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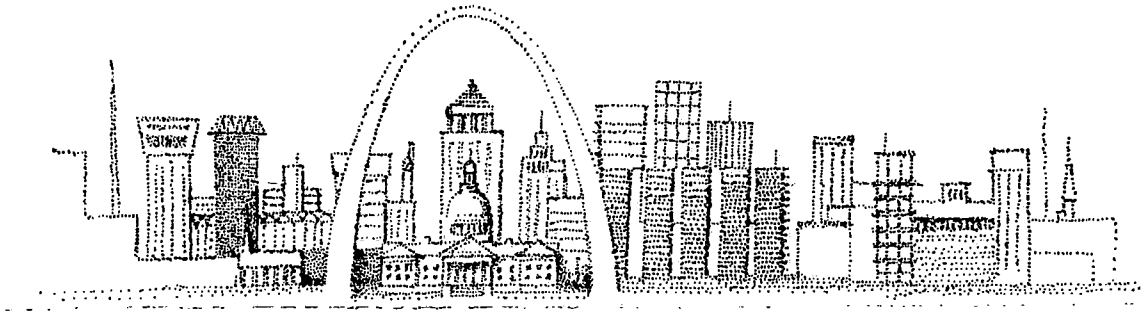
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Rehabilitation Gazette/75



INTERNATIONAL JOURNAL AND INFORMATION SERVICE FOR THE DISABLED



Our book, *HOUSING AND HOME SERVICES FOR THE DISABLED, ELDERLY, AND RETARDED,* will be published by Harper & Row in late summer of 1976. This book is not about buildings. It is about people—people who happen to be physically disabled, blind, deaf, retarded, or elderly and who have problems with housing and home services. It is about their essential peopleness—their differences as well as their common needs: independence, integration, self-direction, acceptance, dignity, love, and a choice of life-style. It is about their individuality, adaptability, potential, and humanness. It is about the skills and special techniques of living that make a disability less disabling. It is about the world-wide awakening to the need for integrated housing, supportive home services, and an hospitable environment.

Information on a world-wide assortment of housing experiments should enable government agencies, voluntary organizations, groups of disabled persons, and individuals to find examples to serve as guideposts. The dehumanizing effect of institutional residence is emphasized as we promote the normalization and integration of the disabled into the community. Alternatives to institutionalization can substantially reduce the costs of care of the disabled. Descriptions of many projects throughout the world show that even the most severely disabled individuals can be self-supporting.

The disabled readers of the *Gazette* throughout the world have been superlatively helpful in gathering material for the book. In particular, the quads whom Donna McGwinn contacted for her two fascinating chapters—one on independent living experiences and the other on attendants—were especially generous in sharing their experiences and suggestions.

We had warm and generous assistance with information from disabled friends in Australia, Canada, Czechoslovakia, Denmark, England, France, India, Japan, New Zealand, Scotland, and Sweden. Disabled readers all over the United States helped with the details of the chapters on transitional projects, long-time residential facilities and apartment living arrangements in which they are or were involved—sharing details of the costs, problems, and successes. In addition, many creative individuals shared their ideas in the chapters on adaptations to existing housing.

We have been working on the manuscript for more than a year, which is why this 1975 issue is so late. But, alas, we gathered too much material. The skyrocketing costs of publishing means that large books sell for large prices. We retained all essential material, but long reports and surveys that would be of partial interest only to a few have been deleted. Instead, we give the address and other information so you can write for them. We plan to share some of the excised material in future issues of the *Gazette.* When the exact date of publication is known, Harper & Row will notify everyone on the *Gazette's* mailing list.

English readers have been sharing their sadness over the death of their Dr. H. B. C. Sandiford, who gave wholly of himself to enhance the lives of his disabled friends. For years he helped us by acting as the *Gazette's* representative in England. When his wife, Jo, visited us this summer she offered to continue. So, English readers, you may send payment for your *Gazette* either by cheque or Postal Order to: Mrs. J. D. Sandiford, 55A South Street, Havant, Hants. Tel. (07012 area code). Havant 75937.

