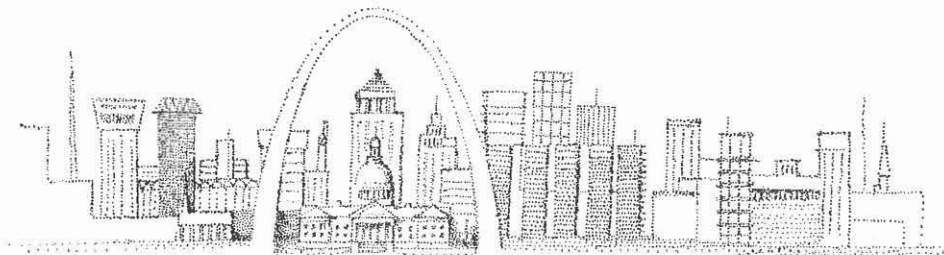


# REHABILITATION GAZETTE 1974

INTERNATIONAL JOURNAL AND INFORMATION SERVICE FOR THE DISABLED





## **Forthcoming book:**

### ***Housing and Home Services for the Disabled***

Exciting news for the *Gazette*: Donna McGwinn, book editor, and I have signed a contract with Harper & Row Publishers, Inc. to write a book on housing and home services for the disabled, with Bob Tanton, staff artist, to be the illustrator.

Donna, a free-lance writer, has been wheelchair'd by polio since 1953 (she uses a respirator full-time and types with her feet). For years she has lived alone in her own home, with a parade of attendants. As an "expert" she will write chapters on attendants and independent living arrangements by the severely disabled.

Bob, a C5-6 quad since 1959, when he made an ill-fated dive during high school, earned his Master's degree in counseling last year and is now working as a domiciliary counselor at the West Alabama Rehabilitation Center. In March, 1974, he married Nanci Ellen Sharp. Bob, a talented artist, enlivens the *Gazette* with his lighthearted cartoons.

For twenty-five years I have been volunteering with the severely disabled — nine years at the respiratory polio center in Cleveland and sixteen editing the *Gazette*. During those polio epidemic years of the Fifties, I watched my friends leave the hospital in wheelchairs, dependent upon iron lungs or rocking beds or chest-pieces. They went back to their homes to manage their households and guide the children or back to making a living. They hassled with attendants, with transportation, and with adaptations to their homes and offices.

The *Gazette* was born in 1958, out of their need to share the results of these wrestles and hassles. It grew because the problems accompanying severe disability are universal. Now its readers include people with all types of disabilities in 81 countries throughout the world. During the sixteen years of the *Gazette*, it has continued to publish its readers' experiences and problems in all areas of living, but especially in the complex, intricate areas of housing and home services.

*Gazette* readers, here and abroad, we hope that you will help with our book by sharing your experiences and your problems and your solutions. If you have tried a new way of finding or handling attendants, or a new source of attendants, or have evolved unique ways of living independently, please share your ideas.

If you have built a house for wheelchair'd living or made some interesting adaptations, or know of half-way houses, or hotels, or nursing homes with youth wings, or apartments for the disabled, or any unique services or anything else that should be included in our book, please share your thoughts and experiences so that it can be helpful to a wide range of disabled individuals and those who are concerned with them.

The present plans for the book include chapters on: the housing problem and the people involved in the problem, projects with and without supportive services, transitional housing, insurance programs, services in the home, attendant care, independent living arrangements, special adaptations, individual innovations, environmental barriers, new towns, housing failures, housing in other countries, and a reading list.

*Gini*

The year between *Gazettes* was a fascinating year . . . Koster "dig" in Illinois . . . Oregon Trail revisited up to where the Mountain Men went — Jackson Hole & the grand Grand Tetons . . . met Peg Leonard on the way . . . drove east for Les Park's great UCP conference in NYC . . . there Isabel Robinault planted the seed of The Book . . . returned through Ohio to visit Donna & Susan & Mickie McGraw & Mickie Martin . . . bought van and fitted it to be our own "Conestoga" . . . visited Marion Greene in Cuernavaca & Gaby Brimmer & Arturo Gomez & their group . . . and Arturo Heyer's group working on *Gaceta* with Eileen Van Albert in Guadalupe . . . Rolando Shalenberg in San Blas . . . Nita Weil at TIRR & its Annex & Goodwill apartments in Houston . . . Charles Kram, Jr. in Shiner . . . Jan & Dean Service in Phoenix . . . up to Rockford for regional NPF to find out how to run one here in Nov. . . . curb ramping approved in St. Louis . . . our darling Kem graduated from Washington U. *magna cum laude* & *Phi Beta Kappa*, and now, alas has gone to pursue her career . . . a new printer, The Taylor Publishing Co., with most able representative, George Southern . . . and our most heartfelt thanks to our neighbor, Willie Bjorkman, for her patient guidance and instructive proof-reading.

*Joe*

# REHABILITATION GAZETTE

INTERNATIONAL JOURNAL AND INFORMATION SERVICE FOR THE DISABLED

Volume XVII

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*REHABILITATION GAZETTE* (formerly "Toomey J Gazette") is published once a year by a volunteer staff. Its aim is to reach, to inform, and to dignify the disabled throughout the world.

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## \*Disabled

Cover: University instructor Richard Jaskela, a respiratory polio quad, drives a specially equipped International truck to and from the university. See page 28.

DONATION per annual copy:

\$2 from the disabled

\$4 from the able-bodied

All contributions are tax-deductible.

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## Travel

### VA Patients Vacation in Toronto

by M. G. Eisenberg, Ph.D.

One of the most debilitating consequences of hospitalization is that of prolonged periods of enforced separation from much of society. For some with spinal cord injuries, return to the community is made difficult, and, all too often, impossible as a result of that individual's need for extensive and continuous nursing and medical care. As the period of time during which the individual has been removed from society lengthens, serious psychological problems may surface, including malaise, withdrawal, depression, or hostility.

At the suggestion of several patients on the Spinal Cord Injury Service at the Veterans Administration Hospital in Cleveland, Ohio, a trip to combat the effects of long-term hospitalization was planned. As originally outlined by the patients and later implemented by the hospital, participating patients would assume payment of their own expenses and the hospital would be asked to provide adequate nursing personnel to attend to patients' needs.

An extended trip such as that suggested by the pa-

tients was a somewhat novel idea within the Veterans Administration. But the thought of providing care for our cord-injured patients, some of whom require constant attention, while exciting, was also, in a sense, disturbing. The question of responsibility, legal and medical, was one of the first which required definition. As plans for the trip became formalized, problems requiring the hospital's attention multiplied. For example, the patients decided to go to Toronto in privately owned vehicles. The rationale behind such a decision was sound. Toronto is only 300 miles northeast of Cleveland and could provide the excitement and stimulation of a different culture, indeed, a different country. The decision to take cars was based on the physical condition of many of these patients. The large, government-owned bus at our disposal was too uncomfortable for many of those going to withstand a long trip without developing decubiti. Also, the freedom of movement that several vehicles could provide once in Toronto was appealing.

These two decisions on the part of our patients, however, created additional difficulties for the hospital's administration. Could an R.N. legally practice in a foreign country? Were those traveling in private cars insured in the event of an accident? Once in Toronto, how and where would bowel and bladder care be performed? In the event of a medical emergency requiring a

physician's intervention, where could such assistance be secured? Eventually, all of these and many other problems were resolved to everyone's satisfaction.

The patients are now back in Cleveland and the five-day trip is considered to have been successful. Eight patients, five quadriplegics and three paraplegics, participated. Accompanying them were one R.N., one L.P.N., three nursing assistants, and one recreational therapist. While there they saw the sights and sampled the night and cultural life of a truly exciting city.

Only eight patients participated this year; next year, hopefully more will take part. For as problems have been resolved and the precedent established, additional trips, recreational but also therapeutic in nature, will be conducted. It is hoped those in rehabilitation settings, in hospitals, and those confined to homes will read this article and plan similar ventures. Pooling your resources and enthusiasm can only assure success.

Address: M. G. Eisenberg, Ph.D., Coordinator of Psycho-Social Rehabilitation, Spinal Cord Injury Service, Veterans Administration Hospital, 10701 East Boulevard, Cleveland, Ohio 44106.

ED: The best advance preparation for a tour of Canada is a subscription to *The Caliper*, the informative and practical publication of the Canadian Paraplegic Association (153 Lundhurst Avenue, Toronto, Ontario M5R 3A2. \$2 per year). If your tour is imminent, start with the Spring 1974 issue, which details the accessible features of more than 400 Canadian hotels, motels, and resorts. Every issue of *The Caliper* lists the executive directors and the addresses of all the branches in the various provinces. We would suggest that you write to them well in advance if you need assistance with any specific problems. Canadian travelers are reminded that paraplegic Gordon Korber has planned wheelchair tours of Hawaii. Address: Totem Travel Services, Hillside Mall, Victoria, B.C. Also, Canadian paras and quads who want an automatic lift for their vans should contact Para Industries Limited, #4, 1255 45th Avenue N.E., Calgary, Alberta T2E 2P2.



Edward Robinson (left), Ed Brown, licensed practical nurse, Richard Townsend, and Dr. Samuel L. Aspis, hospital director, who helped arrange the trip to Toronto.

# Travel in Mexico

## A Wheelchair Tour

by Blanche and Lenny Goldwater



Lenny and Blanche Goldwater (left) of New York City with Arturo Heyer in the courtyard of his home in Guadalajara.

Driving through the jungle to Puerto Vallarta, an adventurous boat trip in rough waters in Acapulco, climbing through the Toltec ruins outside Mexico City, a mariachi mass in Cuernavaca's ancient cathedral, climbing the narrow — full of steps — picturesque streets of Guanajuato, visiting historical San Miguel de Allende, learning one's way around Guadalajara — does that sound like a wheelchair tour of Mexico? Well, that is only part of it if your agent and tour leader is Juan Antonio Heyer.

### Our guide did the impossible

Juan was a lucky accident for us. Gini Laurie suggested that while we were in Guadalajara, we get to know Arturo Heyer, a *Gazette* contributor. Arturo is a quad and a graduate engineer. Among a number of projects he has going, he designs self-help devices for the severely disabled. What Gini did not know was that Arturo had a brother, Juan, whose field of special study in college was tourism and who is now a travel agent and somewhat of an expert on taking the disabled on tours of Mexico. Juan loves his country and takes pride in showing foreigners around. He is young, strong, enthusiastic, and good looking. The perfect tour guide.

There were two things Juan never allowed to bother him. One was architectural barriers. He operated as if

stairs, gravel, or rough roads were not there. He sailed us and our wheelchairs right over them. The other thing that never bothered him was time. We found it to be true that the "mañana" of song and story was the byword of Mexico. They do not let things like deadlines bother them. To time-watching Americans *this can be* bothersome. Juan, being thoroughly Mexican, was indifferent to deadlines.

There were five of us — Juan, our friend Marvin Lansky, our son Adonis, and us. Juan had organized the tour beautifully including many places we thought we never could cover. He loaded us on a Volkswagen van in our chairs and tied the chairs tightly so that we would *remain in place as we rode, regardless of how rough the ride*. Adonis, an active 18-year-old, helped get the wheelchairs all over to see everything, but we know that without Juan insisting that nothing was impossible, we never would have done all we did do, because we kept doing impossible things. Our friend Marvin found the routine a bit rough at times as he walks with braces and could not always keep up with us.

### Guadalajara

Guadalajara was our favorite spot, and the place we visited the longest — it just grows on you. The longer you stay there, the better it looks and the more cosmopolitan it becomes. A city of one and one half million people, it looks better by night because everything is lit with warm yellow lights. These lights, reflecting off the palm trees, give a tropic, festive air to everything. It is wonderful to be out on a balmy Guadalajara night — and safe, too!

Currently, there about 200 to 250 disabled Americans living in Guadalajara. The over-all American population numbers in the tens of thousands, mostly people on fixed incomes. For them, living in Guadalajara makes good economic sense. For the disabled person whose income is very often fixed at lower levels, living here becomes an economic necessity. A low income by American standards yields a good living standard in Mexico. Most of the disabled in Guadalajara are veterans who receive government pensions. Civilian disabled are mostly those with progressive diseases (such as muscular dystrophy or multiple sclerosis) who have retired on disability pensions from their employment. People with spinal cord injuries, in receipt of accident compensation, also find money going a long way here.

### Eileen Van Albert, problem-solver

Most of the people within this group know each other

or of each other, and they all share common problems. The nucleus of the group seems to be Eileen Van Albert. We think of her as the central clearing house of information and assistance. Among the longest in residence, Eileen came to Guadalajara eleven years ago when her muscular dystrophy progressed to the point where living in California became too difficult and expensive. Now she has been so successful in her resettlement, she has become everyone's problem-solver. Need a house? Need a maid? Need an attendant? A plumber? A gardener? An idea? Good company? Just call Eileen! If this makes Eileen sound like a miracle lady, that's because she is. We are relating only what our experience with her has been.

### Specialized residences

Just as Guadalajara's American population is not ghettoized into any one area, the same is true of its disabled members. They are spread out over the city and live either in their own homes or apartments or in specialized residences for the disabled. There are some six or seven of these residences providing private room with bath, board, and full attendant care. Rates range from \$185 to \$300 a month.

The disabled individual who prefers to live in one of the residences will find certain basics — a room (sometimes large) with a large bathroom to accommodate wheelchairs in a motel-like arrangement. Rooms have space to accommodate personal aides who are available for an extra \$50 to \$60 a month. Each residence has a central dining room where three meals a day, of average quality, are served at specified hours. The companionship of fellow residents may be enjoyed at meal times or whenever else one is in the mood.

Residences vary as to the actual physical plant, from very modern (Villa del Sol) to meager and somewhat run down. However, the physical plant is not the only reason for choosing a place. Although its physical plant is by no means as modern as Villa del Sol, Hacienda de Fuentes (another residence down the block from Villa del Sol) seems to be the most popular among the residences in terms of atmosphere and good fellowship. It is run by a quadriplegic, Paul Patino.

There is an occasional function such as a film or a mariachi band concert held at the residences, but for the most part people make their own amusement. Of the residences we visited, the one we admired most was more of a cooperative home, run by Ken Ginsterblum, Eileen Van Albert's brother. Ken's place had almost no institutional feeling, which was ever-present in the other places. It was just a large house that eight guys shared with their personal attendants. They all consider it home, and the place feels that way when you walk in.

### Independent living

For those who want more independence and privacy, apartments and houses — most architecturally accessi-

ble — are available at low to sensible rates. Those we saw ranged from \$50 a month for a very nice, adequate, two-bedroom apartment with private patio to \$180 a month for a four-bedroom, three-bathroom home with fountains, gardens, and the works. There is something available for every need and purse size. A personal aide to take care of you and your home would cost between \$60 and \$120 a month. Most foods are inexpensive. Telephones, if you can get one, are cheap as are the other utilities such as gas and electricity. Over all, a disabled couple can live, at a fairly high standard, for \$400 to \$500 a month. A single, walking person can do it at \$250 a month, all inclusive; anyone needing an aide should plan on a minimum of \$300.

### Never-never Land?

There is an interesting common denominator among most of the people we met at these residences. With the possible exception of the managers, who also are disabled, most of the others seem to have nothing to do and don't care. They appear to be lost souls who are running away to the never-never land, hiding their heads in the sand. Some did not want to discuss how they pass their time. This disturbed us. It started us thinking about how we would use our time if we chose to move from this harsh northeastern climate to the good life and gentle living in Mexico. How could these people make their lives more productive?

Certainly, in terms of our own needs, we would consider a house. Running a household, planning meals, marketing, and entertaining would occupy a good deal of the day. Also, we would need the space to accommodate long-term visitors. We also could take advantage of the fact that Guadalajara has two major universities. Once we learn Spanish well enough to feel at home in it, we might choose to take courses at one of the universities.

One of the things we would most look forward to would be getting acquainted with the Mexican people. We would not limit ourselves to the American community. The Mexican people, their history, and their culture are a great source of interest. In addition, the result of the Spanish-Indian mixture is a very beautiful people. We felt it a waste that most of the Americans we met knew only a minimal amount of Spanish and didn't care to learn more. Also, they knew no Mexicans other than their own personal aides. We felt they were missing so much of the exciting life around them. It can all become a continuous adventure if you only know where to look. If you really are interested in getting to know your Mexican neighbors, it should be rather easy to get to meet them once your Spanish is understandable.

Uprooting your life to relocate in a new country is a big step. However, when faced with entering an institution or limiting your activities because of climate or lack of assistance, the step to Guadalajara becomes an easy one to take.

Address: Mr. and Mrs. Leonard F. Goldwater, 305 West 28th Street, New York, New York 10001.

ED: Residences for the disabled in Guadalajara were listed most recently in the 1973 *Gazette*. The 1965, 1970, and 1971 issues included articles by quads who have tried various residences.

For the latest listings, address a request to: American Consulate General, Guadalajara, Jalisco. Also, write to: Service Officer, Paralyzed Veterans of America, Las Palmas 226, Ciudad Granja, Jalisco.

Eileen Van Albert's address: Apartado 208, Guadalajara 5, Jalisco. Phone: 21 38 22.

The American Automobile Association publishes an excellent guide, *Mexico and Central America*. In addition to hotels and restaurants, it includes listings of trailer parks. Free to members.

Sanborn's Mexican Insurance Service, P.O. Drawer 1210, McAllen, Texas 78501, will send a free sample booklet of their trip planners.

Mexican Book Service, St. Peters, Pennsylvania 19470, publishes free lists of new and secondhand books on Mexico and Central America. Ask to be on their mailing list; their service is dependable and fast. We recommend the following as basic and essential guidebooks: *Shopper's Guide to Mexico* by J. Norman; *Terry's Guide to Mexico* by J. Norman; *Mexico, \$5 to \$10 a Day* by J. Wilcock; *Mexico, A Golden Regional Guide*; and *Gastronomic Tour of Mexico* by R. B. Read. You may wish to add a new paperback, *The People's Guide to Mexico* if you're peso-pinching and Cliff Cross's *Mexico Auto Camper & Trailer Guide* even if you're driving a sedan. Selena Royle's *Guadalajara, As I Know, Live, and Love It*, will enrich your visit.

## By Car With Respirators

Walter Robertson, a respiratory polio quad, has been to almost every state in Mexico in two extensive driving tours with his parents. A meticulous reporter of details, he generously shares his experiences with readers who have been writing to him as a result of his account in the 1969 *Gazette*.

With a VC of 650, he uses respiratory aid almost 24 hours daily — a pneumobelt when in the chair and a chest shell for sleeping. His careful planning covered every item of necessary equipment, including a voltage transformer and a hand resuscitator. All other respirator-using travelers should read his article and get in touch with him.

His first trip included Piedras Negras, Monterrey, San Luis Potosí, Guadalajara, Manzanillo, Guanajuato, San Miguel de Allende, Tampico, Ciudad Victoria, and Reynosa. (We shall be happy to photocopy his list of the accessible hotels in all of these cities.)

His second trip outlined the map of Mexico: down the Gulf Coast through Veracruz and out to the tip of the Yucatan Peninsula; then back and across the Isthmus of Tehuantepec and up the Pacific Coast through Oaxaca, Guadalajara, Mazatlán, and Guaymas.

Address: Walter G. Robertson, Jr., 7725 Canal Court, McLean, Virginia 22101.

## Wheelchair Travel Notes

Margaret Dougherty made the following notes on her June 1973 driving tour with a friend in a wheelchair. *Mexico City*. "The Hotel del Paseo was great. No steps. Centrally located. Coffee shop and pool on fourth floor. Sky-top dining room on top floor. Ideal! (Rates for two: \$16 to \$20. Address: Reforma 208, Mexico 6, D. F.) . . . We saw the Ballet Folklórico only by determination and cooperative theatre people; got to box via a back, tiny elevator used by cast." *Fortín de las Flores*. "The Hotel Ruiz Galindo is a lovely place to rest in comparative luxury. We had a room alongside the swimming pool and ate there all the time because the dining room was inaccessible. Everything else was great: big wide doors to room and bath and pleasant employees." *San Juan del Río*. "We stayed at a remodeled sixteenth-century hacienda, La Mansión Hotel, and drove over to Guanajuato (too many steep hills) and Querétaro (good for wheelchair traffic." (Rates for two: \$18.)

Address: Miss M. E. Dougherty, 4608 Cedar Green Road, Baltimore, Maryland 21229.





It's for the birds, the Guaymas birds of San Carlos Bay.



Under the banana tree roof on the Rincón de Guayabitos.

## Driving a Camper Van

by Joe Laurie

After much research into the subject of vans for an article in the 1973 *Cazette*, and a midnight encounter with a hungry black bear in the Grand Tetons, we decided the metal skin of a van was much more secure than a tent. The Dodge Maxi-Van had a 360 cu.in. motor, automatic transmission, power steering and brakes, air conditioning, and a useless cigarette lighter. An AM-FM radio, a "Pop-Up-Top," and a rear seat which converted to a bed were added later. An exterior receptacle for 110-volt line was connected to an interior plug-in box. An adapter to convert the three-prong line to a two-prong is a must to have as an extra. A hand-operated water pump, hooked to a five-gallon plastic jug, and an extra five-gallon jug assured pure drinking water.

### Red tape at the border

A tourist card is your permit to visit Mexico. The form can be filled in before you depart, using birth certificate, voter's registration card, or passport as proof of citizenship; the form will be validated in Mexico with the proof which you brought along. Naturalized U.S. citizens and Canadians must have a passport to secure the card. The card is free and is good for 180 days; if your stay exceeds this time a return to the border for another permit is necessary.

A permit for the automobile will be issued by Customs — *Aduana* — after presentation of receipt for current license registration; an up-to-date driver's license is a must. When all permits are completed, keep in a ready envelope for future scrutiny.

Only Mexican auto insurance applies there. A U.S. or Canadian policy is useless. If involved in an accident, you are guilty until proven innocent — which is a bit feudal. It would be most reassuring to have a friendly insurance man in your corner. As all the insurance brokers charge the same for this protection, we buy ours from Dan Sanborn because he has offices in all border cities as well as in the larger towns in Mexico. They also have printed guide sheets for every road there in great detail. These "how and where" sheets are inserted consecutively into a folder which contains a map and an explanation of the new international road signs.

The Rio Grande is their Rio Bravo — here a mere trickle, because up this fertile valley its waters have irrigated these many acres to produce a wealth of fruit and vegetables. As you cross the border the *Aduana* and *Migración* people will direct you to a parking lane. A señor will take your bags to an inspection table, open them, and peer quickly therein. You are permitted to bring most anything as long as it is personal — but don't try any marijuana or you'll go into a deep, dark gaol forever and ever. After the señor takes them back, tip him at least a peso (8¢) a bag.

The *Migración* Señor will approve the tourist card after checking it with your proof of citizenship, and another official will issue the car permit and affix it to the inside of the windshield. Then you are on the way, reading Sanborn signs, down the pike for 50 kms where an *Aduana* station will inspect the recently acquired papers.

Now the metric world is here — and "3 feet 3 a meter be" and one quart about a liter, 2 pounds almost a kilo (gram) while 50 mph comes out as 80 kilo (meters) per hour.

## On the road

If your Spanish is just a few words like *mañana* or *siesta*, you had better learn the highway signs to avoid *ganado* (cattle). Don't ever drive on the highways at night. The gas stations are closed, old cars and trucks are driving without lights, and *muchos burros* and *gana-do* roam at night as well as during the day.

Gasoline is a government monopoly and, thank heavens, none of that hanky-panky of the U.S.A. There are only two grades of Pemex now, the silver high-test and Nova, the medium-test, priced about 63¢ and 40¢ a gallon, although sold by the liter there, with four liters almost equal to one gallon. The Dodge liked alternate tankfuls, and we always filled the tank when it was half-empty — a better mix and some condensed moisture would be blended. Sanborn pinpoints the location of Pemex and advises of the best facilities. When buying gas, get out and stretch, and keep an eye on the gauge to be sure it's set back to zero.

The highways are excellent, and are mostly two-lane blacktop; look out though when you come to a town — the tarmac ends and cobbles begin with slow-you-down ridges called *tapes* — if you don't obey, the top of your head will wish you had. The parkway-type is called the *autopista* and is around Mexico City. Toll roads (*cuota*) are fenced to keep animals from straying onto the right of way.

Mexicans drive like mad, most of the time on noisome motor-bikes often laden with a wad of wood, in trucks full of bananas or *piña*, and in *autobuses* which go like the wind, and since their route is back and forth the same stretch, they know every hill and curve. They stop at the most unexpected places way out in nowhere for a farmer with a goat — it goes on the roof. But, fortunately, the tractor-trailer monster is quite rare and only seen on main highways direct to the border.

A green Government truck will give free service and gasoline at cost to distressed motorists encountered on its patrols. The men speak English and are trained in First-Aid, as well as being able mechanics.

## Living in trailer parks

An electric hot-plate used the "free" juice in trailer parks, and a propane Coleman stove cooked on the beach. The Igloo chest kept a chunk of local ice, two pesos worth, for 24+ hours, with foods in tightly sealed plastic jugs. Ice, unless in a good restaurant or bar, is suspect because of bacteria in the water. Pure water can always be had from Coke, Pepsi, or 7-Up bottling plants which abound. Any water when boiled vigorously is safe. A bathroom heater with fan warmed our arising in the early morning. The overnight charge for most of the trailer parks was 40 pesos (\$3.20) for our van. Their tiled showers and restrooms are so clean and commodious that our portable plumbing was quite adequate.

After we acquired an instant coffee-maker which plugged into the socket, we found a fine use for the cigarette lighter, as black coffee helps to keep the eyelids up.

## Buying food and things

The food supply can be replenished at small grocery stores — if a red flag is flying, it means fresh meat. Government *Conasupo* stores offer lowest prices, but variety is sparse. *Super mercados* are like their northern cousin; beware, though, on packaged foods to be sure the label says: "*Hecho en México*" or it might be imported and will cost several times more. Del Monte, Campbell, Heinz, and others have local canneries.

The same "*Hecho*" applies to booze. Scotch is three times the U.S. price, and the same for all imports. Mexican rum is excellent — so is Vodka and Gin, but the whiskey — alas, alas. Dry wines are quite good and inexpensive, and beer is *cerveza* and it tastes like beer.

The really fun place to shop is at the market. No matter how small the village, there'll be a street or two or a square. The more elaborate markets have permanent structures with walls and roofs and a steel roll-up garage door that can be locked. There will be all kinds of shops next to each other: the hat shop with Panamas and straw *sombreros*, the shoe shop with *huaraches*, clothing stores with pants and skirts and shirts and blouses, and a vegetable stand with tomatoes, bananas, *limones*, oranges, *piñas*, chiles, and stalks of sugar cane cut in short lengths for chewing. The bean stall will have more *frijoles* in burlap sacks than you ever saw, and the corn merchant has bags of golden grain. The ironmonger has axes and adzes, machetes and milk-pails, and the shop right next door displays fresh and dressed poultry, while across the aisle meat is butchered into unrecognizable blobs.

Our "cruise" took us to Ciudad Victoria and thence to San Luis Potosí, and on to Queretaro and Cuernavaca and Toluca and Zitácuaro and Pátzcuaro and Chapala and Guadalajara and San Blas and Tepic and Mazatlán and Culiacán, Hermosillo, Caborca, and the long way home by Phoenix.

Next year, God willing, we hope to be back in Nayarit and Jalisco to walk those lovely unpeopled beaches, and perhaps to go home again to that most charming trailer court of them all on the Rincón de Guayabitos, where we slid our rig under the banana-tree roof and back into the papaya grove from where we could see 100 meters away the balmy blue Pacific.

## Handicapped Travel Club

by Sam Johnston

Our Handicapped Travel Club is less than a year old but we have 35 members in 12 states whose disabilities include hemiplegia, cerebral palsy, and birth defects. Red Glasco and I founded the club in August 1973 to share the therapy of RV (recreational vehicle) travel and to associate with other disabled people who travel in vans, motor homes, or trailers.

More than 23 years ago I was unconscious for several months due to a cortical contusion I sustained in an auto accident. Eventually my voice began to return, but then began the long, long battle — not won yet, but whipped down to my size. Today I move about quite freely, thanks to the many kind and tolerant people I've encountered over the years in my favorite hobby — RV travel. Red had suffered a stroke and is a right hemiplegic, too. Our idea for a handicapped travel club has caught on and we are both much better for it.

I cannot laud the outdoors or the people in it enough for the understanding and humor they've given. From my personal experience, I'd strongly advise anyone who can, regardless of disability, to get outdoors.

