanent for those who have low income and or disabilities, or elders. The individual pays 30% of their income, and the government pays the remaining balance. This specific program is incredibly helpful because many people who have disabilities do not have a significant income to pay towards housing. However, an issue with program is that there is a list of subsidized housing throughout Massachusetts, but the list is not too long. This program also gives people with disabilities no choice to which area of the state they wish to live. (Disability Info) There are also several lending platforms that gives people with disabilities low or no interest loans for home modifications. Another main funding platform is SSI and SSDI which are programs funded by the social security administration to provide income for those unable to work due to their disability. The definition for disability the administration follows is "You must be totally unable to work for a year or more, or your condition must be expected to result in death" (Disability Info) This describes disability as morbid, harsh, and negative which then attributes to the stigmas about people who have disabilities. Supplemental Security Income (SSI) is a cash assistance program that works to assist those who are elderly and long term disabled. Once approved for SSI, you are able to receive Medicaid, known as Mass Health. Where the other program, Social Security Disability Income, is based on an individual's work history (having paid into social security). After two years of being approved of this program, one is able to received Medicare; a government funded health care for those who are disabled or elderly. (Disability Info)

There are dozens of organizations that promote the support and care for those who are disabled in Massachusetts. However, the state does not do a very good job at making this information known. I had to scour the Mass.Gov website in hope to learn about the funding structure within the state. While,

disabilityinfo.org, does a fantastic job at compiling the list together of resources for those who need it. To summarize, most of the state and federal funding for the disabled is through Medicaid and Medicare, which is at risk for being cut. If funds are cut, people who are disabled will have no financial support and will need to bear the financial burdens associated with their disability all on their own. To emphasize that the cost of care for a child with disability is \$240,000, imagine the additional costs into adulthood. It would be impossible for even the wealthiest family to afford.

I was lucky enough to interview a Nicholas Poillucci, a friend who works at The Michael Lisnow Respite Center located in Hopkinton, Massachusetts. This center provides emotional and physical support for individuals with disabilities and their families. This facility serves hundreds of families, and is in memory of Michael Carter Lisnow. Michael was born sixteen weeks premature, he weighed just over a pound. He spent the early months of his life in intensive care. Doctors had told his family that his chance of survival was only ten percent, yet he lived 10 years. His extensive brain damage was sought to affect his ability to talk, walk, see, eat, and would suffer from seizures. However, over years his personality began to bloom and he became the joy and strength of his family. Michael had an abundance of friends and loved attending public school. He is described as loving with his entire heart. Unfortunately, a simple surgery led to complications and this world lost someone so loving and pure. The respite center helps so many families and provides the best possible care for those who have disabilities. The legacy that Michael left this world was the love and care you find within the center. (Hopkinton Respite)

There are a few different programs that the Respite center offers. The first being the “Weekend Respite”; this program is for those who have significant disabilities and complicated medical needs. This program gives families one weekend off per month. For many families with a family member with disabilities, it is the only time they have the ability to go to dinner, or go away from the weekend. “Monday and Tuesday Overnights” are another program that is offered from the center and helps the

greatest families in need. According to the Respite Center, many of the families in this program are headed by single parents or elderly parents. In addition, after care day care is offered for working parents. "The program is centered around recreational activities and personal care. For many families' work has not been an option because they could not find the care their children needed" (Hopkinton Respite Center). The center also offers care for children from birth to three years of age. This program is geared towards children with significant disabilities and medical issues. The respite center offers physical, occupational, and developmental therapies as well as crafts, and fun time. Furthermore, the adult day program is structured towards those who are above the age of 21. During my interview, Poillucci went into great detail describing a major road block those with disabilities face after educational services provided from school's end. For many adults with disabilities, their school time was where they received continuous attention and support, that they maybe do not have at home. The adult day program empathizes teaching daily living skills to help those with disabilities reach their highest level of independence. According to the center, the goals in this program range from learning how to shower independently to learning how to interact in a public place. The Michael Carter Lisnow Respite Center additional hosts a Saturday Night Out during the first Saturday of every month. The center has outings such as pizza, bowling, movie nights, carnivals, and high school sporting events. (Hopkinton Respite) From what I have learned from my conversations with Poillucci, and from doing research on my own, this center is incredibly special and goes above and beyond to give people with disabilities the highest quality of life possible.