Thank you to our friends who volunteered so much of their time, both with the book and this issue: Willie Bjorkman, our next door neighbor who is a full-time copy editor, shared her valuable proofreading expertise; Dorothy Davis regularly shared her typing skills; Nancy Cole typed a number of chapters of the book; and Frances Payne worked almost daily through the year filing, proofing, and organizing.

New Graphics Designer. After Ted Smith, instructor of graphics at Washington University, came to borrow photographs of wheelchair olympics, he offered to help with the design of this issue of the *Gazette.* He was very generous with his advice and assigned several of his students to help.

$ $ $ Alas, the combination of higher prices for printing, paper, mailing envelopes, postage, and every other necessity has forced us to raise the suggested donation per copy to: $3 for disabled and $5 for non-disabled.

G & J

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Rehabilitation Gazette

International Journal and Information for the Disabled

Volume XVIII **1975**

Rehabilitation Gazette (formerly the "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: *Art therapist Mickie McGraw, respiratory polio quad, has created an art studio in a hospital. See page 5.*

Donation per annual copy:
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$5 from the nondisabled
Contributions are tax-deductible

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Gene Prichard has been a respiratory polio quad since age 12. Skillfully wielding a mouthstick, she pursues her careers as an artist, writer, teacher, and resident manager of Creative Living, a residential facility at 445 West 8th Avenue, Columbus, Ohio 43210.

A Compendium of Employment Experiences of 101 Quadriplegics

by Gini Laurie

The employment experiences of the severely disabled readers of the *Rehabilitation Gazette* are affirmation that individuals who are quadriplegic can be self-supporting with the right combination of motivation, personality, education, training, experience, equipment, financial support, information, and luck. These employment experiences underscore the widely varying individual differences of persons who are disabled and the importance of individualized and evolving solutions to employment problems.

These experiences also underscore the fact that many severely disabled individuals are kept from working, not by their disability or lack of motivation, but by the barriers imposed by our society: insufficient and undignifying financial assistance; inaccessible

Gini Laurie, editor and founder of the Rehabilitation Gazette (formerly Toomey j Gazette), *has been working as a volunteer with persons who are severely disabled since 1949.*

schools, housing, transportation, and places of work; negative and inhibiting attitudes of employers and the public; and a shortage of perceptive counseling and readily available professional training in the maximum use of residual capabilities.

Ever since the *Gazette* was started in 1958 for respiratory polio quads at the Toomey Pavilion Respiratory Center, its readers have shared their employment experiences, problems, and successes. Though the quad-causing disabilities of the readers have changed over the years from polio to other diseases and injuries, the problems of quadness are the same: little or no use of arms and legs and a resultant dependency on the assistance of others for many of the basics of living.

As the numbers of traumatic quads have been multiplying because of automobile and sports accidents and modern medical management has been increasingly successful in keeping them and other quads alive, their vocational rehabilitation has presented problems to their counselors. Though the Rehabilitation Act of 1973 mandates priority to the rehabilitation of severely disabled individuals there are still too few examples of self-supporting quads in the files of the vocational rehabilitation offices.

For these files and for other quads as a subtle form of group therapy, we have selected a cross section of the hundreds of employment experiences that have been published in the 18 years of the *Gazette* and a sampling of other quad readers, and brought them all up to date as of the fall of 1975. We present them with pride, for many of these readers have been our good friends for more than twenty years.

Most of these self-supporting quads have expressed their willingness to help others with advice. It is suggested that questions to them be brief and to the point and be accompanied by a stamped, addressed envelope or postcard.

In many instances, there is additional and significant material in the original articles in the *Gazette.* References to these articles are indicated by the volume and page numbers.

