

This transcript from the Indiana Disability History Project is under copyright of The Trustees of Indiana University and may be used with permission. Quotes and excerpts must be cited as follows:

Al Tolbert, November 16, 2009, interview 065-MI, transcript, Indiana Disability History Project, Indiana Institute on Disability and Community, Bloomington, IN, https://indianadisabilityhistory.org

ORAL HISTORY VIDEO INTERVIEW WITH AL TOLBERT NOVEMBER 16, 2009 INTERVIEWER: PHIL STAFFORD VIDEOGRAPHER: PEGGY HOLTZ

RECORD ID: 065-DO

AT: AL TOLBERT
PS: PHIL STAFFORD

[TITLE CREDITS]

[00:00:10]

AT: My name is Al Tolbert. I'm the Executive Director for Southern Indiana Center for Independent Living located in Bedford. We serve eight counties in our service area. We have a branch office in Versailles. We get -- serve seven more counties and wer're expanding into New Albany with IL services. So right now I've got about 140 people working for me in this program and in home care. And in home care we are in 33 counties in southern Indiana and we're to expanding that also. Besides that, I'm on the State Council for Independent Living as the Secretary-Treasurer for the State Council. I'm the President of the Paralyzed Hoosiers Veterans. I was a past National Director for the Paralyzed Veterans of America, so I've been active with veterans issues as a veteran myself. And we serve a lot of veterans with our center. We serve a lot of veterans with our home care. So we get a chance to follow up some places that VA doesn't have the chance to do that, the Veterans Administration. On top of that, I do a little farming. Okay, so I'm active in -- in my community through my Kiwanis Club and a few other things.

PS: Was your disability service connected?

[00:01:31]

AT: Yes, I spent 11 years in the Service, two tours in Vietnam before I picked this medal up in Baumholder, Germany, in a vehicle accident, a training accident. So I'm lucky. And this was 38 years ago, 1971. So I've been paraplegic for 38 years. So it has given me some experience to see some things. I was on the EEOC Board for IU University Southeast and Affirmative Action, a few other places, so I've been in the movement, the Independent Living movement, for 38 years one way or

Indiana Disability History Project

Indiana Institute on Disability and Community
1905 North Range Road, Bloomington, IN 47408
indianadisabilityhistory@gmail.com | indianadisabilityhistory.org

another. So I've seen some things change, a lot of things change for the better.

[00:02:17]

PS: So you were – you were active in the movement long before the ADA –

AT: Yes.

PS: What were those early days like?

AT: Well, the early days were, you know, very crude. Not too many -- there was a lot of bills out there. There were laws that people were trying to follow, but I don't think they had a central theme or a central place to go to ask questions or they didn't know exactly if they were doing things right. They were wanting to do things right, but good nature to do things. Most public places were trying to adopt just because it was mandated through other laws, but there's nothing like ADA that says -- gave you a guideline and gave you some place to call for technical assistance or gave you a manual of what should be put in place. So when that came about, I think with ADA, that that made some big changes, not only in the public sector but in the private sector as well as the employment sector. So it's been some big changes in 38 years.

PS: What were the years leading up to the ADA – were you involved in the actual movement itself?

AT: Not maybe in the national movement through maybe the Paralyzed Veterans of America, which is Justin Dart said there would be no ADA without PVA, and I think the PVA had a strong hand in twisting the President's arm into getting it signed. I think there are some things there that went behind closed doors we will never know about. That people in Washington that had some pull in the Paralyzed Veterans of America seen a way to get this thing to happen. So through the PVA, I was active. Through IU University while going to school I was active. But nothing as dramatic as to when I became involved with the State Council on Independent Living and became a center director. And then everything came together, focused more on what we were doing. And of course the ADA became our guideline then, or our Bible to do some things, to make things more happen.

PS: When was PVA founded?

AT: Oh shucks, PVA goes back to after World War II. I think it was 1949 when they were formed. So it was for –by congress. It was formed by some folks with spinal cord injury and it really got congress involved with that. A lot of veterans – a lot of veterans coming back from World War II that had spinal cord injury no place to go, no place to rally on so the PVA became a focus point for them.

[00:04:57]

PS: Was your work with PVA as a volunteer? Or were you employed by the organization?

