NASI

The Future of Olmstead

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>> REBECCA VALLAS: Good morning, everyone, and welcome. My name is Rebecca Vallas, and I have the pleasure and privilege of serving as the CEO of the National Academy of Social Insurance. And on behalf of the Disability Economic Policy and Research Consortium, huge thank you to all of you for joining us today. I'm going to give a brief visual description. I am a white woman wearing my characteristically huge tree of life earrings. And I also have short brown curly hair and a black shirt and a whole bunch of books behind me because I'm sitting in the National Academy of Social Insurance's Myers Social Insurance Library, surrounded by history. Today's conversation was prompted by a recent legal opinion released by the US Department of Justice that has understandably generated significant concern across the disability community. And we're going to spend time today unpacking what that opinion means, what it doesn't mean, and what it means for the future of a very important precedent within the disability community called Olmstead. And we'll get to all of that with this panel. But I'd like to begin today's conversation by zooming out. For much of our nation's history, people with disabilities, and particularly people with intellectual, developmental, and significant physical disabilities, were routinely separated from community life.

Hundreds of thousands, possibly more Americans spent years and often lifetimes in institutions, isolated from their families, from schools, from workplaces, from neighborhoods, and from their communities. Institutionalization wasn't simply a dominant service model. It reflected a longstanding, broader societal belief that disabled people belonged apart from the rest of society here in America. The twentieth century disability rights movement challenged that core assumption, and the Americans with Disabilities Act, followed soon thereafter by an important decision by the Supreme Court called Olmstead, which we'll be talking about today, affirmed a fundamentally different vision. That unnecessary segregation is discrimination, and that disabled people have the right to live, to learn, to work, and to participate in our communities alongside everyone else.

Community living is often discussed as a disability rights issue, and it is. But it's also a human rights issue, an economic issue, a workforce issue, a family issue, and a social insurance issue. And that's part of why the Academy feels that this conversation is incredibly important to have today. So as our nation grapples with an affordability crisis, growing care needs, and an aging population, all things that are often talked about in the context of social insurance, long term services and supports remain one of the largest unfinished pieces of America's social insurance system and our larger social contract. So the questions raised by the debate over the future of Olmstead therefore extend well beyond disability rights and disability law. They invite us to consider what kind of care infrastructure, and ultimately what kind of society, do we want to build for all of us.

So conversations like the one we're having today with this phenomenal panel, who you're going to hear from in just a moment, are exactly why the Academy was thrilled to join forces with the Roosevelt Institute to create the Disability Economic Policy Research Consortium. On behalf of the consortium, it is my great honor to introduce our wonderful panelists. Today, we're going to be joined by some brilliant folks, and you're going to hear from each of them in turn and also as a full panel. Alison Barkoff, the Hirsh Health Law and Policy Associate Professor and Program Director -- it's a mouthful of a title -- at George Washington University's Milken Institute School of Public Health. She also, we're proud to say, is a senior fellow at the National Academy of Social Insurance. We're also thrilled to have with us Henry Claypool, who is speaking from his -- one of many hats -- at the Lurie Institute at Brandeis University. They focus on disability policy at the Institute. Elena Hung is the founder and director of Little Lobbyists, and we're thrilled to have her with us today as well. Jawanda Mast leads grassroots advocacy at the National Down Syndrome Congress, and we're thrilled to have her with us as well. And last but certainly not least, David Goldfarb leads advocacy and policy at the Jewish Federation of North America, and we're thrilled to have him joining us too. So as you can see, we have an all-star lineup for you today. And, Alison, we're going to start with you, to help us understand, as sort of the lawyer on the panel today -- although we've got people with a range of different perspectives and expertise -- would love for you to give us some grounding in Olmstead itself. I shared a little bit of the history, but nobody knows it quite like you. For folks who might be newer to the history, help us understand why Olmstead was such a landmark decision, and how did it fundamentally change things for the disability community here in the US?

>> ALISON BARKOFF: Well, first, thanks, Rebecca, for having me. Let me start with a brief visual description. I'm a middle aged white woman with curly brown hair, wearing a white blouse, and I have a GW background behind me. And I'll just say, to put things in context, it

really struck me when you talked about the history that Olmstead comes from. In addition to spending the last thirty years professionally doing this work, I am a sibling. And at the time my brother was born in the late nineteen seventies, my family was told, like every other family at the time, that the only place for my brother was in an institution. This was before Medicaid home and community based services. This was before we had major disability rights laws. And two things were happening at the same time that I think across the panel we're going to talk about. There was a disability rights movement that really was pushing for civil rights, really based on larger civil rights laws -- initially the Rehabilitation Act, section 504, and then eventually the very comprehensive ADA. That was about people with disabilities having a right to be part of every part of society. In addition, we needed the service system to actually support people to be able to do that. And at the same time, people were fighting to be able to create those services and supports in the community, in schools, in workplaces, and we're going to talk a lot about that. So in 1999, there was an incredible watershed decision for the disability rights movement. The issue before the Supreme Court were two women from my home state of Georgia who had both intellectual and psychiatric disabilities, who had been placed in a psychiatric facility, in an institution, who wanted to live in the community, who the treating professionals said could live in the community. And the state said, sorry, we only are going to provide care in an institution. This really teed up what had been put in the Americans with Disabilities Act, pulling from this history of section 504, a fifty year position by the United States government that people had a right to be in their communities, and that states could not unjustifiably segregate people, but actually had to provide services.

What was really important about this Supreme Court decision -- and I would encourage people to read it -- is it really strikes home the harms of segregation. It talked about, in saying why unjustified institutionalization is discrimination -- because, number one, it takes away the things that every one of us take for granted. Being part of a family, being able to go to school, being part of the community. The second thing is what it says about disabled people. And the Supreme Court said that when we separate people, when we segregate people, it feeds stereotypes that they are unworthy. And in the twenty seven years since the Supreme Court's decision -- we just celebrated the anniversary -- we have seen a huge change. When I look around the community, we have disabled people as coworkers, as classmates, as neighbors, as our family members. It's been a dramatic change. And we have hugely changed the way that our system provides services, going from 0% of funding in the community, all in institutions, to now over 80% of people who get long term services and supports get those in the community.

So let me stop there, but it was an incredible watershed decision that not only has, like, on the right side, made a huge difference, but it has been the driver in the changes -- our unfinished business for sure -- but in the long term services and support system that we have in place.