Whatever the cause of quadness, the problems and solutions for all quads are similar. The following generalities may be drawn from the experiences recounted in this compendium:

Rehabilitation is a Good Investment. According to the President's Committee on Employment of the Handicapped, "For every $1000 spent on rehabilitation of a disabled individual by the State's vocational rehabilitation agency, the lifetime earnings of the rehabilitated person will be increased by $35,000." A quad in Oregon, "I have been teaching school since 1958. Each year since then, I have paid back more to the government in taxes than the State Vocational Rehab paid for my college tuition." DVR spent about $1400 to rehabilitate a quad in Minnesota; he now pays this amount each week in taxes on his income, property, and personnel. A quad with the City Colleges of Chicago reports that "$1000 invested in education and training a severely disabled person generates $56,000 in 5-10 years."

Motivation. The most important factor in achieving rehabilitation is motivation. A quad writes, "More people should know quads can think for themselves and they are basically the same person they were before the accident. . . . I can do almost anything I want when I want to do it." Another says, "It has taken me some time to learn, but I have found that most barriers are formed in the mind whether you're disabled or not. If you want to do something badly enough, you'll find a way to do it."

Use Your Head. A quad of 25 years writes of the lessons he has learned: "If you can't use your hands, use your head. Don't depend on others to do your thinking for you. Keep thinking, thinking, thinking, looking, and testing new ideas, new approaches— seeking new solutions until you find the right solution for every problem, no matter how mundane. Be interested in everyone and his activities. Help others when you can. Friendship is a two-way street. Don't expect others to help unless you provide the direction, enthusiasm, and appreciation."

Building on Past Experiences. The ability to adapt after disability by building on past experiences and training is vitally important to rehabilitation, as the career changes of the following quads demonstrate: A symphony conductor and violinist became a composer. An internist studied allergies. An eye surgeon studied psychiatry. A truck driver acts as a truck dispatcher. A dentist sells magazine subscriptions to other dentists. A fire fighter is a fire department dispatcher. A Yugoslavian farmer had his house, barn, and farm turned into models for the region by the state rehabilitation agency and he was trained to teach and demonstrate new farming methods to his neighbors. An engineering student changed to law and also changed from day school to night school because there was more help available for transportation, more parking places, and a more interesting range of ages and experiences in both students and faculty. A quad writes, "If you were a flop as a salesman before your accident, you won't be any more effective now. Be realistic about jobs you can do."

Resource Centers. Most of the respiratory polio quads of the fifties had the good fortune to be treated as individuals, to receive the assistance of teams of experts, and to share in the centers' group therapy. Ideally, their families and attendants were trained to care for them; their local doctors had a source of specialized information; their homes were adapted to their iron lungs and wheelchairs; they were trained in self-

care, in directing their care, and in the use of their equipment; their equipment was furnished; often financial aid was furnished for attendants; their careers were considered with them by medical social workers; and they had an umbilical cord to the center for ongoing treatment and problems.

A network of similar centers across the country would solve many of the problems of quads of the seventies—with the addition to the staff of individuals who are themselves disabled. In addition, every city, every county, and every state could utilize a resource center for the disabled, staffed by the disabled—along the lines of Berkeley's Center for Independent Living.

Transitional Housing. The emphasis with the polio quads in the fifties was on returning them to their own homes. But lifestyles of all young people have changed since then and the young people who are spinal cord injured in the seventies should have the chance of conforming to the lifestyle of their nondisabled peers. They should have a choice to live in apartments with their peers. Every spinal cord injury center and every city of any size should have a few integrated, transitional apartments, with available attendant care, where newly discharged individuals can develop the expertise and skills necessary to live independently—along the lines of the Eastern Paralyzed Veterans Association's apartments within ordinary apartment buildings.

Equipment, Technique, and Experience. A high level quad reports that she had spent 18 years in bed because she was unable to sit up. Finally, after she spent six weeks in a rehabilitation center, she was able to sit up with a brace and she was trained to transfer into her chair and to manage the cooking as well as work parttime as a sales and telephone clerk in a nearby shop. A respiratory polio quad, who was no longer using respiratory aid, became increasingly ineffective in her home-based work because of bouts with pneumonia. After her problem was diagnosed as underventilation, she resumed regular respiratory aid and her entire life was turned around. She returned to college, earned a degree, and is now teaching in a hospital, and managing a residential facility.