[00:05:02]

- AT: No I was a volunteer organization. They only have an executive director in the chapter and other than that everybody else is volunteers.
- **PS:** What was PVA doing during those early years when you were involved?
- AT: Well one of the things we did a lot of people don't realize, we were very active in making sure the subway system in Washington, D.C. became accessible. And when they first planned that, back in the early '80s and implemented in the '90s, they were thinking about not making it accessible, just to make a system that wasn't accessible. And they had no guidelines and no rules like ADA put in place to follow. And the PVA was very instrumental in making sure that piece of transportation was accessible, and now it's very accessible. Everybody rides the transit system in Washington, D.C. It's very accessible, easy to get around, and makes it quite accessible for people with disabilities.
- **PS:** Now what about the Disabled, isn't there a DAV also?
- AT: Oh the DAV [Disabled American Veterans], I'm a life member of the DAV. Belong to the oldest chapter in the State of Indiana, Chapter 2. I was quite active in that at one time. But DAV's been-- they do their thing and the PVA does some other thing.
- **PS:** What are the differences?
- AT: The DAV looks at maybe all disabilities, where the PVA looks at spinal cord or spinal cord injury or disease to the spinal cord, which directs their attention to just one type of disability, primarily focused on people in wheelchairs. Where the DAV may be looking at amputees, maybe looking at all types of disabilities. They have their credibility. I mean, they do some good things. As a center director, our staff refers, and we get referrals from these organizations, which is good. We follow-up with and they follow-up with.
- **PS:** Now in the '80s when legislation was being developed were you involved with any Indiana legislators to promote the legislation.

[00:07:12]

AT: I was a member of COVAH and still am at the Council of an organization of Hoosiers with Disabilities. We met monthly to work with advocating and a lot of things that came out of that – we advocated for the CHOICE services, which that came about we were one of the first policy [inaudible] areas. At that time, I was working with a company that sold hospital equipment, DME. I worked for them during the '80s so I got a chance to see CHOICE services being used and keeping people out of institutions and a lot of veterans got involved in that. A lot of veterans got services through the CHOICE services. But it finally became a statewide project. It started out in three area aging and our area aging was one of those and we could see that. We were working with our area aging to see that, promote that and

with COVAH to promote that and the CHOICE board. We attended a lot of CHOICE board, testified that this program works we need to make it statewide. Of course under the Bayh administration it finally went statewide and it saves the state quite a bit of money and still does and still [inaudible] working. Okay, only problem is a lot of that money is federal dollars and it doesn't show up as well as it should but it also saves the state funds.

[00:08:33]

- **PS:** When the ADA legislation was being developed just prior to 1990, were you involved in any state legislators or policymakers on that?
- AT: We were, of course, the ADA was not a state issue it was a national issue. And we were at the time we were writing our representatives in Washington, D.C. and going to Washington, D.C. with the Paralyzed Veterans of America. They went up to and lobbied several times for ADA. So I was part of that group that went to Washington, D.C. with the PVA to see -- it would be implemented. Even though it was not a local issue, it was a national issue.
- **PS:** So you were involved in rallies yourself?
- AT: Was involved in rallies in Washington, D.C., yes.
- **PS:** Did you ever meet Justin Dart then?
- AT: Oh, yes, I met him that was the beginning of our relationship with Justin Dart and a few other people, Tom Harkin, Ted Kennedy, people that were in the movement, Independent Living movement, that helped implement and push the ADA into law.
- **PS:** Any particular memories from that time in your life?
- AT: I think there's a lot of people didn't take it serious, didn't see the need for this law. I think there's enough -- a lot of animosity at that time towards ADA. I remember the chamber of commerce was not in favor of it. We were getting a lot of emails at that time, a lot of mail telling us that this is going to put people out of work; it's going to be a hindrance for small business. There's a lot of things -- there's a lot of negative output to that. Of course, we have seen that ADA has been an asset to some employers and has actually increased their productivity. So it's not -- we didn't put anybody out of business. It didn't put anybody out of business. So it's been good for the nation but again it's been a law that's been centralized centralized a lot of things.

[00:10:36]

The PVA did a lot of things with the Air Act back in the '80s and, you know, you use to be able -- you could get kicked off an airplane if they didn't want you to ride because you were in a wheelchair. We were instrumental in trying to get that changed and it did now. Now you can't be kicked off [inaudible]

you have a disability. Those are a couple of small thing but that helped a great deal to put people into airplanes and to be able to travel when you wanted to.

[00:11:09]

PS: Do you consider yourself part of a civil rights movement? Did you think of it in those terms?