Disabled or able-bodied people are welcome to join our club. The initial fee is \$3, which includes the first year's dues and two decals which depict a wheelchair

pulling a travel trailer. Dues are only \$1 a year thereafter. For more information, write Sam Johnston, Box 413, San Marcos, Texas 78666.

## Recreational Vehicles With Respirators

"I use a respirator at night so when we were traveling my respirator had to be carried into the motels and I had to have someone along to lift me.

"Early last summer I bought a vacation trailer and enlisted the aid of my Dad to build a door in the back by hinging the center window and framing it with angle irons. This gave me access while remaining in the chair.

"A piece of channel iron was put across the top on the outside and an eye bolt put through to the inside. This made a good place to fasten the hoist. We used the same aluminum motorcycle ramps that I used for the van. We had to put the chair outside when we made the bed out at night but this wasn't any problem."

Merton Phillips, 10879 Louise Avenue, Granada Hills, California 91344.

"After polio in 1953 left me dependent on a rocking bed for 10 or 12 hours out of 24," writes Juanite Zwiegler, "I felt that our traveling days were over until I read the travel adventures of other polios in the *Gazette*. I tried using a chestshell but somehow it wasn't for me.



In wheelchairs, Walt and Louise Brandenberger. Standing, l. to r., Red and Myrl Glasco, Ellen and Sam Johnston, Pearl and Howard Sharpe, Holly and Doris Renfo, and Cecilia Wisotzke.

"Five years ago we spotted an ad for a 22' Winnebago motor home and office. Within a week we had it and our travel problems were solved. We bought an old Burns bed which we had cut down to a 27" width. While it rocks with a different rhythm from my Emerson at home, I am able to adjust in a couple of hours. If necessary, I could rock as we roll down the road by using our 110-volt generator.

"I recommend this method of traveling to everyone. Five of us have lived in it for fourteen days to Texas, seventeen days sightseeing in Washington D.C., a trip to Florida, fifteen days visiting relatives in North Dakota, and many beautiful days in our Michigan State Parks.

"My husband is a research chemist at Dow Chemical Co., and very handy with a hammer (he built our home in his spare time). He made the bed secure by building a structure around the base.

"We have just bought another Winnebago motor home, the Chieftain model, 5' longer than the first one. The rocking bed fits in the space where the dinette was, just behind the driver's seat. Enlarging the door was the only change.

"Write to me if I can be of any further help: Mrs. Maurice Zweigle, 908 Crescent Drive, Midland, Michigan 48640."

## Manufacturers

A paraplegic Missourian, Bob McHenry sells a 24-foot trailer equipped for wheelchairs. It has a piston-driven lift and wide doors. Free brochure from: McHenry Trailer & Lift Sales, Pilot Knob, Missouri 63663.

Overcab motor homes, 19' or 20' length, with electric tailgates, special toilets, and wide aisles, are modified by Harvest Recreational Vehicles, Inc., Handicapped Division, Box 3206, El Monte, California 91733. Free brochure available.

## Specialized Travel Agencies

All of the following agencies have free brochures describing their tours here and abroad for those who are disabled. Ask to be on their mailing lists.

- Evergreen Travel Service, Inc., 19429 44th Street, Lynwood, Washington 98036.

- Handy-Cap Horizons, 3250 E. Loretta Drive, Indianapolis, Indiana 47227.

- Pan American World Airways, Larry Chadwell, Sales Coordinator, 1219 Main Street, Houston, Texas 77002.

- Rambling Tours, Inc., Box 1304, Hallandale, Florida 33009.

- Flying Wheels Tours, Judd Jacobson, 148 W. Bridge Street, Owatonna, Minnesota 55060.

- Moss Rehabilitation Hospital, 12th Street and Tabor Road, Philadelphia, Pennsylvania 19141, maintains an information service for travelers who are disabled.

## U.S. Wheelchair Guidebooks

**A List of Guidebooks for Handicapped Travelers.** Available free from The Women's Committee, President's Committee on Employment of the Handicapped, Washington D. C. 20210. The booklet lists the guidebooks of 85 cities in the U. S. as well as those of cities in Canada, Australia, and Europe.

**Highway Rest Area Facilities Designed for Handicapped Travelers.** List of 330 rest areas. Free from the President's Committee (address above).

**National Park Guide for the Handicapped.** 80-page guide lists 242 areas of the National Park System. All but thirteen are accessible to the wheelchair. Some have special facilities for the blind and deaf. 40¢ from: Government Printing Office, Washington D. C. 20402.

**Motor List.** 1971 edition. 50¢ from Paralyzed Veterans of America, Inc., 7315 Wisconsin Avenue, Suite 301-W, Washington, D. C. 20014.

**The Wheelchair Traveler.** Compiled by a paraplegic, includes 2000 listings in the U. S., Canada, and Mexico of accommodations. An attractive and informative booklet. \$3 postpaid or plus 55¢ for airmail from: Douglass R. Annand, Ball Hill Road, Milford, New Hampshire 03055.

## Airlines

**Wheelchair Air Travel.** A pocket-sized book enlivened by anecdotes and suggestions for avoiding complications. The author, Clare Millar, has been a paraplegic since World War II and in the travel business since 1947. He has flown over a million miles to most parts of the world. \$2 from: Mr. Clare Millar, Box 7, Blair, Cambridge, Ontario, Canada.

**Airline Transportation for the Handicapped and Disabled.** A summary of 22 domestic airlines' policy. National Easter Seal Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago, Illinois 60612. \$1.25.

**Carriage of the Physically Handicapped on Domestic and International Airlines.** Policies of 35 domestic and international airlines. Also included: experiences of individuals and tour groups with various airlines and a summary of suggestions. United Cerebral Palsy Associations of New York State, Inc., 815 Second Avenue, New York, New York 10017. \$1.25.

**Air Traveler's Fly-Rights.** Free booklet from CAB (Civil Aeronautics Board) details your rights as an airline passenger. Request from: CAB Consumer Affairs Office, 1825 Connecticut Avenue N.W., Washington D. C. 20428. Also request information from Ralph Nader's



Virgene Jack, a respiratory polio quad, shows Trans World Airlines hostess Dietra Hahn her pneumobelt respirator in her flight from Madrid to Los Angeles with her husband and daughter. At each stop during her trip to Europe and back, TWA mechanics were on hand to provide her with fresh batteries. Arrangements for the trip were made by Judd Jacobson, a traumatic quad, owner of Flying Wheels Tours, 148 W. Bridge Street, Owatonna, Minnesota 55060. Virgene's address: 439 K Street, Brawley, California 92227.

Aviation Consumer Action Project, P.O. Box 19029, Washington, D. C. 20036.

## Wheels Abroad

Wheelchaired travelers to Europe are advised to contact organizations for the disabled in whatever countries they will be visiting. Most of the following will send the local wheelchair guidebooks and lists of suitable hotels, and many of them will be warmly hospitable and helpful.

**Austria.** Oesterreichische Arbeitsgemeinschaft für Rehabilitation, Barichgasse 28, 1030 Vienna.

**Belgium.** Croix-Rouge de Belgique, Chaussée de Veurgat, 98, Bruxelles 5.

**Denmark.** The Society and Home for Cripples, Esplanen 34, 1263 Copenhagen K.

**England.** Central Council for the Disabled, 34 Eccleston Square, London SW1V 1PE.

**Finland.** ISRD Finnish Committee, Insurance Rehabilitation Agency, Kalevankatu 20, 00100 Helsinki 10.

**France.** Association des Paralysés de France, 27 Avenue Mozart, Paris 16e.

**Germany.** Deutsche Vereinigung für die Rehabilitation Behinderter e.V. BRD 69-Heidelberg-Schlervach 1, Zechnerweg 1A.

**Holland.** Nederlandse Vereniging voor Revalidatie, Eisenhowelaan 142, s-Gravenhage 2078.

**Italy.** Italian Society for Rehabilitation of the Disabled, Clinica Ortopedica e Traumatologica della Università di Roma, Rome.

**Luxembourg.** Croix-Rouge, Parc de la Ville, Luxembourg.

**Norway.** Norsk Revmatiker Forbund, Professor Dahls gate 32, P.O. Box 5668, Oslo 2.

**Portugal.** Santa Casa de Misericórdia de Lisboa, Centro de Medicina de Reabilitação, Alcoitão, Estoril.

**Spain.** Fraternidad Católica de Enfermos, Domicilio Social, Montserrat 30, Madrid 8.

**Sweden.** Handikappinstitutet Fack, S-161 03, Bromma 3.

**Switzerland.** Association Suisse des Invalides Froburgstrasse 4, 4600 Olten. Also, *Gazette Internationale*, Case Postale 49, 1012 Lausanne.

*International clearinghouse* on travel by disabled persons: Ms. Karen Newbury, The Central Bureau of Educational Visits and Exchanges, 43 Dorset Street, London W1H 3FN, England.

**Free Transformer for Travel in Europe.** Dr. H. B. C. Sandiford, the *Gazette's* advisor and good friend in England, has made the arrangements for a transformer. "The transformer," writes Dr. Sandiford, "has been designed to give 110 volts to American respiratory machines using the standard two or three pin American plug. There are two outlets so a sucker (aspirator) can be used without disconnecting the breathing machine. It has three separate leads to connect to a mains supply and these should fit standard outlet points in Great Britain, France, and Germany. They are likely to be usable in other countries as well but if not, one could be replaced by a plug of that country. We do hope that this will allow American respiratory polios to tour Europe without worry. The apparatus can be borrowed, without charge, by writing to the Sister in Charge, Respiratory Unit, St. Thomas' Hospital, Landor Road, Clapham, London SE9, England. Obviously, this should be done well in advance of arrival as it may already be on loan."

The *Gazette* will be happy to assist any respirator-users planning a trip to Europe by sharing the names of others who have made the trip as well as the names of respiratory polio quads in most countries of Europe. Please give us plenty of time and be specific about usual respiratory aid.

**Holidays for the Physically Handicapped.** A bargain at only 40 pence (about \$1.25 including postage). A fascinating collection of information, it includes 379 pages of accommodations and ads of the United Kingdom and Europe. Order from: Central Council for the Disabled, 34 Eccleston Square, London SW1V 1PE, England.

# Rehabilitation Act of 1973

## Public Law 93-112

The Rehabilitation Act of 1973 has tremendous potential for the severely disabled. It requires both HEW (Department of Health, Education, and Welfare) and State vocational rehabilitation agencies to provide services on a priority basis to "those with the most severe handicaps, so that they may prepare for and engage in gainful employment."

Here are highlights of the Act. If you have trouble understanding how you can benefit from this law, under Sec. 112(a) the Act provides for the establishment of seven to twenty regional "client assistance pilot projects" to provide counselors to inform and advise you.

**Sec. 7.(12) Definition of severe handicap** — a disability which requires multiple services over an extended period of time and results from amputation, blindness, cancer, cerebral palsy, cystic fibrosis, deafness, heart disease, hemiplegia, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, renal failure, respiratory or pulmonary dysfunction, and any other disability specified by the Secretary of HEW. (The editors wonder why poliomyelitis was not included.)

**Sec. 101.(a)(9) Individualized rehabilitation program** — will be developed for each handicapped individual and will be reviewed annually.

**Sec. 101.(a)(14) Prohibition of residency requirement.**

**Sec. 101.(a)(16) Employment review and reevaluation** — periodic review of employment in rehabilitation facilities (including workshops).

**Sec. 103.(a) Scope of vocational services** — if you need any goods or services to make you more employable the following are included:

- (1)-(3) evaluation of potential, counseling, training, including books and other materials, and services to families.
- (4) physical and mental restoration services, including (A) corrective surgery or therapeutic treatment; (b) necessary hospitalization in this connection; (C) prosthetic and orthotic devices; (D) eyeglasses and visual services; (E) renal disease treatment and diagnosis and (F) treatment of mental and emotional disorders.
- (5) maintenance, not exceeding the estimated cost of subsistence, during rehabilitation;

- (6) interpreter services for the deaf and reader services for the blind;
- (7) new employment opportunities;
- (8) rehabilitation services for the blind;
- (9) occupational licenses, tools, and initial stocks and supplies;
- (10) transportation in connection with vocational services;
- (11) telecommunications, sensory, and other technological aids and devices.

**Sec. 103.(b) Vocational services for groups** — supervision of small businesses, including initial stocks, and establishment or construction of facilities for rehabilitation of groups of individuals.

**Sec. 130.(a)(b) Disabled who cannot work** — a study will be made to develop methods of improving ability to live with greater independence and self sufficiency.

**Sec. 202.(a) Research** — grants will be given to projects investigating factors affecting rehabilitation, including the special problems of homebound and institutionalized individuals and studies of architectural and engineering design adapted to meet special needs.

**Sec. 202.(b)(1) Research and training centers** — in colleges and universities to provide research in rehabilitation and the training of personnel.

**Sec. 202.(b)(2) Engineering research centers** — to solve equipment problems and reduce environmental barriers.

**Sec. 202.(b)(3) Spinal cord injury research** — support of projects and demonstrations.

**Sec. 202(b)(5) International rehabilitation program** — research, demonstration, training, and exchange of experts and technical assistance.

**Sec. 203.(a) Training** — grants and contracts to increase the numbers of personnel trained in providing vocational services.

**Sec. 400(a)(2) Research fellowships and traineeships** — in the fields of rehabilitation medicine, nursing, counseling, social work, psychology, physical and occupational therapy, speech pathology and audiology, prosthetics and orthotics, recreation, and other specialized fields.

Sec.301(a)(b)(1) **Construction of rehabilitation facilities** — including initial staffing and planning assistance.

Sec.302(b)(1) **Cost of training services** — HEW is authorized to make grants to States and public or non-profit organizations to pay up to 90 per cent of the cost of vocational services to severely handicapped individuals in rehabilitation facilities.

Sec.302.(b)(2)(A) **Types of training services** — occupational skills, work evaluation and testing, provision of tools and equipment, job tryouts and weekly allowances to individuals receiving training and related services.

Sec.303.(a),(c),(d) **Mortgage insurance** — for rehabilitation facilities.

Sec.304.(b) **Special projects and demonstrations** — Grants to States and public or nonprofit organizations for paying part or all of special projects, demonstrations, and research to improve rehabilitation services to those with the most severe handicaps, including those with spinal cord injuries, older blind and deaf individuals. Projects and demonstrations providing services to individuals with spinal cord injuries will include provisions to provide vocational and other rehabilitation services on a regional basis, including acute care as well as followup, and to evaluate methods of educating communities in the problems of housing, transportation, recreation, employment, and community activities.

Sec.304.(d) **Training and employment in a realistic work setting.**

Sec.306.(f) **Workshops with residential accommodation.**

Sec.405.(a)(5),(b) **Central clearinghouse for information** — to include current numbers of handicapped individuals and their needs, services and programs, research, and medical and scientific developments. In hiring personnel for the clearinghouse, special emphasis will be given to qualified handicapped individuals.

Sec.405.(c) **Office for the Handicapped.**

Sec.406.(a),(b) **Sheltered workshop study.**

Sec.501.(a) **Employment of handicapped individuals** — an Interagency Committee on Handicapped Employees, in cooperation with the Civil Service Commission, will provide a focus for hiring, placement, and advancement.

Sec.502.(a)(1),(2) **Insuring a barrier-free environment** — the newly-established Architectural and Transportation Barriers Compliance Board will insure compliance with standards, investigate alternative approaches to all types of barriers, and promote the use of the International Accessibility Symbol.

Sec.502.(c)(1),(2) **Transportation barriers** — will be studied by the Board. It will consider ways in which travel expenses to and from work can be met or subsidized and public transportation barriers can be eliminated and prevented.

Sec.502.(c)(2)(B) **Housing needs** — the Board will determine what measures are being taken to make housing available and accessible or to meet sheltered housing needs.

Sec.503.(a),(b) **Employment under Federal contracts** — "Any contract in excess of \$2,500 entered into by any Federal department or agency for the procurement of personal property and nonpersonal services (including construction) for the United States shall contain a provision requiring that, in employing persons to carry out such contract the party contracting with the United States shall take affirmative action to employ and advance in employment qualified handicapped individuals." If these provisions are not complied with, an individual may file a complaint with the Department of Labor.

Sec.504. **Nondiscrimination under Federal grants** — "No otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Public Law 93-245, a supplemental appropriations bill signed by the President in September, included more than \$700 million for programs authorized by the Rehabilitation Act of 1973.

ED: For a copy of P.L. 93-112, contact your Senator or Representative. For a copy of HEW's preliminary regulations implementing P.L. 93-112, obtain a copy of the Federal Register, Volume 39, Number 103. Anyone wishing to comment on the regulations should write to Dr. Andrew S. Adams, Commissioner, Rehabilitation Services Administration, P.O. Box 2366, Washington, D.C. 20013.

# A Bill of Rights for the Disabled

*Whereas*, the disabled in the United States, constituting a large minority with a commonality of need and a unity of purpose, seek only to obtain for themselves what all Americans believe to be their birthright — life, liberty and the pursuit of happiness; and

*Whereas*, impediments and roadblocks of every nature are to be found at every hand, effectively preventing the fulfillment of life's promise for a large proportion of the disabled; and

*Whereas*, the American people, largely through lack of knowledge and misinformation have not as yet recognized the disabled as fellow human beings with a handicap to which all should make some accommodation, and who deserve equal opportunity as citizens; and

*Whereas*, the Congress of the United States and the legislatures of the various states, counties and municipalities have not as yet, by legal means, made it possible for the disabled person to attain equal access to those benefits of life enjoyed by the able-bodied, be it resolved:

## **Health — 1.**

That all disabled persons be afforded the opportunity for full and comprehensive diagnostic, therapeutic, rehabilitative and follow-up services in the nation's hospitals, clinics and rehabilitation centers without regard to race, religion, economic status, ethnic origin, sex, age or social condition.

## **Health — 2.**

That all disabled persons requiring same be given and trained to use such orthotic, prosthetic or adaptive devices that will enable them to become more mobile and to live more comfortably.

## **Education — 3.**

That all disabled persons be given every opportunity for formal education to the level of which they are capable and to the degree to which they aspire.

## **Employment — 4.**

That all disabled persons, to the extent necessary, have the opportunity to receive special training commensurate with residual abilities in those aspects of life in which they are handicapped, so that they may achieve the potential for entry into the labor market in competitive employment.

## **Employment — 5.**

That all employable disabled persons, like other minorities, be covered by equal opportunity legislation so that equal productivity, potential and actual, receives equal consideration in terms of jobs, promotions, salaries, workloads and fringe benefits.

## **Employment — 6.**

That those disabled persons who because of the severity of their handicaps are deemed unable to enter the normal labor market, be given the opportunity for special training and placement in limited work situations including sheltered workshops, home-base employment and other protected job situations.

## **Employment — 7.**

That a nationwide network of tax-supported sheltered workshops be created to offer limited work opportuni-

ties for all those severely disabled persons unable to enter the competitive labor market.

## **Housing — 8.**

That nationwide and local programs of special housing for the disabled be established to permit them an opportunity to live in dignity and reasonable comfort.

## **Architectural Barriers — 9.**

That federal, state and local legislatures pass laws requiring the elimination of architectural barriers to buildings, recreational, cultural and social facilities and public places. Such legislation should include architectural standards for all new construction.

## **Architectural Barriers — 10.**

That federal, state, and local legislation be passed establishing standards and a reasonable time for modification of existing sidewalks, buildings and structures for the comfortable use of the handicapped.

## **Transportation — 11.**

That every community, county or other legally constituted authority establish programs and standards for the creation of special transportation for the disabled including modification of existing mass transportation systems and the development of new specially designed demand-schedule transportation facilities.

## **Income Maintenance — 12.**

That every disabled person who because of the nature of his handicap is unable to be self-supporting, be given a guaranteed minimum income not below established federal standards adequate to live in reasonable comfort and in dignity.

## **Institutional Care — 13.**

That federal, state and local laws be enacted for the benefit of the disabled confined to any form of institution, setting minimum standards of housing, conveniences, comfort, staff and services.

## **Civil Rights — 14.**

That civil rights legislation, national and local, be amended to include disability as one of the categories against which discrimination is unlawful.

## **Training — 15.**

That federal and state tax-supported programs of training be established to prepare professional and non-professional personnel for work with the handicapped in the fields of health, education, recreation and welfare.

## **Research — 16.**

That federal legislation be enacted expanding existing and developing new programs of research and demonstration, by grant and contract, in both basic and applied fields, dealing with the problems of disabling conditions and the disabled.

*Be it further resolved* that these rights, being urgent and critical to the well being of the disabled population of the United States, be given the high priority they justly deserve in the hearts, minds and programs of our nation's leaders.

Arthur S. Abramson, M.D.

Bernard Kutner, Ph.D.

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# A Bill of Rights for the Handicapped

"A Bill of Rights for the Handicapped" was presented at the United Cerebral Palsy Association's Annual Conference in Washington, D.C. on May 3, 1973. Hundreds of delegates representing the 300 United Cerebral Palsy affiliates throughout the country signed the Bill indicating their support and commitment to furthering these basic rights. The Bill was approved by the membership on May 4, 1973.

## PREAMBLE

*We hold these Truths to be self-evident that all Men are created equal, that they are endowed by the Creator with certain unalienable Rights, and that among these are Life, Liberty and the Pursuit of Happiness.*

The rights of the individual begin with the inherent right to be born with the capacity to grow and develop fully and to have this birthright insured by services which protect the embryonic environment and the entry of the individual into the world.

Those who are denied this birthright or who are handicapped by other causes have the right to be assured the means of achieving maximum growth and development and to enjoy the dignity, respect and opportunities accorded all men by the freedoms and privileges enumerated in the Constitution of the United States.

For the handicapped who cannot obtain the rights of first-class citizenship for themselves, society must provide, preserve and protect the means whereby these rights are assured from earliest infancy throughout life. These means form a particular "Bill of Rights for the Handicapped."

## RIGHTS OF THE HANDICAPPED

**The handicapped individual has the right to:**

- I PREVENTION OF DISABILITY insofar as possible through early detection of abnormalities in

## Patient's Bill of Rights

The American Hospital Association's Committee on Health Care prepared the following definition of a patient's rights and distributed it to member hospitals across the nation.

**The patient has the right to:**

- (1) Considerate and respectful care;
- (2) Obtain from his physician complete current information concerning his diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand;
- (3) Receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment;
- (4) Refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his action;
- (5) Every consideration of his privacy concerning his own medical care program.

infancy, immediate and continuing family guidance, and comprehensive rehabilitative services until maximum potential is achieved.

- II HEALTH SERVICES AND MEDICAL CARE for the protection of his general well-being and such additional special services as are required because of his handicap.
- III EDUCATION to the fullest extent to which he is intellectually capable, provided through the regular channels of American education.
- IV TRAINING for vocational and avocational pursuits as dictated by his talents and capabilities.
- V WORK at any occupation for which he has the qualifications and preparation.
- VI AN INCOME sufficient to maintain a lifestyle comparable to his non-handicapped peers.
- VII LIVE HOW AND WHERE HE CHOOSES and to enjoy residential accommodations which meet his needs if he cannot function in conventional housing.
- VIII BARRIER FREE PUBLIC FACILITIES which include buildings, mass or subsidized alternative transportation services and social, recreational and entertainment facilities.
- IX FUNCTION INDEPENDENTLY in any way in which he is able to act on his own and to obtain the assistance he may need to assure mobility, communication and daily living activities.
- X PETITION social institutions and the courts to gain such opportunities as may be enjoyed by others but denied the handicapped because of oversight, public apathy or discrimination.

- (6) Expect that all communications and records pertaining to his care should be treated as confidential;
- (7) Expect that within its capacity a hospital must make reasonable response to the request of a patient for services;
- (8) Obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned;
- (9) Be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment;
- (10) Expect reasonable continuity of care;
- (11) Examine and receive an explanation of his bill regardless of source of payment;
- (12) Know what hospital rules and regulations apply to his conduct as a patient.

# Milestones

## Successful Class Action Suit



Attorney Jeffrey H. Friedman, with Professor Ovid C. Lewis of the Case Western Reserve University Law School faculty, won a significant class action suit in the Court of Common Pleas of Cuyahoga County, Ohio. (Friedman v. County of Cuyahoga, Case No. 895961. 1972). The Board of County Commissioners agreed to install ramps to its court houses and welfare building.

The Board further agreed that all buildings owned or operated by it and constructed in the future would conform to the American Standard Specifications A117.1-196.

"This suit is unique in the sense that it is probably the first one in the Country, even until today," wrote Jeff in May, 1974, "wherein a taxpayer has forced a Governmental Body to install ramps after the buildings have been up, because of a denial of equal protection under Title 42 of The United States Code, Section 1983, as well as a denial of the 14th Amendment due process rights. It has been successful in Cleveland and the County has moved ahead on its own initiative to install ramps on old buildings as well as on new buildings."

Jeff, a quadriplegic since an auto accident during his high school years, graduated from C.W.R.U. School of Law in 1971. A Councilman and Assistant Attorney General of Ohio, he is now engaged in the general practice of law specializing in civil rights. Address: Jeffrey H. Friedman, 516 Northern Ohio Bank Building, 1370 Ontario Street, Cleveland, Ohio 44113.

## Mandatory Curb Cuts

Section 228 of the Federal Highway Act (Public Law 93-97) amends the U.S. Code requiring every State, after July 1, 1976, to provide adequate and reasonable access for the "safe and convenient movement of physically handicapped persons, including those in wheelchairs" across all newly constructed or replaced curbs at all pedestrian cross-walks.

Within each State, the designated Highway Safety Program Representative will be responsible for implementing this requirement.

Further information is available from Director, Office of Highway Safety, Federal Highway Administration, Washington, D.C. 20591.

## Office for the Handicapped

On February 20, 1974, HEW Secretary Caspar W. Weinberger announced the establishment of an Office

for the Handicapped in the Office of the Assistant Secretary for Human Development. According to Secretary Weinberger, "The Office for the Handicapped will help the handicapped to develop their fullest human potential, to make the services they receive more effective and better coordinated, and to make the Federal government more responsive to their needs."

The Assistant Secretary for Human Development, Stanley B. Thomas, Jr., will have responsibility for the new office with Wallace K. Babington, Director, Office of Mental Retardation Coordination, serving as Acting Director of the Office for the Handicapped in addition to his regular duties. "Our objective," said Babington, "is to address ourselves to the concerns of a vastly expanded target population of about 22,000,000."

## Small Business Act Amendment

An amendment allows the U.S. Small Business Administration to make loans to business concerns affecting the handicapped. Public Law 92-595, the Handicapped Assistance Loan Program allows the SBA to make loans up to \$450,000 when other financial assistance is not available on reasonable terms. Loans may be made to sheltered workshops. A handicapped person may get a loan to establish, acquire, or operate a small business. Write to HEW's Social and Rehabilitation Service for a list of SBA field offices.

## Accessible Railroads

The Amtrak Improvement Act of 1973 (Public Law 93-146) states that railroads must accommodate the physically disabled. At the present time, Amtrak has fifty passenger cars under construction that will be made totally accessible to the wheelchair user. These cars are scheduled to be put into service in 1975.

## Urban Mass Transportation Act Amendments

Section 16(b) has been amended to permit grants totaling \$1 billion annually to States, local public bodies, and private nonprofit agencies to provide transportation services meeting the special needs of the elderly and handicapped for whom mass transportation services are unavailable, insufficient, or inappropriate. The grants to be used for capital investments such as buses. For information, contact: Office of Transit Planning, Urban Mass Transportation Administration, 400 7th St. SW, Washington, D.C., 20590.

Another amendment, S3648, was introduced in June 1974 by Senator Gene Tunney to ensure that transportation facilities built and rolling stock purchased with

Federal funds are accessible. Further, the Secretary, shall require that any bus or other rolling stock or station or passenger loading area using Federal funds be accessible.

## Rights

### Handicapped Persons: An Oppressed Minority

"A Civil Rights 'consciousness' in handicapped individuals has been slow to rise," writes Dr. Paul J. Corcoran in an editorial in the September 1973 issue of *Archives of Physical Medicine and Rehabilitation*.

President Johnson's 1965 Executive Order barred discrimination on the basis of race, color, religion or national origin. President Nixon's 1968 amendment added sex to the list.

"Consciousness does not just rise," writes Dr. Corcoran, "it must be raised by the leaders of the oppressed group. . . . Rehabilitation providers and consumers together should press for a new Executive Order adding 'physical handicaps' to the official list of protected minority categories."