Transportation. Homebound vs Home-Based. Many unemployed quads could be working if they had accessible transportation. Many of the quads who work at home could be working out in the community if transportation were available. Though working at home may be imprisoning for some, for others it is relaxing, offering an escape from winter and summer weather and a way of involving family members.

Home-based work should be a matter of choice. Lack of transportation should not force homebound work. A quad says, "I did phone work, mostly surveys, from my home for 19 years. Very nerve wracking and time consuming. Eye strain forced me to go on social security disability. My greatest problem, my whole life, has been the unavailability of usable transportation for I can't get in a car by myself."

Home-based work may be used as a transition toward work in the community. In the examples following, it is interesting to note that the first big purchase of home-based businessmen is a means of transportation—a van with a ramp or hydraulic lift or a car with hand controls.

Rehabilitation Never Ends. These employment experiences related by quads emphasize their stages of growth and change—the normal pattern of evolvement, of trial and error, of joys and sorrows, and of failures and successes. One quad spent ten years "amusing myself through reading and poker playing" before taking correspondence courses and becoming employed. Another returned to college after a dozen years and became a teacher. A quad interested in cars did part-time work in a variety of auto firms until he found full-time work in one of them. A quad who wanted to live and work in the same place to avoid winter forays volunteered in the office of a senior citizens' apartment building until a secretarial job and an apartment became available.

The Squeaking Wheel Gets the Grease. Seek help from your vocational rehabilitation office. Do advance preparation about what you can and want to do and make suggestions. Do not let anyone tell you there's nothing you can do. If a counselor persists in discouraging you, go around him to someone else. Contact his supervisor. Write to the Commissioner of the Rehabilitation Services Administration. Write to your state and federal representatives. Let everyone know you're around and you want help. Don't shut up. Don't give up.

Artists

Artists who had outstanding talent and extensive training before disability continue to paint after disability, whether they must now weave the brush between their fingers, use hand braces, or grip the brush with teeth or toes. Among such talented artists is Gundega Cenne, a C-6 quad of Ontario who works with a hand brace utilizing the wrist flexors to give grip and pinch. "Since my accident I am more able to concentrate on my painting. I believe that I have grown, aged a good deal, and my painting seems to reflect this. . . . I keep my wheelchair condition concealed, whenever I am not present or the public has only seen my photograph, for I wish to keep my work and my physical condition as two separate entities. I am a painter in my own right, and my physical condition has nothing to do with it." (Volume IX, pages 48-49.)

Another outstanding painter, Nell Blaine, was

ranked among the leading American painters both before and after she became a polio quad in 1959. "My left arm is almost normal; my strongest muscles are here except the tongue. As I cannot lift my right arm and was always right-handed, I slowly taught myself to paint in oils mainly with my left hand. It was very shaky at first, but long persistence gradually gave more control. I cannot, however, draw well with my left hand but I can use the right for smaller works on my lap. . . . In any case, painting is as satisfying as ever and some critics of my work like it better than before. . . . Although I work within my physical limitations I am always trying to push them further, as well as exploring new ways to use these limitations." (Volume XV, pages 19-20.)

On the other hand, there are many talented disabled artists who had had no experience with art before disability and who discovered their latent abilities in occupational therapy, through friends or hobby courses. For some, the Annual Disabled Artist Exhibit by Sister Kenny Institute is an outlet for their creativity and a means of marketing their works. For others, the International Association of Mouth and Foot Painting Artists headquartered in Lichtenstein provides training for student members and a regular monthly salary to participating members. (Volumes IX, pages 50-54; XV, pages 20-22; XIII, page 56.)