>> REBECCA VALLAS: Yeah. Alison, thank you for that wonderful starting point. And as you were speaking, I'm reminded of some words that a dear friend and colleague, who all of us have worked with and who is a big part of why the consortium is possible, Rebecca Cokley at the Ford Foundation, she long ago coined a term, the ADA generation. The idea that a whole bunch of people have grown up not knowing anything other than the ADA, and that includes people with disabilities growing up not knowing anything other than the ADA. In a lot of ways, it's also the Olmstead generation, right? People growing up understanding that community living is part of what we do here, as opposed to all of that history that came before. I'm going to stay with you for just a moment, Alison, to keep us in this place of table setting before we bring in the rest of the panel, just to help us understand, given that recent Department of Justice opinion, which I mentioned, which is part of what is putting Olmstead back in the headlines, especially in the last few weeks. A lot of folks are seeing those headlines. A lot of folks are seeing, oh, is Olmstead at risk? And yet there's a lot of confusion about what exactly that memo and that legal opinion means, and what it doesn't mean.

Can you help us understand what is the significance of this DOJ opinion? What does it actually say? What does it not mean, which is maybe just as important as what it does mean? And what do people need to understand about where things stand today with respect to these important rights?

>> ALISON BARKOFF: So let me start with the fact that, for people who aren't aware, the US Department of Justice is really the lead enforcement agency in enforcing disability rights. It's not the only one. I look at my colleague David on this -- private attorneys can bring lawsuits to enforce civil rights laws like the ADA. But the vast majority of big systems change cases have historically come through the Department of Justice and their enforcement of the ADA, as well as from federal agencies, each of which have regulations, and really related to health care, the Department of Health and Human Services have their own 504 regulations. Let me say what is most astounding about this memo. As I said, for fifty years, actually, since the section 504 of the Rehabilitation Act regulations came out -- if anyone has seen Crip Camp, the taking over of the building, this was really an impetus for disability rights -- starting in 1977,

the federal government's position has been that the civil rights laws have a, quote, unquote, integration mandate, requiring states to provide services in the community when they're appropriate, and that was adopted when Congress passed the ADA in 1990, and in regulations. And DOJ has been a main enforcer of this. I cannot overstate how significant it is for the US Department of Justice to put out a memo -- which is really the binding position now of the executive branch of the federal government -- backing away from a fifty year commitment to inclusion of people with disabilities. It is astounding. The memo itself even recognizes how out of step it is with what Congress has said, and what hundreds of courts have said since Olmstead. It says a couple of things. First, it says that the government has been wrong for all of these years, that the statutes in themselves require integration.

Okay? That's really significant. It is an argument about what does the ADA and 504 itself require. Secondly, it says, despite having had since 1977 regulations, that both DOJ and HHS overstepped in ways that they claim are unconstitutional in saying that states had to provide services in the most integrated setting. So it says the integration mandates, those regulations, are unconstitutional, and the memo suggests they will quickly be rescinding those regulations. Finally, in what I would call an incredibly tortured interpretation of the Olmstead decision itself, it reads it so narrowly to say, yes, the court might have said unjustified institutionalization is illegal, that doesn't mean states have to do anything about it. It is astounding, and again, it is out of step. So let me just say what it does and doesn't do.

What is significant is we are already seeing the Department of Justice starting to file briefs in court, to try to get courts to adopt these positions. This is truly trying to tee up the Supreme Court to revisit Olmstead. It's incredibly dangerous. But, of course, DOJ can't change the law. It's courts that adopt that. But they're trying. Number two, I expect quite soon, we will start seeing regulatory efforts to undo these long standing regulations. I hope everyone listening in is committed to, when they try to do this, filing public comments. You know, we will think about litigation strategies to challenge that. So that's what DOJ does. At the same time, the law is the law. The regulations, for now, are in place. The Supreme Court's decision is in place. And I think the important thing that we are going to spend the hour talking about is we need to be talking about the value of community living, the value of inclusion. It is cost effective.

It is what the vast majority of people want, and it leads to better outcomes. It is the right policy decision, and reversing is not only a retraction of this country's promise to disabled people. It is not only trampling on civil rights, but it is bad policy. From every lens. So let me stop there and kick it back to you, Rebecca.

>> REBECCA VALLAS: Alison, that was a heroic place to start, and you covered a lot of terrain in a very short period of time. So thank you for helping us set the table for where the rest of this conversation is going to go. And Henry Claypool, I can't think of a better place to bring you in, to help us contextualize some of what Alison just offered in terms of a legal landscape. But let's put this in human terms, and let's put this in practical terms. Right? I often say and I often think about the moment that we're in as a country as that we're in a battle of imaginations over what kind of a country, what kind of a society we're choosing to be. Help us understand, Henry, what does community living actually make possible in a person's life? A lot of what we've been hearing so far has also been very legal, very, you know, public policy focused. But what does living in the community, and getting the services that you need to be able to live in the community, actually mean in a person's life? What becomes possible that otherwise wouldn't be?

>> HENRY CLAYPOOL: Sure. First, I wanted to start with a little bit of background into what these services are. And specific to Olmstead, I've identified these as people living in the community who meet the state's institutional level of care requirement. So they get a mix of services paid for by Medicaid. Depending on their living circumstances, they may receive assistance with housing, reduced fuel bills through a program called LIHEAP that subsidizes those. They can get nutrition services through programs that provide food assistance. But Medicaid, in the community living services and supports, including personal assistance services, which provide hands on care and support to disabled people that require maybe some assistance moving things, but also individuals that need assistance just keeping on track with their daily activities.

Medicaid can provide transportation services, meal prep, and specific to the HCBS portfolio here, light housekeeping, assistive technology, and a range of other services and support that are packaged together, often in this context, in a waiver program, for the individual that might be enrolled. States vary considerably in the types of services they offer through their HCBS waiver programs. And Olmstead has helped focus states on the goal of community integration. Whereas before the Olmstead decision, it was really more about whether a state wanted to offer community services or not. Now here is a legal requirement coming for them. And states have made it possible for disabled people and older adults to become involved in the life of their community. From shopping for groceries, going for a walk, taking a role around the neighborhood -- for some people, it creates opportunities to go to work, to spend time in the community with their peers.

Have relationships, get married, raise a family, participate in spiritual pursuits, and the list goes on. These are the everyday activities that disabled people enjoy, largely because of Olmstead, in some cases. And, you know, it's a shame that we have to have a legal document like the one that Alison described coming out to really diminish the focus on what's possible for disabled people when they have the right services and supports to live in the community.

