The year 2000 may have brought the advent of "Reality TV" to America with its mesmerizing show *Survivor*, but nothing was more spellbinding or polarizing in our nation than the reality of the fall presidential election. On November 7th, following months of seemingly interminable political campaigning, Americans went to the polls to elect the 43rd president of the United States. Five weeks later the results were still unclear. The Democratic team of Vice President Albert A. Gore, Jr., and Senator Joseph I. Lieberman won the popular vote by more than 300,000 votes, earning 267 electoral votes. Republican opponents Texas Governor George W. Bush and his running mate, former secretary of defense, Richard B. Cheney, won 246 electoral votes. But, at issue were 25 uncommitted electoral votes from the state of Florida. Mr. Bush had a 537-vote victory margin in Florida, but there was evidence of ballot confusion and uncounted votes. Mr. Gore petitioned the Florida courts to allow a manual ballot recount in several areas, including Miami-Dade, Nassau, and Palm Beach counties, where the voting irregularities seemed to be most pervasive. On November 11th, attorneys for Mr. Bush filed a lawsuit in the U.S. District Court to block the recount, and a series of court battles and conflicting legal opinions ensued. For the next month, the American public was whipsawed by a series of state, federal, and Supreme Court decisions that stopped and started the Florida recount. On December 8th, Mr. Bush appealed to the 11th U.S. Circuit Court of Appeals and the U.S. Supreme Court to halt the manual recount on grounds that it violated the Constitutional right to equal protection. On the night of December 12th, by a 7 to 2 vote, the U.S. Supreme Court reversed the Florida Supreme Court decision that had ordered a statewide recount of questionable ballots. The basis for the Court decision was that such a recount would not meet the equal protection requirement of the Constitution because standards for determining a voter's intent would vary by county. By a narrow, seemingly partisan 5 to 4 majority, the Court also found there was no constitutionally acceptable procedure by which a new recount could occur within the deadline for the selection of presidential electors.

In a scathing dissent, Justice John Paul Stevens wrote:

"It is confidence in the men and women who administer the judicial system that is the true backbone of the rule of law. Time will one day heal the wound that will be inflicted by today's decision. One thing, however, is certain. Although we may never know with complete certainty the identity of the winner of this year's Presidential election, the identity of the loser is perfectly clear. It is the Nation's confidence in the judge as an impartial guardian of the rule of law."

The controversial Supreme Court decision assured that George W. Bush would be the next president of the United States. By allowing the November 26th certified victory of 537 votes to stand, the Republican candidate received the 25 state electoral votes, bringing his total to 271 votes, one more than the required 270. Twelve hours later Al Gore conceded, clearing the way for the presidential transition process to begin in earnest.

Interestingly enough, this last year the U.S. Supreme Court was also involved in several cases of critical importance to the disability community. Early in 2000, the Court agreed to hear two cases that challenged the constitutionality of the Americans With Disabilities Act (ADA). The issue before the Court in the cases of *Christopher B. Alsbrook v. City of Maumelle, Arkansas* and *Florida Department of Corrections v. Dickson* was whether Congress wrongfully expanded the Equal Protection Clause of the Fourteenth Amendment of the Constitution, in violation of the states’ Eleventh Amendment rights to immunity from federal lawsuits. The disability community was deeply concerned about these cases because a decision narrowing the scope of the ADA was anticipated, and such an interpretation would have the effect of preventing individuals with disabilities from seeking redress.
under the ADA against a state for bias based on disability. In late February, before the Court heard the oral arguments, Dickson was settled, and just one week later, the parties in Alsbrook settled. Noting the unusual timing of the settlements, Court observers felt that the settlement was motivated by election year politics. Politicians did not want to be seen by the voters as thwarting the rights of people with disabilities.

