

Testimony of Professor Peter Blanck¹

**Before the U.S. House of Representatives
Committee on Governmental Reform
Subcommittee on Human Rights and Wellness
Thursday, June 24, 2004**

Summary Page

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My testimony today will underscore two critical areas central to improving quality of life for persons living with disabilities: (1) meaningful access to employment and, (2) economic independence. The information in my testimony is derived from preliminary analysis of the 2004 N.O.D./Harris Survey of Americans with Disabilities. The N.O.D./Harris Survey has been commissioned by N.O.D. since 1986, and is one of the most comprehensive surveys examining life indicators of persons with disabilities.

I will describe how meaningful access to competitive employment is facilitated by engagement in the U.S. Department of Labor's comprehensive workforce system, access to assistive technology and universally designed products, and use of state and federal tax incentives to aid in the purchase of technology and workplace accommodations. Economic independence involves the ability to accumulate assets and equal opportunities for home ownership. Through public/private partnerships, these two areas improve employment status, access to the public employment service system, economic independence, self-determination, and inclusion into society of persons with disabilities.

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Introduction

Mr. Chairman, members of the Committee, my name is Peter Blanck. I am the Charles M. and Marion Kierscht Professor² and director of the Law, Health Policy & Disability Center at The University of Iowa College of Law. The center has offices in Iowa, Washington, D.C., Boston, and elsewhere. It employs more than 20 professionals, many with disabilities, in disciplines including law, education, rehabilitation counseling, instructional design, public health, and computer science.³

I am the Principal Investigator for multiple grants from the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education. These grants include the Rehabilitation Research and Training Center (RRTC) on Workforce Investment and Employment Policy for Persons with Disabilities, the Disability and Rehabilitation Research Project (DRRP) on Asset Accumulation and Tax Policy for People with Disabilities,⁴ and the DRRP on Technology for Independence: Community-Based Resource Center.⁵

I have conducted research and written on the implementation of federal and state disability law and policy, and the Americans with Disabilities Act (ADA), with a focus

² Ph.D. in psychology from Harvard University, J.D. from Stanford Law School.

³ See, <http://disability.law.uiowa.edu>

⁴ See, <http://disability.law.uiowa.edu/lhpdc/projects/assetdevtaxpol.html>

⁵ See, <http://disability.law.uiowa.edu/cbrc/>

on employment and the civil rights of people with disabilities.⁶ I am a former member of the President's Committee on Employment of People with Disabilities, and have been a Senior Fellow of the Annenberg Washington Program.⁷ In 2003, I represented the National Council on Disability before the United States Supreme Court in *Chevron v. Echazabal*. I am a board member of the National Organization on Disability (N.O.D.).

My testimony today will underscore two critical areas central to improving quality of life for persons living with disabilities: (1) meaningful access to employment and, (2) economic independence. The information in my testimony is derived from preliminary analysis of the 2004 N.O.D./Harris Survey of Americans with Disabilities. The N.O.D./Harris Survey has been commissioned by N.O.D. since 1986, and is one of the most comprehensive surveys examining life indicators of persons with disabilities.

I will describe how meaningful access to competitive employment is facilitated by engagement in the U.S. Department of Labor's (DOL) comprehensive workforce system, access to assistive technology and universally designed products, and use of state and federal tax incentives to aid in the purchase of technology and workplace accommodations. Economic independence involves the ability to accumulate assets and equal opportunities for home ownership. Through public/private partnerships, these two areas improve employment status, access to the public employment service system, economic independence, self-determination, and inclusion into society of persons with disabilities.

⁶ See, e.g., Peter Blanck, *The Americans with Disabilities Act and the Emerging Workforce* (1998); Peter Blanck (ed.), *Employment, Disability, and the Americans with Disabilities Act* (2000); Peter Blanck, Eve Hill, Charles Siegal, & Michael Waterstone, *Disability Civil Rights Law and Policy*, Thomson/West Publishers (2003). See also related publications at the end of this document.

⁷ For related activities, see Blanck vita submitted with this testimony.