>> REBECCA VALLAS: Henry, thank you for all of that, and thank you for helping us understand both the services and support side of it, but also what living in the community makes possible for people who take that for granted and who have never thought about what it might be like to live not in your community and have to be in an institution. You know, sometimes actually spelling it out is really important for people to see what it is that they might be taking for granted. And, of course, that list of things that community living makes possible are things everybody wants for themselves and for everybody and their family and people that they love, and anyone else that they care about. Right? It's the really, really basic, basic human things. Elena, I want to go to you next, as we continue to kind of make this real and put this in human terms. At Little Lobbyists, you have spent about almost a decade organizing families with kids with disabilities and complex medical needs. And a big part of what Little Lobbyists does and what you do every single day is to identify and call out and push back on assumptions about where disabled children belong and what they're capable of. And that's very related to this conversation we're having about Olmstead, and a lot of what its place in our larger social fabric helps us understand about where people with disabilities belong in this community.

What image of disability do the assumptions that you and Little Lobbyists are often pushing back on reveal? And talk a little bit about how those questions show up for families, often long before children reach adulthood.

>> ELENA HUNG: Thank you, and thanks, everyone, for joining us. I'm Elena Hung. She/her pronouns. And I am a Chinese American woman wearing a red shirt and matching red lipstick. I am the cofounder and executive director of Little Lobbyists, which is a family led group advocating for kids with complex medical needs and disabilities. Also better known as a mom to most of you. And that is such a great question for our group. And I would say that the biggest assumption that caught me off guard in the beginning when we first started this work was this assumption that kids don't experience joy, that disabled kids don't experience joy. You know, my daughter, Xiomara, is the most joyful person I know. And I would recall so many times, sometimes we're out in public, we're in Capitol Hill or just

about in our neighborhood, and people will come up to me constantly and say, wow. She's so happy. She looks like she's having fun.

It was always said with this incredulous subtext. As if medically complex kids could not be happy, could not experience joy. That's the assumption. Right? That's the assumption, that when most people hear the term ventilator dependent -- you know, and Xiomara was on the ventilator when she started -- they think life support, or they think end of life. Or they see some of our children and they see that they are nonspeaking, or that they're wheelchair users, have medical complexities, have intellectual disabilities, and they just assume that they can't be happy, that they don't experience joy, and nothing could be further from the truth. And so that's the assumption that Olmstead helps push back. It's this idea of quality of life. A good quality of life is not only possible, but it should be the goal for our kids. It should be the standard, really. And, you know, we talk about milestones that nondisabled kids, we really take for granted.

Going to school, growing up with their siblings and friends, playing sports, having hobbies. There's this assumption that nondisabled kids can do those things and have those things, and the assumption that disabled kids cannot. And so, for me -- I mean, for all of us -- we know that these assumptions are wrong. Right? They're absolutely wrong. We've had decades to prove that that's wrong. Disabled kids can do all these things. Whether they want to or not, it's a different conversation. But at the very least, they should be given the opportunity to do so. And I think we need to unlearn those assumptions before we learn it. We need to unlearn that disabled lives are less than -- I'm using air quotes here, less than -- before we can learn that disabled lives do have value. Right? We can unlearn institutions as segregation as the norm, and not be surprised when medically complex kids are out in public.

>> REBECCA VALLAS: And staying with you for a moment, Elena, just to be very brass tacks about it, because a lot of families and a lot of folks who are not in Washington DC talking to people like Alison Barkoff are wondering, you know, what the heck's going on and what does this mean for us? What would it mean if the promise of community living were not in place for Xiomara and for your family? And, you know, a different way of looking at that is, you know, what does it make possible for her and for her future and for your family?

>> ELENA HUNG: Yeah. It makes everything possible, literally everything. And I'm just so thrilled that Alison is here because she really was one of the first people to help me understand that. You know, in 2017, we were out here in the summer of health care repeal. I was in survival mode. We were all just trying to survive, trying to get, you know, access to

health care. Families like mine were thinking about the next surgery, next procedure -- again, survival mode. And we weren't really thinking about what comes next. Right? Survive and thrive. Now, you know, surviving is -- it took up so much space in our mind that we weren't able to think ahead. And so now when we talk about it, it's a whole community. It's a disability community waiting for our kids to join them. They are part of it. We're not just fighting for crumbs.

We're shooting for the moon. And what community living makes possible is making those memories. It makes childhood possible. I think about Xiomara, obviously, a lot, and how, you know, she can go to school in general ed. She just graduated elementary school last week. She just celebrated her birthday yesterday, quite literally. And so those are the things that, again, we all take for granted for nondisabled kids, nondisabled people. And for disabled children, we have to fight so hard for. I'll add one more piece to that, which is that our disabled kids are going to grow up to be disabled adults. Right? That's the goal here. We're not, quote -- again, big air quotes here -- overcoming our disabilities. My daughter's disability is one that she will have for her life. And so we want to talk about the lifelong support that will be here in place for when our kids grow up to be disabled adults.

>> REBECCA VALLAS: Yeah. Thank you, Elena. And I always love that reminder that you share. Right? And I'd love to bring you in as well, Jawanda, because you are on the front lines of grassroots advocacy in the Down syndrome community and working with families as well. And I'd love to hear you talk a little bit about what the reaction to this memo, and the fact that Olmstead is even in question, has been in your space and in the communities that you work with. What are you hearing from folks across the Down syndrome community as they learn that this is even something that might be in doubt?

>> JAWANDA MAST: Well, I want to first say thank you for having me on. And I'll do a little description too. I am a middle -- a mature woman, I think is the term I'm going to use. And I am a displaced southern woman living in the Midwest, in Kansas, because nobody in Kansas sounds like this. Okay? And I'm thrilled to be here today. But I am going to say quickly, I am mom to a 27 year old young woman who has Down syndrome. Her name is Rachel. And I loved hearing what Elena said earlier. I love working with the Little Lobbyists we have here in Kansas. But Rachel has been an advocate for many years, and she works and has her life. And the support she has are in large part because of Olmstead and because of the services that support her to live the life she wants to live. She was known for helping to pass the ABLE Act, and always talked in that about living on her own. And while ABLE helps us with that, it's really the protections of these laws that are going to allow people like Rachel to live their dreams.

So we really have to preserve these things. We have had a lot of fatigue and fear -- what we're hearing from our advocates. Many of the same families that are impacted by this are largely impacted by what's going on at the Department of Education. And for many of those younger families and school aged families, it's hard for them to focus on anything else because they're so busy dealing with that, and that is their present. And they may not even know or understand how this can impact them later down the road. But great fatigue -- weary is the word we hear a lot. A lot of fear, especially among individuals who have children, you know, the age of my daughter, younger, older, that are the ones out trying to live their independent life, fear, what is this going to look like? They feel singled out and dismissed.