However, challenges to the ADA did not end when Alsbrook and Dickson were settled. Later in the spring, the Court agreed to hear arguments in the case of the University of Alabama v. Patricia Garrett et al. Two employment discrimination cases against different departments within the Alabama state government were consolidated under the Garrett case. In the first case, Patricia Garrett had been the director of Obstetrical/Neonatal Services at the University of Alabama Hospital in Birmingham when she was diagnosed with breast cancer. After she began treatment, the University placed a colleague in her position and transferred Ms. Garrett to a satellite location, despite her desire to stay in her position and her capability of doing the work. Ms. Garrett then took doctor-ordered leave under the Family and Medical Leave Act. When she returned to work, she was demoted and her salary was cut. The second plaintiff, Milton Ash, was a security officer for the Department of Youth Services. He had chronic asthma, obstructive pulmonary disease, sleep apnea, and diabetes. He asked the Department to accommodate his disabilities in three ways: (a) by enforcing a no-smoking policy in the gatehouse where he worked, (b) by conducting routine maintenance on the vehicles he drove so he was not subjected to fumes such as carbon monoxide, and (c) by permitting him to work the first shift to accommodate his sleep apnea. Mr. Ash was denied these accommodations, and he stated that he was also subjected to retaliation. Ms. Garrett and Mr. Ash brought suit against the state of Alabama under the ADA. The 11th Circuit Federal Court of Appeals found in favor of Ms. Garrett and Mr. Ash and the state appealed to the U.S. Supreme Court.

As in the aforementioned cases, Garrett challenged the constitutionality of the ADA. The state of Alabama argued that Congress did not have the Constitutional power to pass Title II of the ADA, which makes the state liable for disability discrimination under federal law.

The AAMR and six other Associations, including, among others, The Arc, the Joseph P. Kennedy Jr. Foundation, and the Brain Injury Association, filed an Amicus Curiae brief in support of the decision rendered by the Court of Appeals. The brief, written by AAMR Past-President James Ellis along with Michael Browde and Christian Fritz, argued that states have consistently segregated and excluded people with disabilities from full citizenship. Congress recognized this exclusion and segregation by carefully crafting and enacting the ADA. Amici stated,

The question presented by this case is whether this carefully considered enactment was beyond Congress’ power under Section 5 of the Fourteenth Amendment. The State asks the Supreme Court to limit the scope of that authority to race and gender. Doing so would tell people with disabilities that they are ineligible for relief from State-sponsored and State-perpetuated discrimination in both the Federal courts and the Congress. And it would say to members of Congress, no matter how carefully they act, they lack civil rights authority unless the class they seek to protect is essentially pre-approved by this Court. The civil rights authority of Congress should not be employed casually or frivolously as an excuse to cater to politically powerful groups. But people with disabilities, having suffered a long history of mistreatment and exclusion by their States, and enduring the continuing legacy of that mistreatment, should be able to seek full citizenship by petitioning for relief from their national government.

The Garrett case has generated a great deal of interest and advocacy on both sides of the issue. There were 17 different Amicus Curiae briefs filed, including one submitted by the U.S. Department of Justice, in support of the ADA. Oral arguments were heard on October 11th, and advocates anxiously await the Court’s decision early in 2001, when, hopefully, the ADA protections against discrimination in the public sector will be reaffirmed as the law of the land.

In November, the Supreme Court also agreed to hear a case of particular interest to AAMR members. For an unusual second time, the Court agreed to hear the case of Johnny Paul Penry, a man with mental retardation who was convicted of murder in Texas and sentenced to death. In 1989, as members may recall, AAMR submitted an Amicus Curiae Brief to the Supreme Court in the case of Penry v. Lynaugh. Basically, AAMR asked the Court to find that executing a person with mental retardation was cruel and unusual punishment under the Eighth Amendment of the Constitution because

the effects of the disability in the areas of cognitive impairment, moral reasoning, control of impulsivity, and the ability to understand basic relationships between the cause and effect make it impossible for them to possess that level of culpability essential in capital cases.
The Court did not support our position and stated that “evolving standards of decency” should be also be considered when determining what was “cruel and unusual” punishment. They looked to state laws for evidence of a national consensus on the wrongfulness of executing people with mental retardation, and they did not find such a consensus because only 2 of the 38 death penalty states had banned such executions. The Court did, however, concur that evidence of mental retardation should be considered during the penalty phase of a capital murder case, and they ordered a new trial for Johnny Paul Penry. In 1990, he was retried and, again, sentenced to death.

Last August, in continuing to fight for Penry’s life, AAMR Past-President Stanley Herr, Patricia Williams, and William Edwards prepared an Amicus Curiae brief for the U.S. Court of Appeals for the 5th Circuit. All appeals and pleas for clemency were rejected, but on November 16th, with just 3 hours until execution, the Supreme Court intervened on Penry’s behalf. They agreed to consider the new issues raised by his attorneys pertaining to improper jury instructions and the use of confidential clinical evaluation information for purposes other than for which it had been obtained. The Court will hear oral arguments in the spring and the Association will again submit an Amicus Curiae brief. The AAMR brief will focus on the two issues of jury instructions and misuse of clinical evaluation data. A wide variety of additional disability, legal, and human rights groups are expected to present numerous constitutional and human rights arguments to the Court. Hopefully, this time the Court will make a decision that ultimately spares Johnny Paul Penry’s life. It is wrong to execute a person with mental retardation, and our Association is firmly committed to eliminating this barbaric practice in our society.