1. Meaningful access to employment

Competitive and meaningful employment remains a challenge for many people with disabilities. Meaningful employment opportunity includes adequate wages, hours, and health insurance, and the ability to accumulate assets and other benefits. Obtaining and maintaining employment are critical for people with disabilities to experience their civil rights of equal opportunity and inclusion, and, therefore, are an appropriate focus for this subcommittee's hearing.

a. Engagement with the DOL Comprehensive Workforce System

The Employment and Training Administration (ETA) of the U.S. DOL oversees the comprehensive workforce system. ETA's mission is "to contribute to the more efficient functioning of the U.S. labor market by providing high quality job training, employment, labor market information, and income maintenance services primarily through state and local workforce development systems."⁸ The primary vehicle for providing services to consumer in the workforce system is the One-Stop Center.

I report to you encouraging news for people with disabilities from the recent 2004 N.O.D./Harris Poll. Almost half (42%) of people with disabilities polled reported being aware of the workforce system's One-Stop Centers.⁹ Not only were people with disabilities aware of the One-Stop Centers, but also people with and without disabilities used the services of One-Stop Centers at similar rates.¹⁰

This is an encouraging result, particularly given the high rates of people with disabilities who presently are not working but who want to work. In addition, we would expect to see higher awareness and usage of the One-Stop Centers in the future. Analysis

⁸ <http://www.doleta.gov/etainfo/mission.cfm>

⁹ As compared to 41% of people without disabilities.

¹⁰ I.e., 26% of people with disabilities versus 22% of people without disabilities.

is underway by our center and others to examine the extent to which people with disabilities have adequate physical and program access to, and experience benefits from, the workforce system. In particular, during the past three years, ETA's Work Incentive Grant Programs have focused on improving effective and meaningful participation of people with disabilities in the One-Stop system.

DOL's partnership with the Social Security Administration in the Disability Program Navigator Demonstration project also is improving seamless and comprehensive services to persons with disabilities at the One-Stop Centers, including linkages to the employer community. Additionally, DOL's Office of Disability Employment Policy (ODEP) funds grants on customized employment services for One-Stop Centers. ODEP funds other work-related services for people with disabilities and employers, including the Employer Assistance Referral Network (EARN) and the Job Accommodation Network (JAN). Our center works with DOL on several of these projects, and directly with many of the grantees of these programs.

The One-Stop Centers are designed to improve employment rates for people with disabilities broadly defined, among other groups. In 2004, the N.O.D./Harris Poll reports that 35% of people with disabilities worked full or part-time, an increase in the employment rate of 3% from the 2000 poll.¹¹ Of those not working according to the 2004 poll, almost two-thirds (63%) of people with disabilities would prefer to work.¹² Of those who are disabled and not working, two-thirds (67%) say that they are unable to work due to a health problem or disability; a smaller proportion (8%) report they are not working because they cannot find a job that accommodates their disability. Expanding the

¹¹ As compared to 78% of people without disabilities working, as found in the 2004 poll.

¹² As compared to 42% of people without disabilities who would prefer to work, as found in the 2004 poll.

workforce system to serve people with disabilities will help improve employment opportunities for the large group of qualified people with disabilities who want to work.

b. Access to Assistive Technology and Universally Designed Products

Meaningful opportunity for people with disabilities to competitive employment and community inclusion is facilitated by access to new and universally designed technologies (i.e., products that allow use by almost everyone). Increasingly, people with disabilities are using universal design features at comparable rates as people without disabilities, especially those features integrated into mainstream products.

According to the 2004 N.O.D./Harris Poll, more than eight out of ten (83%) people with disabilities report using cordless telephones or speakerphones.¹³ Other accessible technology (AT) used by people with disabilities and found to be at comparable rates to people without disabilities include closed captioning (15%), automatic door openers or remotely controlled lights (26%), large text on computer monitors (16%), automatic check deposit (62%), and online banking (34%).