AT: Well, you know, ADA is a civil rights law. Back in the '80s, we didn't think about the movement, the Independent Living movement, being a civil rights thing. I think we more or less thought that was a need that -- we had the rights for these things that other folks had. We didn't see it as much as the civil rights movement in the '60s. But more and more as we learned and learned more about ADA, we seen it to be a civil rights issue and that the rights of people with disabilities are the same as anybody else. So it's civil rights. So the Independent Living movement became more or less a civil rights movement. And the laws that we see now that are on statute, they are really civil rights.

PS: The rallies that were held in Washington, D.C. what were they like? How many people attended? Were there – was there – were they fairly sedate or were they pretty vocal? Was there ever any direct action?

AT: I was with the PVA then, they weren't militant like ADAPT. We were in Washington, D.C. going to talk to our legislators when ADAPT was over at the Capitol, you know, it was very militant. We tried to not take that route. There is other ways to accomplish things, but not to say that's not a good route to go. Sometimes there is a necessity to chain yourself to buses and to lock yourself into offices space, but the PVA has been very good about doing negotiating and arbitrating sometimes doing backroom – muscle arm-twisting to get things done. And there is a way to do things sometimes without going directly confrontational and so we took that road with PVA and I think it has been very successful. Most of our members are in wheelchairs, the PVA members were in wheelchairs, so to do a rally would require that type of mobility or that type of movement to get to those rallies. And of course ADAPT has several members that are in wheelchairs, but they also have a lot of members that are not. So it's a – which is good, there is nothing wrong with that. Gives them some more diversity.

PS: Did you met Justin Dart personally?

[00:13:41]

AT: I don't remember when the first time I did meet him, but it was with PVA or after ADA was signed or after we got into this movement with Independent Living. I remember meeting Tom Harkin that was then and back then Ted Kennedy was aboard and – we were introduced to him a couple of times. Okay, and Al Gore one time when before – while he was still in office.

[00:14:15]

PS: Interesting stuff.

AT: It's been an interesting life, an interesting movement, also. I mean, you see back 38 years ago and the changes that have been made, the dramatic changes that have been made, a lot of laws have been changed, and a lot of laws come into effect. ADA has been just one of several things that has made this movement move forward. The Air Traffic Act, like I spoke about, that passed back in the '80s. There's several other laws that are in effect. And of course ADA's promoted a great deal more. And of course HAVA Act [Help America Vote Act] that came along four years ago. That was a major movement for us to have a voice at the voting place. So, and we're still going forth. There's a lot more out there to be done. We're not -- ADA didn't solve all the problems, and it didn't create a lot of problems; but it should be centralized so we get answers. And there is more to be done and there's more to be done with the ADA in the implementation of it so we're not where we should be let's put that way. We have more growth to do.

PS: What about physical access in communities are there areas that need to be addressed?

AT: We have a lot of rural areas – I'm of a rural area and we have a lot of rural areas that are very conservative and don't change. But most rural areas in Indiana have been granted revitalization to their downtown. And with that little part of that said you had to meet the ADA requirements so they have been relatively successful. And some of the businesses seen that was a way to get more people into the business. If the sidewalk's okay, we can get the doors open and we can get the people in and increase our volume of business. We still have some business, they're still -- "they don't come, so we don't need to make it accessible." Which comes first, the chicken or the egg? That type of scenario. And don't realize they're losing business because they're not accessible.

So we in the disability community have to educate the private enterprise that if you change, things will happen. Build it and they will come. That's been proven over and over again. If you build it, they'll come. Lucas Stadium was a good example. It's totally accessible and people are coming in wheelchairs. People are there in wheelchairs. Okay? So I don't think the Dome was that accessible. And I don't think Market Square was that accessible. Conseco Fieldhouse is. So if you build it, they will come. And recreation is part of life. Whether you are in a chair or with a disability or not, you should be in recreation of some type, enjoying the sports.

[00:17:10]

PS: Are there other people in Indiana who are no longer with us that you recollect were instrumental in helping move things along?

[00:17:22]

AT: I was with COVOH [Council of Volunteers and Organizations for Hoosiers with Disabilities], and COVOH started with Amy Cook Lurvey. She goes back into the '50s when she started COVOH. It was primarily looking for special ed. And she did a great deal and COVOH did a great deal in changing Article 7 in the State of Indiana, making accessibility in the school and making IEPs more friendlier to the student as well as the parent and making those -- tearing down a lot of obstacles. So she was instrumental in doing a lot of things. And her and Muriel Lee. Amy was from Indianapolis; Muriel Lee was from Nashville and had a child with significant disabilities, but had worked to make several laws here in Indiana change. Both of those ladies have passed now, but they did a lot for special ed, did a lot for the Independent Living movement to move forward. So those people should be thought of when we think about this movement and where we've been with it and where we want to go with it. They set a lot of things in places, the Partners in Policymaking they helped put that in place for – with the Governor's Planning Council. I think Muriel Lee went to Wisconsin and seen that program up there and brought it down here.