When compared to the judiciary, Congressional action in the legislative branch of government was basically business as usual. Political analysts rated the successful accomplishments of the second session of the 106th Congress as very modest and lackluster. Although presidential politics could be partially blamed for clogging the wheels of progress, institutional dynamics such as Republican procedural wrangling and Democratic filibustering continued to thwart movement on difficult but popular issues such as regulating managed care; providing prescription drug coverage for Medicare beneficiaries; expanding hate crime laws to include disability, gender, and sexual orientation; or tightening federal restrictions on gun sales.

Much of the year was devoted to budget issues and the tortuous, chaotic fiscal process. President William Jefferson Clinton sent his Fiscal Year (FY) 2001 $1.86 trillion budget to Congress on February 7th, and final Congressional action did not occur until December 15th, which was more than 2 months into the new FY. The process, coupled with the election year chaos, forced an unusual Lame Duck Session that lasted 5 weeks, and the government was kept running by 21 Continuing Resolutions. The final Consolidated Appropriations Act of 2001 (P.L. 106–554) was an enormous catchall package that combined the spending bills for the departments of Labor, Health and Human Services (DHHS), and Education; the legislative branch of government; and the Treasury and Postal Service. The Act also made technical changes to previously cleared bills for the departments of Commerce, Justice, and State and the federal judiciary.

Stepping back and looking at the big picture, we find that Congress finally appropriated nearly $635 billion in discretionary monies, well above the self-imposed spending cap of $542 billion set by the 1997 Balanced Budget Act (P.L. 105–33). This year they raised the cap to $640 billion by modifying a provision in the foreign operations and appropriations law (P.L. 106–429). Funding for Labor, DHHS, and Education is critically important to our disability community because the majority of our programs are contained within these departments. Although the specific funding details are being analyzed as this editorial is being written, it appears that many disability programs received increased funding, with education and medical research receiving substantial increases of $2 and $2.5 billion, respectively. It is known that the Office of Special Education and Rehabilitative Services received a $1.5 billion increase, which represented 17% more than the FY 2000 allocation, for Special Education Grants to the States, Parent Training and Information Centers, State Improvement Grants, Research and Innovation, and Technical Assistance. In addition, earlier in the fall, the U.S. Department of Housing and Urban Development (HUD) was funded at $32.4 billion. This represented the largest appropriation since 1981 and included some increases in housing programs for individuals with disabilities. There was a $16 million increase in the Section 811 program, the largest in 10 years, to provide rental assistance. The Section 8 tenant-based
rental assistance program for adults with disabilities who were not classified as older was level-funded at $40 million, whereas $46 million was allocated for fair housing programs, representing a $2 million increase. Overall, housing opportunities for people with disabilities improved significantly in 2000 because, just a few weeks before the appropriations bill passed, HUD had announced that it had awarded $132 million in grants to nonprofit organizations and public housing authorities to create housing for about 1,600 people with disabilities through rental assistance and capital projects.

In addition to financial support for more adequate programs and services, the 106th Congress passed, albeit very late in the second session, several far-reaching and critically important pieces of disability legislation. On October 17th, following a 2-year concerted effort by numerous policymakers and disability advocates to increase federal funding for children’s health research and disability prevention activities, the Children’s Health Act (CHA) of 2000 (P.L. 106–310) became law. This Act is a popular, comprehensive piece of legislation that combines current and proposed legislation, resulting in an additional $600 million per year for new programs targeted at monitoring or reducing the incidence of disease and disability in children. The Autism Statistics, Surveillance, Research and Epidemiology Act; the Fragile X Research Breakthrough Act; the Folic Promotion and Defects Prevention Act; and the Infant Adoption Awareness Act were all incorporated as specific Titles under P.L. 106–310. Through a variety of grants, contracts, and/or cooperative agreements, the CHA provides many far-reaching programs and services that affect our constituency, including (a) directing the National Institutes of Health to “expand, intensify and coordinate” all autism activities; (b) creating five “centers of excellence” in autism to be overseen by the Centers for Disease Control and Prevention; (c) developing three Fragile X research centers through the National Institute of Child Health and Human Development; (d) directing the DHHS to establish a research program, support epidemiological activities, and conduct public and professional education programs on folic acid and birth defects; (e) directing the DHHS to implement public health surveillance, education, research, and intervention strategies for epilepsy; including early detection and access to children’s treatment services; (f) supporting adoption of children with special needs by directing the DHHS to fund a national public information campaign, provide toll-free telecommunications, and study the reasons why adoptions are disrupted; and (g) creating a National Center for Birth Defects and Developmental Disabilities to collect data, conduct epidemiological and prevention research, and provide public education and information on disability prevention.