### The Bill of Rights Meant Everybody

"The legal principle is clear: handicapped people have a natural right to share the benefits and the responsibilities of participation in society. . . the *Bill of Rights* meant everybody, and not just those with perfectly functioning bodies and minds." Edwin W. Martin, Jr., Ph.D. *The Exceptional Parent*, March/April 1973.

### Abroad in the Land: Legal Strategies to Effectuate the Rights of the Physically Disabled

*The Georgetown Law Journal*, July 1973, published this enlightening article by Ann Gailis and Keith M. Susman. Reprints are available free from the President's Committee on Employment of the Handicapped (Washington, D.C. 20210).

"It is nonetheless imperative," the authors conclude, "for the handicapped to continue to focus efforts on Congress and the state legislatures. Legislation ensuring the rights of the handicapped would be the most uniform and far reaching solution to the problems presented. The inclusion of the handicapped among those protected by the Civil Rights Act of 1964 is the most desirable solution on the federal level."

## Constitutional Rights

"I'd like to seek my Rights as enumerated in the U.S. Constitution. Civil Rights legislation will assist in some enforcement, but shouldn't have been necessary. The Bi-Centennial in '76 might be a good time to start over on all the promises and possibilities America has to offer." Frances H. Lowder, Executive Director, Easter Seal Society of Cerro Gordo County, Iowa.

## Attitudinal Barriers

"It's time we recognized that stigmatizing public attitudes are as much of a handicap as actual physical disabilities are. And it's time we did something about it.

"Stamping out stigma won't be easy, taking into account the deeply-entrenched processes that keep it alive. But you can attack it on these fronts: • Become your own one-person public relations department. • Establish a line of communication with as many people as possible. • Don't be afraid to associate with other disabled. • Develop the greatest asset of all in human relations — a sense of humor. • Constantly seek integration into the mainstream of society. • Assume a leadership role in community affairs.

"When you fight against stigma for yourself, you're helping to win the battle for all other disabled." Jane Haywood, Box 212, Buford, Georgia 30518. (Jane, disabled by Friedreich's ataxia, has an M.A. in anthropology.)

## Pending Legislation

### Developmental Disabilities Act Extension

Panels in both the U.S. House of Representatives and the U.S. Senate have recently introduced separate extensions of the Developmental Disabilities Act (H.R. 14215 and S. 3378). A "developmental disability" is defined, under the current law (Public Law 91-517), as:

"a disability attributable to mental retardation, cerebral palsy, epilepsy, or another neurological condition of an individual found by the Secretary to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, which disability originates before such individual attains age eighteen, which has continued or can be expected to continue indefinitely and which constitutes a substantial handicap to such individual."

The Senate proposal includes autism and learning disability in its definition; it also contains a "Bill of Rights" for the mentally retarded and other individuals with developmental disabilities.

# Coalitions of the Disabled

"The disabled may eventually organize into a 'militant' group and create a real social movement which will attempt to impose another image of man, that of a man with a disability, on an equal basis with all other acceptable images of man," wrote Contantina Savilius-Rothschild in 1970 in *The Sociology and Social Psychology of Disability and Rehabilitation*. The author compares the efforts of the disabled with those of the militant blacks and all other minority groups which have been discriminated against for so long. She explains some of the reasons for the delays in creating a social movement: many of the potential leaders have successfully "passed" into the ranks of the non-disabled; different categories of the disabled have different problems; many with invisible disabilities never accept the idea that they are disabled; others over-accept the disabled idea and play it to the hilt. The successful leaders, she states, will be those who accept their physical limitations but use their remaining abilities to fulfill their responsibilities to the fullest extent possible.

## In England

Such leaders of pressure groups are gradually emerging all over the world. The first were in England nearly ten years ago, the late Mrs. Megan Du Boisson and Mrs. Berit Moore, who founded the Disabled Income Group (DIG) in 1965. The two housewives, both disabled by multiple sclerosis, were outraged by the inequities of the allowance for all categories of disabilities: only those disabled while employed were provided for. Housewives, for instance, no matter how disabled, received no allowances if they stayed home and managed their households; yet if they went into a hospital all their expenses would be paid there and their children would be put into the care of local authorities. "The choice of many a disabled housewife," said Mrs. Du Boisson, "is poverty at home or separation from her family."

DIG found enthusiastic supporters around the country among a wide variety of local groups of disabled as well as all the major voluntary organizations. Within a year there were 2,000 active supporters and a dozen branches. The first general meeting was held in London in September 1966. The membership adopted resolutions to call on the Government to rationalize social security provisions, to make special provisions for disablement, and to recognize that helping the disabled to live in the community rather than in hospitals makes lives more meaningful and saves public money.

In September 1969, a protest parade to 10 Downing Street was organized by some of the 70 surviving respiratory polios to dramatize the need of all disabled for an allowance to enable them to live at home instead of in hospitals. About 20 men and women, lying in iron lungs

on truck beds or using respirators in wheelchairs led the parade.

In 1970 the Chronically Sick and Disabled Persons Act was enacted. The act made it mandatory "but in the light of local resources" for Local Authorities to provide a wide variety of services, such as adaptations, aids, holidays, and telephones. In the next year, an attendance allowance of four pounds a week, tax free and without a means test, became effective.

Since these "toe in the door" beginnings, DIG has continued to grow and to work towards the following aims:

To secure for all disabled a national disability income and an allowance for the extra expense of disablement.

To cooperate with other bodies for the improvement of the economic and social position of disabled people and chronic sick.

To promote research into the economic and social problems of disablement.

For details write Disabled Income Group, Queens House, 180/182A, Tottenham Court Road, London W1P 0BD, England.

## In the United States

Within the last few years, it has begun to seem possible that the various groups of the disabled, as well as individuals, will manage to unite to seek their rights and status. The numbers involved are awesome: HEW's statistics for 1972 indicate that there are 23,948,000 persons of age 18 and up who have some limitation of activity due to chronic conditions; there are over one thousand clubs and chapters of the disabled; and the disabled comprise about 10% of the adult population.

In the Midwest, Minnesota pioneered with a statewide coalition meeting in October, 1972. This Governor's Conference on Handicapped was attended by 2,300 people, representing a coalition of 73 organizations, agencies, and committees. The size of the turnout astonished everyone, including the planning committee. The conference recommendations fall into these categories: human and legal rights, the system, early intervention and prevention, insurance, transportation, education, residential services, and employment. The legislative recommendations include: right to free access, protection of human rights, residential care and treatment, education, training, and rehabilitation. A conclusion: "Public attitudes are often more disabling than the handicaps themselves."

In August 1973, a start towards coalition in the East was made at a dual conference of the National Association of the Physically Handicapped (NAPH) and the Congress of Organizations of the Physically Handi-

capped (COPH) in Manchester, New Hampshire. The groups were joined by the Massachusetts Council of Organizations of the Handicapped, a regional coalition engendered by the Massachusetts Association of Paraplegics. Later, support was expressed by groups around the country.

Meanwhile on the West Coast, a number of groups had begun coalitions: first, the Western Disabled Alliance (Box 444, San Lorenzo, California 94580); then the Center for Independent Living (2825 Haste Street, Berkeley, California 94704); and recently, the Committee for the Rights of the Disabled (2992 West Pico Boulevard, Los Angeles, California 90006) and the California Association of the Physically Handicapped, Inc. (Box 22552, Sacramento, California 95831).

Finally, during the 1974 annual meeting of the President's Committee on Employment of the Handicapped, a meeting was held for the purpose of creating a national coalition of organizations and individuals of and for the disabled. The meeting, moderated by George Conn, was attended by 172 persons representing every major group of the disabled and of the groups that concern themselves with the disabled. Congressional offices were represented, as well as the National Rehabilitation Association, the National Easter Seal Society for Crippled Children and Adults, and the President's Committee on Employment of the Handicapped. A Steering Committee of ten persons, from all parts of the country, was selected to meet in June to establish goals and organization format.

The following is the June 26, 1974 press release of this committee:

A productive three-day workshop session to formulate By-Laws for the proposed "**American Coalition of Citizens with Disabilities**" was held the weekend of June 22-24 in Fort Sumner, Maryland. Eleven persons representing numerous disability groups and geographic regions met at the home of Mr. and Mrs. Allan Fay to compose a tentative By-Law proposal to be promulgated nationwide for maximum input, evaluation, and participation on the part of all persons with disabilities and the organizations representing them. In attendance at the session were: Jim Maye, Eric Gentile, Sharon Mistler, Roger Petersen, Al Pimentel, Fred Fay, Judy Heumann, Ralf Hotchkiss, Consultant, Lou Rigdon, Consultant, John Nagle, Consultant, and Cindy Walker, Acting Recording Secretary.

The idea of national coalition has been stated for some time. However, the convocation of groups and individuals with an intense desire to "make it happen" did not occur until the President's Committee on Employment of the Handicapped con-

vention on May 3. At that time, 150 individuals affiliated with or representing 52 disability groups met to discuss coalition and elect regional Steering Committee Members to structure this vision of unity.

Much concern about the concentration of power in one geographic area was expressed both at this meeting and at the Steering Committee session. A great deal of time at the work session was spent on the critical need to maintain an optimum level of exchange between the national office and the field leaders. There was, however, general agreement about the advantages of headquarters in Washington, D.C. as a vital step in creating a unified coalition and a politically intelligent membership.

The intense nature of the discussions was relieved at time by the enthusiasm, often approaching exuberance, about the significance of this long-awaited meeting. Many hours were involved in the formulation of the statements of purpose, the composition of membership, and voting procedures. Agreement was reached quickly on three basic premises: the necessity for control to be placed and remain in the hands of persons with disabilities, the need to fortify state and regional coalitions and organizations at the local level, and for the watchword of "Positivism" in all areas of the Coalition's operation. Articles of Incorporation have been filed in the District of Columbia.

"To promote the social and economic well-being of persons with disabilities" is the general statement of purpose of the American Coalition of Citizens with Disabilities. More specific declarations of purpose and scope are being finalized.

Memberships are divided into three categories:

*Active Member.* Active Members shall be consumer organizations which (1) consist primarily of persons with physical and/or mental disability(ies) and their adherents, (2) are not state or local chapters of an active member, (3) are non-profit organizations. Active Members shall include National, State, or Local consumer organizations; State-wide or Regional Coalitions of consumer organizations. Dues shall be \$100.00 annually for a "National Active Member," \$25.00 for a State or Regional Coalition, and \$10.00 for State and Local Active Members.

*Associate Members.* Associate Members shall be organizations with an interest in persons with disabilities but which do not meet the qualifications of Active Membership, or an organization which wishes to support the work of the Coalition. An

Associate Member shall be entitled to participate in the programs of the Coalition, but shall not be entitled to delegate representation. Initially dues for an Associate Member shall be \$100.00 annually.

*Individual Members.* Individual Members shall be natural persons who are interested in supporting the work of the Coalition. An Individual Member shall be entitled to representation on the Delegate Council. Initially dues for Individual Members will be \$5.00 annually.

Those who wish more information, or wish to express an opinion or give a suggestion, please send your remarks to: American Coalition of Citizens with Disabilities, c/o Center for Concerned Engineering, 1224 DuPont Circle Building, Washington, D.C. 20036.

## In Canada

A National Conference of the Physically Disabled was convened by the Canadian Rehabilitation Council for the Disabled (CRCDD) November 4-7, 1973. The event, the first of its kind on such a major scale in North America, took place at the Park Plaza Hotel in Toronto.

The 65 delegates, representing every province, explored common problems in the areas of housing, transportation, education, financial security, culture and recreation, and social accessibility. The real work of the Conference took place in the seminar sessions, where the delegates analyzed these problems and formulated recommendations and resolutions. Here are the highlights:

*Housing:* a government branch to be established to deal with legislation concerning the handicapped; Visiting Homemaker Services to be provided; tax credits to be allowed for the costs of revisions for accessibility to public buildings, business and private residences; 10% of all new multiple housing projects to be designed for the handicapped; housing and services to be decentralized so people can remain in their communities; architectural schools to incorporate the needs of the disabled.

*Education:* common factors involved in the achievements of successful disabled to be researched; problems of handicapped adolescents to be considered; classrooms to be integrated; equal opportunities to be provided; tests to be adapted to disabilities; discrimination to be prohibited in the Bill of Rights and in provincial human rights codes.

*Financial Security:* allow a \$1000 tax exemption to those whose disability increases their cost of living; a disability pension to be set for all disabled, without a means test, and to continue whether employed or not; pension to be tied to the cost-of-living index.

*Recreation and Culture:* a network of information centers to be provided; communications to be established with all associations dealing with the disabled.

*Social Accessibility:* establish a lobbying body within the national capital to represent directly the needs of the disabled.

*Transportation:* parallel services to be implemented until, and only until, a totally integrated system is available; all existing transportation to be coordinated.

*Definition of Disabled:* "A disabled person is a human being who through disease, illness, congenital condition or traumatic experience, is impaired in functioning in one or more areas of daily living. This functional impairment causes unusual and undue dependency on one or more other human beings and/or mechanical devices."

The resolutions are printed in full in the Fall/Winter 1973-74 issue of *Rehabilitation Digest* (75¢ per copy from: CRCDD, 2nd floor, 242 St. George Street, Toronto, Ontario M5R 2N5).

ED: Coincidentally, the same mail brought the June 26 press release and an attractive and forthright new publication, *Polling*. Edited by Daniel A. Poling, II, a 37-year-old cerebral palsied graduate student, it is published by United Cerebral Palsy of New York City. The editor emphasizes the need to form an effective national action group to obtain the rights of the disabled minority. For a copy, write to Poling at United Cerebral Palsy of New York City, Inc., 122 East 23rd Street, New York City, NY 10010.

Because we believe so deeply in the need for unity of all individuals of every type of disability, when we received the press release of the proposed American Coalition and the initial copy of *Polling*, we made a hurried change in the layout just a few days before presenting it to the printer, removing three pages on architectural barriers and substituting these on coalitions in England, the United States, and Canada.

While coalitions of the disabled gradually evolve, another coalition, that of the elderly and the disabled, moves even more slowly. The elderly have united and achieved benefits. When the elderly and the disabled meld their similar needs in areas such as tax benefits and accessible transportation and housing, their combined numbers will yield formidable clout.

# Education/Employment



Hal Dixon successfully challenged the testing procedures for the disabled of the Educational Testing Service. He is now completing his Master's degree in Political Science and has been admitted to a law school.

## Law Student

"I have been a C5-6 quad since 1970, when an automobile accident interrupted my plans to begin my junior year of college.

"Since September of 1971 I have been attending Kent State University, majoring in Political Science. I graduated with a B.A. on August 25, 1973. My grade-point average in my major was a 3.9 and my over-all average was a 3.61 (on a 4.0 scale).

"I had applied for entrance to two major law schools in Cleveland during 1973, but was rejected by both on the basis of my low Law School Aptitude Test (LSAT) score. This test is given exclusively by the Educational Testing Service (ETS). Most law schools use this four-hour test score along with grades and recommendations to decide their admissions.

"Time is of the essence when taking the LSAT. Due to my physical disability, I was given an amanuensis to write for me. I had to make sure she was on the correct question frequently — which took valuable time. My physical inability to write also meant that I had to figure mathematical computations in my head, couldn't underline and thus use that as a quick source of reference, and had difficulty turning pages. All of this added up to wasted valuable time and a low score.

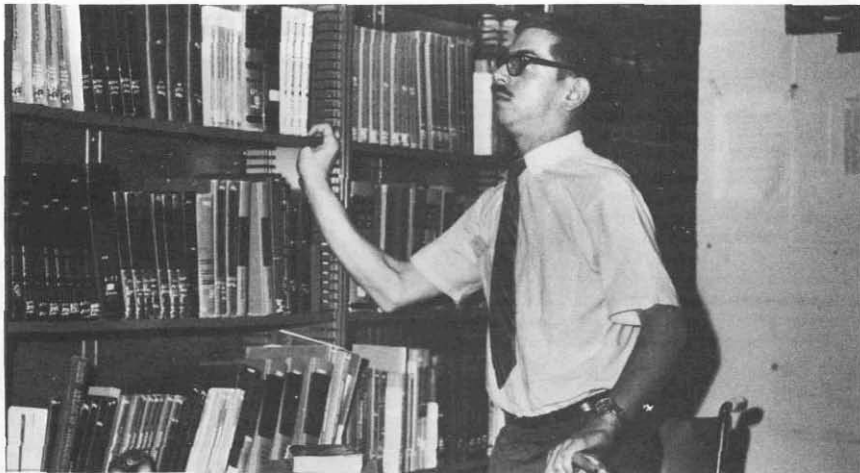
"I and many others knew my low score was not representative of my intellectual ability. I attempted personally to get more test time allotted to myself so that I could raise my score. ETS refused.

"I then worked through the Kent State U. Student Bar Association. I told them of my denials of admission based on my LSAT score. They were outraged. So with their backing, I sent letters to all the law schools in the U.S. telling them of the problem physically disabled students have taking the LSAT. We received many favorable replies and these same people also wrote to ETS. Because of this, ETS will now change the testing procedure for the physically disabled. I was very happy to hear this and to know I had a big part in all of it.

"I am presently in graduate school at Kent, working on my Master's degree in Political Science. I plan to complete my thesis in July and graduate then.

"I was married to my physical therapist on August 18, 1973 and on February 7, 1974 I was accepted into Akron University Law School. I will start there this September."

Address: Hal Dixon, c/o College Towers Apartments, 1800 Rhodes Rd., Apt 519, Kent, Ohio 44240.



James Lee Solenberger, a librarian of a three-year hospital school of nursing.

## The Library Profession

The library profession has an excellent record of hiring qualified persons who are disabled, according to a recent survey of American libraries by the President's Committee on Employment of the Handicapped. The survey indicates that persons with cerebral palsy are working as catalogers, reference librarians, and clerks. Persons who are deaf and deaf-mutes are employed as acquisitions librarians, catalogers, clerks, and bookmenders. Arthritics, cardiacs, epileptics, and spastics are working as catalogers, clerks, bibliographers, and library assistants. In addition, the survey reports persons with polio, multiple sclerosis, and muscular dystrophy working in a wide range of professional and clerical positions.

The following autobiographical sketches by two young men disabled by cerebral palsy describe the satisfactions and rewards of their careers as academic librarians.

### James Lee Solenberger

I attended special education classes in a public school system. In 1970, I received a B.A. in political science from Southern Illinois University. SIU's campus has many special facilities for disabled students: dormitories with special bathroom adaptations, tray-carrying services in the cafeterias, and all the major buildings have ramped entrances and elevators.

Since my writing is very poor I relied on carbon copies of others' notes for most courses. For testing, I carried my portable electric typewriter to professors' offices or to the back rooms of lecture halls. The university library has a typing room which made research work possible for me.

I achieve mobility with a walker for short distances and a wheelchair for long. Since my legs are much stronger and better coordinated than my arms, I pushed my wheelchair backwards with my feet all over campus. People sometimes chuckled at me, but I chuckled along with them.

For recreation I ride an adult tricycle, which enables me to go relatively long distances. I tie my walker on top of the rear basket so I can enter buildings.

I am employed as a librarian of a three-year hospital school of nursing. My duties include ordering and cataloging books and periodicals, checking them in and out, shelving and re-shelving material, helping students and faculty with reference work, and helping administer an audiovisual program which has its nucleus in the library.

My speech handicap is partially mitigated by the fact that I work with a fixed group (about 120 people) throughout the academic year. Architectural barriers are minimized since I work in a medical facility. I use a walker to enter the building, and my roller desk chair and wheelchair on the job.



I am accustomed to working alone, so am not bothered by the many solitary tasks of the job; yet I very much enjoy the frequent interaction with faculty and students.

Address: James Lee Solenberger, 1935 South Park, Springfield, Illinois 62704.

## R. Brantley Cagle, Jr.

My future took shape in 1951 when I entered a special class for the orthopedically disabled at Hamilton Elementary School. After six long years of academic training and rigorous hours of speech and physical therapy, I enrolled in high school in the fall of 1957. This was a significant step because I was put into an environment where I was a conspicuous minority.

In 1961 I enrolled in McNeese State College. I entered the curriculum of social studies and later changed to history. I maintained permanent status on the president's honor roll, was selected as Pi Kap Scholar, received a scholarship and a vocational rehabilitation grant. Since the Huey Long gubernatorial campaign of 1924, members of my family have been deeply involved in Louisiana politics. I received my B.A. *cum laude* in 1965; I turned down a Tulane law scholarship and entered Louisiana State University graduate school. Two years later, I received an M.A. in history with a minor in library science. While attending L.S.U., I was elected to Phi Kappa Phi, honorary scholastic society, and Phi Alpha Theta, honorary history fraternity.

In the fall of 1967, I was appointed Documents Librarian at McNeese State University, and am presently head of this department. In my duties I face two main problems: the inability to write legibly and a distinctive speech impediment, especially when meeting people for the first time. My writing has been supplemented by seven student aides and one graduate assistant. In the beginning, communication was a problem, but continued speech therapy helped to minimize this difficulty. A significant part of my time is spent with doctoral candidates in evaluating and determining the availability of primary research material. These conferences consist of long, complex discussions, which require maximum clarity of speech.

To minimize problems in communications, I have developed a documents research request form. This request form requires a student to give a written explanation of his research problem. This service permits me to devote more time to student requests, and makes materials more accessible to the campus population during my off-duty hours.

In 1972, I married Lotus McGee, a polio victim. She is a speech pathologist for the Calcasieu Parish School Board. At the present time I am on a sabbatical leave and am pursuing a Master's degree in Library Science

at the Catholic University of America. We plan to return to our home and jobs in January, 1975.

As a part of my graduate study, I recently completed a directed study on government documents and their use by the disabled. During the 1974 summer and fall semesters, I plan to concentrate on courses relating to archives, legal research, and media for the disabled reader.

My position is a gratifying one which is beset with continuing intellectual challenge. Those persons interested in librarianship as a career should contact the American Library Association (50 East Huron, Chicago, Illinois 60611) or their local library association.

Address: R. Brantley Cagle, Jr., Dept. of Government Documents, Lether E. Frazar Memorial Library, McNeese State University, Lake Charles, Louisiana 70601.



R. Brantley Cagle, Jr., a documents librarian at a state university.

# Graphology

by Jean-Louis Binet

Excerpted from *Gazette Internationale*, the French edition of *Rehabilitation Gazette*. Translated by Peter Mosbacher.

Graphology is a science, an art, and a technique — the study of the correlations between personality and handwriting. Writing has been defined as "self-registering behavior." The graphologist tries with the help of this behavior to understand how the thinking and feeling of the subject can be visible in the writing. Interpretations are based on research which has been carried on since 1622.

Graphology had aroused my curiosity before polio interrupted my studies at age fifteen. The polio experiences prepared me somehow for my future profession; I developed a habit of observing people and things, of thinking and comparing. Then I read a lot, examined much handwriting, and benefited from the experience of practitioners who guided me. Friends of mine, amateurs and professionals, had the same interests and have been meeting at my place for many years to share studies and exercises. I learned how to form my views rapidly, to exchange ideas, and to control interpretations. One must reason, criticize, evaluate, test, and feel profoundly.



Jean-Louis Binet with his wife, Suzanne, and one of their two young children. Binet, a respiratory polio quad since 1944, has been a professional graphologist in Switzerland for twenty years.

## Graphology training

There are faculties of graphology at German and Austrian universities and a Swiss seminar affiliated with the University of Zurich. The only French instruction consists of private instruction and correspondence courses. Those interested should write to either M. M. Meyer, 24 rue de Grand-Bureau, 1227 Genève (Société Suisse de Graphologie), or to Mrs. Perron, 105 avenue d'Italie, 75 Paris 13e (Société de Graphologie).

Even the best courses are just an introduction. One must learn the jargon and the techniques. One must work hard alone, in silence. In addition to training in attention and perception, one must acquire a psychological understanding by studying the basics of psychiatry and psychoanalysis.

## Graphology as a profession

Companies that want to put the right person in the right place are the major employers but handwriting experts are used in many fields. There are young people who seek advice about the choice of a spouse, parents that worry, couples who seek reconciliation, adults with many problems. All can find in this objective witness of handwriting analysis an opportunity to redefine themselves.

In any case, there is no lack of opportunity and it is possible to earn a living. One can work for several organizations or join a large organization. For myself, I prefer to remain independent.

## Graphology as a hobby

As an avocation, graphology is a means of enrichment and joy that is available to anybody. For the disabled, it is an excellent means of participating in life and in reliving history by analyzing the writing of famous personages. The work is accomplished in the mind so that even the most severely disabled can extract profound satisfaction.

If any readers of the *Gazette* want more information, I'll be glad to furnish it. Write to: Jean-Louis Binet, 10 Villereuse, 1207 Genève, Switzerland.

ED: There's a new paperback in the field of graphology: *Grapho-Therapeutics* by Paul de Sainte Colombe (Popular Library, \$1.25). The author, who pioneered pen-and-pencil therapy at the Sorbonne in 1929-30 with Dr. Pierre Janet, an eminent physician and psychologist, brought the technique to America in 1940 when he moved from Paris to Hollywood, California. The book is basically a course in graphology, including a survey of its uses, some impressive case histories, and a comprehensive manual of techniques for the beginner.

# Public Information/Librarian

by Jack Prial

In re-reading last year's *Rehabilitation Gazette*, I was impressed by the testimonials to human resilience by the men and women who somehow made themselves fit into an alien world. Mine is the story of a man half-way out.

Let me capsulize ten years into a paragraph. While I was editor of the *Diamondback*, the student daily newspaper of the University of Maryland, I broke my neck in an auto accident. From a Big Man On Campus I was transmogrified into a C5-6 quadriplegic. I then formed my spirit into an image of my body. Paralyzed. After years of self-isolation with the corresponding cycles of fear, frustration, rage, despondency, dependence, and cynicism — all helped by my friendly neighborhood custodial hospital — I have begun to emerge.

Since February, 1973, I have been working as assistant public information officer at the Maryland Rehabilitation Center. One of eight such comprehensive facilities in the U.S., the Center is designed to evaluate and train 450 clients at a time, of every disability group.

My job consists of writing a handbook for new clients, giving an occasional slide-show talk about the Center, sometimes helping film crews and photographers, writing press releases, editing a monthly newsletter, and conducting tours.

Along with the newsletter, the most enjoyable work is conducting tours for individuals or groups from two to fifty. Like a massive maze, the Center has three levels, encompasses five and one-half acres of interior space, and has seven miles of corridors (all level and barrier-free, which makes it possible for a wheelchair-pushing quad to get around easily). There are three evaluation labs, 25 training areas, a swimming pool, a rec room larger than two football fields, a unit for the blind, a 50-bed skilled care unit, a 250-bed dormitory, a health clinic, physical therapy, occupational therapy, and counseling.

My co-workers are great people. The Center is an enlightened employer — about five per cent of the staff members have physical disabilities.

While I was a journalism major in college, I thought public information or public relations was a hokey, three-martini-lunch con game. Some of it is. When the 'product' being pushed is as socially and humanly beneficial as I know the Maryland Rehabilitation Center to be, public relations becomes almost a noble endeavor.

I recently was hired by the Center as a librarian — to start on the payroll when I find housing. I've set up and run a client library and am putting together a rehabilitation staff library.

Although most of my time is consumed by the library,

I still do the Center newsletter, some tours, and press releases. I also have had the chance to do some TV commercials for sheltered workshops, an interview-type film on rehabilitation for an insurance company, write and narrate a play and some talent shows, and serve as an announcer for a regional wheelchair basketball tournament. Working seems far easier than finding a viable living arrangement, but I'm more than halfway out.

Address: Jack Prial, Librarian, Maryland Rehabilitation Center, 2301 Argonne Drive, Baltimore, Maryland 21218.



## Executive Director Voluntary Health Agency

Frances Halbeisen Lowder, executive director of the Cerro Gordo Easter Seal Society, received the District Four of the Year Award of the Business and Professional Women's Clubs in April 1974. The award was well deserved, for Fran, wheelchair'd by polio at age ten, involves herself wholeheartedly in her own community as well as in national rehabilitation policy-making.

For nearly a decade after graduating from high school Fran worked as a secretary for an insurance agency. Then in 1960 she went to work for the Easter Seal Society of Iowa, first as a secretary, then as office manager, and finally as director of services. From 1960 to 1967 she attended night and summer schools at Drake University, majoring in psychology. After a 17-month leave of absence to attend the University of Arizona, she received her B.A. degree in 1969. Shortly thereafter, she began to work at her present position of executive director of the Easter Seal Society of Cerro Gordo County, Iowa. She has been a widow since her husband, James, died of a myocardial infarction five years ago.