Nicholas Poillucci has worked at the Michael Carter Lisnow Respite Center for over 6 years and holds the title of care specialist. Throughout my interview, he had the opportunity to walk me through more in-depth specifics on the programs that are offered at the center, as well the 4 group homes associated with the center. In terms of health care workers; there is about 50-70 staff members for the center. One of the main programs is the adult day program which is a 9-5 program that has about 90

adults enrolled into it. The structure is Monday- Wednesday, and Friday are normal days that consist of being placed in groups. This placement is done carefully based on an individual's level of ability, and level of care needed. Usually in each group there are 2 staff members for 5- 9 individuals. After breakfast, the groups go off to a morning activity. Poillucci described this as being events such as walks, kayaking, hikes, etc. The activity is based off the abilities of what the person is capable of doing. "If the person is in a wheelchair, they will be pushed. Or if the person has such severe disabilities where they cannot leave the center, they will do something like crafts there. Basically, everyone is accommodated for" (Poillucci) After the morning activity, the groups will come back and eat lunch in two different groups. Some individuals bring their own lunch, but lunch is provided for those who do not have one. After lunch, the groups will break back out and move into their afternoon activity. After that, there is dismissal for those who do not live in the group homes. Thursday is a big day of the week for the day program. Thursday's are a bigger field trip day. The center takes care of transportation, staff members, etc. and organizes field trips such as going to a state park in NH, or Six Flags, or fun places for people in the program to just hang out. When listening to Poillucci speak about the center, it was pretty amazing to hear about how special this facility is, and I could hear it in his voice.

There are four group homes associated with the Michael Carter Lisnow Respite Center that is considered home to about 12 people. Many of the individuals who live in the group homes have been a part of the Lisnow community for several years. From my understanding, the individual's family pay for them to live in the house. There are usually 3-4 people in each house with usually one staff member there 24/7; or more staff as needed. If an individual in the house needs more attention, they're will be extra staff member to assist. Staff members will assist individuals in meal prep, bathing, house cleaning, dressing, administrating medication, etc. In addition, there is full time nurses on staff at the center, as well as on call staff members for the group homes.

Based off the research I have conducted, the state and federal government assists The Michael Carter Lisnow Respite Center in some areas. It seems as if almost all the individuals in the center should be receiving Medicare/ Medicaid which helps in fronting the costs of these services. The center also has a few different fundraisers over the year to help raise money for the center. One of the main fundraisers is Michael's run, which is a 5k race through the town of Hopkinton, MA. During my interview, I learned that this a major source of the funding for the center. It is inspiring to see a community show love and support for such an amazing cause. More fundraising efforts include the Boston Marathon, The Coffeehouse, as well as donations.

There is a certain enrollment process that is followed when an individual wishes to join a group home, or be a part of the programs offered by The Michael Carter Lisnow Respite Center. As mentioned by Poilucci, if you live at the group home you have to pay to live there. People usually start at the day program, and learn more about the specifics of the group home. One needs to be aware and active in the community in order to be a part of the organization. Ways that someone can get involved is to attend the 5k as well as the other fundraising events. The main requirement is to gain information about the center, and learn about their mission. After the member becomes involved in the community, they request to interview with the two owners of the center, and the individual with their family. There is also an IEP meeting that must take place with a state representative. After this process, the individual will find out whether or not they will be admitted into the programs. However, Poillucci mentioned that there is most likely a waiting list to join the center.

I have learned that this center is a very special place that holds a huge place in hundreds of people's hearts. The structure and organization that the center has is admirable, and strategically thought out. During my interview I remember thinking, they really have thought of everything. The level of care, support, and love that this organization gives people with disabilities and their family, should be a standard for all other centers throughout the United States. If every facility was run the way the way

the Respite Center was, the oppression and neglect people with disabilities face would be extinct. This facility is changing the lives of so many people, and the support they offer cannot be matched. Other group homes, and disability centers must follow in the footsteps of the Michael Carter Lisnow Respite Center. That should not be a choice, but a requirement enforced by our government.

My proposal entails three major changes to help better serve and support those who have intellectual and or developmental disabilities. The first being the forced removal of any and all large public institutions left in the United States. To do so, I plan to partner with large organizations such as National Public Radio, The American Association on Intellectual and Developmental Disabilities, The National Council on Disability, etc. All of these organizations have very similar end goals, therefore it is better to have strength in numbers. There is no benefit in living in large secluded institutions where neglect and abuse is considered ordinary. These facilities strip away humanity as well as take away basic human rights for those who have disabilities. The government should transition these large institutions to smaller group homes or centers; similar to the Michael Carter Lisnow Respite Center.