There are two other relevant aspects of the P.L. 106–310. First, the Public Health Service Act was amended for the purposes of (a) reducing the incidence of traumatic brain injury (TBI), (b) supporting states in operating TBI registries, and (c) encouraging academic settings to conduct applied research in TBI. Second, the Substance Abuse and Mental Health Services Administration (SAMHSA) was reauthorized, and states were given new flexibility in using SAMSHA funds. However, the law now requires important protections against using restraints and seclusion in all types of facilities that receive federal funds. Unfortunately, at this time, only facilities covered under the Protection and Advocacy for the Mentally Ill Act will have specific reporting requirements.

The Developmental Disabilities Assistance and Bill of Rights Act (DD Act) was reauthorized this year (P.L. 106–402). Despite strong bi-partisan support, enacting this popular law proved to be quite troublesome. The process was confusing and fraught with politics, and many obstacles had to be overcome, including dual committee referrals, attempts to limit the ability of protection and advocacy agencies from filing class action suits on behalf of institutionalized residents, and retaining family support provisions held hostage by Representative William Goodling (R-PA) who wanted the House to act on an unpopular literacy bill. Even the Bill Signing Ceremony was delayed when each of the New York Senatorial Candidates, First Lady Hillary Rodham Clinton and Representative Rick Lazio (R-NY) wanted appropriate credit and visibility for supporting the Act.

When the dust settled, the October 30th signing ceremony was quite meaningful. President Clinton took advantage of the opportunity to publicly acknowledge the historic contributions of the great leaders in the developmental disabilities movement, including President John F. Kennedy, Eunice Kennedy Shriver, Dr. Robert Cooke, Dr. Elizabeth Boggis, and Dr. Elsie Helsel. He also acknowledged the national importance of the law by stating: “Investments in the freedom and the future of Americans with significant, lifelong disabilities are im-
portant investments in the well-being of our Nation."

Reauthorized for 7 years, the DD Act sanctions the now renamed Councils on Developmental Disabilities; the Protection and Advocacy System; Programs of National Significance; and the University Centers for Excellence in Developmental Disabilities Education, Research, and Service, formerly known as the University Affiliated Programs. Inclusion of two new grant programs that focus on family support and direct support workers who assist individuals with developmental disabilities was especially exciting and progressive. Major themes found in P.L. 106–402 included (a) providing individuals with disabilities with the information, skills, opportunities, and supports to live free from abuse, neglect, financial and sexual exploitation; (b) eliminating violations against their legal and human rights; (c) enhancing quality assurance activities through service monitoring and training for individuals and families in leadership, self-advocacy, and self-determination; and (d) involving individuals with developmental disabilities and their families in designing and accessing needed community services, individualized supports, and other forms of assistance that promote independence, productivity, integration, inclusion, and self-determination through culturally competent programs. The DD Act has always been viewed as a progressive law, and P.L. 106–402 is no exception. It will do much to promote positive changes in the disability network in the years ahead.

On November 6th, two laws were signed that affect people with mental retardation. The first, P.L. 106–448, empowers the attorney general to waive the oath of allegiance required for naturalized citizenship when the individual is considered too mentally impaired or cognitively disabled to understand or take a meaningful oath. This law resolves a major problem for individuals with mental retardation and their families who have been denied American citizenship as a direct consequence of their disability.

The second, P.L. 106–468, known as Kristen’s Act, authorizes grant programs to track and find missing adults who are endangered due to diminished mental capacity or age or who disappear under mysterious or unknown circumstances. Monies provided through Kristen’s Act can also be used to establish a national clearinghouse for missing adults or for public notification activities.