As executive director, she supervises services for 800 disabled of all ages and is responsible for a number of programs and services, including a developmental day center, an adult activity center, an equipment loan program, and homebound craft sales, as well as referral services for a nine-county region. She also coordinates fund-raising activities and public education programs.

Her activities include serving as a commissioner on

the Iowa Civil Rights Commission, a member of the Governor's Committee on Employment of the Handicapped, and of CORE (Commission on Standards and Accreditation of the Council on Rehabilitation Education).

Her memberships are legion. A few include: National Rehabilitation Association, Association for Retarded Children, Community Planning Council, Area II Developmental Disabilities Committee, Council of Social Agencies, United Fund, Ecumenical Religion for Retarded Children and Adults, Head Start Program, Women of the Moose, VFW Auxiliary, Catholic Daughters of America, NAPH, COPH, and Business and Professional Women's Club.

Home address: Fran Lowder, 418 2nd Street, N.W., Mason City, Iowa 50401.

## Wake-Up Service

Twin alarm clocks and a radio are vital to the well-being of Rose Irene Dore — without them, she wouldn't be in business. Rose conducts a wake-up service from her home, starting her day at 2:30 a.m. when she makes her first call to a newspaper route driver.

Each morning since 1961, Rose has made her wake-up calls to sleepy heads. Subscribers to her service include a mail carrier, a druggist, several grave-diggers, mothers of school children, professionals, and business men and women.

Although all are familiar with her cheery, "Good morning, time to get up," few, if any, realize she is disabled with rheumatoid arthritis. Homebound ever since she suffered a fall when she was a child, Rose has never seen any of her subscribers. She has been blind for 27 of her 50 years.

She knows whom to call — and when — by an ingenious method of taping the subscriber's first call when he gives his name, address, phone number, and wake-up time. After the first taping, she memorizes all the facts. When her first alarm clock goes off (the second clock is a back-up), she turns on her radio to keep herself awake. Then, using her left thumb, she starts dialing her first call from the phone which rests on her bed.

The wake-up service idea was suggested to her by a friend who first read about it in a Braille magazine. Rose started by sending taped letters to other blind people around the country who successfully operated such a service, and advertising for subscribers.

A county nurse comes daily to look after some of her needs, and, before she leaves, she sets Rose's clocks. An old friend and practical nurse helps by doing other necessary chores, plus the bookkeeping associated with the wake-up service.

Although Rose has a growing business, she has many

other pursuits. She corresponds with both blind and sighted people around the country by means of tapes.

Address: Rose Dore, 913 E. 140 Street, Cleveland, Ohio 44110. Phone: (216) 761-7419.

## Christmas Card Artist

Barbara Long, a respiratory polio quad since 1952, is a self-taught artist. She began painting in 1958 and has worked since then to develop her unique ink and brush technique. A member of art and professional groups in Texas, she has had several solo shows. Since 1970, she has been successfully marketing her Christmas cards and notes nationwide. For a free illustrated brochure, write to Barbara at 512 West Gonzales Street, Yoakum, Texas 77995.

Other mouthstick artists will be interested to know that Barbara does not use a fixed mouthpiece to hold her brushes and pencils. "It inhibits the movement of my brush," she says. "It is a bit hard on the handles of my brushes, as my teeth are as bad as a beaver's about chewing away at the wood, but I have my aides coat the handles of my brushes with liquid rubber or wrap them with plastic tape."





Rehabilitation counselor Paul Ashton knows of no other corporate rehabilitation program like 3M's and says counselors at national meetings have expressed much interest in the program.

## Rehabilitation at 3M

Paul Ashton, a rehabilitation counselor, heads a unique program at Minnesota Mining and Manufacturing (3M). Ashton's job is to rehabilitate, retrain, and re-employ 3M workers who become disabled through accident or illness, on or off the job.

"There is a large portion of people who become injured or ill who will not be rehabilitated," Ashton says, "but the problem is to find those who can be."

Ashton, whose department covers 45,000 3M employees around the United States, works closely with the company's personnel, employment, medical, and insurance departments. He also consults outside agencies such as the State vocational rehabilitation agencies and the Veterans Administration.

"Rehabilitation," Ashton states, "is not just putting a person into another job, but into a job in which he can work at top capacity in line with his interests. It has to be a job that best meets a person's emotional and mental needs as well as one in which the person produces to satisfy the employer's needs."

Some cases are more easily solved than others. Ed Jungbauer, an electronics technician in 3M's audio/video products laboratory, was able to return to his job after a lengthy kidney illness, and eventually, a kidney transplant. For Mary Rude, however, the onset of multiple sclerosis meant leaving her job as an exceptionally

fast typist. Ashton was able to place her in a switch-board operator's job, in which she uses a modern, key-pulse console to handle the steady stream of incoming calls.

In Jim Hill's case, both a different job and additional training were needed. He had been an order filler in 3M's office supply services, a position which was interrupted when his back was broken and his legs paralyzed in an automobile accident in 1969. After leaving the hospital, Jim was able to get around with the help of a brace on his right leg and crutches. The Minnesota Division of Vocational Rehabilitation (DVR) arranged for him to take a machine operator's course and GI Bill funds paid for the training. In November, 1972, he was ready to look for a job. The state DVR contacted 3M's personnel department, and a position was found for him as a machinist.

There are moral as well as business reasons for going to a full-time, staffed operation rather than referring rehabilitation counseling to outside agencies or dealing with cases on an "as needed" basis. Jim Keely, manager of personnel services, explains, "We have a responsibility based on our management philosophy that 3M is people. Primarily, we are interested in meeting human needs." From a business standpoint, Keely adds, "We can't accurately measure the savings of rehabilitating an employee but we do know that it may take from a few to many thousands of dollars to replace an employee, depending upon the investment the Company has in his training and knowledge."

"Before the program was set up and Paul Ashton joined us," said Keely, "we were putting out fires, helping people who came to our attention but not reaching out to find those we didn't know about. Since then, we've been able to search out and review almost 500 cases."

Address: Paul Ashton, Rehabilitation Counselor, Personnel Services, Building 224-13, 3M Center, P.O. Box 33800, St. Paul, Minnesota 55101.

Development of Modern Vocational Objectives for Severely Disabled Homebound Persons: Remote Computer Programming, Microfilm Equipment Operations, and Data Entry Processes: A Final Report. By Thomas R. Shworles, M.A. and Irene G. Tamagna, M.D. Significant findings: regardless of the severity of the disability, many homebound, if selectively matched to appropriate information handling tools, can compete with the able-bodied for work that is relevant and that has the future look — information collection, storage, transfer, processing, and retrieval. Direct training costs indicate a benefit-cost ratio which is favorable. An exciting report! Available from: George Washington University, Rehabilitation Research and Training Center, #9, 2300 Eye Street, N.W., Washington, D.C. 20201.

## University Instructor

Polio cut Dick Jaskela's education short during his second year of high school. "I spent the next ten years trying to discover what I might do with my life," says Dick. "Art and literature sustained me through those comparatively dry years. I averaged five to ten books a week for seven years."

When Dick decided he wanted to go to college and become a teacher of literature, he ran into a wall of skepticism because he was a quadriplegic, dependent upon a respirator. "Finally, I interested a local scholarship group in my ambitions," says Dick, "and they

offered me a scholarship to the Ashtabula branch of Kent State University (KSU). After I had attended classes for three quarters and won several academic and writing awards, the Ohio Bureau of Vocational Rehabilitation (BVR) reviewed my qualifications and decided that I might be a good risk."

He transferred to Ohio State University (OSU) and he and his cousin lived in an apartment off campus for one year. His cousin played the role of attendant and received a stipend from BVR for his efforts.

After the year at OSU he transferred to Kent's main



campus, finished his B.A., and earned a Master's degree in English. Since then, Dick has been teaching English full time as well as editing the school newspaper at the Ashtabula Campus of KSU.

Dick lives alone and drives to the university in a specially equipped International truck. BVR supplied most of the funds to buy and modify the truck. Part of the outlay was for the materials and the craftsmanship of M. J. Markowski, a research engineer with the True-Temper Company of Cleveland, who worked for more than a year fabricating the modifications. Total cost of the unit, as presently equipped (including a bed) is about \$11,000.

An electric-powered, hydraulically lifted "cage" allows Dick to enter and leave safely. He starts the engine

by turning one of the two ignition switches located on an exterior control panel at the side rear. Next he lowers the aluminum cage to ground level, then rolls into it and secures himself with a safety bar.

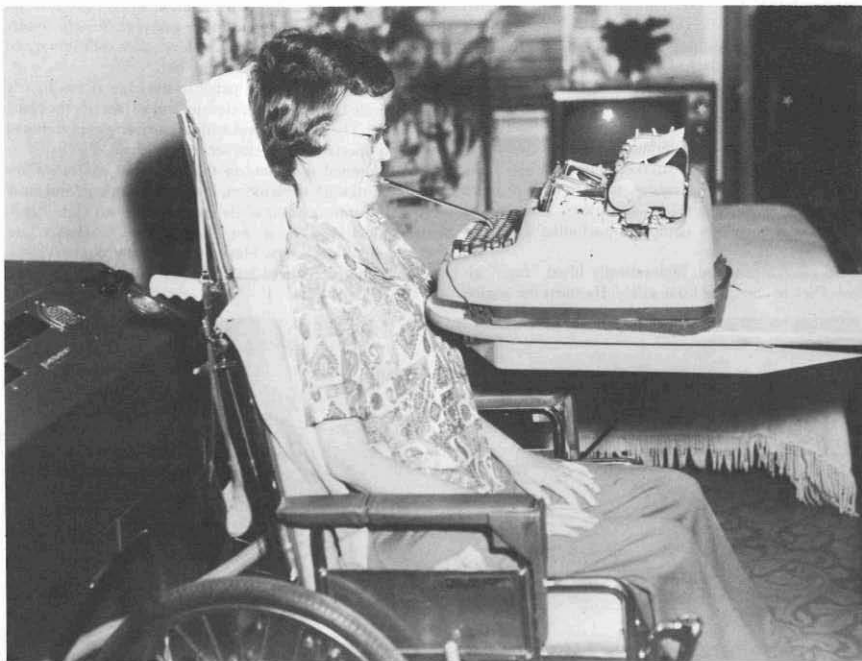
A duplicate control panel in the cage allows him to operate the cage drive, elevate, and swing into the truck body. The floor is level with the driver's compartment and special floor locks secure his chair.

Mounted up front, on the left, hand controls allow Dick to work the ignition, brakes, accelerator, and automatic transmission while steering with his right hand.

Electric plug-ins for his portable respirator are mounted on the dashboard and outside the truck.

Address: Richard Jaskela, 2323 West 11th, Ashtabula, Ohio 44004.





## Writing: A Rewarding Challenge

by Peg Layton Leonard

The advertisement which opened the door for me into the field of writing, is still vivid in my memory. . . .

"WANTED: News correspondent. Good part-time job for a housewife."

Why that ad — appearing in a June 1969 issue of our daily newspaper, the *Casper* (Wyoming) *Star-Tribune* — caught my eye is still a mystery. Single at the time, as well as a poor hand at housewifely duties, it seemed I hardly qualified for the job.

Nevertheless, I answered the ad, submitting the required three "samples" of news copy (my first try at such), and in due course was "signed on" as one of the newspaper's 20 state correspondents hired to cover events at the local level.

Until that time, typewriting — for me — had been a hobby limited mostly to letter writing, plus occasional news items for our local weekly and a single juvenile fiction story which, at that time, was out "making the rounds."

Several months had elapsed since I'd submitted my

final correspondence course assignment to Famous Writers School in Westport, Connecticut. Having attained my goal of completing the fiction course in the three years allotted, I considered myself entitled to "vacation" awhile — and yet, I felt an urgency to begin earning in view of the dollars I'd doled out in 36 monthly payments (my first experience with the "convenient payment plan").

Though I now possessed a handsome certificate declaring that I had completed the School's course of study, I felt less certain than ever that fiction-writing was for me. The non-fiction course I'd turned down, concerned that those around me would be saddled with the research that this field would require.

With my course of study now completed, I suddenly faced the curious challenge of what-to-do with what-I-had.

While mulling over the idea of answering that newspaper ad, it had come to me that should my application be rejected, there would be other avenues to explore.



Through my hobby of greeting-card writing, I'd found that with every rejection slip comes new hope . . . and eventually sales.

Now, I was embarking on a new venture: news writing.

After five years, I still recall being grateful and impressed to be hired by a editor, who — knowing I was a respiratory polio and a mouth-wand typist — nevertheless expressed confidence that I could handle the job.

The position, itself, was a little on the unusual side, and may well represent a "job opportunity" unique to Wyoming. Where else but in this Rocky Mountain state of fewer than 400,000 population would one find a daily with statewide circulation, featuring a page highlighting the news from various communities? My job was to keep Douglas — "Home of the Wyoming State Fair" — on the map, so to speak.

Never having previously tackled newspaper journalism, I set to work delighted with the challenges and opportunities the job afforded. I soon discovered that "stringing" for a daily provided invaluable experience — both from the standpoint of writing and from that of news photography, though in neither case do I profess to be an authority. I can only relate my personal experiences.

The requirements for all typewritten copy and photos submitted to the State Editor I received neatly listed on a single page under two headings: "Do's" and "Don'ts." My efforts seldom rated any critique, unless solicited — and then only briefly stated. Photos either appeared in print, or were dropped — depending upon how closely one adhered to the "Don'ts," which cautioned particularly against shots with people looking directly into the camera. Good composition, on the other hand, necessitated that everyone appear busy "doing" something — even if it required a posed shot.

Once I mastered the technique of incorporating the "five W's" (who, what, where, when, why) into a story's lead paragraph, my copy was generally printed as I submitted it. To aid in comparing my copy, as submitted, with the story as it finally appeared in print, I made carbon copies. By then checking the printed story against the carbon, I could quickly see what editing had been done — though the reasons were not always so easily discernible.

Day by day, my efforts improved. But the real credit for my success on the daily, I must hand to my "staff" — my mother, who helped tremendously with note taking, research and proof-reading; my attendant, who handled the photography using a Polaroid camera; and last, though not least, my father, who — when necessity demanded — would wait up until nearly midnight in order to hand my last-minute releases to the driver of the express mail truck, which refueled nightly at the outskirts of town. While not "officially" scheduled to pick up Douglas mail, the driver's very next stop was

the *Star-Tribune* in Casper, where he nightly loaded on papers. While dock boys worked at this duty, the driver would take my stamped-but-uncancelled envelope of news releases into the newsroom and deposit it on the State Editor's desk where it received prompt attention the following morning. This convenient arrangement worked splendidly, week after week!

For two years, assisted by my three-member staff, we kept the pace. The work, while in many ways rewarding, was not, however, too lucrative. Pay averaged 20¢ per column inch for copy, 15¢ for photos.

In 1971, with a complete transition in my life (which now involves a devoted-but-busy husband, assisted here at home by two part-time housekeepers), I exchanged the treadmill of daily deadlines with pay by-the-inch, for a job with our local weekly, the *Douglas Budget*, at a salary of \$100 a month.

My first assignments included everything from hard news and feature interviews to weddings and obituaries. In 1972, I turned principally to feature writing, focusing mostly on historical subjects in addition to some relating to central Wyoming's new industries involving mineral (uranium, coal, gas and oil) exploration.

Among my best free-lance markets, other than magazines catering to western readers, have been the special editions printed annually by Wyoming's daily newspapers, intended to promote the state's historical points of interest, recreational facilities, agricultural progress, and industrial advancements.

As of last January, due to change in management, my status with our local weekly also changed, and I'm once again on the traditional "stringers" pay schedule, this time at 25¢ per inch. The change I consider God-directed, however, for I'm now at liberty to set my own pace and, thus, accept fewer assignments requiring that I type at night to make deadlines.

Among privileges earned through work in these media has been four years' association with Wyoming Press Women (carrying national membership, also), an organization of vital, out-going women who continue to be a great source of inspiration.

One "bonus" provided by newspaper writing, I've found, lies in the fact that one is continually brought in touch with dynamic people from all walks of life, most of whom unwittingly provide helpful contacts for the would-be writer. The greatest reward, however, comes through the joy of having work that's so interesting, so compelling, that — from one day until the next — you hurry to finish a project, in order to begin another!

There is no "finis" when it comes to writing, for there are infinite subjects to be explored and, with each, a whole new set of challenges to be met. For anyone in search of a worthwhile avocation at which he can set his own pace, the field of writing is sure to provide rewarding hours.

Address: Peg Layton Leonard, Box 681, Douglas, Wyoming 82633.



Dorothy and Bob DeBolt's international family. "This photo was taken on the day Wendy arrived from Korea, blind, battered, and bewildered. She is being greeted by nine of her fourteen brothers and sisters, along with Bob and myself."

## Volunteer Programs for the Disabled

### Aid to Adoption of Special Kids

Dorothy Atwood and her first husband, Ted, were raising their own five children when they heard of the plight of Korean-Caucasian children who were being treated as outcasts in Asia. They responded by adopting Korean orphans Kim and Marty.

Widowed in 1963, Dorothy moved her family from Placerville to Piedmont, California. Shortly thereafter, Dorothy adopted Tich and Ahn, two 14-year old paraplegic Vietnamese boys who had been orphaned in the war. "I learned about paraplegia for the first time. They've taught me so much. One wants to be a doctor, the other an engineer. They are making good grades and they can drive their own car which they helped pay for from money they earned."

In 1970 Dorothy and Bob DeBolt, a construction firm executive, were married. This brought his teen-aged daughter into the burgeoning family. More adopted

children followed. "In July, Henry, a 12-year old, came from Biafra, then two others from the same country. Although they were not adoptable, we had legal custody of them for a year.

"By this time, some of the older children had moved away from home into their own apartments. With only ten kids, the house seemed kind of empty. This was when we got Sunee, a Korean-Caucasian, who uses braces and crutches because of polio. Then we wanted another disabled playmate for Sunee, so in 1972 we adopted Karen, a little black girl who was born without arms or legs. She has been fitted with artificial limbs and has become expert at caring for herself; she can feed herself, make her bed, and even do embroidery."

The DeBolt's latest addition is Wendy, a five-year-old battered child who had been abandoned on the streets of Seoul. She was blind, with one badly fitting glass eye. Recently, a corneal transplant restored sight to her remaining eye.

## **Purpose of AASK**

The DeBolts' joyous experiences with "special kids" resulted in the founding of AASK (Aid to Adoption of Special Kids). The purpose of this non-profit organization is to act as an intermediary between prospective adoptive parents and agencies seeking to place special children for adoption.

AASK actively searches for families which will adopt children who are physically or mentally disabled, or of minority descent or more than nine years old. Most potential adopters shy away from older or disabled or racially alien children. Consequently, thousands of adoptable children are not adopted. AASK hopes to increase the number of disabled children that are adopted by publicizing the fact that the costs of raising them are about the same as for other children because most states provide for continuing medical care for adopted disabled children.

## **AASK Payment Program**

AASK is not an adoption agency. It provides incentive and aid to children and their adoptive parents through: (1) payment of attorneys' fees for adoption; (2) payment of medical and dental fees not covered by public agencies or insurance; (3) payment of certain transportation costs, such as taxis to medical appointments; (4) payment of fees for therapy and psychological treatment not provided by school or agencies; (5) funding of programs to develop natural talents (tutoring, creative arts instruction, music or drama); (6) financial assistance to help offset the soaring expenses of special education; (7) special clothing and related personal equipment; (8) modifications to the home to accommodate special equipment such as wheelchairs.

Address: AASK, P.O. Box 11212, Oakland, California 94611. Phone: (415) 547-1678.

## **Crisis Line**

### **Volunteer Training Center**

The Crisis Line Volunteer Training Center (CLTV) is a training and teaching organization, with a faculty of professionals. Its services are designed to recruit, train, evaluate, and supervise volunteers for any mental health or service agency in Palm Beach County, Florida.

Crisis Line is a 24 hour, seven-days-a-week telephone service designed to provide information about all social service agencies and personal counseling. The service covers all agencies of human concern — welfare, personal problems, and information and referral, as well as drug and alcohol counseling and emergency assistance for suicides.

Since its founding in January, 1971, it has trained over 2400 volunteers for several programs. This in-

cludes about 250 to 300 volunteer operators who handle nearly 3000 calls a month.

In the spring of 1974 CLTV initiated a course in counseling the disabled. The curriculum includes: prejudices (identifying and overcoming stereotyped images of "handicapped"), the need for identity, family involvement, childhood and adult relationships, medical problems, physical barriers, housing, employment, education, architectural barriers, vocational rehabilitation, sexual problems, and death.

For further information, contact: Sr. Mary Frances Seeley, M.Ed., 909 Fern Street, West Palm Beach, Florida 33401. Phone: (305) 833-9696.

## **Equipment Loans**

"Our name, Rebounders, simply means we believe people tend to rebound from their physical handicaps," states the brochure of Rebounders, Inc., a volunteer group of people who are disabled.

The main welfare project of the club is a service which provides wheelchairs, walkers, hospital beds, and other equipment without charge to people who could not obtain them otherwise. Founded in 1947, the club now owns and maintains about 200 pieces of such equipment. They are in use most of the time and frequently there is a waiting list.

The project is financed through donations and the proceeds of an annual show presented by the Pasadena chapter of The Society for the Preservation and Encouragement of Barber Shop Quartet Singing in America.

For further information, write: Natalie J. Pavani, Welfare Chairman, 4632 Pennsylvania Avenue, La Crescenta, California 91214. Phone: (213) 248-8803.

## **Radio Talking Books: Closed Circuit Broadcasting**

The Library of Congress and many other organizations have been recording books and magazines for the blind for many years. A few years ago, the Library of Congress expanded its "Talking Books" program to include the severely disabled as well as the blind. More recently, several organizations have begun to utilize closed circuit radio to broadcast "talking newspapers."

Among those who have developed these broadcasts are the Minnesota State Services for the Blind, the University of Kansas, the Shrine of Our Lady of the Snows in Belleville, Illinois, and the Seattle Public Library. The programs are possible because FM radio stations are capable of broadcasting on sub-carrier waves in addition to their main channel. In the case of stereo stations, one sub-carrier is utilized to provide stereo; the other is available for broadcasting music to restaurants, offices, and stores on special receivers.

The organization in Belleville broadcasts over

WMRY's closed circuit, providing 15 hours of news and information five days a week to about 700 borrowers of special receivers. These receivers are loaned without charge to eligible listeners. The sets are tuned in only to the station's sub-carrier frequency and are operated with a simple off-on switch. The broadcasting radius of the station is 50 miles, covering the entire metropolitan area of St. Louis, Missouri.

This year-old program is funded through grants and staffed with volunteer help. Volunteers record magazines and books onto cassette tapes and take them to the radio stations. Newspapers are read on a "live" basis. The Telephone Pioneers of America and the Lions Clubs of Missouri deliver the receivers and the Western Electric Council donates repair services.

Applicants must be certified as eligible by a physician or be registered with the State Services for the Blind. For further details, write: B. L. Wittenbrink, O.M.I., Executive Director, WMRY's Talking Books, Shrine of Our Lady of the Snows, 9500 Highway 460 West, Belleville, Illinois 62223. Phones: (618) 397-6700; (314) 241-3400.

Radio Talking Book, a similar service, is operating in the State of Washington for those who cannot read because of visual or physical disabilities. The main programming is the reading of newspapers, news magazines, books, and other items of special interest. It is broadcast over the SCA (sub-channel) of KUOW.

Special receivers are loaned to those eligible persons who request them. Eligibility is the same as for the Library of Congress Talking Book program.

For information, contact: Library for the Blind and Physically Handicapped, 811 Harrison Street, Seattle, Washington 98109. Phone: (206) 464-6932.

## Adventures in Movement

Adventures in Movement (AIM) is a national non-profit organization dedicated to teaching movement to blind, deaf, retarded, physically disabled, and emotionally disturbed children. Founded in 1958 in Dayton, Ohio, it has 100 chapters across the country. Almost 600 trained volunteers work with 25,000 children. Funds are derived from donations and special fund-raising projects.

Anyone with a love and concern for children can become an AIM teacher. All volunteers are required to take twelve hours of training and must be willing to donate a minimum of one hour each week to teaching.

AIM teaches body movement through exercises and dance routines. "Progress is slow," says Miss Jo Geiger, national executive director. "We're working on motor skills, teaching the basics, and this takes time. AIM gives each child the chance to do his own thing. If it takes six weeks to uncrook a finger, it takes six weeks. But it gives the child a chance. There's never been a

complete failure at AIM. There's been improvement in every child we've helped."

*Maybe Tomorrow*, a 28-minute 16mm color film, tells the AIM story. The film, narrated by National Honorary Chairman Gene Kelly and sponsored by the Junior League of Dayton, is available on a rental basis. It is made to television specifications and has been shown on television throughout the country.

For further information, write: Jo A. Geiger, Executive Director, AIM, Inc., 945 Danbury Road, Dayton, Ohio 45420.

## Recordings for Recovery

A unique, non-profit organization, Recordings for Recovery, sends therapy around the world in the form of music on tape. The organization, known as R4R, was founded in 1957 by Mr. and Mrs. Ralph L. Hoy. Under the dedicated direction of Mr. Hoy, a retired Alcoa executive, it has expanded from a tape for one home-bound friend to 15,000 tapes that have reached 500,000 persons in 26 countries.

R4R is entirely dependent upon contributions. There is no paid staff; some 250 volunteer workers and the world's top musicians donate their services. Its international medical and advisory committees include experts in psychiatry, psychology, and education. It is affiliated with the British Society for Music Therapy and with several institutions in Canada.

When members of the American Federation of Musicians were approached, they gave permission for any of their members to volunteer their services. Among the artists who have donated their talents are Fred Waring, Roger Williams, Lawrence Welk, Danny Kaye, Libera, Henry Mancini, Herb Alpert, John Charles Thomas, Burl Ives, and Ethel Waters. Other involved artists include the Longines Symphonette, Paul Whiteman, Mantovani, Tennessee Ernie Ford, and Guy Lombardo. Violinists who have contributed include Mischa Elman, Sidney Harth, Joseph Szigeti, Isaac Stern, Edith Peine-man, and Stefan Krayk. The New York Philharmonic Orchestra presented the Leonard Bernstein series for children and the Pittsburgh Symphony Orchestra donated an entire season of its concerts.

The present library also includes works contributed by the embassies of Norway, Sweden, Holland, Germany, Italy, Ireland, and Great Britain. The collection has been expanded further with from private collections of Asian and African music.

"It has been estimated," says Mr. Hoy, "that to reproduce the present library from Bach to boogie-woogie would involve several millions of dollars. This wealth of talent has been contributed for the good it can do and with the knowledge that none of it has ever been sold for profit."

The tapes are provided without charge to individuals and to hospitals, schools, rehabilitation centers, and



Ralph Hoy plays a duet with Janet Hall, a disabled teacher at Winchester-Thurston School in Pittsburgh.

prisons. R4R works closely with special schools and hospitals for the retarded, brain-damaged, and emotionally disturbed, recording special songs, background music, and rhythmic treatment. Because of the death of his oldest son in a Naval hospital, Mr. Hoy devotes much of his time to creating programs for veterans' hospitals. A number of prisons and prison hospitals also use the tapes for treatment.

The programs may be borrowed for limited periods or they may be kept to build up a library by exchanging them for high-quality blank tapes or cassettes. Programs include classical and instrumental music, light opera, band music, ballads, musical comedy, folk music, religious music and messages, story songs, and children's specialties.

To participate, request a descriptive brochure and application form from: Mr. Ralph L. Hoy, Recordings for Recovery, Box 288, Oakmont, Pennsylvania 15139. Phone: (412) 339-2422.

## Rotary International

The December 1973 issue of *The Rotarian* is devoted to Rotary International's long history of work with the disabled. "Rotary's function is frequently catalytic," writes the editor. "Rotarians are particularly adept at seeing a need, creating a solution, getting the project moving, then turning the machinery over to others to run." As an example, the National Easter Seal Society for Crippled Children and Adults and Rehabilitation International grew out of projects sponsored by Rotary Clubs in New York, Ohio, and Ontario in the early twenties.

Rotary International's projects span the globe: a school for the deaf in Argentina, a home for disabled children in The Netherlands, a school for the handicapped in Japan, a Rotary Institute for Children in Need of Special Care in India, a hydrotherapy pool in Canada, a hospital in Guatemala, a motorized wheelchair for a person with polio in Australia, a specially equipped car for a severely disabled Californian, a Wheelchair Modification Shop in West Topeka, Kansas, a sewing machine for a disabled tailor in Kenya.