We need to have that part of the Governor's Planning Council. Now I think that program has been in place since 19 – or 2001 or something like that so – or 1993 I think is when it first came out. So it has been around for quite some time and we would like to see it continue. That's another way to empower people, educate them and empower them. So there's a lot of things – the Governor O'Bannon was very friendly to this program, to the people with disabilities and his wife. Judy was very instrumental with people with disabilities. They always came to conferences like this to support people that had disabilities. I'm trying to think of some other people who have passed – I'm trying to think here in Indianapolis our representative was very instrumental – the one that passed away – I'm sorry --

PS: Julia Carson

AT: Yes, Julie Carson. She was very instrumental – she came to a lot of meetings to support the CHOICE program even though she was on the federal level. She seen this was a way to save money for Hoosiers and was very instrumental in getting that statewide along with the governor. You know, there is some people here in Indiana that have worked to see things move forward and are not longer with us now [inaudible] to say.

PS: You mentioned that veterans, particularly veterans with disabilities played an instrumental role in helping drive the movement in many ways. I'm curious -- it's ironic now we have so many veterans coming back from Gulf wars do you see – what is some of the issues that you are encountering with returning veterans these days and are they being drawn into the same movement?

[00:20:28]

AT: I don't think [inaudible] well their numbers aren't as great for one thing. World War II veterans there was a lot more spinal cord injuries and there's a lot more disabilities after World War II. Same way with Korea and same way with Viet Nam. We don't see the numbers as high, thank god. The PVA was

created for one thing, to do away with spinal cord injury. Their job was to do away with themselves to be honest with you. Some day we may reach that point that we would do away with spinal cord injury and there is a lot of research going on with Purdue University and IU University here in Indiana. And that was one of the things that Amy Cook Lurvey got involved in and put into the General Assembly's budget to fund IU and Purdue University for spinal cord research. So to say they're not in the movement, I think there's a lot of -- we're seeing a lot of veterans coming back that are macho, have a disability and don't see themselves as a veteran. Don't see themselves being plugged into the Veterans Administration. Don't know about the benefits until they go to get employment or they find their health insurance has been canceled or they find out this wall's been built in front of them and it shouldn't have been there to start with. They should have learned that before they got out of the service.

[00:21:34]

There's some ways you need to address your disability. And most places, the army and the military is the same when you're on your way out, they don't think about what's five years down the road or 10 years down the road or where are you going to go for unemployment? You've served, just go on home and we won't worry about you. And that's not the way it should be. I think the military should be looking at the individual 60 to 90 days out, say these are the things that you're going to have to encounter when you get out of here with this disability.

If you're in a hospital at the time -- I was in a hospital before I was discharged. Nobody told me about unemployment. Nobody told me about what I'm going to face in life in a wheelchair. Those things you had to learn. I think there's some hospitals, some veterans hospitals that are having peer support coming back in and talking to veterans. These are the things that you're going to have to pick up. These are the things you're going to have to do. When you get back to rural America, it won't be there. You may have to create it. You may have to tear down these walls, whether it be unemployment or access to – restaurant access to your public places, these things you're going to have to be an advocate for. So I think we need to train veterans before they're discharged. And then bring them together afterward that. I think we're doing a better job than we did after Vietnam. But we still have a long way to go because I think a lot of veterans don't know about the system until they become part of the problem. Okay? Until it becomes their problem – they say, gosh I've got this problem I can't do anything about it. Then they get in – what to know where to go to get answer at.

[00:23:09]

PS: How does SICIL connect with them?

[00:23:11]

AT: We try to connect them with veterans organizations. Every veterans organization has a service officer, whether it be the American Legion, the DAV, Paralyzed Veterans of America. Every veteran's organization has a service officer. They usually have one local, in the local chapter. And they have one here in Indianapolis that will service them, can get ahold of their medical records and research the medical records and find out what they're entitled to. That's the key issue, getting hold of the medical records and see if they have a disability that occurred during their time in services. Then they can apply for service compensation, not disability, service compensation. And that compensation can be anything from \$2,000 a month to \$4,000 a month depending upon what their disability is.

[END OF INTERVIEW]