Yet, many features in mainstream products are reported to be costly for people with disabilities, indeed the people who could benefit most from these technologies. For example, the vibrate mode on pagers and cell phones (24% versus 37%) and keyless vehicle entry (30% versus 43%) show significantly less usage by people with disabilities than their non-disabled peers. These features frequently are sold as costly options, priced too high for many people with disabilities with lower incomes.

In fact, 17% of 2004 N.O.D./Harris Poll respondents with disabilities reported there was AT that they needed but did not have. They reported needing complex devices such as motorized wheelchairs (19%), hearing aids (15%), and mechanized assists such

¹³ As compared to 87% of people without disabilities.

as lifts and chairs (7%), to simpler devices such as walkers or canes (8%), computer software (5%), and non-mechanized assists such as railings and bars (9%).

Only 57% of those who needed these devices attempted to acquire them, primarily because they were too expensive. Of those who attempted to obtain the devices, more than half (54%) reported they could not afford them. For the 43% who did not attempt to acquire these devices, 61% did not attempt to acquire them because the devices were too expensive.

AT enables people with disabilities to improve their participation in society. Of the respondents who needed AT that they did not have, 37% reported that the device would help them live independently, 25% to leave their homes, and 18% to socialize with family and friends. In addition, 7% reported these devices would improve their employment opportunities, and 4% said it would make them more productive at work.

More than one-third (35%) of respondents said they paid for the devices themselves. Of respondents who did not pay for it themselves, assistance to purchase devices was obtained from health insurance programs (62%), public programs (19%), from a family member or friend (16%), an employer (9%), or state Workers' Compensation payments (7%). People generally learned about AT from their doctors (49%) and healthcare or rehabilitation professionals (22%).¹⁴ The findings suggest that more needs to be known about medical and healthcare professionals knowledge about AT.

¹⁴ Other sources of information reported include government programs (4%), community centers and disability organizations (4%), the media (13%), and the Internet (5%). While these appear to be important sources of information about AT, along with family and friends (14%) and other people with disabilities (6%), healthcare professionals appear to be at least a major source of information for people with disabilities.

In addition, more may be learned about how AT improves inclusion and success in employment. NIDRR’s “Technology for Independence” DRRPs, including Iowa’s “Community-Based Resource Center,” have been funded to help achieve this goal of independence.¹⁵ These collaborations between university researchers and disability community organizations include people with disabilities in the design, development, and execution of the research and the dissemination of information.¹⁶

c. Leveraging Tax Incentives

Another important means for enhancing employment opportunities relates to use of federal and state tax incentives available to employers and individuals with disabilities. In 2002, the GAO reported that the business tax incentives (e.g., the Work Opportunity Credit, Disabled Access Credit, and the Barrier Removal Deduction) were not widely used.¹⁷ One factor cited that limits usage is lack of familiarity with the incentives. Strategies to increase awareness and usage cited by the GAO include improving outreach through coordination and clarification of incentive requirements.

In accord with GAO’s findings, the 2004 N.O.D./Harris Poll finds that only 12% of people with disabilities claim available credits or deductions, such as federal and state tax deductions and credits designed to assist people with disabilities in employment.¹⁸

¹⁵ Other programs are at the University of Pittsburgh, Washington University in St. Louis, and at the California Foundation for Independent Living Centers. For information on each of the Technology for Independence projects, and links to the projects, see http://disability.law.uiowa.edu/cbrc/research/ti_projects.htm.

¹⁶ In addition, NIDRR has funded “IT Works” at our center, which is learning through research about the use of AT and accommodations in the workforce. With results and input from experts on employment of people with disabilities, the Iowa center is developing training for employers and employees to use AT to improve outcomes for people with disabilities.

¹⁷ GAO Report GAO-03-39. Business Tax Incentives: Incentives to Employ Workers with Disabilities Receive Limited Use and Have an Uncertain Impact. (2002) (finding that 1 out of 790 corporations and 1 out of 3,450 individuals with a business affiliation used the Work Opportunity Credit in 1999. Only 1 out of 680 corporations and 1 out of 1,570 individuals with a business affiliation reported using the Disabled Access Credit).

¹⁸ Of those 12%, 55% claimed both federal and state and 25% claimed only federal.