Write to Rotary International, 1600 Ridge Avenue, Evanston, Illinois 60201 for the free brochures, *Working With the Handicapped*, and *Educational Awards Handbook*. The latter describes the award program for teachers of handicapped to study in another country.

## ACTION

Established in July, 1971, ACTION brought together six federally supported volunteer programs administered by different agencies and added six new ones. ACTION and the National Center for Voluntary Action work closely together in all areas of voluntarism.

Some disabled persons may wish to volunteer their time and talents, others may want to be on the receiving end of some of the services offered. For instance, for those who are left alone at home during the day, there may be possibilities of volunteer "sitters" through the new Senior Companion Program of the Foster Grandparent Program. Others, wanting to start small businesses, could find expertise from retired businessmen in SCORE or working businessmen in ACE. Information is available from ACTION's ten regional offices, located in Boston, New York City, Philadelphia, Atlanta, Chicago, Dallas, Kansas City, Kansas, Denver, San Francisco, and Seattle.

## National Center for Voluntary Action

Since its incorporation in 1969, the Center has conducted a nationwide clearinghouse service to provide information about on-going volunteer activities and to help place individuals in particular programs.

The clearinghouse was organized under the direction of Dr. Helga Roth, an information retrieval specialist formerly with the Smithsonian Institution. Information on thousands of volunteer programs — covering a wide range of social service fields — has been collected and analyzed by the clearinghouse.

Inquiries for specific subject information are answered with comprehensive samples of case histories and the names of contact persons. In addition, annotated bibliographies of pamphlets and other publications relating to the development of volunteer programs have been prepared. Currently, the Center publishes two magazines for those concerned with volunteering: *Voluntary Action Leadership*, a quarterly for volunteer leaders, and *Voluntary Action News*, a bi-monthly. Both are distributed free.

To assist the research staff in finding information for

your project, be as specific as possible about the particular area of your interest. Among the categories included are civic affairs, education, employment, entrepreneurship, give-away programs, housing, legal rights, physical environment, psychological/social support services, recreation, and transportation.

If, for instance, you advised the Center that you were planning to start a tape program or a "phone pal" telephone check-up system for the homebound, you would be sent information sheets on similar programs in existence around the country. There would be a summary of each program with the name, address, and phone number of the person to contact. An invaluable service! It is exciting just to leaf through some of the programs and feel their creativity and dedication. Any group or individual starting a volunteer service project should first check with the Center.

The service is free! Requests may be made by mail, phone or personal visit to National Center for Voluntary Action, 1785 Massachusetts Avenue N.W., Washington, D.C. 20036. Phone: (202) 797-7800 or 625 Market Street, Suite 309, San Francisco, California 94105. Phone: (415) 495-5305.

## Travel Camp

Every year since 1953 the Future Farmers of America in Minnesota have supported Travel Camp. About 30 disabled participate each year, traveling in new vans loaned by Harold Larson of Harold Chevrolet in Bloomington, Minnesota. Counselors have driven the campers to Yellowstone Park, Glacier Park, the Black Hills of North Dakota, and Northern Michigan. Details from: Courage Center, 3915 Golden Valley Rd., Golden Valley, Minnesota 55422.





## Books

by  
Donna McGinn  
respiratory polio quad  
Box 267, Grand River, Ohio 44045

### Employment Opportunities for the Handicapped

by Juvenal L. Angel  
1969. Simon & Schuster, Inc., New York. \$12.50

This is a job opportunity book to top all job opportunity books. If the reader cannot engage in some money-making endeavor after ingesting the information herein, he probably does not want or need to work. For instance, there are job analyses of 350 occupations suitable for disabled men and women. The analyses include job description, aptitudes and traits desired, physical activity required, where employment is found and for what types of handicaps the work would be suitable. There are some interesting ideas that a job seeker might not have thought of, such as biologist, auctioneer, breeder of canaries, parakeets or cats, candle and candy maker, cheese store entrepreneur, linen room attendant, menu printer, real estate broker and salesman, taxi dispatcher, title examiner, or optician. The thought of having my own candy shop so appealed to me that I briefly considered giving up writing, but the specter of additional calories kept me committed to my typewriter.

The author declares, "Any threat to an individual's ability to earn his own way in a competitive society must also be considered a threat to an important human need. Our understanding of this may be helped by referring

to the so-called socio-economic scale. This scale categorizes people in terms of their social status which, in a general way, is tied in with their economic pursuits."

Further reinforcement of the esteem of employment in one's standing in the human community comes from Gabriel Marcel in his book *The Philosophy of Existence*; "Modern man knows himself not as a man, or a self, but as a ticket-seller in the subway, a grocer, a professor, a vice-president of A.T.&T., or by whatever his economic function may be." Besides income and status, the disabled well know the other fruits of working, such as independence, self-confidence, dignity and respect.

Some of the commonly used arguments against employing the disabled are examined and dispelled. One is the belief that an employer's insurance rates go up with the hiring of a disabled worker. Angel writes, "It is necessary to emphasize that there is no provision in workmen's compensation insurance policies or rates which penalizes an employer for hiring handicapped workers. To erase any misunderstandings, these are the facts: Workmen's compensation insurance rates are determined by two factors: the relative hazards in the work to be performed and a company's accident experience. The formulas used in determining premium rates do not take into consideration the kind of personnel that is hired."

Agencies and organizations in every state that will help the disabled in both physical and occupational rehabilitation are listed. National offices for other agencies that will help directly in rehabilitation for certain afflictions are also included. There is a chapter devoted to relating education to employment, such as what kinds of jobs can be had with less than a high-school education, vocational and business training, and college courses. Other chapters cover finding a job, how to write a resume and conduct yourself in an interview, how to start a mail order or other home business, including where to purchase merchandise, part-time employment and small business enterprises. Surprisingly, approximately 10 per cent of all placements in the State-Federal Vocational Rehabilitation Program were in self-employment, mostly in small business enterprises.

Juvenal Angel is director of the Modern Vocational Trends Bureau. His book is not just a compilation of jobs and related data. It is a comprehensive evaluation of the gradual change in public attitude toward the disabled and their resultant advancement in opportunity and status. The contributions of science and technology in the form of miniaturization and electronics, and of medicine in prolonging life that earlier would have succumbed to disease or trauma are acknowledged as important forces in the evolution of the disabled from attics and back rooms into society's mainstream. Here the attainment of regular employment guarantees a respectable and contributing life.

## Sex, A Better Understanding

*Community Sex Information and Education Service, Inc.*  
Box 2858, Grand Central Station, New York 10017.  
50¢

Dr. Hale Harvey, who possesses graduate degrees in both public health and epidemiology, founded the Community Sex Information and Education Service to help people solve their sexual problems through education. He started the organization because of the many patients he had whose sexual problems resulted from a simple lack of education. Some of its services include educational lectures and folders, telephone counseling, and arrangements for free VD and pregnancy tests. One of the goals of CSIES is to set up local chapters in as many communities as possible. No one calling for information is ever required to give his or her name.

This is but one of the booklets to be made available by CSIES. It is explicitly illustrated and helps the reader understand the specifics and emotions of human sexuality. The male and female body and their responses to stimulation, birth control, pregnancy, abortion methods, venereal disease and other afflictions of the reproductive organs, and sexual relationships are all discussed in simple, easily understood language.

The most liberal as well as the most conventional views of sex are respected. Homosexuality, bi-sexuality, and sexual myths are treated with logic and understanding and without judgment. In three paragraphs the myths of vaginal orgasm and penis size as an indicator of sexual competence are succinctly debunked.

The nine other booklets in the planning-stage are: Birth Control, Early Sexual Experiences, Lovemaking, Homosexuality, Masturbation, Abortion, How To Tell Your Child About Sex, Venereal Disease, and Sex Out-side of Marriage.

## Pat and Roald

by Barry Farrell  
1969. Random House, New York, Toronto.

You don't have to be a movie fan to have heard the story of Hollywood actress Patricia Neal and her series of near-fatal strokes. The year was 1965 and Pat was working hard to finish a movie before her fifth pregnancy began to show. One night she had severe head pain and blurred vision. Her husband, Roald, reacted instantly. He hurried to the phone and dialed the number that was tacked to the wall of his study. It was the number of their neurosurgeon, kept in a prominent place since the accident of their infant son, Theo, that had caused extensive brain damage. From that experience Roald had learned the importance of time and skill in treating brain injury.

When Pat reached the hospital fifteen minutes later she had already had two brain hemorrhages. She had a

third, massive one on the x-ray table as the radiologists were checking the arteries to find the point of bleeding. Three hours later it was located and a decision was made to operate. There were many odds against her survival, but not to operate would have been fatal.

Pat was in a coma for two weeks following the operation. A month later she returned home unable to speak, with double vision and without her memory, and paralyzed on the right side. Expenses mounted as Pat lost her salary from the unfinished film and Roald, a writer, had a setback with a movie script. Their expenses ran over two thousand dollars a month. Shortly they left California and returned to their home in England.

Roald rises to his best efforts as the demands of an incapacitated, pregnant wife, three children, and dwindling savings pile upon him. During the following months he performs the chores of the house, organizes a team of friends and neighbors to work with Pat in supplementing the work of professional speech therapists, and in the remaining time answers the hundreds of letters that arrive daily. It is Roald who conducts just the right composition of events that keeps the home functioning and the right atmosphere for Pat's rehabilitation. The reader quickly learns to appreciate Roald's genius and the depth of his caring. Here is a beautiful demonstration of the strength of love and the miracles of healing that it can work.

Unless you have known someone who has had a stroke it is hard to imagine the daily struggle required to again learn to talk and move. Fortunately, it is not always a serious business. Roald points out the humor in some of the words Pat concocts as she slowly recovers her vocabulary, words such as "sooty swatch" for martini and "sinkers," "skitch" and "oblogon" for cigarette. The process of rehabilitation is earnest and arduous, however, and to help others get through it more easily Roald shares some advice. He wrote the details of planning and therapy in a mimeographed letter and sent it to anyone who requested help.

One of the rules Roald stresses is, "The person upon whom the patient is dependent, be it husband, wife, father, mother, brother, sister, or best friend, should never, in my opinion, take on the onerous duty of rehabilitation. That person should reserve his or her energies for running the house or earning a living, and above all, keeping cheerful." Roald tells how to schedule the friends who can help the patient practice his thinking and use of vocabulary. He warns, "Friends will protest at first, saying they know nothing about how to teach people suffering from aphasia, etc. To this you reply that they don't have to know anything. The whole thing is common sense. All the patient wants is practice." Pat's first "teacher" arrived at 9 a.m. and the last one left at 6 p.m. with three hours off at lunchtime. These teachers contributed their own advice on specifics of instruction to Roald's list, valuable information for anyone working with a stroke victim.



Six months after her strokes Pat gave birth to their daughter, Lucy. After coming home from the hospital she learned how to walk without her brace. Two years later she was able to give a speech at the Waldorf-Astoria at a benefit for brain-injured children. And three years later she gave a star performance in the movie "The Subject Was Roses."

There is irony in this story as well as triumph. Injury or disease to the brain or nervous system hit four members of the Dahl family. One of their daughters died of measles encephalitis; one son had hydrocephalus from the skull injuries following an automobile accident and underwent eight major brain operations; and Roald himself had three spinal operations. He was retired from the RAF as 80% disabled. It is strange how fate centers its attention on certain families and consolation lies only in the knowledge that strength and creativity as well as sorrow can emerge in its wake.

### **Personal Relationships, The Handicapped and the Community, Some European Thoughts and Solutions.**

Edited by Derek Lancaster-Gaye  
1972. Routledge & Kegan Paul, London, Boston.

Relationships, be they personal, business, or community, give meaning and value to life and ourselves. We dream and accomplish for the approval and satisfaction of those we care about. Our reward is the return of their caring. In effect, those with whom we relate evoke and shape what is within us; they make us what we are.

Now a book has been devoted to the important and neglected subject of relationships of the disabled. It contains essays by fourteen rehabilitation professionals from Denmark, Sweden, England, and Holland. The first part of the book covers the total setting within which personal and more formal relationships between the disabled themselves or the disabled and the able-bodied are developed. The ambitious housing accommodations for the disabled provided by Het Dorp in Holland, Fokus in Sweden and the Kollektivhuset in Denmark are the subject of three of the essays. In these projects the quality of living is considered in the planning as well as structural details. Independence is encouraged and aided with architectural provisions, reasonable rates for rooms and attendant services and, in some places, tuition grants. Integration into the community is stressed. Psychological problems and social orientation difficulties of potential residents are evaluated before admission is approved. This lessens the risk of failure by residents to integrate successfully into home and community life.

The second part of the book studies the most personal of relationships, the sexual. Due to certain societal myths and prejudices the disabled have been regarded as sexually neuter, immature, and incapable. It is only

recently that their sexual needs and abilities have been acknowledged and discussed. Personal experiences and several seminars and studies have increased information pertaining to sex and the disabled. In Holland a two-year socio-psychological study on the subject has been authorized at the University of Amsterdam with the report possibly to be issued in paperback.

Some of the facts are unexpected. In 1969-1970 the Swedish Central Committee on Rehabilitation conducted an investigation into the knowledge and attitudes toward sex of seventy-five physically handicapped boys and girls between the ages of 16-25 who attended one of three separate special institutions for the disabled. Inger Nordquist, secretary for the SCCR, states, "No evidence was found to suggest that psychological problems in the sexual life of the handicapped were more prevalent than in the sexual life of the able-bodied. Instead, the problems involved were problems of communication and for some people those of a technical nature." Although the young people had had sex education in school they wanted to know more, especially about the ethics and psychology of sexual life and technical aids to make coitus easier. Coitus positions and contraceptives had a high priority.

Improvement of life for the disabled has focused on the most intimate form of expression. Some of the discoveries are reported in this work and it is heartening as well as enlightening reading.



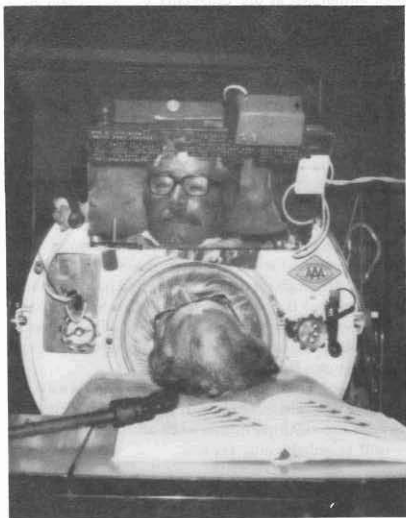
If you are turning these pages with a mouthstick or a page turner or relatively useless hands you are eligible for the Talking Books program. Under this program, the Library of Congress will loan you a FREE record player with special adaptations and send you FREE recorded books and current magazines. FREE postage, too.

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Contact your local library or write: Division for the Blind and Physically Handicapped, Library of Congress, Washington, D.C. 20540.

# Hobbies

by Duncan A. Holbert, M.D.



Dr. Duncan A. Holbert, the *Gazette's* medical consultant, has been a respiratory polio quadriplegic since 1949; his breathing aids are an iron lung and a rocking bed. Before polio, he was an internist. After polio, he returned to medical school in San Francisco for refresher courses. Since then he has specialized in allergy and dermatology, fields that do not require mobility or the use of hands.

Dr. Holbert was one of the first to discuss openly the importance of sex in the life of the disabled. His frank and comprehensive article, "Sex and the Disabled," in the 1967 *Gazette* produced many reactions of horror and shock. When it was reprinted in the 1973 *Gazette* six years later, it stirred not a single reader to comment.

Over the years, Dr. Holbert has written articles in the *Gazette* on many of the problems that other polio quads face, including avoiding colds and the causes of kidney stones, and he has been generous with his time in answering questions by individual readers and in sharing his own experiences. In 1968 he wrote, "About a year ago — after 15 years of complete misery over the bedpan problem — I finally had a colostomy done, with complete and wonderful relief from all the pain, enemas, and bleeding. Initially, the idea seemed ridiculous, but I swear I should have had it done the first year instead of the 18th."

Married since college days, Dr. Holbert and his wife, Peg, have four grown children and an adopted niece.

A hobby, in its truest sense, is something that you do that in itself is so fascinating and so enjoyable that you simply can't put it down, once started, or something you simply cannot wait to get back to doing.

The essence of this preoccupation is certainly that it is enjoyable, it is diverting, it is fun, and that it somehow satisfies you inside. Some folks get this feeling from collecting stamps, milk bottle tops, buttons, old eye glasses, empty perfume bottles, wishbones, and a lot of other stuff that most of us throw away in the garbage can. Which all goes to prove, I guess, that practically every human artifact becomes interesting when seen in terms of its history and its multiple manifestations. There is nothing particularly interesting about any given matchbook, but when seen by the hundreds or thousands, indexed, categorized, and lovingly displayed, paper matchbooks suddenly become exciting and diverting! Each one has its own story, "this one we got in the motel near Yellowstone, remember when Uncle Charlie woke up with the bone in the tent looking for the potato salad that he had stashed away for a midnight snack." Such is the origin of at least half of the world's hobbies. Simple collections.

One of my favorite hobbies is collecting old guns. One of the good things that evolved as a result of this hobby was a growing number of guys who became good, close friends because we had a common interest. Now, even though I am largely housebound, they come by to show me some old cap and ball rifle that they picked up at a farm auction or some Civil War revolver that is for swapping. One is a teacher, another works at a lumber yard, another is a mechanic, and so on. And so we sit around and talk about guns and Indians and historical episodes, and in this way my life becomes more filled with those things that evolve with broader human relationships and experiences. There is so damn little time left to think about poor little me and how bad I feel!

If you just put the word out through everyone you come across, before long other nuts like yourself will begin writing to you and showing up on weekends, and before long your collection of dolls or Indian baskets or toy trains will begin to cover the table top and then some neighbors will have to come in and build you some shelves, and some more shelves in your room, and then in the dining room, and by then you're hooked for good, and it's wonderful! I know — your Aunt Clarie will nod knowingly and whisper to the family that poor George is losing his mind collecting those silly old fruit jars or whatever. But meanwhile George is back there in his room in a happy sweat, his eyes gleaming, and trying to control his voice so he won't sound excited

while he phones a little old lady out on 34th Street who, somebody said, had a whole garage full of old green Ball jars, some with zinc screwon tops, and a whole lot of porcelain lids and springs! What a deal! "Don't wait supper for me. I'm busy!" I know how he feels. It's a kind of insanity you never get over!

How do you join the club? Talk to people. See what they're doing, look at their stuff and maybe some things will bite you right off. Watch the paper for hobby shows. If you are fairly mobile, go and enjoy yourself. If not, talk someone into going for you. The librarian can help you with all kinds of books about collecting. There are magazines available on the local magazine racks devoted to hobby information, supplies, where to trade, where to buy, and all kinds of pertinent dope.

Actually, you may find that you try collecting stamps, but it just doesn't seem quite satisfying. So just drop stamps and try the next thing. How about collecting telephone pole glass insulators? Maybe that doesn't turn out to be completely exciting either. So, don't feel badly, let it go. Here's one for you — amateur radio! Take police calls, speak to ships at sea! There are whole clubs of "hams" where the membership is just for disabled people with *sound-powered mikes* and *electronic relays*. If you can wiggle an ear or an eyebrow, you're in! And overnight your walls begin to be covered with call-letter cards from Sumatra, Minnesota, Jordan, South Africa — there's no end!

You say, "It all sounds good, but I can't afford it. Hobbies cost money." Not necessarily so — certainly a guy with lots of dough can collect Rolls Royces or buy a miniature railroad for his kicks, but at the other end of the spectrum is the person who has literally nothing left at the end of the month, and he can be just as happy with a hobby of reading all there is to read about the Mountain Men or collecting matchbooks or by being a little cagey and making his hobby pay off by smart trading or by getting in early on some popular collecting fever such as Kewpie dolls or Jim Beam bottles.

Don't get discouraged by the thought that "collecting" necessarily means buying things to put up on the shelf. One friend of mine developed a very neat idea in which he simply collected, mounted, and identified individual examples of all the different insects that inhabited his backyard. Seriously, he eventually became a well-known local authority on bugs.

There are so many obvious things like leaves, butterflies, shells, rock specimens. The list is limited only by your imagination. Once you become a mature collector you will find that you will accumulate several of the same things and that these can be sold or traded. Another friend of mine discovered an old well filled with red glass beer bottles, circa 1865. These he sold for \$30 or \$40 a piece.

Just the act of developing a hobby on a general budget makes its accomplishment more intriguing. When I started collecting guns, I simply asked people that I met

if they knew anyone who had an old gun. Not two weeks later a local businessman called one evening and asked if I would like to have a couple of rusty old guns that had been kicking around the furnace room for years. I said, "Sure, bring 'em in!" One was a long-barreled, full-stock, Pennsylvania rifle, converted from flint to cap and ball. When the layers of grease and rust were cleaned away, a beautiful tiger-stripe, maple stock was revealed decorated with a handsome filigree brass patch box, plus other lovely brass furniture. There was a Civil War carbine in good condition, a plains rifle and several unrelated pieces that I finally traded off.

I can go on, but a couple of my friends have just arrived and they are going to put me in my van — respirator and all — and we are going down to the old New Idria Mines. Somebody told me that there is an outcropping of Alexandrite near there! I've gotta go. You know how it is!

ED: Other quad readers have described their hobbies in previous issues of the *Gazette*. If you would like to refer to your own copies or order back issues, here are the references to the year of the *Gazette* and the pages:

Bowling. 1964, p. 29; 1972, p. 58.

Chess and postal chess. 1964, pp. 26-28; 1970, p. 53.

Contesting. 1964, pp. 33-35.

Flying. 1972, p. 60.

Gardening. 1973, p. 58.

Ham radio. FW1962, pp. 14-20; 1965, pp. 82-85; 1966, p. 66; 1968, p. 82; 1971, p. 72; 1972, pp. 13-18.

Hunting and fishing. 1969, pp. 62-63; 1970, p. 53; 1973, p. 61.

Music. 1968, pp. 66-67; 1972, pp. 23-25; 1973, pp. 53-55.

Painting. 1964, pp. 76-77; 1966, pp. 48-54; 1970, p. 38; 1972, pp. 19-22.

Photography. 1964, pp. 30-31; 1969, p. 64.

Psephology. 1968, p. 80.

Quotation collecting. 1968, p. 78.

Reading. Book reviews in every issue since 1965.

Sports (basketball, bowling, golf, riding, skiing, swimming) for the amputee, blind, deaf, and wheelchairred. 1972, p. 58.

Stamps. 1968, p. 79.

Tapespondence. SS1962, pp. 54-55; FW1962, p. 21; 1966, pp. 67-68.

Writing. 1964, pp. 16-17, 1969, p. 65; 1973, pp. 17-18.

# Adjustments to Disability

Excerpts from the written comments of thirty spinal-injured male students at Woodrow Wilson Rehabilitation Center in response to questions by Dr. Lillian A. Pennell about what thoughts and experiences helped or made it hard to adjust to disability. (Reprinted with the author's permission.)

## What Thoughts and Experiences Helped You To Get Used To Your Handicap?

No.1: "W.W.R.C.!"

No.2: "Devoted staff members. W.W.R.C. Good family. Good friends. Good religion. Awareness of people in worse shape. People in general. Return in my fingers."

No.3: "Having something you can do. Some pleasure; some silence. Thoughts in being able to help myself and others. It could be worse."

No.4: "I believe that God put everyone on earth for a purpose. Maybe, in some way, my handicap will help me in finding my purpose in life. I have found there is a lot of goodness still left in this world."



Dr. Lillian A. Pennell, director, Career and Personal Counseling Center, Mary Baldwin College, Staunton, Virginia, received her Doctor of Education degree from the University of Florida in 1969. These responses excerpted here were part of the research for her doctoral dissertation, "The Relationship of Certain Experiences to Psychosocial Adjustment in Persons with Spinal Cord Injury." Dr. Pennell has been a quadriplegic since her injury in an automobile accident 30 years ago.

No.5: "The only times I feel happy are when I'm getting return to my legs or when I'm home with my friends. The only thought which lets me face my handicap is that I'm too scared to die, so I might as well live the best I can."

No.6: "I find it much easier to meet people now than I did when I was hurt. I've met a lot of nice people in the last ten years."

No.7: "Doctors and therapists brought ideas on how to take care of yourself but I came through the injury very well. I can do almost anything that has to do with light work."

No.8: "I have a girl back home now that loves me. She is my only reason for wanting to live. I am also more self-reliant and don't have to depend on others as much."

No.9: "When I got hurt I didn't hardly know what I was going to do but then I got to thinking about all the other people in worse condition. My family has been the best about helping me; they would take me fishing and hunting and anything I wanted to do. The biggest help was when I got my car and I could go where I wanted to."

No.10: "My parents and close friends have been helpful. I now get more meaning from life. I realize how great it is to have a good mind and to use it. I have found that God can help me in many ways. God is the great healer."

No.11: "Doctors and therapists have made it easy for me so being in a wheelchair isn't that hard. There is always someone worse than you."

No.12: "Keep as busy as possible. Talk with others about problems. Keep faith and never give up hope. Help from very understanding family. Day dreaming about past and future."

No.13: "My wife was a great help when I first got hurt. Then coming to W.W.R.C. and making progress boosted my morale. I see people every day that are worse off than I am and still going strong and I think if other people can do it so can I. I am not alone in this condition."

No.14: "I have recently been married. With my new wife I forget my small troubles. A new life and a much different one to look forward to. Someone to care for, to care for me, to need me. To be needed. Just about the only thing that keeps me going. I've come closer to my parents; their concern and help amaze me. I finally found who real friends are. Mostly my wife!

No.15: "Seeing other people the same or worse or better than I. Being independent in things. A social life; meeting new people."

No.16: "Group therapy with other quads and paras and a psychologist at another rehab center helped more than anything. Everybody explained about their accident and gave their views. That's where I learned to accept it. My parents learned to leave me alone and let me be more independent."

No.17: "Knowing when I graduate I will be able to go to work, have a new car with hand controls, and be able to go where I want and do the things I prefer to do. Most of all I am completely independent again."

No.18: "Since I have been handicapped, I think all my friends have made it easier for me to accept it."

No.19: "Since my accident I think I've become more religious. Well, it's made me accept it better than I did at first, when I was more or less resentful. My oldest brother is now finishing up his master's. He's helped me a lot in wanting to continue my education. He thinks people look for what you've 'got upstairs' and not that you're in a wheelchair. My creative writing teacher at school has helped too by raising money to get me a tape recorder."

No.20: "My friends and relatives treat me the same now as before my accident. They make me feel like I still belong. Before I was hurt I had quit school. Now I am starting to think about a college education."

No.21: "Before coming to W.W.R.C. I spent three months in another hospital; I was babied and pampered and never really told the truth. I came to W.W.R.C and I had to sink or swim, on my own. I was made to do things for myself and had to learn how to take care of myself. It gives me a feeling of satisfaction and even superiority to know that I'm independent. I am a man. Before decisions about my future could be made, I had to accept myself as a paraplegic, stop wishing and hoping and play-acting that I would be able to walk again."

No.22: "Male-female relationships; if I have someone to share the grief and hard times, it makes it easier. Attitude of my family, my father mostly, that I still could live a good life. I've made several close friends that

showed me that the handicap didn't make any difference to them. Always have been a very physical person; my type disability does not jeopardize ability to dress half-way decent. Splints not attractive, but not gawky-looking. I do get mad, frustrated, depressed, etc., but I remember I did this before I was hurt and it is all part of a person's emotional bearing. That's just life."

No.23: "I've only been hurt one year. The Center has helped me adjust to my bad thoughts, such as the way the general public stares at a person in a wheelchair. I try to look the other way or to impress the walker that I'm not so bad off after all. The hardest thing is to get used to the wheelchair itself. I really don't believe I will ever accept the wheelchair or my handicap."

No.24: "The drive to become self-supporting and to make a good living for my family. I have two kids and a wife and I like doing things for myself. It is hard to get adjusted to my handicap. I think I never will but I will accept it."

No.25: "I can look at other people and see that some are in worse shape than myself."

No.26: "First of all my handicap came from my own hand. I had what I thought to be a lot of problems, so in my time of depression and self-pity I tried to take my own life but by the grace of God I survived. From the minute I knew I was paralyzed I accepted it. I look around and I see people who are a lot worse off than I am. Men and women and children somewhere in this world are fighting and dying every day. If a person who is disabled would think of these people, he would thank God that he is alive."