The second aspect to the proposal is to have in depth screening for health care workers who help care for those who are disabled. There are so many caring, and loving health care members that go above and beyond for those they are caring for. By no means do I wish to create a stereotype or prejudice for staff members that care for the disabled. Nevertheless, unfortunately there is nothing condonable about being too careful. Not only is there a long and painful history with abuse for those who are disabled, but statically, they are at a higher risk for abuse and mistreatment. Anyone who is directly and medically assisting full time for those who have disabilities should undergo intensive screening such as behavior and psychologically questioning. The goal of this screening process is to eliminate anyone who seems to be unfit for caring for the intellectual and developmental disabled. Although, no screening process can eliminate all of those who are unfit, my hope is that those who show red flags will be unable to even walk through the doors of a caring facility.

Lastly, the third element to proposal to structure caring facilities all over the United States for the disabled in the manner that the Michael Carter Lisnow Respite Center. I am aware that not only will no other facility have the same level of support and love that this facility holds. I am also aware that this is a rather ambitious goal. Despite this, I do feel as if this is something that is attainable over the next 20-30 years. I propose that first Massachusetts begins restructuring and implementing certain policies and regulations for caring facilities, then expanding to other states. Some of these policies should include a required staff member to resident ratio. Having a fixed requirement ratio will eliminate center being understaffed which can lead to the neglect of those who are disabled. Another policy should be required activity time for individuals throughout the day. Activities similar to those offered at the Respite center; walks, hikes, kayaking, etc. As mentioned, happiness promotes healthfulness and longevity which is significant in any human being's life. Additionally, activities such as field trips, and day trips should be allotted in these centers to again promote happiness. A common thread in my proposals is that those who are disabled, are given the best quality of life possible for them. It is only right and just.

Medicaid and Medicare is a matter of life and death for many disabled individuals. So many Americans do not know the extremes of what these programs give to those who need it. I hope and encourage those around me to educate themselves on the rights and issues of those who are disabled, as well as portray the importance of federal and state funding for the disabled. My goal is for us as Americans, daughters, sons, mothers, fathers, humans, see the importance in these issues. I am hopeful in my generation, and those who will follow to continue to make changes in societal and political issues that affect the everyday lives of so many people. I hope to be a part of organizations that are committed to bettering the world that we live in. As Americans, we must stop thinking that because it may not affect us personally, that it is not an issue. The standard quality of life should not have differ based on ones IQ, appearance, skin, religion, sexuality, etc. Although it may take time to reach the full potential

within these caring facilities, us working together to combat these issues will provide the rights we are all given at birth to those who are disabled.

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Autobiography of Service

Service is defined as the act of helping or doing work for someone. Over my past four years in the PSP department at Providence College, I have learned first-hand that it is so much more than that. Something that I try to be every single day of my life is grateful. Grateful for everything that I have in my life, even the small things that barely come to mind. I am grateful for the shoes I wear on my feet. I am grateful for the house I live in, and the food on the table. I am grateful for the smile I wear on my face. Not only do I feel as if this a trait that carries into my works or service, but it is a mindset. It is a way to view life. From early on in high school, my volunteer work impacted me greatly and I believe that it shaped me into the young woman I am today, and also how I view the world.

My consistency with service began when I participated in Catholic Heart Work Camp, which is a religious organization that provides service to those in need, while serving in the lord's name. I did it for a few different years and was fortunate enough to travel to Louisville, Kentucky and also Charleston, South Carolina. I participated in tasks such as building wheelchair ramps, painting the inside of preschools for low income children, washing school buses, and anything that I could do to provide help and support for the residents that I served. Over the time I spent doing this volunteer work, I quickly noticed that the things that I was doing were not hard at all by any means. They also, were things that I was able to do in different settings such as in my own neighborhood, and community. I learned that I could give back, and donate my time without sleeping in the basement of churches one week of the summer every year. This experience was a huge part of my journey to service because I was able to see how much the little work I did impacted the lives of the residents. It made me love wanting to help people. I feel as if it made have the huge heart that I do. Interacting directly with those you are serving was really important and significant to me. It made the situation very real and intense. I remember when we showed a resident the completed job at Catholic Heart Work Camp, she had tears running down her face. She expressed to us that it would have taken her years to accomplish the work that we can done in just a few days. Since then, I now have the maturity and the knowledge that I do not need to see the impact it has on others, or that there is no such thing doing too little or too much.