Tax deductions and credits may be used to pay for workplace accommodations or personal assistant services. The questions posed by the N.O.D./Harris Poll provide preliminary but needed information for policymakers about tax incentives.

The Iowa disability center's new "Asset Accumulation and Tax Policy Project" (AATP) is studying these issues. One important initiative of the AATP project is TAX FACTS,¹⁹ a campaign to improve tax knowledge, financial education skills, and financial service relationships nationwide for persons with disabilities, their families and employers. TAX FACTS addresses underused tax credits and financial relationships with banking institutions by persons with disabilities, their families and employers. TAX FACTS will expand opportunities for persons with disabilities to achieve economic independence and build assets.

2. Economic Independence

Promoting social and economic independence is at the heart of disability-related legislation enacted in the past 50 years. The Individuals with Disabilities Education Act (IDEA), the Rehabilitation Act of 1973, and the American with Disabilities Act (ADA), contribute to the groundwork for Americans with disabilities to gain social and economic independence through work, education and community participation and integration.

However, much of the legislation for low-income Americans with disabilities in housing, health care, employment, education, and technology has focused primarily on the limits

¹⁹ TAX FACTS is a collaboration with the Office on Disability in the U.S. Department of Health and Human Services; the National Disability Institute in the NCB Development Corporation; the National Cooperative Bank; the Law, Health Policy & Disability Center; the Office of Special Education Rehabilitative Services, U. S. Department of Education; the Office on Disability and Employment Policy, U. S. Department of Labor; and the National Federation of Community Development Credit Unions, in collaboration with The Internal Revenue Service and the Federal Deposit Insurance Corporation.

of asset accumulation, not on its potentials. As such, asset-building strategies for people with disabilities often have been the result of unintended consequences of legislation, rather than the intended outcome.

a. Ability to Accumulate Assets

One component of economic self-sufficiency involves the ability to accumulate assets. The 2004 N.O.D./Harris Poll reveals that the majority of people with disabilities are “asset poor” (e.g., 58% responding compared to 36% of people without disabilities). Asset poor individuals and their families have insufficient financial resources to support themselves at the poverty level for three months without other means of support.²⁰

The mechanisms for enhancing asset accumulation for low-income Americans have focused on the development of financial education and savings strategies, such as the development of IDAs, which are matched savings accounts for the poor. Yet, only 6% of people with disabilities responding to the N.O.D./Harris Poll report having an IDA, compared with twice as many (13%) people without disabilities. One important goal of the Assets for Independence Act of 1998 (AFIA) is financial education in IDA programs for people in poverty, many of whom have disabilities.

The lack of financial education also leads to disparities in banking relationships. The 2004 poll finds that fewer people with than without disabilities have checking accounts with banks (69% versus 76%). The same disparity is true for savings accounts (46% versus 65%) and loans with banks (26% versus 36%).

In contrast, the 2004 poll finds that credit unions serve similar proportions of people with and without disabilities through checking accounts (22% versus 24%) and

²⁰ See Assets for Independence, a program of the Office of Community Services in the Administration for Children and Families within HHS, <http://www.acf.hhs.gov/assetbuilding/assets.html>

loans (19% versus 23%), but differ in the percentages with respect to savings accounts (28% versus 37%). People with and without disabilities use credit union online banking and automatic check deposit at similar rates.

A disparity also exists in stock and bond ownership between people with (21% have stocks or bonds) and without disabilities (34%), and in government savings bond ownership (15% and 21%, respectively). Differences in savings accounts, stock and bond ownership likely is due to asset limits in federal assistance programs, limited incomes, lack of employment, and other reasons.