No.27: "The one experience which has helped me the most is being in an environment where I can associate with others who have the same problems. Just being around people with the same type of injury or comparable injuries like cerebral palsy or muscular dystrophy helps me get over feeling sorry for myself. When you see people in the same or worse shape you begin to think about assets and a personal value system based on what you have to work with, not with what you haven't. Another impression is that it is helpful to be associated with nurses and therapists who don't try to separate their own personalities from their work. When your whole world is made up of a bunch of impersonal automatons, your world doesn't offer much incentive to get well. You need real human people, like nurses you can call by their first name, people to whom you can relate even though they may not be in a wheelchair. Another thing I have found helpful is to be able to read about my injury. W.W.R.C. provides 'normal' experiences to participate in; this 'feeling normal' cannot be underestimated."

No.28: "I have a very understanding wife; she encourages me to keep trying and not to give up. It helped when I got here and saw others that had more handicaps than I have. I have two good hands and that means a lot."

No.29: "Just keep trying and don't ever give up. Faith in God has helped me; I could always turn to Him. I compensate for not hunting by listening to my brothers tell about their hunting trips. If it hadn't been for my family I don't think I would have made it this far. They are a big help; they pick at me and teach me to keep my mind off my limitations."

No.30: "When I was in the hospital doctors told you the true facts about your chances of walking. Everyone kept in a good mood; they helped me stay happy also. When I came here to W.W.R.C. the people made you feel independent. After you learn to take care of yourself, you no longer feel really handicapped. Here they keep you busy so you have very little time to think about what has happened. By being here you see people in worse shape than you are. So, in a way, I am one of the lucky ones."

## **What Thoughts and Experiences Made it Hard For You To Get Used To Your Handicaps?**

No.1: "My wife wants a divorce."

No.2: "Fear of what the future brings medically. I have bladder spasms and trouble getting rid of my catheter. Pressure sores are a constant fear. There is a great deal of competition with normal people. The future is a great worry (college, marriage, job, children, death, etc.). Home-sickness, boredom, and frustration are frequent feelings. Memories are a constant headache."

No.3: "Disability is something you just have to cope with. You have to push onward to overcome."

No.4: "Although my family and friends have helped me in every way possible, I have felt that I have been a burden to them."

No.5: "I have been hurt for only eight months, so I have not gotten used to it. My memory of better times has been my hardest obstacle. Seeing old friends, hearing old songs, thinking of parties and dances I enjoyed; all these put a strain on my will to overcome this burden."

No.6: "Not being able to work where I please or go where I please. Finding the right kind of job. People don't know how to take you sometimes."

No.7: "Not being able to do things such as sports. But I have found other things that interest me just as much."

No.8: "I have to depend on others too much. I can't do any of the things I want to do, play a guitar, water sports, fly planes. I can't work at what I want to do. I can't get married and have a family and happy life. I have limited ability. When I get depressed or in pain (easily done) I think a lot about suicide and have made two attempts. Everything I ever wanted and worked for has gone down the drain. I don't have anything to live for. I can't have a normal life like others. Friends have stopped being around me because I'm too much trouble."

No.9: "The hardest thing is when you have a child and you can't be around it very much. The worst thing is many people make remarks; when you go down the street people look at you all the time."

No.10: "One thing that was hard was being so dependent on others."

No.11: "The doctors and therapists say I'll never walk again. They may be right but I have movement in both legs so I go to church and pray and keep trying and I'll never give up."

No.12: "Constant pain. Constantly things that you can't do or places that you can't go. Control of kidneys and bowels. Danger of pressure areas. Unable to play with children as you like to. Pity from others. Balance problems. Slower doing things. Times of fear."

No.13: "My main goal is to be able to work and earn enough money to support my family and I am having trouble gaining strength to take up a trade. There are many things I miss doing such as going out dancing or driving a car or just walking."

No.14: "The pace of getting things done is the most disturbing. My problems of bowel and bladder control are bothering and interrupt my routine. Hard to have to depend on people for some help and financial support. Just not being able to move!"

No.15: "At first going out around people. Worrying about my manly life and how my girl at home feels about me. Worrying about a job and about getting married. Urinal and bowel trouble."

No.16: "When I'm home seeing my father out working, that makes it hard on me not being able to walk."

No.17: "I was one who always did anything that I put my mind to do and now I had to depend entirely on

someone else for anything I wanted. The thought of no income or money coming in. The idea of knowing that all I had worked for in making my living as a truck driver was a waste of time and I would never drive again. The idea of not being able to dance or go hunting was hard to get used to."

No.18: "The worst things that I had to get used to were the problems with my bowels and bladder. Not being able to take part in sport."

No.19: "I was an athlete (basketball in college) and I got hurt last summer. It was hard to accept the fact that I wouldn't be able to play sports again. Then whether my girlfriend would accept me and how my fraternity brothers would react. I was afraid it would affect my younger brother. I feel kind of out of place in a crowd. Another thing, people who are close never accept the fact that you won't walk again. I'm worried about their reaction if I never do. My father has set a three-year limit, hope I can be up by then."

No.20: "Still I feel nothing has hurt me. I have had no set backs whatsoever."

No.21: "The hardest thing was being with my friends who were healthy and not be able to participate in all the activities. To have to sit and watch a ball game and know that I can't play, to see my friends dancing and not be able to dance. Sometimes I get embarrassed about some of the things I have to do as a paraplegic (push-ups, spasms, and emptying urinal bags). I have conquered it, but once in a while, I notice it again. I worry too much about pressure sores; this is one subject that is constantly on my mind."

No.22: "When I got hurt, I was in college and engaged. When the engagement broke up a year later, I thought what was the use of going on or doing anything, tore my castles down. Always been independent, to have to depend on someone else and when someone doesn't perform as well as I could have, it makes it hard. The attitude of the general public bothers me. Don't like to have people point out that somebody's worse off than I am. Most people don't know how to give to another person without making him feel he needs it. You run into people that don't understand. A boy at home acts like he feels guilty."

No.23: "The idea of not having your bowel or bladder control and your sex life are hardest to get used to. But there is one big factor in being handicapped, you have to wait. You wait so the man can put your chair in the car, then you wait to get it out, and then you have to wait for various other reasons. I believe in a man's way that being paralyzed is the loss of your self life. I've always dreamed of giving my parents children but I

know that I'll never get married because I have very little to offer a woman."

No.24: "Other people try to help you too much. A little help is all right but they try too hard."

No.25: "I can't do the things that I used to do and some people try to take advantage of the condition you're in."

No.26: "I credit God for removing the 'self-pity block' that there is in every person. I'm myself, no more or no less. I may think and act different from the rest of the world, but I believe like this. A person who is disabled should always look around in awareness for what's there."

No.27: "Being stared at and treated like a circus attraction is really hard to get over. I also hated it when someone would try to do something for me which I could do myself. This, of course, comes from well-meaning people who just don't understand. My wife used to even salt my food, and if I wanted to try to get up myself or try something new, I had to nearly yell at the nurses not to help unless I asked for it."

No.28: "My biggest handicap is not to be able to walk. I have been an outdoor person all my life. I am a farmer and there is so much that I can't do. But I drive the car and farm tractor and keep accounts."

No.29: "When I was first hurt, I couldn't believe it. But I had God to believe in and to stand by me and that helped. I miss my sports like hunting and baseball. I am able to put up with being dependent, but it is hard."

No.30: "I wonder about being married. My patience is good and this helps me to live with what I have to. The Lord helps, also, never forget this."

ED: The complete compilation, *Handicaps: What Makes It Easier? What Makes It Harder?*, is available from Dr. Lillian A. Pennell, Career and Personal Counseling Center, Mary Baldwin College, 135 North Coalter Street, Staunton, Virginia 24401. Price: 50¢.

Our article, *Comprehensive Rehabilitation Center: Woodrow Wilson Rehabilitation Center*, in the 1972 *Gazette* describes the program there in detail. The center, located in Fishersville, Virginia, has trained more than 6000 spinal cord injured. Its per diem charge of \$24 includes tuition, room and board, therapy, and medical care.

# Biofeedback in Rehabilitation

by Susanne McL. Owen



Susanne McL. Owen (Mrs. Robert P.) graduated from Pomona and Smith Colleges with a Master's degree in biology. She has worked in the field of genetic research at Smith, University of Indiana, and California Institute of Technology. Eleven years ago, she became a paraplegic at the T11-12 level as the result of an auto injury. Since then she has pursued graduate studies in group counseling. For the past year she has been deeply involved in biofeedback training. She lives with her husband and four children at 412 Woodward Boulevard, Pasadena, California 91107.

A few years ago the term *biofeedback* was unfamiliar to most of us. Today a majority of us have read about it. Tomorrow it may become a temporary part of our own daily therapy because of its many growing applications to minimizing bodily ills.

Pain is something we all experience. If lucky, we soon find the root of the trouble. With proper care it disappears. For some, though, pain becomes a constant companion despite every effort to find relief. Even that final cutting of the spinal cord isn't always successful, reminding us that little is known concerning the origins of non-specific pain. Resort to chiropractic spinal adjustments has been frequent, and at present acupuncture is having its day — with apparent help to some, not to others.

Now it appears that biofeedback methods may help in inhibiting pain, including pain of unknown cause. This latter is to be distinguished from specific pain which can be a valuable indicator of particular troubles. However, when a variety of tests have yielded no indication of the source of pain, biofeedback is giving promise of relief.

The assumption that an individual is unable to exert any conscious control over his so-called involuntary processes is no longer valid. A number are learning through biofeedback that they can — to some extent — control heart rate, blood pressure, brain waves, etc. If, for instance, the individual's heart beat is made audible, then, with practice, he has learned, through this feedback, to make his heart pump faster or slower at will. Learning to control actions of the body previously thought not consciously controllable is what biofeedback training is all about.

This control of bodily processes is a function of the involuntary, or autonomic, nervous system. We are familiar with the central nervous system of brain and spinal cord with its voluntary nerves. The nerves of the involuntary system connect the body's various vital processes to the brain through the spinal cord also, but after the nerves leave the spinal cord most are connected to the various organs through ganglia, or groups of nerve cells, which lie to either side of and along the entire length of the spinal cord.

The autonomic system is made up of two divisions — sympathetic and parasympathetic. Generally, the sympathetic division regulates "fight or flight" reactions. Strong emotions of fear, anger, jealousy, etc. set off a series of hormonal actions including release of adrenalin and noradrenalin into the blood stream. These hormones are then carried by the blood to all sections of the body and are used by the appropriate parts. Numerous effects may include more rapid heart beat, constriction of blood vessels leading to higher blood pressure, a slowing down or stoppage of digestion, faster breathing, cold and sweaty hands, etc.

While the sympathetic division is primarily concerned with the mobilization mechanism of the body, the parasympathetic division tends to conserve the body resources, decreasing heart rate, increasing secretion of digestive glands, causing dilation, or sometimes constriction, of blood vessels, etc. These two divisions work to balance each other and, according to Hershel Toomim of Biofeedback Research Institute in Los Angeles, both have to do with the presence or absence of pain, including pain that has no known origin. Pain builds up arousal level. More tension builds up pain and a merry-go-round is established. When the fight mechanisms can be demobilized and relaxation achieved, pain seems to subside.

Biofeedback is helpful in training for relaxation. By use of various instruments, this training is leading many



times to less pain. Just the knowledge of how stress affects the body and the various mental states that bring strain into being is helpful to the individual in avoiding stress-producing situations and remaining more relaxed.

The various biofeedback instruments monitor different activities of the body having to do with relaxation. A meter reading or sound will guide toward the relaxed state. When one is nervous and tense the palms are often sweaty. The Galvanic Skin Response Meter (GSR) measures sweat gland activity — usually in the hand or on the sole of the foot where the glands are activated by sympathetic nerves. Since this activity is a function of the involuntary nervous system a rise is indicative of autonomic tension. The lower the meter reading the less sweat gland activity there is, and usually the more relaxed one is. Hershel Toomim likes to think of this state as disengagement. "The intellectual activity influences the sympathetic nervous system. This activity can be turned off, disengagement can be achieved."

Temperature measurements of the hand can also be a guide to relaxation. Yogis are well known for ability to raise the temperature of parts of their bodies. Now, it seems, the ordinary person can be trained to do this if he is guided by an instrument which tells him when his hand temperature goes up or down. Warmer hands indicate opening of the blood vessels and better circulation. This is another sign of disengagement.

The Electromyometer (EMG) picks up muscle tension by showing the electrical activity of a voluntary muscle. Electrodes placed on the muscles of the forehead, or wherever one is tense, can act as guides to disengagement.

A fourth instrument which can be used for relaxation purposes is the Alpha Meter. In experiments with yogis it was found that when they were performing some of their feats, disproportionate amounts of their brain waves were alpha waves instead of the complex mixture of waves characteristic of the waking state. Further study associated the alpha waves with a relaxed meditative state, in which, according to some, there is less anxiety and clearer thinking. This is one state we pass through on our way to sleep. The alpha meter selects the alpha waves from among others and therefore is a training device for those who wish to relax in this manner.

Hershel Toomim and Stuart Gast at Biofeedback Research Institute are having some success in ameliorating persistent pain in whiplash injuries, lower back troubles, various types of headaches, etc. by using various of the above instruments in combination with physical therapy.

A Chronic Low Back Pain Reduction Program at Casa Colina Rehabilitation Hospital in Pomona, Califor-

nia, has now been in progress seven months. Laban Strite, the psychologist in charge, says, "Biofeedback, as we use it, is a facilitator, not a cure. Our patients come to us for an average of six weeks. The first thing we teach them is voluntary muscle relaxation with the EMG. We know chronic muscle tension is a major enhancer of pain. When an individual learns to relax completely he usually finds his pain lessens sufficiently to allow him to start moving and doing the special exercises which we consider vital to his control of pain."

Often voluntary muscle relaxation is only part of the relaxation picture. Some individuals, according to Strite, are chronically mobilized from an autonomic nervous system standpoint. Nausea, constipation, insomnia, all kinds of pain, just general tension like "climbing the walls" are symptoms of this state. Here the GSR is the guide to reducing inner tension. When the patient understands how he expresses his anxieties — whether it be through voluntary or involuntary means — then the relationship between anxiety, tension, and pain becomes apparent.

The pain problem at Casa Colina is approached from many angles besides biofeedback and physical therapy. Education through talks and films, individual and group counseling including sex counseling if needed, meditation, vocational counseling, and job placement services all contribute their part toward the ability of the individual to again become a functioning member of society. Success rate is very high. Upon leaving the program seventeen of the eighteen graduates "had shown functional improvement to the point where pain was no longer a limiting factor in normal physical function." Drug intake for pain had been significantly reduced or stopped altogether. As of April, 1974, two had regressed to a point where they were again unemployable.

Laban Strite believes this holistic approach can be extended to many other pain areas with equally high percentages of success. He looks forward to the time when Casa Colina can expand its facilities.

Other pain centers are making use of biofeedback also. In Long Beach Community Hospital Dr. Stuart H. Mann tells his patient, who is hooked up to a biofeedback instrument (GSR), that the loud buzzing noise he hears is his pain. He is directed to lower the sound and with some effort usually learns to do so. Relief of pain is experienced by about fifty percent of the patients. (1) Doctors Beckner and Shealy and William Gaumer, R. N., find biofeedback methods are also facilitating pain control at their Pain Rehabilitation Center in La Crosse, Wisconsin. (2).

The pain of migraine headaches has been reduced at the Menninger Clinic in Topeka, Kansas, by patients who have learned to control their hand temperature. (3) Warming their hands involves reduced sympathetic nervous activity and relaxation of the peripheral blood

vessel walls, allowing more blood to flow to outlying areas and away from the head.

Tension headaches are responding to biofeedback training through the use of EMG instruments. Dr. Thomas Budzynski and Dr. Johann Stoyva of the University of Colorado Medical Center place EMG leads on the patient's forehead. Relaxation of this muscle is a good indicator of general upper body relaxation. This process usually reduces the headache. (3).

Biofeedback training also looks promising in the area of hypertension. Dr. C. H. Patel in England helped sixteen out of twenty hypertensive patients lower their blood pressure. She asked her patients to concentrate on relaxing every part of their bodies, using the GSR as an indicator, and taught them some Yoga breathing exercises. After the three month's training period, one half hour three times a week, five were able to stop all medication for high blood pressure and seven more reduced their medication by thirty-three to sixty per cent. Four more were somewhat improved (4). K. K. Datey, M.D., of Bombay, India, has had uniformly good results with hypertensive patients using a program centered on Yoga relaxation exercises without biofeedback. He has emphasized that continuing practice is essential for maintaining improvement.

A very active group of researchers, combined to form the Biofeedback Research Society, heard one hundred papers at their annual meeting in February, 1974, in Colorado Springs (5). These were presented by researchers from hospitals, universities, and private centers all across the country. Topics covered biofeedback in relation to asthma, epilepsy, diabetes, tension and migraine headaches, cardio-vascular control, hypertension, insomnia, muscle re-education after paralysis, the teaching of facial expression to the blind, and others. The possibility is growing that biofeedback techniques may supplement or even replace prescription drugs in many instances.

An area, distinct from that so far discussed but one with great possibilities for the future also, is the use of biofeedback in showing muscle tension instead of relaxation. This is the field of muscle re-education.

Voluntary muscles are made up of many tiny motor units, each unit being composed of groups of individual scattered fibers, all fed by one nerve. These motor units, when activated, give off electrical impulses which can be picked up by electromyographic instruments and converted into sound or shown on a meter.

It has been found that *sometimes* in a paralyzed muscle some of these minute motor units have latent electrical activity. This means the nerve is still operative. But the individual has no way of knowing of these potentially active units unless they are demonstrated to him. With an electromyometer as a guide, exercise of these tiny bits of muscle will sometimes cause activity

to spread to enough other units that the muscle again becomes functional.

The electromyograph is used frequently for muscle evaluation and prognosis, but its use in the field of muscle re-education remains relatively unexplored. Alberto Marinacci, M.D., formerly head of the Department of Electromyography and Encephalography of the Good Samaritan Hospital in Los Angeles, is the pioneer in the muscle re-education phase of biofeedback. He has been using biofeedback in his work with nerve injuries



Susanne Owen and Dr. Hershel Toomim in a biofeedback session.

for the past twenty-five years (6). He finds several groups of patients can benefit from EMG training. One includes patients with considerable amount of latent function, or motor unit potential, present — those with reversible physiological block, severe causalgia (burning sensation due to peripheral nerve injury) in which they have forgotten how to transmit impulses, nerve injuries in which the nerve has regenerated but disuse atrophy exists, and partial nerve injuries. Another group are those with severe paralysis in which there is minimal latent function, such as polio patients (paraplegia) is not discussed in his book, *Applied Electromyography*. Over the years he has worked with twenty polio patients and has seen functional improvement in some. A third group are stroke patients whose recovery is ultimately dependent on the number of nerve cells surviving destruction. Surprisingly, his work has not enticed many other researchers into the field.

At Casa Colina Rehabilitation Hospital Herbert Johnson, M.D., used the biofeedback method with ten stroke patients, all more than a year post-stroke. He found six out of the ten gained in ability to lift a foot and four of these were able to discard the short foot brace (7). The experiment proved so successful that biofeedback training is now routine with all stroke patients. As Walter E. Tubbs, Ph.D., a neuropsychologist at the University of Redlands' Johnston College and co-coordinator of the biofeedback program at Loma Linda University, said,

"There can be no question that biofeedback as Dr. Johnson is using it is going to enhance — perhaps revolutionize — the field of muscle rehabilitation."

This is where my great interest lies. After a year of biofeedback training I, paraplegic at the T 11-12 level from an auto injury eleven years ago, am continuing to gain almost daily in muscle ability. Riding an exercise bike, no hands, isn't exactly the routine expected of a fifty-five-year-old paraplegic mother. Nevertheless, this is what I am doing, thanks to my physician, Mitsuya Yamaguchi, M.D., Hershel Toomim of Biofeedback Research Institute, and biofeedback training.

It has been exactly a year now that I have been working with Mr. Toomim. I can attest to the fact that this training has been instrumental in the re-development of enough muscles to allow me to pedal an exercise bike, to stand with braces but without hand support, to kneel supported by only one hand. The encouragement that has come from knowing that I was exercising those bits of muscle has been more than enough to keep me exercising and thereby strengthening the active muscles. My progress has been continual over the past year and I expect more progress in the coming year. I have described the process in detail elsewhere and will send a copy of the report to anyone interested.

There is almost nothing in the literature concerning paraplegia and biofeedback. According to *Medical World News*, March, 1973, Dr. Joseph Brudny of New York University's Medical Center was able to help a quad with a three-year-old injury gain enough arm control to feed and shave himself. Hershel Toomim is having some successes with another paraplegic and is in touch with one or two who are also experimenting with the method as we are.

In any discussion of biofeedback training there are several points to be made clear. Biofeedback does not do anything to you. It is you who do the work with the aid of feedback which tells you whether or not you are on course. This means patience and persistence are necessities and that you do not use biofeedback as you would your physician. He gives you a pill and your fever goes down — with no effort on your part beyond swallowing the pill. Not so with biofeedback. Strenuous physical and/or mental effort is called for in order to be successful. But victory is sweet and makes all those hours of toil worth while. The instruments are small (I have a very sensitive Toomim Electromyometer — high sensitivity is important in muscle re-education) and can be used at home with guidance by a competent person. As with all health matters care must be taken to deal only with reliable sources both of equipment and training.

In order to be patient but persistent over a long period one has to believe. Whatever one is striving for is possible. My physician, Dr. Yamaguchi, encouraged

me to believe in the natural healing processes of the body when given the right chance. Following his guidance I had been making slow but steady progress over a four-year period before I began biofeedback training a year ago. I was convinced recovery was possible and so it has been relatively easy to persevere even through those inevitable periods of no apparent progress.

In the end, then, it is the person himself who will achieve his own success through biofeedback means. Today's tentative biofeedback experiments may become tomorrow's established facts. But those established facts will depend on the persistence of enough of us to prove the viability of the biofeedback concept.

#### Location of some biofeedback researchers

Behavioral Sciences Center, Fort Lauderdale, Florida; University of Colorado Medical Center, Denver, Colorado; Harvard Medical School, Boston, Massachusetts; University of Houston, Houston, Texas; Institute for Research in Social Behavior, Berkeley, California; The Menninger Foundation, Topeka, Kansas; University of Munich, West Germany; Psychopathic Hospital, Iowa City, Iowa; University of North Carolina, Chapel Hill, North Carolina; University of Tennessee, Knoxville, Tennessee; University of Toronto, Mississauga, Ontario, Canada; Trinity College, Dublin, Ireland; and Vanderbilt University, Nashville, Tennessee.

Information on the locations of biofeedback researchers may be obtained from the Biofeedback Research Society, 4200 E. 9th Avenue, Denver, Colorado 80220.

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# 國 鍼 灸 右

## Acupuncture and Deep Massage

by Ronald J. Dickson

An Occidental quad, employed as a librarian at the National Palace Museum in Taiwan, describes the surprising results of his encounters with Oriental acupuncture and deep massage.

"I had slothfully ignored physical therapy, exercise or exertion of any kind for several years prior to the treatments described."

Outside the house was a small garden with a babbling brook; inside the house was a large waiting room with a babbling nurse/receptionist, who took my blood pressure and had me fill out a form: name, nationality (U.S.), ailment (polio quad), attitude towards acupuncture (enthusiastic or skeptical?)...

This was an acupuncture research center in Taiwan, China. One of the doctors, fluent in English (another doctor has a child, if that's the word, at MIT), had a preliminary interview with me:

"What do you expect from acupuncture?"

"Well, nothing, really. But I've been under pressure to give it a try. If my hands were improved so I could han-

dle chopsticks instead of a spoon, and my swollen ankles were reduced a bit, I'd be quite pleased."

"We can't promise anything, but I think we can help you."

A nurse pushed my wheelchair back to the men's treatment room (the sexes were segregated), where half a dozen patients, in various stages of undress and with needles sticking out of various portions of their anatomies, were sprawled on tables or chairs.

Every fifteen minutes or so, a doctor would come around and wiggle their needles. This manipulation, I was told, made superfluous the old-fashioned technique of burning moxa.

A Dr. Wang studied my chart, looked me over closely, then barked out orders: "Roll up the pant legs! Take off the shirt! Needles!" His nurse rushed to obey this most dramatic of the several doctors who treated me, presenting him with a tray-full of acupuncture needles of varying sizes, embedded in alcohol soaked cotton. With the flair and élan of a great chef at the heat of inspiration, Dr. Wang selected a needle, whisked it into the air, and deftly jabbed it into my leg beneath the knee.

This was painless at the point of insertion, but something like an electric shock flashed down my leg to my toe. Another needle went into my leg, and still another in my shoulder: no effect. The last needle went into my arm near the elbow, and my shocked middle finger went rigid.

This flash effect, I was told, followed the meridian system of acupunctural lore — quite distinct from the nervous system known to the West. Different doctors, different points of insertion caused this flash during the next few weeks. Treatments took about forty-five minutes, three times a week.

I got to know some of my fellow patients, many of them foreigners. There was a para from Panama, who read Bobby Fisher on chess and Kazantzakis on *Zorba the Greek*. Impressed by the help given his aunt's arthritis by an acupuncturist visiting Panama, this fellow had flown out to the home base in Taiwan. Had his paraplegia been helped? Not yet.

A para from the U.S. got into a noisy argument with a doctor, fanatically insisting that acupuncture would cure the bladder infection he'd picked up, while the acupuncture doctor patiently tried to persuade him that he needed antibiotics.

The vice-president of an airline had had nerve-induced headaches relieved; a sportsman had a strained muscle relaxed; an office worker had a pinched nerve loosened. I talked so much about these and other effects of acupuncture that a friend complained about my "holier-than-thou" attitude.

Was it helping my polio? A nurse took daily measurements of my edema-swollen ankles, and there was a slight decrease in the size. But this, and the hot flashes, were the only effects. After fifteen treatments, I yielded to the persuasive wiles of a nurse-friend and switched to *kung fu*.

Actually, it was deep massage of a *kung fu* type, administered by a five faiths (Taoism, Christianity, Buddhism, Mohammedanism and some other -ism) organization, whose male and female adepts wore blue robes. Their spirit-research society home was a Japanese house (shoes are left at the front door, where one switches to slippers) whose *feng-shwei* (or siting according to the wind and water spirits) was particularly auspicious.

The building was approached by a long pathway, bordered on both sides by flowering potted plants, which were frequently tended, watered, and trimmed by the grand master of the establishment. This eighty-year-old gentleman was always greeted by his disciples with three deep bows. Every Saturday afternoon at one o'clock, the master watched Chinese opera on TV.

In my wheelchair, I was stashed in the entryway of the home, from where I could see a sort of worship area: thick cushions for kneeling on *tatami* mats; walls lined with flashing Christmas tree lights. Here, from time to time, there would be services, the bell-punctuated chants muffling the cries and whimpers of us patients, the heavy incense blanketing the aromas of sweat or relaxed sphincters.

I was given medicine: little packets of white powder to be dissolved in water twice daily (later I learned that the powder apparently was crumbled ash from sanctified cloth). And I was given a diet: no fruit (no juicy mangoes, ripe figs, succulent papayas, pineapples, watermelons, grapes, in this fruitful land), no booze (no liquid golden Scotch, no crisply cool Chablis to wash down fresh shrimp or squid, no snifter of cognac with the coffee), no shrimp, no duck (no crackling-grown Peking duck, no subtly spicy Szechwan duck), no this, no that... And even on the steamiest summer day, I was to abjure air conditioning, fans, cokes, ice water, or anything else that would inhibit the hot flow of my spirits.

To start this flow, a Yul Brynner-like character gave me a massage, in the wheelchair, from shoulders to soles. "Does this hurt? Does that? No? It will!" By the third day, I was in agony, and barely suppressed a scream when he gouged places near the collar bone, elbows and soles of the feet. It was supposed to get worse before it got better — and it did.

The only foreigner there (their token white?), I kept it up for several months — massage, medicine, diet. Some of the massage pressure points were identical with acupuncture needle insertion points, and had the same shocking effect. And as with acupuncture, the ankles shrank a little, but were still gross. More remarkable effects, though, were a loss of weight (as the masseur kneaded the fat off my bones) and a marked increase in liveliness and energy (this, I suspected, might be caused by improved circulation).