And there's a bit of a panic. And we're working very hard to try to help people not have a panic, when there is a bit of panic in all of us about what could happen, and misunderstanding about what could happen. Also, combined with all of the Medicaid -- the cuts we're probably going to see in Medicaid because of the one big beautiful bill -- they're asking, how is this going to impact us in our states? Because we're already seeing come out of some of the states that they're cutting programs and doing less, funding less waiver spots, doing all kinds of things because they are going to have to make those cuts because of these cuts in the one big beautiful bill. So, it is just a very scary time for our families, I think.

>> REBECCA VALLAS: Yeah. Jawanda, thank you so much for that. And I'm sure, Elena, that your families that you work with are feeling similarly. And I know, Alison, your phone is ringing off the hook every day with people wondering what is this going to mean for me. I want to bring you in next, David, so that we can have heard from everyone before we get into kind of a cross panel conversation. You are representing the Jewish Federation today, and your work lies at the intersection of disability policy and community and religion and faith. A lot of religious traditions begin with the idea that every person possesses inherent dignity, and I would love to give you a chance to talk a little bit about how that perspective helps us think about community and community living, not just as a policy choice or as a service delivery model, but as a moral commitment. Talk a little bit about what role Olmstead plays from that perspective.

>> DAVID GOLDFARB: Yeah. Absolutely. And thank you, Rebecca. So I'm David Goldfarb, and the Jewish Federation, just for those who don't know, is a charity network of 141 collectively throughout the United States and North America, including places in Canada. And collectively, we raise $2 billion, distribute $2 billion a year in support, in part, of

agencies that support people with disabilities. We also work on a lot of inclusion in places like Jewish community centers and synagogues because, of course, there is a lot of work to do. One of the foundational principles in Judaism, as well as in the Christian tradition, comes from the book of Genesis and in the Torah, which is, in the image of God, is a foundational principle that every human being has infinite value, dignity, and equality, and uniqueness.

Now that's important not just because it's a religious idea, but it's actually directly put into the Constitution of the United States and the Declaration of Independence. And I want to read for everybody, because it's America's two fiftieth, and -- my flag, because when I was a little kid, I had those coins. Some of us are old enough to remember this, the 1976 coins at 200. I never thought I would get to the age of 1,700. There's a famous letter -- Rhode Island was a holdout of the Constitution. They didn't want to do it. And Rhode Island was one of the places that allowed Jews to settle, and there was a big Jewish community there. And so George Washington visited to try to convince them. And for two thousand years, Jews had no rights at all across the world, from Morocco and Spain through Afghanistan. There was never any rights for two thousand years. And so they were very skeptical of the notion that Jews would have equal rights. As a result, they wrote him a letter, and he wrote back. And famously, I want to read a little portion of that. It's an amazing letter. That says that it is now no more that toleration is spoken of as if it was the indulgence of one class of people that another enjoyed the exercise of their inherent natural rights. Happily, the government of the United States gives bigotry no sanction, to persecution no assistance, requires only that they who live under its protection should demean themselves as good citizens in giving it, on all occasions, their effectual support. Now obviously, we understand the history of the United States and how that promise was not fulfilled for many people, including people with disabilities.

But one of the important things that it says, that we need to remember, is that our rights and our dignity as people with disabilities do not come, in the American system, from the majority. They are inherent to us. And so when we talk about things like community living, that is based on your fundamental rights, and it does not disappear just because a court or a legal opinion says it doesn't count. It is fundamental to you. And so that is one of the things I want to remind and bring to you. We are fighting exactly what America stood for, and exactly what our traditions speak of.

>> REBECCA VALLAS: David, thank you so much for bringing in that perspective, and also connecting this conversation, right, to the fact that we are also marking a huge anniversary, right, the birth of this country, and the principles and the ideas that it was founded on,

which sometimes we lose sight of, speaking of things that we take for granted, but which really is, in a lot of ways, it feels like what's kind of up for review right now as we're being asked that question, what kind of society do we want to be? I want to stay with you just for a moment, and then we're going to open it up to the full panel. And we've already got questions coming in, so please keep putting your questions into the Q&A, and they're making their way to us, and we are going to have a lot of time for audience Q&A. But David, staying with you just on this line for a moment, talk a little bit about what you believe that religious communities have to teach us in a moment like this. And, again, not trying to choose one faith tradition over another, but often it helps us see and think and perceive differently when we come back to that place of moral values as opposed to the public policies that sometimes fall short.

>> DAVID GOLDFARB: Yeah. I think there's a couple pieces, and I'll try to be brief. One, I think if you look at the critiques of what we're talking about -- and, of course, Alison and I met, we were discussing before, because I had members when I represented the elder law profession, they wanted to sue under Olmstead. And, of course, we found that waitlists don't really work. So one of the critiques that you will hear of -- and we're working with the Roosevelt Institute, of course, too, on an economic bill of rights, right to health care, the right to education, the right to all these things -- one of the critiques of that is, well, for every right, there is an obligation. And I think that if you look at the Jewish tradition, and you compare Jewish law to American law, everything is actually an obligation. It's the obligation of individuals to provide. It's not necessarily a right. So thinking in terms of our obligation, whether or not the Department of Justice is reinterpreting this statute, our obligation still rests with people with disabilities. To provide them access to community living.

But by the way -- and I think this is one piece that is important, because religious communities are built around shared norms and responsibilities and traditions, to build and garner trust, and one of the things we lack right now is the garner of trust. When I worked with The Arc, every single person that I met with a disability that was captured by the system that impoverishes them, that institutionalizes them -- they wanted to contribute to society. They felt an obligation to society to give their work, their care, their support, their love, to the community. And so they felt obligated as much as we do. And I think sometimes that can get lost when we just focus on the rights piece, where we're saying we need this for ourselves. Because it's actually a mutual, reciprocal relationship. The other thing to mention, of course, at this time of partisan divide, where we are really losing our shared understanding, religious communities still reach across that divide, and there are still places where left and right meet. And if you look at the SSI Savings Penalty Elimination Act, it is supported by the National Association of Evangelicals, the Faith and Freedom

Coalition -- I recommend everybody go to their website, because you'll see a big picture of Donald Trump on it -- the Jewish Federation of North America, the Union of Orthodox Jewry, the Catholic Conference of Bishops, the NETWORK Lobby for Catholic Social Justice, 20% of America. If you look at every single disability legislation that's ever been passed, it's been passed on a bipartisan basis. The ADA, 377 to 28. The ABLE Act, 380 house cosponsors. We don't want to live where this is a partisan issue. And one of the ways to address that is to work with the religious communities that reach across those networks of partisan divide.