My philosophy of service was also shaped by one of my friends Catherine Malatesta. She is someone who I admired, and adored. She was the perfect person in my eyes. She was driven by her faith, she always did the right thing, and she loved donating her time and efforts to those who may have needed it. After my first summer at Catholic Heart Work Camp, my friend lost her battle to stage IV Sarcoma cancer. That summer, I had spent every single Wednesday in the basement of our church along with our entire town praying the rosary in hopes for a miracle from God to help cure my friend. My religion had become a very strong part of me during this time. I would pray every morning, and every night, and sometimes even during the day. I needed to believe in something bigger than myself, or bigger than any diagnosis. After Catherine's passing, I struggled with my faith and many different things in general. One thing I was sure of is that I wanted to carry on her legacy by being the best person I could be, and continue some of the things she was passionate about. One of those things was community service. I never thought that I would continue service in an academic setting ever. I was not even aware that one could pursue service in college. It was almost as if PSP fell right into my lap when I was put in PSP 101 to fulfill the diversity requirement of the school. I would like to think that was Catherine steering me in the right direction.

Something that has affected my philosophy of service is that the littlest things you can do for someone else can be huge in their eyes. I honestly do feel as if being a kind person who thinks of others really goes a long way. Doing things such as holding the door, smiling and striking up a conversation with strangers, asking elders if they need help carrying their groceries, checking in on others. That may not even seem as service, but supporting your friends, family, and strangers is so important. I believe that it is just mindset of wanting to help, and knowing the importance of other's wellbeing. Doing random acts of kindness are just a small way of giving back to others, or a community. On the anniversary of my friend's death, we spend the day doing random acts of kindness we called it. We got cards made that has a picture of my friend which included her birthday and death date, as well as a short description of her life and her diagnosis. This card was something you would give to another person after doing a random act of kindness in the name of Catherine. Our goal of creating these cards is for random acts of kindness to be a chain reaction for people to pass along the card, as well as doing good deeds.

Over my past four years at Providence College, I feel as if I learned a lot about myself and I credit that to the life changes I have experienced, but also what I have learned at Providence College in my courses. I feel as if the reasons to why I have started serving, and the main purposes behind them have not changed. From the start, it

is my entire heart and that is not something that just changes in the blink of eye, nor do I want it to. My experiences that I have had growing up, and before coming to college have shaped my entire life for the better. There is one quote that I love from one of my favorite artists, Maren Morris. "The house don't fall when the bones are good". My interpretation of that is that the foundation needs to be strong and sturdy in order to keep going. Meaning, the fundamental reasons as to why you serve need to be strong and consistent.

Throughout the various courses I have had to take in PSP, when I am able to choose my topic where specifically I want to focus on for either papers, projects I always pick something that is very close to my heart. For community organizing I focused the awareness and support on campus regarding Eating Disorders and the stigma around them. I chose that topic because one of my best friends suffers from an eating disorder. Once you go through something so intense and difficult, you want to try prevent it happening to anyone else. Could that be somewhat selfish of me? That the service I do somehow connects back to me, and my emotions? Maybe. However, I do feel as if I am helping various communities regardless of my connection and attachment to the cause.

I never thought that I would be a PSP minor. Coming from a mostly republican family, the ideas and beliefs sometimes disagreed with values that my family believed. Despite that, I was able to learn things for myself. What I thought and what I believed, not what my parents would be passing down to me. In addition, there were some topics or conversations where I disagreed with what my classmates thought. The concept of open discussions without hesitation or fear transformed me into a critical thinker, and I believed help mature me. I crave conversations where I feel as if I can explain my point of view, while also my classmates being able to supply perspective on their point of view. Being a finance major, I believe that this type of class room dynamic strengthened my overall communication skills, as well as my confidence to speak my truth. These skills I have developed over the past four years in PSP classes will help me in career path I run into over my life time. My hope for myself, is to continue serving various communities over my lifetime. I hope to learn about different communities that need help or service, and navigating how to understand the community, and what can to be done to change or help. Every faculty member, and almost all the students in the PSP department have been nothing sort of exceptional human beings. My hope that that Providence College gives the recognition and support that the department should have. I am truly grateful for all that I have been taught, and how this topic has shaped my life for the better.