Eventually, my cynicism ("You don't believe!" snorted the masseur, promising to have me walking in one year) and caution (edema is caused by liquid, so drink less — but I drank more, thinking kidneys are more important than ankles) eroded my commitment, and a crumbling commitment is the worst kind. When they wanted to get rid of my corset (it blocked the free flow of nerve or spirit down my spine), I quit, celebrating the occasion with the long-missed savor of Chivas Regal.

But, if my other spirits were so good because of increased circulation, I wanted to keep it up. So I started to take regular physical therapy in a local hospital, as an out-patient. Electrical stimulators sent the real 120-volt stuff surging through my legs, and elastic bandages had my ankles shrivelled to normal within a couple of weeks. Apparently my liveliness was simply a matter of improved circulation, for the pre-acupuncture and *kung fu* listlessness has not returned. For this post-polio quad, these eastern remedies were of benefit primarily for pointing me back to a western solution.

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# German Breathing Treatment

by Marjorie Cappel

I was born and raised in Seattle, Washington. I studied at the University of Washington and at Yale Divinity School. In 1951 I married a German, Walter Cappel, and later bore two children. I became acutely ill with polio in 1959 and used an iron lung and rocking bed for eight months.

Now after fifteen years I walk around the house pushing my wheelchair. I sit more than I walk, of course, but I can walk slowly with canes if no person or dog bumps into me. I work in the kitchen and attend to the washing machine — mostly standing because I can't lift my arms enough while sitting.

There have been so many problems that we have solved over the years. We have taken many trips, including two to the States. My husband is a professor here, and has been directing the production of educational films for the schools these past five years.

The most important thing I have learned is that every respiratory polio — no matter how well he may breathe, or not at all — needs regular massage and stretching of a specific kind to help keep the intercostal muscles and other breathing tissue as elastic and soft as possible.

Two years ago my breathing was so poor that I was afraid I would have to take up frog breathing to supplement, but after just two treatments of this very specific type of massage, I breathed so freely and easily that it caused me no breathing trouble to swim, slowly, 500 meters in the pool.



The Cappel family several years ago. (L to r) Hanne, now 19, Walter, Marji, and Stephan, now 16.

My physical therapist here in Munich stretches me thoroughly each week when she comes. She lifts me on a towel put under my back around my ribs. (I lie on a mat.) This lifting stretches the muscles which inhale. If they are too hard, they inhibit the muscles that exhale. Exhalation is especially weak after breathing paralysis, and so important. My physical therapist developed this treatment herself — and it works wonderfully.

I need only seven hours of paid help each week in order to run a household for four persons. However, our children take turns cooking dinner. This gives me time and energy for writing poetry, and even for painting. I get up before six each morning, go to bed at 10 p.m.

If I have to go for as long as four or five weeks without treatment, I feel fatigue and know I need a thorough stretching to ease breathing. I hope my experiences will help someone else who is discouraged because he can't breathe as long spontaneously as he did some time previously. Hardened muscles can cause that — and they are easy to alleviate, temporarily, at least.

The specific massage which is so helpful was developed by Dr. Hede Teirich-Leube and is described in her book, *Grundriss der Beindewebsmassage*. It is available in German, French, and Spanish; being prepared in Dutch. Who will translate it into English? It is easier to show the method than tell it in words. Is anyone coming this way? A physical therapist who could visit the school in Heidelberg for a day? It is on the grounds of the Orthopedic Clinic: Orthopädische Klinik 69 Heidelberg-Schlierbach, Krankingymnastikschule.

This massage is good for all manner of disorders. Roughly, the idea is that connective tissue which has disturbed circulation tends to harden. If one pulls across this tissue with the soft tips of two fingers, the patient will have a cutting feeling, a pleasant, clear hurt. This cutting stimulates the vegetative nervous system. The result is improved circulation and well being. It is absolutely necessary to rest lying down for one or two hours afterwards.

If I can help with any suggestions, I will be glad to correspond.

Address: 8 Munchen 60, Schwetzingenstr. 12/VIII, West Germany.

ED: *Rehabilitation Literature*, January, 1974, Vol. 35, No. 1, p. 18; "Grundriss der Bindegewebsmassage; Anleitung zur Technik und Therapie" by Hede Teirich-Leube, Dr. Med. 1972. 132 p. figs. Gustav Fischer Verlag, Postfach 720143, 7000 Stuttgart 72, West Germany. Price: DM 22. A basic textbook, in German, on connective tissue massage. Developed in Germany in 1929 by Elisabeth Dicke, the technic concentrates on manipulation of reflex zones in the connective tissue of the spinal cord. Illustrated with photographs and diagrams."

# Charcot-Marie-Tooth Syndrome

by Bruce H. Scott

"You have Charcot-Marie-Tooth Peroneal Muscular Atrophy. Drs. Charcot, Marie, and Tooth isolated the symptoms of this malady many years ago, hence we refer to it by their names. Peroneal muscular atrophy means that the nerve cells that connect to the muscles become dormant or die, we're not sure which, causing the muscles to do nothing because they aren't told to do anything. Therefore, they atrophy."

That conversation took place over twenty years ago with the head neurosurgeon at the University of Kansas Medical Center in Kansas City, Kansas. Then I had only numbness in my toes, now I am in a wheelchair and unable to use my arms or legs.

I wasn't completely ignorant of the C-M-T syndrome. My mother had been diagnosed at the same medical facility in 1941 and had been in a wheelchair since 1949. My brother began showing symptoms shortly after I did, although he is seven years younger. Another brother has not shown any symptoms.

It is a rare condition. Only a few hundred in the U.S. are known to have the malady.

For some unexplained reason the peripheral nerves cease to function. One at a time, beginning at the tip of the toes and fingers, they stop conducting impulses to and from the skin and skeletal muscles, progressing up the legs and arms and finally to the back, chest, and neck muscles. Progress is very slow. There is no illness, no trauma, no pain.

My condition began when I was 19 with an itchy, burning numbness in my toes and soles of my feet. Two years later I needed short leg braces to correct toe drop, hammer foot, and ankle weakness. I first noticed the numbness in my fingers in late 1956. I added long leg braces in 1964, lost the use of my hands in 1967, elbows in 1969, and hips in 1970. I've been in a wheelchair since then.

I worked my way through college by working at a supermarket, first as a sack boy and then as an assistant buyer.

In June of 1955, after my junior year, I went to the National Institutes of Health in Bethesda, Maryland, for 26 days of tests and examinations. They confirmed the K.U. diagnosis, but could offer no cure or treatment.

I graduated in 1956 with a B.S. in Business Administration (Retailing) and worked for four years for a wholesale grocery warehouse in Kansas City, Missouri. I was married; we had twins. My wife worked and I worked for a food brokerage firm until it went out of business two years later, then for a self-insurance group.

After a few years I became restless and decided to return to college to obtain a teaching certificate. It took



Bruce Scott, disabled by C-M-T, drives his new English A-BEC chair by pushing on the rubber-balled mouthstick with his shoulder or chin.

4½ years of night school to get the required credits to teach Social Studies on the junior high level.

I quit my job, took my student teaching and did substitute teaching for two years before I realized that a handicapped teacher would have to fight like hell and be twice as smart to obtain a contract in a period when school population was declining.

My body was getting weaker. Walking became more difficult and driving almost impossible. After a bout with the flu at Christmas time 1968, the paralysis in my legs and arms progressed at a faster pace and due to my general weakened condition I decided to "retire" and draw Social Security Disability compensation.

For the past few years I have been an active member of the local chapter of National Paraplegia Foundation, now serving as president of the Greater Kansas City chapter. As chairman of the Architectural Barriers Committee, I influenced changes in design of new public buildings and was the editor of *Access*, a booklet of graphic illustrations showing how to make public buildings accessible.

I have a working wife, 15-year-old twin daughters, a house in suburbia, and an electric wheelchair. I could be complacent but I'm not. I'm going to keep on doing what I can to make this city, this county, this state a better place to live for all handicapped people. I'm 39. That's a long way from my first symptoms at 19. I hope I'm around long enough to get everything done. Dammit C-M-T, slow down!

Address: Bruce H. Scott, 4370 North Drury, Kansas City, Missouri 64117.

# Friends Around the World

## News from Alberta, Canada

"Our respiratory polios are as busy as ever. In the fall, they and the rehab department were transferred to the Aberhart Hospital from the University Hospital. The physical move is only a couple of blocks (and the Aberhart Hospital is part of the University complex) but the improvements are tremendous: individual rooms rather than the large ward areas; good lounges; office space; patio; ground floor access. They had their traditional Christmas Party and the hospital survived, so I'm sure they will get along well. The paraplegics are also being cared for at the Aberhart and we look forward to a better level of care. Here is what has been happening individually to our respiratory polios:

"Henri Baril, who is completely paralyzed from the neck down, was married a couple of years ago. He was made the father of twins about four months ago. Tremendously thrilled, as you can imagine. He may be elevated to full membership in the International Association of Mouth and Foot Painting Artists.

"The computer programming business has expanded to the point of hiring six non-disabled people and working out of a downtown office. They have all the business they can handle.

"Jeanie Mark was married in October and is living in her own apartment as Mrs. Gordon Packer.

"Connie Kowalski did the same, marrying Bill Clark, who is in a wheelchair and who has multiple sclerosis. The provincial Department of Social Development pays all their expenses, to the tune of something like \$800 a month.

"The horsemen, Clayton May and Bob Johnson, are still in business, but involved in rebuilding their stable. They now have three horses.

"Gary McPherson continues as president of the Paralympic Sports Association, one of the busiest and best wheelchair sports and recreation clubs in Canada.

"Edmonton hosted a party of 21 people (14 disabled) from Quebec last summer, and a similar number from Edmonton are planning a return visit to Montreal. The funding is provided by the federal government.

"Generally, the climate for handicapped people is good: the provincial Government has made help to the disabled one of its priorities; the city of Edmonton has ramped downtown intersections, put up excellent special low-income housing, and is working on improvements in the transportation system. More and more

disabled are taking part in a first-class recreation program run by the City, one of the very best in the country. And more are going to school and university, attending the community colleges, finding employment and generally taking their rightful place in the community. It is amazing how much the cause of the disabled is being pushed, first by the disabled themselves, and secondly by the general public. The days when only the specialized agencies were involved in pushing for change have hopefully disappeared. Now, it seems, the case for the disabled is everyone's concern."

*Pierre Gariépy, Executive Director, Canadian Paraplegic Association, Alberta Division, Edmonton Region, 10996-124 Street, Edmonton, Alberta T5M 0H8, Canada.*

## Pen friends wanted

"I have a growing interest in various areas of the occult, in addition to my hobbies of music and painting. I especially have an interest in mental telepathy, ESP in general. If any other readers have similar interests, please get in touch with me. Again, I would like to correspond with other college people similar to myself (born without arms or legs but wear artificial limbs)." *Terry Haffner, 4600 Dorarow Drive, Fort Wayne, Indiana 46825.*

"I'd love to know others with Charcot-Marie-Tooth so we could correspond about mutual interests and problems. I find that sharing ideas with patients is much more profitable than all the doctors, therapists, and rehabilitation centers combined." *Mildred Levenson, Apt 6B, 185 East 162 St., The Bronx, New York 10451.*

"I enjoy music, reading, traveling, photography, sketching, and painting. I collect antiques, bookmarks, handkerchiefs, and foreign Christmas cards. I am a member of CUSA, DARE, COPH, and Handy-Cap Horizons. I have done volunteer work in a hospital. I am disabled by rheumatoid arthritis." *Yvonne M. Romanas, 12850 S. Parnell Ave., Chicago, Illinois 60628.*

"I like to feel I am a 'Johnny Appleseed' type of person, with a mission in life of scattering positive, beautiful, inspirational 'seeds of goodness' as I wheelchair my way up the interesting and potentially packed 'Pilgrimage of Life.' For a free inspirational packet of material, send 25¢ for handling to: *Chet Stein, 518½ W. Market St., Aberdeen, Washington 98520.*"

"I am 59 years old, 4'7" (losing each time they operate on my hips for osteo degenerative arthritis). Just had my right hip operated on two years ago and a Charnley plastic hip implanted. It was not successful and one year later the hip was removed and it is still healing. It is called a girdlestone type of operation. I use a walker but mainly an electric wheelchair but get up and walk



with a cane or holding on to whatever is around. I just won't give up." *Mrs. Ray A. Piper, 32 Marion Rd., Hollywood, Florida 33023.*

"Although confined to a wheelchair by the complaint known as Friedreich's ataxia, every Friday night for the past eight years I have been going off the deep end, and I am more than proud of it. To prove my swimming ability, I have so far collected five Cups, four Certificates, seven Badges, plus three Proficiency Badges." *A. R. Smith, Franklin House, Shaw Way, Roundshaw, Surrey, England.*

"Do you know where a lonely paraplegic could correspond with a group or another paraplegic? I am 25 years old, been hurt seven years." *Albert Pfau, 1201 S. 9th Avenue, Yakima, Washington 98902.*

"The last *Gazette* had contributors from remote parts of the world but nothing from Africa. I would like to keep you posted on the Republic of South Africa so that Africa is represented. I would like to have manufacturers send brochures and photographs to use in articles in South African magazines. (I am a C4-5 quad.)" *Lane Flint, P.O. Box 171, Clocolan, Orange Free State, Republic of South Africa.*

"I was born with spina bifida in 1938. My hobbies and activities: free lance writing, volunteer work at local multiple sclerosis club, pen pals, like music of all kinds, fishing, coin collecting, reading, like the country better than the city." *Stuart Rosen, 324 E. Northampton Street, Wilkes-Barre, Pennsylvania 18702.*

"This is my first letter to write in English since I was born, I have been in hospital with the spinal cord injury since three years ago. The other day I read *Rehabilitation Gazette* in Japanese. I think it is real useful for the disabled." *Yasayuki Sawada, c/o Kyokai Hospital, 144 Layako Onsencho, Abuta-Gun Hokkaido, 049257 Japan.*

"I am 30 years old. I came to the U.S.A. in 1971 with the Handy-Cap Horizons tour. I am disabled with rheumatoid arthritis. I can walk a little with help. I went to Ibiza, a little island off Spain, with the Young Disabled Club last year. I would love to write to a paraplegic man between the ages of 26 and 36 who likes traveling. I love to write and get letters." *Georgiana Rogers, 10 Homecroft Gardens, Loughton, Essex IG10 3RB, England.*

"Greetings from Florida! Mother and I purchased a Ford van and had a lift installed. We have had a delightful year of traveling whenever the notion struck. I am 43 years old and have gradually become a quadriplegic due to something called myositis ossificans progressiva. I had not enjoyed going anywhere since 1964, but now (when I'm feeling well) I'm ready to go. I also enjoy playing Scrabble, Refunding, church work, crossword

puzzles and television." *Miss Shirley Lee, 5064 Ivywood Road, West Palm Beach, Florida 33406.*

"My hobbies and pastimes: stamps, coins, postmarks, pen friends, match covers, and reading. I am a 7th Day Adventist. I have been disabled since 1960 with a bad leg and almost deaf in one ear." *Miss Marie Vengegriff, 10526 Walden Street, Daisy, Tennessee 37319.*

"I am starting a group of inmates here at the prison to work on projects to help the handicapped. The group has worked and raised \$10,000 to purchase a special van for a young lady who was born without arms. We are starting a shop to build therapeutic toys for the handicapped here in Virginia and we would appreciate any helpful information." *Clarence R. Sipe, Jr., Drafting Teacher, Virginia State Penitentiary, 500 Spring Street, Richmond, Virginia 23219.*

"I have been trying to get in touch with fellow epileptics all over India but so far I have not been quite successful. Apparently this is not something you declare in public or acknowledge. I wish the American branch of epileptic sufferers would also open an Indian branch."

"Friendship's Door helps disabled people to get to know each other better by taping letters as well as by writing. For more information, write to *Maxine Gabe, 545 N.E. 121 Street, North Miami, Florida 33161.*"

## **Asociación de Lisiados de Jalisco, A.C.**

*Escorza 442, Guadalajara, Jal., México*

Last year a group of disabled in Guadalajara formed an organization, Association of the Physically Handicapped in Jalisco. The statement below in Spanish defines their purpose and details their present projects and future plans.

Presently, they are raising money to publish their Spanish edition of the *Rehabilitation Gazette* and trying to reach other Spanish-speaking disabled around the world. They plan to start a shop-school where the disabled will learn by doing and inventors can work out their ideas. The president is Arturo Heyer, Escorza 442, Guadalajara, Jalisco.

The group in Guadalajara is working closely with another group of disabled that was formed in Cuernavaca to accomplish similar aims. The president: Arturo Gomez, Condominio Tlaltenango, #9 Avenida Emiliano Zapata, Cuernavaca, Morelos.

El lisiado es una persona que, de acuerdo a la magnitud de su incapacidad física, atraviesa por mayores o menores problemas que su impedimento le ha creado, haciéndole más o menos difícil la realización de los quehaceres que le habrían de llevar a una vida normal.

Numerosos son los problemas que la persona lisiada puede tener. Algunos de éstos son tan graves que definitivamente convierten al lisiado en un inválido, incapaz de hacer algo por sí mismo.

La Asociación de Lisiados de Jalisco, nació hace algo más de un año, del ideal de un grupo de jóvenes lisiados da unir nuestras fuerzas para ayudarnos unos a los otros, y ha tomado como suya la responsabilidad del logro de lo siguiente:

I. La Creación de una Revista Especializada de Información de Rehabilitación a Nivel Internacional.

Existe mucha literatura de este tipo en inglés. Hace falta lo equivalente en nuestro idioma, ya que sabemos que la información es básica para la realización de cualquier empresa. Las personas lisiadas necesitan información relacionada a sus problemas que son múltiples y que solos no pueden resolver.

Nuestra revista, *Gaceta de Rehabilitación*, la tenemos ya lista para mandarla a imprimir. Los que en ella escriben son personas lisiadas de todo el mundo. A través de ella el lisiado mexicano y, en general, latinoamericano, sabrá que no está solo, aprenderá de otros en condiciones similares, y sabrá, por ejemplo, que actualmente el mundo de la ciencia estudia la curación total de las lesiones y enfermedades del sistema nervioso central (parálisis). En ésta además se publican reportes sobre nuevos aparatos y dispositivos útiles para él.

II. La Creación de una Bolsa de Trabajo y Fuentes de Trabajo: Un Taller-Escuela de la Aljca como Primer Paso.

- a) La disposición de mismo será tal que los lisiados en silla de ruedas podrán utilizarlo sin dificultad.
- b) Cualquier lisiado tendrá la oportunidad de aprender haciendo, es decir, trabajará fabricando una variedad de cosas, que van desde artesanías hasta aparatos ortopédicos y no ortopédicos útiles para ellos mismos.
- c) En nuestro taller los lisiados con inventiva podrán llevar a cabo sus ideas.

No es extraño que entre los lisiados haya un flujo extraordinario de ideas para nuevos mecanismos. "La necesidad crea," y esto es aplicable a las personas lisiadas. Se han inventado muchos aparatos que asisten a estas personas, pero éstos son económicamente inaccesibles o no satisfacen enteramente las necesidades individuales. Nuestro Taller será la solución a muchos de estos problemas.

La Asociación de Lisiados de Jalisco, A.C. acaba de recibir la afiliación al IJAS (Instituto Jalisciense de Asistencia Social), por lo que estamos acreditados legalmente a ofrecer, a través de la antes citada institución, recibos oficiales deducibles de impuestos. México apreciará esta importante obra. Ayúdenos a Ayudar!

"VOLUNTAD, UNION Y TRABAJO"

— para la independencia del lisiado —



Guadalajara: (l to r) Jesus Hugo Monroy P., Sunny Rogue Donada, Presidente Arturo Heyer B., Victor M. Sandrey C., Beatriz Narnajo Godoy, y Ricardo Herrera A.



Cuernavaca: Presidente Arturo Gomez P. y su hermana Martha.

# Equipment

*The GAZETTE does not accept any advertising. The gadgets and devices presented here were gleaned by the editors from readers' letters and other sources. They are presented as ideas for the readers to pursue on their own by sending for brochures and latest prices.*

*The GAZETTE does not specifically endorse any product nor accept responsibility for any approximate price listed.*

## New Reclining Powered Wheelchair

by M. Eugene Nelson  
*Engineering Design Consultant*

I am a 54-year old C-6 quad from a football accident in 1936. By God's grace, I recovered enough to walk without aids for about 20 years. In this time, I obtained my degree in mechanical engineering, was employed by an aerospace firm as an engineer, married my lovely wife, Norma, and raised a family of three sons and a daughter.

Just prior to 1956, I began to notice a gradual loss of muscular and sensory function, and underwent a second laminectomy to determine the cause. Medical diagnosis revealed the presence of arachnoiditis, a thickening and swelling of the outer membrane surrounding the original spinal cord injury.

Shock from the surgery put me permanently in a wheelchair. I continued working and hoping for a miracle, but finally adjusted to wheelchair existence. Without knowledge or professional guidance, I began a siege of pressure sore problems that cost me the loss of my right leg from an infected hip. After two months of rehabilitation at Rancho Los Amigos Hospital, I acquired an E & J electric chair and added my own powered reclining back, using an old \$5 actuator from a Continental powered seat. This feature allows periodic relief from pressure sore development, relieves muscular fatigue, and improves circulation.

I began to apply my engineering aptitude to solving new problems that arose. The transportation of my electric chair was solved by my design of the Porta-Ramp carrier. A need for a chair-mounted desk for work and storage of personal items led to my development of the Porta-Desk. These two products are now marketed by Trujillo Industries (815 Nash Ave., El Segundo, California 90245).

My current project is the development of a reclining, powered wheelchair, more attractive than any presently available. The unique reclining system prevents the occupant from slipping down during the recline cycle; as the back reclines, the front of the seat raises, then lowers again, and the footrest elevates. When parked on an inclined aisle, as in a theater, the entire seat and back tilt backward. The total weight of the prototype is 250 pounds. With a 20-mile range, it can be used indoors



"I want to find a reliable manufacturer interested in producing my new reclining, powered wheelchair. As the back reclines, the front of the seat raises, then lowers again, and the footrest elevates."

or outdoors, with equal ease and safety. Only 22" wide, it has a contemporary fiberglass shell that covers the frame and mechanism.

The cost of the development of a chair design such as mine has drained my available funds. I want to find a reliable manufacturer interested in producing my chair. I offer free engineering assistance in exchange for a modest and fair royalty on production sales. Financial returns from royalties on my product designs are plowed back into new product development. I don't get rich, but I enjoy seeing others benefit from my ideas.

My doctor insisted that I retire from full-time employment. I now devote my time to the design of special adaptive aids for the disabled. I also work with the Coordinator of Disabled Students Services at my alma mater, San Diego State College, to assist in the acquisition of special equipment for its 100 disabled students. They now have a special lounge, vans, and student assistants to help with movements about the campus.

I live in a recently completed home which I designed. It has wide doors, wide hall, ramped entries, drive-in shower, and traveling overhead electric lift in the master bedroom. The lift is a 500 pound electric chain hoist hung from a trolley running in a concealed garage door track in the ceiling. I rigged a special underarm and leg sling which lifts me in a sitting position from bed to chair. Another innovation is the use of 2" diameter hose clamps on door knobs to facilitate turning with quad hands. From my level home, I travel in my electric chair to State College (one mile), shopping center, church, and nearby restaurants with ease.

Address: M. Eugene Nelson, 4921 Gary Street, San Diego, California 92115.

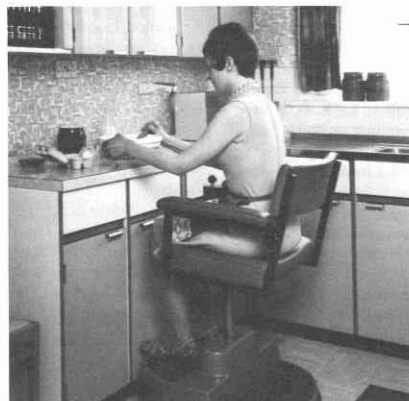
"View of my new chair mounted on my Porta-Ramp carrier."



## New English Wheelchairs



Newton. Ultra-lightweight (30 pounds), welded aluminum, folding wheelchair. Detachable rear wheels, armrests, and footrests. Three overall widths: 25 $\frac{1}{4}$ ", 24 $\frac{1}{4}$ ", and 22 $\frac{1}{4}$ ". Made by disabled workers in a factory owned and operated by the Spastics Society in England and sold at wholesale cost price by UCP of New York City. For free brochure, write: International Marketing Program, UCP of New York City, 122 East 23rd Street, New York, New York 10010.



The Queensway. Power chair rotates in either direction; will not tip over, glides easily. Manufacturer is looking for U.S. sales representatives: White Batley and Co., Springwood Industrial Estate, Rayne Road, Baintree, Essex, CM77RD, England.

## Integral Auto Ramp



The driving seat of a DAF 44 Automatic was removed and a folding ramp incorporated into the sill of the car. The floor section was lowered four inches to reduce the angle of the ramp. The ramp was spring loaded to enable the wheelchaired driver to lower and lift and fold the ramp unassisted.

To enter the car, the electric wheelchair is reversed up the ramp, located behind the wheel and locked into position. The ramp is then lifted. It fits without obstruction between the door and the wheelchair. Hand driving controls were installed and various other small modifications effected by the West-Town Motors Ltd, Huddersfield Road, Dewsbury, Yorkshire, England.

## More about vans and lifts . . .

The 1973 *Gazette* had a special feature on vans and lifts. Since then, there have been changes in addresses, a new manufacturer, as well as improvements.

Address changes: The Braun Corporation (Save-A-Step), 1014 South Monticello, Winimac, Indiana 469 96. • R. J. Chair Lift Company, Inc., 7228 West Madison, Forest Park, Illinois 60130. •

New manufacturers: The Swing-Away electric hydraulic lift is made by Maxon Industries, Inc., 1960 East Slauson Ave., Huntington Park, California 90255, or Maxon Industries, Highway 11 South, Box 1089, Monroe, Georgia 30655. The Cheney Company, 7611 North 73rd Street, Milwaukee, Wisconsin 53223. Branches around the country. Write for brochure and nearest dealer.



Doris Jones, the *Gazette's* treasurer, has recently acquired a van and added a lift paid for by the state's vocational rehabilitation office.

## Wheelchairs & Accessories

**Functional Wheels** The creative Mr. A. G. Garris has revised this informative little booklet, a handy guide to wheelchair selection. Free from: A. G. Garris, Rehabilitation Consultant, State Department of Rehabilitation, Rancho Los Amigos Hospital (Building 214), 7601 East Imperial Highway, Downey, California 90242.

**New stair-climbing wheelchair** After six years and four prototypes, a climbing chair has been invented by a paraplegic mechanical design expert. Production models will be ready about October, 1974. Henry McMahan, Route 1, Box A-36, Saunderstown, Rhode Island 02874.

**Adapters for easier wheeling** A pair of Wheel-eze adapters installed on most standard wheelchairs increases both speed and mechanical leverage. Does not interfere with wheelchair portability. Wheel-eze Company, P.O. Box 561, Kenmore, Washington 98011.

**Battery-powered adult tricycle** The Pedaletric may be manually or electrically operated. Portable; disassembled and re-assembled easily. Weighs 94 pounds; load capacity is 300-pound rider, up to 500 pounds total load. Brochure available from: Enclon Products, James Research Division, 1 Morris Avenue, Glen Cove, New York 11542.

**Dual range proportional power attachment** This 12/24-volt unit gives more power for speed and ramp-climbing and also provides low-range controlled speeds. Motorette Corporation, 6014 Reseda Boulevard, Tarzana, California 91356.



**Swing-away chin control.** Unit easily attaches to left or right side of any standard motorized wheelchair. Motorette Corporation, 6014 Reseda Boulevard, Tarzana, California 91356.

## Remote Controls

Information on remote control systems is available from the following designers/manufacturers:

- "Genie," designed by Dean Tougas, 923-23rd Street East, Seattle, Washington 98112.

- "Touch Operated Selector Controls," Department of National Health and Welfare, Sunnybrook Hospital, Toronto, Ontario, Canada.

- "Modular Communication Device." Reprint of an article in *Archives of Physical Medicine and Rehabilitation*, February, 1974. Available from Silas D. White, Ph.D., Dept. of Psychology, Muhlenberg College, Allentown, Pennsylvania 18104.

- "Nu-Life," manufactured by Scientific Systems International, 2024 Wooddale Drive, Huntsville, Alabama 35801.