>> REBECCA VALLAS: David, thank you so much for all of that, and for naming specific examples, right, of policies and things that are the very legal foundation we're talking about right now, that actually have been broad areas of consensus and ones that transcend party affiliation, even though it feels like this is a moment where there's a lot of focus on the things that divide us. Right? There is a lot that still brings people together in that moral and spiritual place. I'd love to open it up to the broad panel here, and to get into a few follow-up questions that it feels like we should dig into, and some of which each of you referenced in different ways, and then we're going to start to go to some audience questions as well. Jawanda, you mentioned Medicaid. Alison, Henry talked a little bit about long term services and supports. And I'd love to put this Olmstead conversation, and the questions people have around the future of Olmstead and community living, in that larger context of long term services and supports, long term care, as really one of the major unfinished pieces of our social insurance system and our social contract, and especially in a moment where there's a lot of question and concern around the future of Medicaid.

And what access to services that are often provided through Medicaid is going to look like if certain cuts take effect. And so Henry, I want to go to you first on this. You've been thinking a lot about that debate, and how that larger conversation about LTSS and Medicaid funding is impacting people who rely on long term services and supports to be able to live in the community. Put some of these things together for us, connect some of these dots.

>> HENRY CLAYPOOL: Sure. I think, unfortunately, this memo comes along as a good reminder to our community that, as we strive for some really ambitious expansion of an LTSS system, that we don't forget to take care of the Medicaid program, which we've built through our efforts, our advocacy efforts, in the community, for almost sixty five years now. And ever since there was a nursing home mandate in the Medicaid program that required disabled people to get more organized, to build efforts in their community to help their peers get out and live in the community instead of in an institutionalized setting. So I think it's a good reminder for us to not forget about anyone here, those that are currently attached to the Medicaid program and receiving services, even as we strike out some bold

proposals for an LTSS expansion that are going to address unmet needs for lots -- and thousands and millions -- of other Americans that need this type of care and support.

>> REBECCA VALLAS: Yeah. And Alison, same question over to you for anything you'd like to add, and would love for any other panelists to jump in on that too.

>> ALISON BARKOFF: Yeah. I'd like to drill the connection directly with Olmstead. So as Henry was talking about, there has been a big, huge push from the disability, and actually the aging community too, around expanding access to Medicaid home and community based services, and addressing what we call the institutional bias in Medicaid. The fact that institutions like nursing homes are required, and states must do that. Yet we have 600,000 people sitting on waiting lists. Everyone who could raise their hand and say, okay, I'll take advantage of my right to be in an institution, but aren't. You know, I was around when Olmstead came out. And the first thing that happened was not actually huge work from the Department of Justice. It was work coming out, a set of Olmstead letters from the Department of Health and Human Services to Medicaid directors, and this was the wind behind the back of really the huge change in systems, a huge expansion of programs. States -- I remember a lot of the early 2000s would have Olmstead plans in place, where they would bring together the community and say the very things that we're hearing from Jawanda

and Elena, like, what is it that you need? And it was a time that really Olmstead was not just about people's rights. It was about how do we actually build the system. I also remember being at the Department of Justice in the early twenty tens, when we were experiencing a great recession. And, unfortunately, we know when there are cuts to federal financing of Medicaid programs, the first things to go are optional services. And let me say, HCBS are technically optional. For anyone getting them, they are life sustaining, lifesaving services. And we were able to use Olmstead to at least moderate some of those cuts. So I want to tie it to a point that Jawanda made. This community came out in full force trying to stop HR1, the one big beautiful bill act, a trillion dollar cut to Medicaid, that supporters of the bill said was, quote, protecting Medicaid for the most vulnerable.

But we knew -- we went back and looked. What happens every time, every time, is our services are the first to go. I'm actually tracking what is happening in state systems. Over half the states -- and the cuts have not even hit in their worst ; have already started attempting to roll back services. And if we don't have Olmstead to try to at least stop some of those cuts -- and, of course, it's not just the law. It is great advocacy, the Little Lobbyists and NDSC and so many groups, but it is a both/and. And we are about to be hobbled in a

way if we don't have the courts to help us in fighting some of these worst cuts. So I think this memo comes out at just such a precarious time. I think our community is feeling like the most fragile that we have ever felt in the system that Henry talked about, that we have been building together for decades. And this is just another gut punch, on top of the many that we've been talking about over the day.

>> REBECCA VALLAS: Yeah. Thank you so much for that, Alison. A lot that folks are really struggling to process right now and to understand what might this mean, and all of these things are very much connected. And Jawanda and Elena, I want to give you both a chance to weigh in in any way that you'd like, from what you're hearing from the families and your networks.

>> ELENA HUNG: I want to note that, you know, this is working. Right? So I'm hearing from the families, this is working. These services are hard to get, and they're easy to cut. But why are we taking away support when we know that it works? Why are we cutting Medicaid when we know that it is saving lives? And that's something that our families face frequently. You know, we fight and fight and fight to get these services. And the moment our kids make any little amount of progress, they're like, okay, it's time to terminate, you know, PT, OT services. So I think part of this conversation has to be, we know what is possible with Olmstead. We have seen it, and that's what we are fighting to preserve.

>> REBECCA VALLAS: Yeah. Jawanda?

>> JAWANDA MAST: Something I would say is that we have a generation, or generations, of people who don't know what it was like before. I don't know what it was like before like Alison does, because I didn't have a sibling. I did not know anyone with Down syndrome growing up, because I was in school -- I mean, I graduated after IDEA was passed -- but I didn't grow up with people with disabilities. And, well, I probably did, but they probably were sent off somewhere. I do remember where people that were called not very nice names were sent from the little town I grew up in. So we have a generation of people that don't really understand, I think, what it could be like. And then these systems are complicated on top of all of that. And so you have people that don't understand -- I mean, our families that we're trying to educate, that they have so much going on. You have a medically fragile child, like what Elena's talking about, and your plate is full, and it's hard to think about those things.

But I think it's also hard, especially in younger families -- but not always younger families -- for them to understand that there are employment supports, like transportation and job

coaches, that are likely going to come through this. And, yes, as Elena said, some of that is hard to get, but at least it is there, and you have an option to maybe get there someday. One other little point I would like to make is, I think about it a lot as my husband and I get older, and my daughter's an only child. I was telling my husband the impact that this could have on someone like Rachel -- what happens when we're gone, which we're all thinking about already. We know we have an aging population, not enough caregivers. How, if this carries through and these rights are truly rolled back, what would that mean for my daughter? Would that mean, especially when we're gone, that somebody's going to stick her over in an institution?

I mean, I hope not, but I think those are the fears that those of us who kind of understand this are having. And then we have the whole gap for the people who don't really quite understand what this means.