Happily, and for the first time since 1995, the Older Americans Act (P.L. 106–501) was reauthorized. Signed into law on November 13th, the Act contains a number of programs for senior citizens, including Meals on Wheels, home assistance, supplemental nutrition, legal aid, job placement, and caregiver assistance. States will now be allowed to impose cost-sharing charges for respite care and homemaker services, but other services such as ombudsman services and legal assistance will be exempt from such charges. Of particular importance to the approximately 480,000 individuals with developmental disabilities who live at home with a 60-plus year old family caregiver, P.L. 106–501 includes a National Family Caregivers Support (NFCS) program. The program will assist family caregivers in providing in-home care and support by giving the states subsidies to offer services such as respite care, caregiver training, counseling and support groups, and information and referral services. Furthermore, the Act specifically requires the states to give priority in the Family Caregivers program to “older individuals with greatest social and economic need...and older individuals providing care and support to persons with mental retardation and related developmental disabilities.” In FY 2001, $125 million was authorized for the NFCS program, with specific state allocations to be based on the proportion of its population 70 years or older, as determined by the most recent census data. The federal government will provide 75% of NFCS funds, and the state must provide a 25% match. Furthermore, a state is limited to a 10% maximum of federal and nonfederal monies to provide services to grandparents or other older individuals who care for a dependent child. Another new provision of the Older Americans Act creates a discretionary grant program designed to support new approaches in assisting family caregivers. These grants can link the NFCS program with the state agency responsible for mental retardation and developmental disabilities programs. The NFCS program will be administered locally by the Area Agencies on Aging, who must coordinate their activities with other community agencies providing similar services, such as developmental disability service providers. Although the Older Americans Act was bogged down in political wrangling for 5 years, P.L. 106–501 now offers much promise for older caregivers who support a family member with a developmental disability.

President Clinton was especially busy signing laws in November, and on the 13th he signed America’s Law Enforcement and Mental Health
Project Act, P.L. 106–515. This innovative law amends the Omnibus Crime Control and Safe Streets Act of 1968 to permit the attorney general to give grants to state and local entities, including Indian tribal governments, to establish "mental health" courts. The courts will create judicially monitored programs for offenders who have been charged with misdemeanors or nonviolent offenses and who have mental retardation, mental illness, or co-occurring mental illness and substance abuse disorders.

In enacting P.L. 106–515, Congress found that 16% of all inmates in state prisons and local jails have mental illness. Although we do not know the exact number of people with mental retardation who come in contact with the criminal justice system, results of studies suggest that approximately 2% of prison inmates have mental retardation. The number of people with both mental illness and mental retardation in criminal justice settings is not known.

Mental Health Court programs must provide judicial supervision, including periodic review, to qualified offenders who are charged with misdemeanors or nonviolent offenses, and they must deliver coordinated services that provide (a) specialized training for law enforcement and judicial personnel so they can identify and address the unique needs of offenders with mental retardation or mental illness; (b) voluntary outpatient or inpatient mental health treatment, in the least restrictive manner appropriate, as determined by the court, that carries with it the possibility of dismissing charges or reducing the sentence upon successful completion of treatment; (c) centralized case management that includes consolidating all the defendant’s cases (including probation violations) and coordinating all mental health treatment plans and social services, such as life skills training, housing, vocational training, education, job placement, health care, and relapse prevention for each program participant who requires these services; and (d) supervised treatment plan compliance for a term that does not exceed the maximum allowable sentence or the probation period for the offense and, to the extent that is practical, continued psychiatric care at the end of the supervised period.

Congress authorized funding for up to 100 programs over the next 4 years with a required 75% federal and 25% state/local match. Primary administrative responsibility for the Mental Health Court program was placed with the attorney general and the Department of Justice. However, the secretary of the DHHS, and others as appropriate, must be involved in developing programmatic guidelines, regulations, and evaluation methodologies.

The new Mental Health Court program is exciting and critically important to people with mental retardation who come in contact with the criminal justice system because they have committed a misdemeanor or a nonviolent offense. The possibility of having charges dismissed or sentences reduced by completing a treatment program offers a positive option when compared to incarceration or having a criminal record. At the same time, access to timely, coordinated, and needed services may help the offender avoid future illegal activities. Judges benefit too because now they will be able to refer individuals with disabilities to appropriate treatment and service programs rather than be forced to send them to jail to languish or be victimized. Public Law 106–515 is a good law that advances the AAMR policy goal of justice and fair treatment for people with mental retardation.