## Communications

Communications workshops series will be held in February, March, and April in Chicago, Boston, and the West Coast. Directed to clinicians and universities that train clinicians. Title: National Workshop Series for Communication Alternatives for the Non-Vocal Severely Handicapped. Contact: Warren P. Brown, 922 E.R. B., 1500 Johnson Drive, Madison, Wisconsin 53706.

## Miscellaneous

**SAAB.** The Saab 99 model of the Swedish-made car is now available in the U.S. with special equipment for the disabled: hand-operated brake and accelerator controls; a front seat that can be turned 90 degrees and pushed outside the doorstep about four inches for easy transfer.

**Auto Distress Flags.** Four bright, plastic, assorted "Help!" flags in a packet. Doug Norman Associates, 305 Angus Street, Victoria, Texas 77901.

**Canadian "Help" flag.** Vinyl square with built-in hanger imprinted with wheelchair symbol and "Help." Delta Distress Aids Signals for the Handicapped Society (D.A.S.H.), P.O. Box 133, Delta, British Columbia, Canada.

**Emergency signal.** Conventional electric alarm clock with brilliant red flasher light, visible a quarter-mile away, is activated either by hospital-type switch on end of extension cord or by alarm if it is not shut off. Available from: N-P Corporation, Box 117, Sarasota, Florida 33578.

**Hydro-Static Mattress.** Water-filled mattress "provides enough resilience to relieve weight on body's pressure points and enough firmness to allow mobility." Can be used on ordinary bed frame and needs no heating devices. Free brochure: Stebo Industries, Inc., 1020 West 40th Street, Chicago, Illinois 60609.

**New mouthstick holder?** Our IBM repairman suggests trying the mouthpiece of a Scuba regulator; only \$1 at sports shops.



**Clapper Dapper.** Light-weight, aluminum alloy plate fitted with leather straps which may be worn with most shoes. Rubber shoe sole material glued to bottom prevents slipping. Cost is about \$8. Developed by Susan B. Hanks, R.P.T., U. of Oregon Medical School, and available from: UCP Workshops, 5417 Southeast 72nd Avenue, Portland, Oregon 97206.

**Brussee Page Turner.** Activated by a sensitive switch a tape-covered roller glides over a book or magazine to turn a page. Switch is operable by chin, shoulder or whatever. WTB, Inc., 2647 Tod Ave., N.W., Warren, Ohio 44485.

## Readers' Ideas

**Adapting trousers to a leg urinal.** "Men who wear a leg urinal and have trouble with narrow leg trousers might have a tailor or anyone handy at sewing split the leg inseam at the bottom up four or five inches as necessary. Then sew in a matching triangle-shaped piece of material. If this is pleated and pressed firmly it will stay nearly closed. If needed one could add snaps or Velcro to keep it closed." *John Starks, 2101 6th Avenue, Scoutsbluff, Nebraska 69361.*

**Hip protection for ambulatory CP males.** "I am cerebral palsied (spastic) with an awkward gait and an ectomorphic build; I weigh only 112 pounds. In the middle 1950's I lost many days of work because of frequent hard falls on hips. The inconvenience of either lying on a heating pad or soaking in a tub set my mind thinking. The idea came to find some kind of hip padding that could be put on and taken off quickly. I found the desired fitting in the form of the old-style basketball hip pads that tie on. Later I found that pads could be cut to size from a used mattress bed pad with 1/2" cloth tape to tie on. The increase in waist measurement then created another problem. Larger-sized pants and also thinner pants had to be purchased. Full-cut pants rather than narrow Ivy League style are recommended. If one wears a lower back support, a 1/8" thick felt pad can be sewn on the sides to cover hips. Long outer jackets also give added protection." Comments welcomed by the author. *Raymond H. Greenleaf, 68 Commonwealth Drive West, Portland, Maine 04103.*

**Mouthstick-operated cassette tape recorder.** "The Sanyo AM-FM Radio Cassette Recorder model number MR 414 PF (\$149.95 here in Canada) is the only unit I have seen where the play button can be pushed down and it will stay depressed until the record button can be pushed." *Jim Wallace, 4195 Napier Street, Burnaby 2, British Columbia, Canada.*

**Long-handled shoe horn.** "Since my rigidity involves hips as well as spine, I need an extra-long shoe horn. I solved this problem by soldering a short steel shoe horn to a long length of old-fashioned coat hanger wire. It doesn't look pretty, but it really puts the shoes on without strain." *Bob Hitz, 1182 Warren Road, Lakewood, Ohio 44107.*

**Retreading leg bags.** "I use my disposable leg bags after I have finished with them. The latex rubber straps make grips for pliers, screw drivers, and door knobs.

They are great for opening jars and bottles. I use the connector spout as an extra connector between my caterer and the extension tubing. I have put the straps on as loops on the things that frequently fall to the floor, pens, combs, mirrors. I pick them up with a coat hanger hook." *John A. Coffin, 734 Overbrook Road, Baltimore, Maryland 21212.*

**Levelling a car floor.** "To avoid wrestling with the uneven floor, I had a piece of plywood cut to the exact dimensions. Now, as soon as the front casters are lifted up my chair rolls easily into place." *John A. Coffin, address above.*

**Tie down for wheelchair.** "My van is a Dodge Maxivan. I put a steel plate on the floor to cover the ridges built into the floor. I designed my own tie down system after getting a quote of several hundred dollars from a truck body manufacturer. Mine cost \$12.50. It is an inverted wide U, about 30 inches long, with a plate on each foot, bolted to the floor. A canvas strap buckles around my rear wheel and another buckles around the chair frame at the front." *John W. Leibold, 3006 N. High Street, Columbus, Ohio 43202.*

**Basket for walker.** A bicycle basket fastened to the front bar of a walker is convenient and inexpensive.

**Portable Rocking Bed Plans.** "I had a rocking bed built using a modification of these plans that weighs only about fifty pounds and it has made travel convenient and pleasant. I am sending a copy of the plans to the *Rehabilitation Gazette*." *Lawrence R. Wagner, 4101 West 54th St. Terrace, Shawnee Mission, Kansas 66205.*

**Travel Attachment to a Lift.** "A couple of ideas that have been helpful in handling my paraplegic wife . . . First, is an addition to the sling to my Trans-Aid Lift which permits me to handle her comfortably while shifting her from an aircraft roll-on wheelchair to and from a seat in the limited space in a commercial aircraft . . . The second item is an economical scales attachment." *R. C. Zimmerman, 2908 45th Street N.W., Washington, D.C. 20016.* (Mr. Zimmerman has two photocopied sheets describing his ingenious adaptations.)

**New Australian Wheelchair/Car Seat.** Erich Krell, one of the *Gazette's* international correspondents, sent a brochure of a chair which eliminates any lifting in transfer. The wheelchair seat seems to glide in and become a car seat. "Later on," says Erich, "I'll get more details. At the present time, negotiations for U.K. and U.S. distributors are currently under way. Worldwide patent rights for the design of the chair have been applied for." For information, write: *H. E. Delany, Box 183, Wangaratta, Victoria 3677, Australia.*

**Surfing paras?** If any cord-injured paras have worked out ways to surf again, will they let us know so we can pass them on to a would-be surfer?

# Books & Booklets

## ARCHITECTURAL BARRIERS

**Architectural Barriers to the Physically Disabled.** By Mrs. S. Kirkland. 1973. Canadian Rehabilitation Council for the Disabled, 2nd Floor, 242 St. George St., Toronto, Ontario M5R 2N5, Canada. \$2.

**Architectural Facilities for the Disabled.** Published by ICTA Information Centre and NVR, the Netherlands Society for Rehabilitation. Attractively illustrated. 1973. ICTA, Fack. S-161 03, Bromma 3, Sweden. \$2.

**Wheelchair Sightseeing in Missouri.** By Virginia Marshall. An attractive 88-page booklet, it is a volunteer project by the author, who will send it free. Write to Mrs. Marshall at 2607 Salem Road, Brentwood, Missouri 63144.

**Barrier Free Design: A Selected Bibliography.** By Peter Lassen, architectural coordinator of Paralyzed Veterans Association. 1974. PVA, 7315 Wisconsin Avenue NW, Bethesda, Maryland 20814. \$5.

## HOMEMAKING

**Independent Living for the Handicapped and the Elderly.** By Elizabeth E. May, Neva R. Waggoner, and Eleanor B. Hotte. A very readable and lookable book, with a clear and precise text and over 300 photographs. Persons with various disabilities are pictured performing a variety of homemaking and living activities. Topics include: care of children, special clothing, work simplification principles, energy-saving techniques, devices, tools, and sports and recreation. Appendices include comprehensive lists of sources for specific items or assistance and agencies involved in the aid of various disabilities. An excellent source book for disabled individuals as well as professional personnel. 1974. Houghton Mifflin Co., 110 Tremont St., Boston, Massachusetts 02107. \$9.95.

**Wheelchair Interiors.** By Sharon C. Olson and Diane K. Meredith. Well-illustrated, clear presentation of methods of adapting or building a functional home for wheelchair living. 1973. National Easter Seal Society for Crippled Children and Adults, 2023 W. Ogden Avenue, Chicago, Illinois 60612. \$1.50.

**You Can Do It From a Wheelchair.** By Arlene E. Gilbert. The author, wheelchairbound by multiple sclerosis, shares her experiences in child care, homemaking, and general living problems. 1974. Arlington House Publishers, 81 Centre Avenue, New Rochelle, New York 10801. \$6.95.

## CLOTHES/PERSONAL CARE

**Clothes Sense for Handicapped Adults of All Ages.** Charming illustrations. Creative approach to a wide assortment of problems. Disabled Living Foundation, 346 Kensington High Street, London, W14, England. LL.50.

**Footwear for Problem Feet.** By Mr. M. D. England of the London Foot Hospital. 1974. Disabled Living Foundation. Address above. LL.25.

**Personal Care.** A wealth of information on every phase of grooming and toileting, including bathroom layouts, showers, commode chairs, ways of dealing with incontinence, and prevention of pressure sores. 1973. National Fund for Research into Crippling Diseases, Vincent House, 1 Springfield Road, Horsham, Sussex RH12 2PN, England.

**Physically Handicapped: Aids to Self-Help in Homemaking, Grooming, and Clothing.** By Edith S. Hinshaw and Dorothy L. Barrier. Extension Service, North Carolina State University at Raleigh, State University Station, Raleigh, North Carolina 27607. 25¢.

## DIRECTORIES

**Publications of the Social and Rehabilitation Service.** The latest

issue lists the publications through June, 1973. The booklet is free from: Office of Public Affairs, Social and Rehabilitation Service, Dept. of Health, Education, and Welfare, Washington, D.C. 20201.

**Audiovisual Aids Directory of the Rehabilitation Research and Training Centers.** 1973. Social and Rehabilitation Service. Address above.

**Directory of Facilities for the Learning — Disabled and Handicapped.** By Careth Ellingson and James Cass. Analytic descriptions and comparative data of diagnostic facilities in the U.S. and Canada. Attractively presented, comprehensive, and clear. 1972. Harper & Row, Publishers, Inc., 2350 Virginia Avenue, Hagerstown, Maryland 21740. \$6.95.

**Help for the Handicapped Child.** By Florence Weiner. Helpful guide for parents. A chapter is devoted to simplified information on each of the major illnesses, listing the treatment centers, services, and concerned agencies. 1973. McGraw-Hill Book Company, Hightstown, New Jersey 08520. \$7.95.

**Spanish-Language Health Communication Teaching Aids.** 1973. Public Health Service, Dept. of Health, Education, and Welfare, 5600 Fishers Lane, Rockville, Maryland 20852. Free.

**Guide to Audiovisual Aids for Spanish-Speaking Americans.** 1973. Same address as above. Free.

**International Catalog: Aids and Appliances for the Blind and Visually Impaired Persons.** 1973. American Foundation for the Blind, Inc., 15 West 16th Street, New York, New York 10011.

## GARDENING/HOBBIES

**Horticulture as a Therapeutic Aid.** By Howard D. Brooks and Charles J. Oppenheim. 1973. Publications, Institute of Rehabilitation



Medicine, NYU Medical Center, 400 East 34th Street, New York, New York 10016. \$2.

**Gardening Without Stress and Strain: Shortcuts for Less Active Gardeners.** Charles Scribner's Sons, 597 Fifth Avenue, New York, New York 10017. \$3.95.

**Leisure and Gardening.** A delightful book! Includes ideas on reading, correspondence and study; music and art; collecting; sewing, knitting, ham radio; games, social, sports; pets, cameras, bird watching, scouting, and extensive information on gardening aids and methods. 1973. National Fund for Research into Crippling Diseases, Vincent House, 1 Springfield Road, Horsham, Sussex RH12 2PN, England. L1.05.

#### MISCELLANEOUS MEDICAL

**Arthritis Manual for Allied Health Professionals.** 1973. The Arthritis Foundation, 1212 Avenue of the Americas, New York, New York 10036. Free.

**Home Care Programs in Arthritis: A Manual for Patients.** 1969. The Arthritis Foundation. Address above. Free.

**Ambulation Guide for Nurses.** By Lois Sorenson and Patricia G. Ulrich. 1974. Dept. 59, Sister Kenny Institute, 1800 Chicago Avenue, Minneapolis, Minnesota 55404. \$2.25.

**Living Comfortably With Your Ileostomy.** By Darlene Larson. 1973. Sister Kenny Institute. Address above \$1.25.

#### OVERVIEWS

**Services for Handicapped Youth: A Program Overview.** First of two reports by The Rand Corporation. 1973. Publications Dept., The Rand Corporation, 1700 Main St., Santa Monica, California 90406. \$5.

**Rehabilitaci3n: un enfoque integral.** Por Ricardo Moragas. Este libro es fruto de la experiencia del autor durante trece a1os en multitud de

centros de rehabilitaci3n, asociaciones, organismos p1blicos y privados en Espa1a, Francia, y Estados Unidos. 1972. Editorial Vicens-Vives, Avda. de Sarri1, 132., Barcelona-17, Espa1a. 210 pesetas.

#### RIGHTS

**Legal Rights of the Mentally Retarded.** Published by the Pennsylvania Association of Retarded Citizens. 1974. Science Press, Ephrata, Pennsylvania. 17522.

**Your Rights as Parents of a Handicapped Child.** Coordinating Council for Handicapped Children, 407 South Dearborn, Chicago, Illinois 60605. 1969. 50¢ plus 10¢ postage. (Spanish edition, same price.)

**How to Organize an Effective Parent Group and Move Bureaucracies.** Coordinating Council for Handicapped Children. Address above. 1971. \$1.50 plus 10¢ postage.

**Legal Rights of the Disabled and Disadvantaged.** By Richard C. Allen, J.D., L.L.M. 1969. U.S. Government Printing Office, Washington, D.C. 20402. 50¢.

**National Center for Law and the Handicapped, Inc.** Established with grant from HEW. Staff includes faculty and students of Notre Dame Law School. Functions: public education and legal technical assistance. Course on Handicapped and the Law developed during 1972 spring semester and repeated on regular basis; material from course available to individuals or other law schools. Joseph W. Kunz, Ed.D., executive director. Marcia Pearce Burgdorf, project attorney. Address: 1235 N. Eddy, South Bend, Indiana 46617.

#### SEX

**Sex and the Handicapped: A Selected Bibliography (1927-1973).** By C. Schwartz, M. Mayer, and Dr. M. Eisenberg. 1974. Veterans Administration Hospital, 10701 East Blvd., Cleveland, Ohio 44106.

**Sexual Problems of Patients with Spinal Injuries: An Annotated Bibliography.** Dept. of Physical Medicine and Rehabilitation, S217 Cincinnati General Hospital, 234 Goodman Street, Cincinnati, Ohio 45229. \$2.50.

**Practical Sex Information.** Waking Woman Press, c/o Hackmann, 1637 N.W. Kings Blvd., Corvallis, Oregon 97330. \$2.50.

**Sex: Rehabilitation's Stepchild.** Proceedings of the Workshop of National Paraplegia Foundation, June 23, 1973, Indianapolis, Indiana. Available from: NPF, 333 N. Michigan Avenue, Chicago, Illinois 60601. \$2.50.

**Sexuality and the Handicapped.** By Milton Diamond, Ph.D. Reprint of a sensitive and forthright article. Request Publication Number A-243 from: Education and Information Services, National Easter Seal Society, 2023 W. Ogden Avenue, Chicago, Illinois 60612. 10¢.

#### SPINAL-CORD INJURED

**Innovations in the Total Care of the Spinal-Cord Injured.** Proceedings of the Conference of National Paraplegia Foundation, June 20-21, 1973, Indianapolis, Indiana. Available from: NPF, 333 N. Michigan Avenue, Chicago, Illinois 60601.

**Proceedings of a Seminar on Serving the Spinal Cord-Injured Client.** Conducted at the West Virginia Rehabilitation Center, October 24-26, 1972. Available from the editor, William R. Phelps, Director, Regional Counselor Training Program, West Virginia Rehabilitation Center, Institute, West Virginia 25112.

**Films: Quadriplegic Functional Skills** — "Dressing," "Bowel and Bladder Techniques," "Showing and Grooming," "Driving." Produced at the U. of Illinois at Urbana-Champaign. Free rental for short-term use can be arranged through the Media Resources Branch, National Medical Audiovisual Center (Annex), Station K, Atlanta, Georgia 30324.



## Editors' potpourri

We goofed on the address of *On Your Own* in the publications listed in the 1973 issue of the *Gazette*. This helpful publication covers many facets of independent living. Available free from: Continuing Education in Home Economics, Division of Continuing Education, The University of Alabama, Box 2967, University, Alabama 35486.

On the same publications list, *Human Needs* and *Rehabilitation Record* have been discontinued. (We shall miss the latter; it has been an excellent source of information on HEW's programs.) The two have been replaced by *The Social and Rehabilitation Record*. \$6.40 per year from the Superintendent of Documents.

Add to the publications list: *The Disabled Driver* (5 Court Lane Gardens, Dulwich Village, London SE21 7DZ, England) and *International Stroke Club Bulletin* (805-12th St., Galveston, Texas 77550) . . . *Handy-Cap Horizons* has raised its prices to \$3 a year for handicapped, \$6 for able-bodied.

New magazine planned: *Sports 'n' Spokes* to be devoted to wheelchair sports and recreation. If you would be interested, write: Cliff Crase, 6043 N. Ninth Ave., Phoenix, Arizona 85013.

???A newspaper article about Nancy Kerr, Ph.D., of the Department of Educational Psychology of Arizona State University, described her adaptations to wheelchair living and quoted her as saying, "Recently a handicapped man in New York sued that state on grounds that if it would give him the \$600 a month it allows for him to be in a nursing home, he could manage perfectly well on his own. I think that's a legitimate concept." Unfortunately, neither Nancy nor the editors have been able to locate that pioneering gentleman. Any reader know anything about his suit or anything similar???

Mandatory curb cuts (page 16). There's an excellent booklet on the Minneapolis curb cut program. (Add this note to the specifications), "Make the ramp blend with the street, eliminating the 3/4" lip." Request from: William B. Hopkins, Director of Public Affairs, Minnesota Society for Crippled Children and Adults, 3915 Golden Valley Road, Golden Valley, Minnesota 55422. Hopkins, the country's champion curb ramper, writes, "We've installed approximately 9,000 ramps in Minneapolis since 1968."

Annual Disabled Artist Exhibit by Sister Kenny Institute in Minneapolis will be held October 14-November 8, 1974. Contact: Mrs. Howard Ruff, 4907 W. 28th St., St. Louis Park, Minnesota 55416.

English Spinal Injuries Association was inaugurated at a meeting at the King's Fund Centre on 12 February 1974. The meeting was well attended by paraplegics and tetraplegics (quads) as well as representatives of those concerned with their care. The report of the meeting is available from Mrs. Diana Irish, General Secretary, 24 Nutford Place, London W1H 6AN. She will be pleased to receive any enquiries regarding membership.

The Amputees Service Organization, 520 N. Michigan Avenue, Suite 1504, Chicago, Illinois 60611, is working on a handbook for amputee visitation.

*How to Provide for Their Future*, an excellently written booklet of value to all parents of disabled. Of particular interest is the group life insurance plan. 1968. Free. National Association of Retarded Children, 420 Lexington Avenue, New York, NY 10017.

Income tax deductions . . . Two free sources of information: a fact sheet, written and prepared by Co-ordinating Council for Handicapped Children, 407 South Dearborn, Chicago, Illinois 60605. (Send a stamped, self-addressed, business size envelope.)

A booklet, *Check List of Medical Expense Deductions, Social Security Benefits, Pertinent Tax Information*. Prepared and published by Legal and Legislative Department, United Cerebral Palsy Associations, Inc., 66 East 34th Street, New York, NY 10018. Of special interest: a deduction of up to \$400 a month for household help as well as health care to enable the taxpayer to be gainfully employed; "Taxi-cab fares to and from work were allowed as medical expense deductions to a physically disabled individual where employment was recommended by a physician as part of a therapy program. Similarly, a disabled veteran was allowed deduction of expenses in driving to and from work where a doctor recommended both employment and the use of automobile for improvement of taxpayer's health . . ." For details, request a copy of the following from the Internal Revenue Service: Publication 502, *Deduction for Medical and Dental Expenses*; and Publication 503, *Child Care and Disabled Dependent Care*.

Dantrium (Dantrolene Sodium, Eaton). "The first specific for skeletal muscle spasticity resulting from serious chronic disorders." Will CPs and paras and quads who have had experiences with this medication please share them?

*Keep Trying*. A practical book for the handicapped. By Joseph Laurance Marx. 1974. Harper & Row. \$6.95. The author, disabled by polio as a child, describes his colorful life as a writer, newsman, and sportsman. Unfortunately, it arrived too late for Donna to review in this issue.

# REHABILITATION GAZETTE • AVAILABLE BACK ISSUES

*In addition to the SPECIAL FEATURES listed below, the issues contain first person accounts of the experiences of the severely disabled in obtaining higher education or training and employment, reviews of books of special interest, and colorful excerpts from readers around the world sharing their lives and seeking pen friends.*

## 1962. Volume V. Number 1

**Quads On Quadrangles** — a special 20-page feature of the experiences of quads acquiring higher education by telephone, correspondence, and attendance.

**Equipment** — reading aids, self-aspirator, bed bathtub, portable tub, shampooing.

**Dr. Sandiford** on English respirators.

**Hobbies** — the Voicospotence Club.

**Attendants** — some new approaches.

## 1963. Volume VI

**Quads At Home** — family life and fun, adoption, postparalysis marriage, volunteering.

**Housing Around The World** — comprehensive 18-page summary of housing projects in England, Denmark, Australia, Ireland, Finland and U.S.A.

**Equipment** — rubber and sheepskin cushions, custom-built elevators, Australian fibre glass lung, English self-adjustable mobile chair/bed.

**Vacation And Camping Directory.**

## 1964. Volume VII

**Quads International** — experiences and photos of severely disabled readers in New Zealand, Australia, India, Canada, England, Scotland, Ireland, Switzerland, and France. Reading list of relevant international periodicals.

**Equipment** — foot-typing, clothing, portable fibre glass lung and rocking bed, mouthsticks, painting aids, arm slings, toileting.

**Home Study** — experiences and ideas.

## 1965. Volume VIII

**Traveling Quads** — respiratory equipment by air and trailer, and on Mediterranean cruise.

**Medical Engineering** — orthotic arm aids, foot-operated aids for reading, eating, and typing, toothborne telegraph transmitter, and electronic multi-controls.

**Equipment** — in wheelchair travelling with special chairs, ramps, hydraulic tailgates and lifts, quad drivers, foot-controlled steering, wheelchair loader, carrier, cover, narrower.

**Adoption, Housing, Social Security Benefits.**

## 1966. Volume IX

**Vocational Rehabilitation** — new Federal and State legislation. Working experiences of quads in a variety of money-making projects.

**Wheelchairs** — respiratory chair, self-reclining chair, "Pushup" arms, wheelchair lore, foreign sports models, convertibles, climbers.

**Equipment** — remote controlled typewriter for under \$50, tongue switch, sight switch.

**Artists** — Association of Mouth and Foot Painters.

**Housing, Reading List For Quads, Hobbies.**

## 1967. Volume X

**Higher Education** — 21-page feature on the experiences of 23 severely disabled students at various colleges; campus facilities.

**Employment** — 19-page feature on profiles of 35 severely disabled writers, doctors, lawyers, counselors, teachers, etc.

**Equipment** — citizens band radio, Egerton Stoke Mandeville bed, Stryker flotation pad, one-hand typing, transportation, chin-controlled wheelchair, Swedish curb-climbing wheelchair, remote controls, frog breathing, portable lungs, mouth-to-mouth rescue breathing.

**Sex** — Dr. Holbert on sex and the disabled.

**Housing** — summary of U.S.A. developments.

**Attendants** — sponsoring an alien.

## 1968. Volume XI

**Tenth Anniversary** — the biography of the *Gazette* by the editor's husband.

**Homemaking** — a comprehensive summary of the problems and solutions of the wheelchairers with severe arm involvement compiled from actual experiences and publications in the areas of cooking, cleaning, and home planning.

**Home-Based Business** — experiences and opportunities in selling services by phone and mail.

**Equipment** — quad driving, remote controls, wheelchair accessories and new models, electric wheelchair carrier, surfboard, portable respiratory equipment, mouth-operated phone.

**Housing** — developments in Mexico and England.

**Music** — rehabilitation through music.

## 1969. Volume XII

- Quadriplegic Living** — the place of the quad in his community.
- Ramps For Home And Car** — basic rules and ideas.
- Forecast** — Planning conferences, regional rehabilitation centers, housing considerations and complexities, home care services.
- Equipment** — transference, wheelchairs, and accessories, typing aids, bathroom equipment.
- Hobbies** — hunting, photography, writing.
- Travel** — holidaying and living in Mexico.

## 1970. Volume XIII

- Community Concern** — service projects for the disabled by government and voluntary agencies.
- Independent Living By Quads** — creative adaptations, techniques, and attendants.
- Equipment** — mouthstick operation of typewriter platen, sitting solutions, cushions, bath lift, hydraulic tailgate and safety clamps for in-wheelchair driving by quads in vans.
- Hobbies** — Voicespondence Club, one-armed fishing, chess by mail, bowling.
- Travel** — Group tours, Mexico, Japan.

## 1972. Volume XV

- Comprehensive Rehabilitation Centers** — detailed information on Woodrow Wilson Rehabilitation Center and lists of similar centers in the U.S.
- Housing & Home Services For The Disabled In The U.S.**
- Equipment** — rehabilitation of an Australian quad, wheelchairs and accessories, remote controls, ramps.
- Hams. Art. Music. Pray And Play.**
- Architectural Barriers. Education. Employment. New Booklets And Periodicals.**
- Travel. Sports And Recreation.**
- Spinal Cord Injury Centers. National Paraplegia Foundation. Selected U.S. Periodicals.**

## 1973. Volume XVI

- Sex And The Disabled** — with annotated bibliography.
- 1973 Changes In Social Security And Medicare.**
- Equipment** — vans, lifts, and driving controls, medical technology, communications, wheelchairs and accessories, curb-jumping, mouthstick controls, music.
- Family Reactions To Quadness** — stories from two families.
- Writing As A Career** — advice from a talented quad writer.
- Yoga, Zen, and Sufism** — Alpha-wave feedback.
- Periodicals Around The World Relating To Disability.**
- Recent Publications** — architectural barriers, college lists, equipment, sports and recreation, tapes and films, travel.
- Housing & Home Services For The Disabled In The U.S.A.**
- Veterans. The Gazettes in French, Japanese, and Spanish.**

## 1974. Volume XVII

- Travel** — 10-page feature on travel to Canada, Mexico, and Europe, recreational vehicles for the wheelchair, wheels abroad, travel with respirators.
- Rehabilitation Act of 1973, Bills of Rights, coalitions.**
- Education/Employment** — 10-page feature on the experiences of quads in a variety of fields.
- Volunteer Projects for the Disabled.**
- Hobbies** — creative suggestions by a quad doctor.
- Adjustments to Disability** — comments by 30 SCI's.
- Biofeedback in Rehabilitation** — experiences of a para.
- German Breathing Treatment. Charcot-Marie-Tooth Syndrome.**
- Asociacion de Lisiados de Jalisco, Mexico.**
- Equipment** — new wheelchairs in the U.S. and England, vans and lifts, remote controls, integral auto ramp.
- Books & Booklets. Potpourri.**



### Back Issues Available

Donation per copy: \$2 from the disabled  
\$4 from the non-disabled

### Rehabilitation Gazette

4502 Maryland Avenue  
St. Louis, Missouri 63108, U.S.A.  
Phone: (314) 361-0475