>> REBECCA VALLAS: Yeah. I so appreciate those points, Jawanda and Elena, and just again -- you know, we've been talking a lot about the things that people often take for granted when we've grown up with certain things as part of our social fabric. You know, I often bring that up in the context of Social Security. Right? Unless you're 91 years old, you don't remember a time before Social Security and all the things that we take for granted because those protections are there for so many people. And this is an area where the same is true, and we kind of have to say those things out loud of, here's what it looked like before, and here's what it could look like again. I want to throw one more question to the panel, and then we're going to go to some audience Q&A because we got some great questions coming in. And it pulls on one of the threads, Jawanda, that you just mentioned, which is the economic piece of this. And the Disability Economic Policy and Research Consortium often brings up, what is the disability lens on an economic conversation? What are the intersections with economic policy and economic participation? And something each of you has touched on just a little bit, but which I'd love to make explicit as well for anyone who hasn't already made that connection in their mind.

You've all made the points in different ways that having the ability to live in the community is actually foundational to being able to participate in the economy, as somebody who works, as somebody who is a consumer, in all the different directions. Right? And we have another very pernicious assumption still very much alive, even if it's somewhat unconscious in our collective structures, which is that people's worth comes from their work and from their productivity. Right? And, David, you were pushing back on some of this and bringing to the fore a very different perspective, which comes from so many religious traditions, and which many of us feel in our bones, right, that people have inherent value,

that all of us have inherent value that doesn't come from our productivity. But I'd love to just give any of you a chance to weigh in on the connection between community living and the ability to participate in the economy, because that often goes missing from these conversations. And, David, I don't know if you want to start there.

>> DAVID GOLDFARB: Yeah. Well, I'll actually take it even further, because I think that we've said a lot, taking for granted. I think right now, it's not just the United States. The entire world is in a very dangerous place. There's a lot of hate. There's a lot of unsettling. And when we talk about community, I think we have to ask ourselves, what is community? I live near a group home, and to me, when I see them, I don't see community. I see basically a mini institution. And so the value of community, and what that actually means, in a way that brings people together of different places, different values, different interests, is something that I believe that the disability world can help define and articulate and become leaders in revitalizing, something that in many ways has been lost. Our civic engagement is going down, and so articulating that question first and foremost is critical. And, of course, as you know, the systems we have set up, and on a daily basis when I was at The Arc, of people being trapped in poverty because of our systems. So they get out of an institution, and now they are trapped in poverty. And that is not a meaningful way to live.

And it not only undermines them, but it undermines all of us, because we lose out from their contributions, whether that's economic or whether that's in some other way, when we have those systems in place.

>> REBECCA VALLAS: Yeah. I so appreciate you bringing that up, David, and a phrase that I often use -- and it's part of why I appreciated your bringing up, for example, the SSI Savings Penalty Elimination Act, which would dramatically change -- it wouldn't eliminate, but dramatically change -- these savings penalties that exist in law for so many disabled people. Often policies like that that say you can't save, right, they actually end up being like institutions without walls, is somehow -- yeah, that's how I put it. So important for us to think about that, both brick and mortar, but also in terms of our policies. And, Henry, I'd love to give you a chance to weigh in on the economic connections here too. That's something you've done a lot of writing about, you've done a lot of talking about, in a lot of different settings. Talk to us a little bit about how community living, and getting the services you need in the community, is foundational to people being able to work.

>> HENRY CLAYPOOL: Sure. I'm not sure that we think enough about what it's like to live in the community, and actually the resources that we consume in an economy that's driven two thirds by consumer consumption. Having people move from an institution to a

community is a substantial economic force. You have people now spending money, they're paying a light bill, they're paying a heating bill, they are paying rent. These are going into the local economy, generating all different types of economic activities, that are otherwise captured inside of this institutional setting. And those benefits never are really enjoyed to the same extent as they are when somebody is living in the community. So not only is the Medicaid provider getting paid for delivering the services, but just going to the grocery store and buying the food that you want to eat, the occasional trip to see a movie, and do things that everybody else enjoys in their life.

These are the types of things that can really help shift an understanding of the economics around Medicaid, and hopefully put more of a focus on the importance of living in the community, spending those resources there and being part of this broader society, and in an indispensable way that won't have us wanting to go back, just because nursing homes or institutions are inhumane, but that they're counterproductive to making our economy work the way we want it to.

>> REBECCA VALLAS: Yes. It's such important points, and especially about the consumer piece of it as well.

>> ALISON BARKOFF: I'm hearing someone want to get in, and I can't -- yes. I'd love to just jump in and say one thing. I was at the Department of Justice starting that Olmstead enforcement program, the assistant attorney general, Tom Perez, said to me every day, I've never met a group of people like the disability community, who every day is raising their hand saying, I want to be a taxpayer. Please stop with all these barriers. And when I look at -- Jawanda, my brother's a little bit older than Rachel -- I look at, actually, it's not just about the economic side, the money. I mean, if you are not working, you are living a life of poverty, period. Full stop. That's it. But there's so much importance and value that people do get when they're able to be in a workplace. I love seeing Rachel's stories and my brother -- every single morning, my day starts with, I'm going to have a great day at work. It brings purpose.

It is inclusion. He has amazing coworkers, who not only is he with them during the day, he's been the best man in so many weddings. He gets invited to go -- he has a more active social life than me. And, again, when we're thinking about inclusion, it isn't all aspects of life. There are the economic impacts, but there are just the parts of meaning, and of being a part of the community, that I think we really need to be thinking about work. I agree completely with Henry. And the contradiction is we have a system, as David mentioned, where Medicaid is a poverty program. Every day, we have to check his bank account to

make sure it is less than $2,000. Thankfully, because of Jawanda and the advocacy of the community, there are some ways to be able to save, like ABLE accounts. But then we are having to find all these ways around, you know, managing people's money. Every time his company says, you're amazing, can we give you a raise? And we're like, no, no, no. Don't do that. Don't do that. Then we'd have to cut back his hours. That is so counterproductive. And as we have a long term vision, a long term care system, we have got to move out of a poverty system to a long term care system that meets people's needs and does not create these incredible disincentives to all the things that we value in terms of employment and savings.

>> REBECCA VALLAS: Yeah. So beautifully said, Alison. And I, you know, often say something that maybe should be obvious, but sometimes feels like it needs to be said, especially in Washington. And, Jawanda, I'm looking at your backdrop right with the cap -- we should be designing policies that are the way we would want them to be there for us. Right? And for our loved ones and our families, not something you would design for some other that you don't have as much regard for. And that's often what's underpinning so many of these policy choices that we would never make for ourselves. So we're going to bring in some audience questions so we make sure we get to them. Oh, Jawanda. Yes. Of course.