In this final year of the Clinton Administration, departmental and administrative activities were quite brisk. Many rules and regulations were issued on disability issues, and three are briefly highlighted here. First, the Social Security Administration (SSA) published the final regulations for defining and determining childhood disability in order to ascertain eligibility for the Supplemental Security Income (SSI) program. The regulations, which became effective in January 2001, were designed to address the problems that were created when the definition of disability was changed in the 1996 welfare law, and many children with mental retardation were erroneously dropped from the SSI roles. The SSA has now clarified, simplified, and improved the "functional equivalence" assessment process. Second, the Health Care Financing Administration (HCFA) proposed rules that would allow states to relax some of the Medicaid income eligibility requirements to permit additional opportunities for work and to offer states greater flexibility in moving people from institutions into community-based settings. As a side note, for the first time, HCFA awarded a contract to a disability network partner, The Council on Quality and Leadership, to conduct “look behind” surveys in Intermediate Care Facilities for Persons With Mental Retardation and Related Disabilities. Finally, on December 20th, in a bold step during the final days of his Administration, President Clinton issued an
Executive Order that establishes federal privacy protections for personal health information and medical records. For the last 3 years, Congress had not acted on its promise to address this issue, and the president used his regulatory authority to include limited protections under the auspices of the bi-partisan Health Insurance Portability and Accountability Act. He also challenged the 107th Congress to enact comprehensive legislation that would further extend personal and medical privacy protections.

On a final note, in looking back over this past year, I would be remiss if I did not point out that 2000 was a year of joyous celebration for the entire disability community. On July 26th we celebrated the 10th anniversary of the ADA in Washington and throughout the country. Events included a “Spirit of ADA” Torch Relay that began in Houston and ended in New York, a national celebration in honor of the “heroes” of the ADA, an exhibition at the National Museum of American History on “Disability Rights and the American Culture,” and a celebration hosted by the president and members of Congress at the Franklin Delanor Roosevelt memorial. It was also the 25th anniversary of the Individuals With Education Act (IDEA), and many events were held, including an October 4th ceremony sponsored by the Consortium for Citizens with Disabilities (CCD) to honor former and current members of Congress who were the original cosponsors of P.L. 94–142. On November 29th, the official IDEA Anniversary date, President Clinton hosted an Oval Office ceremony followed by a celebration in the Old Executive Office Building. The CCD also celebrated its 25th Anniversary in 2000, and celebratory activities, including recognizing friends in Congress and the Administration, were held in December following its annual meeting.

As the year drew to a close, President-Elect George W. Bush began to prepare for his new Administration. In short order he selected his core Cabinet, which has been described as diverse, competent, experienced, and conservative. Nominees included Secretary of Agriculture, Ann M. Veneman, a former California agriculture director; Attorney General, John D. Ashcroft, the recently defeated Missouri senator who is a controversial nominee because of his conservative views; Secretary of Commerce, Donald L. Evans, Bush campaign chairman; Secretary of Defense, Donald H. Rumsfeld, a former defense secretary; Secretary of Education, Rodrick R. Paige, Houston Superintendent of Schools; Secretary of Energy, Spencer Abraham, Michigan senator; Secretary of Health and Human Services, Tommy G. Thompson, Wisconsin Governor; Secretary of Housing, Mel R. Martinez, Orange County, Florida, Chairman; Secretary of the Interior, Gale A. Norton, former Colorado attorney general; Secretary of Labor, Linda Chavez, former civil rights commissioner; Secretary of State, Colin L. Powell, popular former chairman of the Joint Chiefs of Staff; Secretary of Transportation, Norman Y. Mineta, Secretary of Commerce in the Clinton Administration; Secretary of the Treasury, Paul H. O'Neill, Chairman, Alcoa, Inc.; and Secretary of the Veterans Administration (VA), Anthony J. Principi, former deputy director of the VA.

The leadership challenges facing incoming President Bush and his Administration will be formidable. As a result of the November 7th elections, the U.S. Senate is now evenly split with 50 Republicans and 50 Democrats, and the Republican majority in the House has been reduced to a slim 5-vote margin. Clearly, an unusual level of bi-partisan cooperation will be necessary if gridlock is to be avoided in the 107th Congress. Hopefully, that will prove to be the case because the disability community will continue to press for important new programs and progressive policies for our constituency, both here in our nation’s capital and in the states in 2001.

Author:
M. Doreen Croser, Executive Director, American Association on Mental Retardation.