We have begun to examine why these disparities exist and how banking may become more accessible for people with disabilities. Last year, our center co-sponsored a blue-ribbon panel on corporate culture and disability at Merrill Lynch's corporate headquarters.²¹ Merrill Lynch and several other financial services companies are examining how to hire and retain people with disabilities, but also they want to help people, including those with disabilities, manage and grow assets.

b. Opportunities for Home Ownership

One encouraging finding from the 2004 N.O.D./Harris Poll is that more than half (58%) of people with disabilities (and 61% without disabilities) report owning their homes. People with and without disabilities own homes at similar rates from the age of 18 to 29 (22% and 26%, respectively). People with disabilities lag in home ownership from the ages of 30 through 64: thus, between the ages of 30 and 44, 51% of people with disabilities, compared to 67% of people without disabilities, reported owning homes. For ages of 45 to 64, 63% of people with disabilities, compared to 78% of people without

²¹ The symposium is archived at http://disability.law.uiowa.edu/lhpdc/archives/2003_merrill_lynch/ml_symp_archive.html.

disabilities, owned homes. Similar to the trends for the youngest group (18 to 29 years of age), individuals with disabilities age 65 and over do not differ in home ownership from those without disabilities (72% and 75%, respectively). The findings suggest that home ownership occurs later in life for many people with disabilities.

There also is variation in home ownership among people with different disabilities, with people with physical as compared to mental disabilities report higher rates of ownership: those with physical disabilities, deafness or hard of hearing, and blind or vision impaired show higher rates of home ownership (rates ranging from 39% to 46%); people with emotional, mental, and learning disabilities have the lowest rate of home ownership (26% to 28% range).

There also is variation in the rate of home ownership by age of disability onset, with earlier onset associated with lower rates of home ownership. The poll finds that home ownership rates among those with onset of disability at birth through young adulthood is roughly 30%. For those with disability onset in middle age, home ownership rates were 41%, and for those with onset over 55 years, home ownership was 65%.

Educational level is related to home ownership rates. People with and without disabilities who are college graduates own homes at relatively high rates (73% and 77%, respectively). Those with less education are less likely to own homes (rates do not differ significantly for individuals with and without disabilities) -- less than a high school education, 42% and 53%, respectively; with a high school education, 63% and 57%, respectively; and some college 55% and 56%, respectively.

Although home ownership rates for people with and without disabilities are comparable, the poll finds people with disabilities less likely to use the home mortgage

interest tax deduction, which is one of the most widely used tax deductions for the accumulation of assets by the American public. Approximately 44% of people with disabilities reported claiming this deduction, as compared to 63% of people without disabilities.

This latter trend may be attributable to lower income levels among those with disabilities. People with disabilities who reported owning their home were less likely to claim the deduction because they do not file tax returns (22%), as compared to people without disabilities (2%). One reason for this may be that almost three times the number of people with disabilities (26%), compared to those without disabilities (9%), report household incomes \$15,000 or below.²² This may reflect that they do not have income required to file a return or they do not have expenditures to benefit from itemizing deductions.

Conclusion

Thank you for this opportunity to address this subcommittee.

My testimony underscored two areas critical to improving the quality of life for persons living with disabilities: (1) meaningful access to employment and, (2) economic independence. The information is derived from preliminary analysis of the 2004 N.O.D./Harris Survey of Americans with Disabilities.

Meaningful access to employment for people with disabilities is enhanced by awareness and use of the workforce system's One-Stop Centers. Initial findings show that people with disabilities benefit from AT and universally-designed technologies,

²² The poll finds that the \$15,001 to \$25,000 includes 20% of people with disabilities, compared to 12% of people without disabilities.

particularly when they are affordable and used in support of employment and community integration. In addition, although tax policy aids people with disabilities in paying for AT and their employers in paying for workplace accommodations, it remains underused.

Economic independence is derived from meaningful employment and adequate income, and sustained by asset accumulation and home ownership. There are disparities in the ability to accumulate assets for people with disabilities, yet home ownership is comparable for people with and without disabilities. The overall disparities in asset accumulation may be related to income maintenance programs for people with disabilities that place limits on assets other than homes.

The N.O.D./Harris Poll findings further inform the dialogue about meaningful employment and economic independence for Americans with disabilities. The information derived from this survey is useful to individuals with disabilities, their family members, policymakers, and employers. It will help the subcommittee on Human Rights and Wellness to better understand and address the status of people with disabilities in America.

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