>> JAWANDA MAST: Can I just say real quickly two things? Piggyback. One, my daughter worked at Olive Garden. That was her first job, and she now works at the University of Kansas Health System at the front door. And one of the great things has been the many people who went to Olive Garden specifically to see her work, because it gave them hope for their children. I -- we hope no one has to go to the hospital, but all kinds of people send me messages and tell me it was so encouraging to us. But here's another thing that's happened there. They -- Alison's discussion about getting raises and stuff -- they are horrified, because they've started hiring more people with intellectual disabilities. And it's not just asset limits. It's income limits. And all these families say, can you pay my child less? Well, no. I can't pay your child less, because by law, I have to pay him this. Well, can they work less hours? So it also impacts that health care system and other employers, or activities, across the country, because they can't allow them to be as integrated because of other laws we have. We sure don't need to have anything else setting us back. So --

>> REBECCA VALLAS: Jawanda, so important, and just appreciate you bringing all these connections together. Right? Cause it's all interconnected. Right? And life doesn't happen in silos, and all these things really end up coming back to households and to people's choices, in ways that nobody would ever actually want to legislate. Nobody's saying, hey, let's prevent people from saving. Let's prevent people from working. In fact, we have a

national conversation that uses a really misleading frame, which is about work requirements, and that's, of course, not what any of this is about. But really, we want to be removing barriers to people being able to participate in all of these ways, and I think we all agree on that. So I'm going to go to audience questions, which I've threatened to do a few times, but which I want to make sure that we have some time to do before you each get a chance to kind of close us out in a little lightning round. And so one question that I'd love to start with -- because, again, with it all being connected, this question brings in housing, and I think that's really important for us to be able to get a chance to talk about. Steve Strom, thank you for this question. Steve says that one concern I've heard about this DOJ opinion is that it frames homelessness as a problem to be contained, rather than a complex issue requiring real support. Many unhoused individuals need mental health services, and tenancy supports, housing supports, yet this approach -- meaning the DOJ memo -- seems more focused on warehousing people than addressing the underlying causes of homelessness. How can we expand access to needed services and housing solutions without undermining the protections established under the ADA and Olmstead? And Alison, I'm going to go to you first on that.

>> ALISON BARKOFF: Yeah. First, I want to say I love that that question came from Steve Strom, who leads North Carolina's money follows the person program, which is so effective in bringing together housing and services for people. So thank you, Steve. You know, and I encourage people who read the memo and have seen the reporting on what was driven by this, what drove this -- there is an incredibly false narrative that somehow Olmstead has led to homeless people with mental health disabilities on the streets. Okay? Olmstead is about -- actually, the first time we had a tool. There was a promise in downsizing institutions in the sixties, that they would create community services. And it didn't happen. What Olmstead gave us was the tool, not just to get people out of institutions, but to get people the services and supports that they need.

I've been involved in dozens of Olmstead lawsuits, and what I can unequivocally say is the most effective tool we have had in bringing people access to supportive housing and behavioral health services is Olmstead settlements. I would challenge people to look at places like Delaware, Georgia, New York, where these were states who actually didn't invest in housing, didn't invest in services, just let people -- and threw people out of services. We saw people cycling in and out of institutions, because that was the only place to get things. What we need to do is keep on keeping on. We know what works. We know supportive housing works. We know community based behavioral health services, like intensive case management, a range of community based mobile crisis services, ACT teams. We know what to do, and so I would really encourage people to critically look at this

narrative that is coming directly from the White House, directly from Stephen Miller, around the executive order, where they would like to be able to just sweep people off the streets and put them involuntarily in institutions. And that we have a better solution, and we need more of that, not less.

>> REBECCA VALLAS: Yeah. Thank you so much for that, Alison. Would others like to get in on that question, on housing, before we move on to another question?

>> DAVID GOLDFARB: This is David. I'll be brief. One of the things that's happened in the Jewish community over time is, of course, the closure of nursing homes and the movement towards community living, and working through that. And, of course, housing is a critical component, and I think it's one we struggle with. How do you maintain community? And the way in which our cities, our suburbs, our towns are designed need to be done in a way that ensures that people with disabilities are integrated into that. Because if, again, the house near me, they're on a side street, they're not really part of an active community, whereas in the Jewish community, maybe you're near a synagogue or a Jewish community center and others, and we can construct systems that allow people to be fully integrated. So, warehousing -- not just supportive housing itself, but I would say that the design of cities themselves, and where that housing is, is also a critical component, and it's a leadership potential in your local community for people with disabilities to get involved with, and it's something that I think about a lot. And I know Alison was super involved with HUD at her time at ACL, which I think was something not a lot on our minds, and we struggle with, and it was really a great thing that she did then.

>> REBECCA VALLAS: That's great. Would any others like to get in on housing before we move on?

>> HENRY CLAYPOOL: Just a quick touch on the fact that the country is really housing constrained right now. And so there's a shortage of housing all around. And we really do need to have new strategies. Medicaid hasn't been able to kind of cross that line of actually paying for rental assistance or things like that for an extended period of time. So we need new strategies. I'm hopeful that there is a bill that went to the president's desk that, if he doesn't do anything about, will become law. And while I haven't read it yet, I do believe there are some opportunities in there for us to think about how we become part of a strategic conversation about creating real community living options by building the housing stock in this country.

>> REBECCA VALLAS: Yes. Great points, Henry. And I don't know if this is totally up to date, but the last time I checked -- even, you know, people might be wondering, well, what about public housing or housing assistance? Don't we have those kinds of programs? And I -- if it's still true, it was a couple of years ago -- less than 5% of the units that are accessible for people with housing vouchers or other forms of housing assistance are actually disability accessible, ADA accessible. Right? So even if you get some level of housing assistance, you still may not even be able to get into a unit that can actually be accessible. So it's a really significant challenge.

>> HENRY CLAYPOOL: Really significant challenge. Rebecca, just on that point, I, when I became disabled, waited a year and a half before my name came up on a list so that I could be eligible for a housing voucher. Now, that must be an even longer timeline now, because the eighties was a long time ago.

>> REBECCA VALLAS: Yep. And it's waiting list on waiting list. Right? Because you might be waiting for the voucher. You might then be on a waiting list waiting for the services. Right? And that's even under status quo, right, which -- it should be said -- is already not sufficient. And what we're talking about is major steps back from an inadequate status quo. Another question that I think multiple of you are probably going to want to get in on here comes from Sarah Triano. Curious for the panel to speak about the specific threats that people with psychiatric or mental health disabilities might be facing if this is the direction that policy is heading. There's some stats that Sarah offers about recent data, which -- just to give you guys maximal time to respond to this, I'm going to skip. But the question is largely, while maintaining a cross disability approach, what specific efforts should be taken to address the potential impacts on people with psychiatric disabilities? And curious who wants to get in on that first.

>> ALISON BARKOFF: I'm happy to start. Let me just unequivocally say, this memo was written, including its title, to target one subpopulation of the disability community. The ADA, 504, Olmstead -- about all of us. And I hope no one will take the bait, thinking that segregation of some people with some types of disabilities is okay. The law is clear. There either is an integration mandate or there isn't. So that's the first thing that I'd like to say. I think the second thing is we all need to be thinking about the range of home and community based services that, you know, we are advocating for. I think the community has done a very good job bringing together and having a big tent in both advocating for supports that cross all types of disabilities, as well as preventing cuts to those kinds of services. I am most concerned, actually, about people with behavioral health disabilities, because of the stigma that exists right now and the narrative about people with mental

health disabilities, the rollback of things that we know work. I mean, recovery is real. Peer supports are incredibly effective.

We know community based services are effective. So I would just say, do not splinter off. We all need to be working together. And despite the title of the memo, it cannot be that the law applies differently to some subsets of people with disabilities. That's just not the way it works.

>> REBECCA VALLAS: Yeah. Beautifully said, Alison. So I think what we have enough time for now is just to give each of you a chance to offer some closing thoughts, and to tee that up in a little bit of a lightning round. I'm going to throw one final question out to all of you. And, Elena, I'm giving you a warning, I'm going to put you on the spot first, and then we'll go around. We've talked about this in a lot of different ways, but public policy, among many other things, expresses what we believe as a society about who belongs. And so if there's one thing that you hope people and policymakers carry forward from today's conversation -- not just about Olmstead, but about building a society where everyone belongs -- what would that be? And Elena, to you first.

>> ELENA HUNG: Yeah. I think we are better than this. We are better than this, and we can do it. And on the heels of the conversation about economic values, and what Alison just said about psychiatric disabilities -- we're all in this together. So I want to leave you all with something that one of our Little Lobbyist families said that has just stuck with me. When she was talking about her daughter, her disabled daughter, she said, she has these rights. She deserves these rights regardless of income, and regardless of outcome. And that's just -- that's what we should be at. Right? To David's point about our moral commitment to our people. We are better than this.

>> REBECCA VALLAS: Yeah. Thank you, Elena, for that. Henry, to you next.

>> HENRY CLAYPOOL: I think this is a pretty straightforward question, right? People have inherent dignity. They deserve to be respected. David gave us some good grounding that this isn't just something that was new to the human species, that this has been a value that people have held. That, however you want to label them, the least of -- often gets thrown around. But in our community, we don't think of ourselves as the least of us. And we want to be honored and respected along with the greatest of us. And so I think it's more about shifting the dynamic, continuing to make the progress that we've made, not letting a memo written on a jag by some guy who clerked for justice Alito try and cast a shadow over Olmstead. I mean, I'm just hoping that we can mount enough support in the courts that we

don't end up turning back this force, because it's been an incredibly strong buffer to allowing those values to be nurtured and grown in the community. And remember, disabled people haven't enjoyed these rights very long, given history. And we really need to fight hard to make sure that states are held accountable in terms of trying to reach these goals of guaranteeing the dignity of the people that they serve by getting them into a most integrated setting.

>> REBECCA VALLAS: Thank you, Henry. Alison, same question to you, about one thing you hope people and especially policymakers take away from today.

>> ALISON BARKOFF: You know, I hope people understand how hard we have fought for the rights that we have. I hope that people got from today, this isn't something that just happened. This is something that people have put their hearts and their souls and their bodies on the line for, for decades. We have gone from people being invisible to people being our coworkers, our classmates, our neighbors, our friends, and I can unequivocally say this community is resilient, and we will not go back.

>> REBECCA VALLAS: Jawanda, same question to you.

>> JAWANDA MAST: Sorry. I had that off. I was listening so intently. You know, I wish I could share a video. Rachel testified at an IDD modernization -- it has a horrible name, this committee -- but we did a video testimony about a very disrespectful, humiliating assessment that is used in -- or was used in -- Kansas. We got rid of that as a result of this. But anyhow, in it, she talked about, very much from her heart, how she felt disrespected and humiliated by the assessment. She gave some examples. And at the end, she said, I should not be disrespected and treated this way just because I need a little help sometimes. And that really sums it up. People with disabilities should have the same rights as everyone else. And we need policymakers and others to recognize that they deserve the same things that everyone else in our country deserves.

>> REBECCA VALLAS: Jawanda, thank you so much. And David, you're going to get the last word.

>> DAVID GOLDFARB: Well, this is always a tough act to follow, but I'll add a couple little points, which, again, as we've discussed, these are foundationally American values. You belong here. And as we move, I think, in some ways -- if you look at the Supreme Court and their concerns around separation of powers -- we need to take this directly to the people. And I have hope, and I have seen -- I mean, again, despite the indignities that people with

disabilities continue to suffer on a daily basis -- when our case is put before the American people, we do succeed. And not only do we succeed, we succeed overwhelmingly. As I mentioned, the ADA was passed three hundred and seventy seven to twenty eight, and the final passage in the Senate was 91 to six. The ABLE Act -- and I'll tell you a quick story about the ABLE Act.

380 house cosponsors, I think 78 senate sponsors. When one of the committee members said, wait a minute, you guys are basically lifting the cap of SSI for this population to $100,000, well, we can't do that. The answer was, well, too bad, because we have basically the entire Congress supporting this. So, and more, I think we're going to have to take our case to the American people, and to Congress and the legislature. That is just part of the reality that I think we're going to be able to rely on courts less. I have hope that when we put our case before the American people, they will ultimately support us, despite all of the prejudices and assumptions and bigotries that we see daily.

>> REBECCA VALLAS: David, thank you so much. I can't think of a better note to end on. And so, just huge thank you to all of our panelists today for joining us, for helping to connect so many different dots, not just across public policy, but really some of those core foundational questions that underpin social insurance and that underpin the founding of this country, which we're still in the process of celebrating the birth of, right, two hundred and fifty years. Questions about who can participate, who can contribute, ultimately, who do we understand belongs and who's part of that "we" in the we the people. So thank you again to everyone for joining us today. And if you're looking to learn more about the Disability Consortium and some of the other conversations that folks like this are in the middle of having on so many different issues, you can visit disabilityecon.org and find lots of other resources there.

So thanks again to our panelists, and I look forward to continuing to work with all of you, with deep gratitude for all of your leadership now and always. Thanks, everyone.

>> SPEAKER: Thank you.