ART THERAPIST. DIRECTOR, HOSPITAL ART STUDIO. (Respiratory polio quad since 1953.) Mickie McGraw, Art Studio, Highland View Hospital, 3901 Ireland Drive, Cleveland, Ohio 44122. After completing the last two years of grade school and high school with tutors, Mickie attended the Cleveland Institute of Art. "I majored in graphic design and minored in printmaking, graduating with a Bachelor of Fine Arts degree." The idea of a studio in a hospital grew out of a conversation with Dr. George Streeter, Chief of Psychiatry at Highland View Hospital. "We felt there needed to be a place unrelated to therapy and unstructured in format with emphasis on the person and his painting or idea, not the patient and his hospitalization." The Studio is a non-profit organization, financially independent of the hospital. It has been enlarged a number of times to meet the growing numbers of patients who seek its relaxation and stimulation. It now has a staff of three and an educational program to train students interested in the use of art and rehabilitation. (Volumes IX, page 55; XII, pages 24-25.)

FREELANCE PHOTOGRAPHER. (Respiratory polio quad since 1953, at age 12.) Phil Roddey, R.R. 3, Bloomington, Illinois 61701. "Photography started as a hobby with me. Now I have my own studio built on the front of our house. With my mother's help, I do all my own enlarging and printing. I use mostly 35mm equipment because it is light and easy to handle. Since my wheelchair prevents my getting close to my subjects, I use telephoto lenses and a pair of CB radios to communicate with my models when photographing them at a distance. . . . My pictures have appeared on many different types of magazines (over 80 covers) and many individual glamour pictures have been used by various publications. I have found company house organs to be a very good market." (Volume X, page 77.)

Federal Government Jobs

The April 1975 issue of *Performance,* the free publication of the President's Committee on Employment of the Handicapped, Washington, D.C. 20210, summarizes the way to play the government job-training game:

Start with a counselor at the Vocational Rehabilitation office in your area. The rehabilitation counselor can put you in touch with a selective placement specialist of the U.S. Civil Service Commission.

Secure these two publications from one of the 75 job information centers around the country:

1) The Civil Service Commission's Pamphlet 4—*Working for the U.S.A.*

2) BRE 8 Flyer—*Employment of the Physically Handicapped in Federal Service.*

A person with a disability may make a choice—you can seek employment through the competitive merit system or you can seek selective placement because of your handicap. If you compete through the merit system, you must pass the Professional and Administrative Career Examination (PACE) or other exams for different jobs. A rehabilitation counselor can give some guidance in making this choice.

No matter what, a person who is applying for a job with the Federal government must do the following things:

Complete the Standard Form 171, *Application for Federal Employment.*

Contact the nearest office of the U.S. Civil Service Commission to determine what job registers are open and can be applied for.

File application and/or other necessary forms and records to permit the Commission to evaluate eligibility.

Contact Federal agency coordinators for selective placement to make them aware of your availability.

CIVIL SERVICE MATHEMATICIAN. (Polio quad since 1959, when a sophomore in college.) Ronald O. Pennsyle, 2402 Shelburne Place, Bel Air, Maryland 21014. "After missing three semesters, I returned to North Carolina State University to complete my degree in chemical engineering and a graduate degree, MAM, in applied mathematics.

"Since 1964, I have been a mathematician at the U.S. Army Edgewood Arsenal where my two fields of interest have enabled me to pursue a challenging career with little disadvantage attributable to my handicap.

My co-workers and I get along with the understanding that if I need help I can ask for it. Career advancement has not been noticeably affected by my handicap.

"Two neighbors who work in my building drive me to work every day in my Dodge wagon equipped with a camper roof for extra headroom and an electric lift mounted in the side door step well. When they are not going in, my mother takes me. She also takes care of me in our home, which we built three years ago.

"I highly recommend to other disabled professionals that they consider the government as a prospective employer. The group life and health insurance plans have been a great source of security to us."

Social Security Claims Representative. (C5-6 quad since 1963.) Speed Davis, 4501 Maryland Avenue, St. Louis, Missouri 63108. "Two years of inpatient therapy and one year of outpatient therapy put me back on my seat (feet) and I embarked upon my collegiate career only 3 years later than planned, with the addition of a part-time attendant. After 4 years of study I became a public servant, taking a job as an employment interviewer with a state employment agency, then went big-time, becoming a claims representative for the Social Security Administration. Along the way I overcame the need for an attendant and have lived independently for the last 4 years. That means I do my own shopping, cooking, laundry, and housework. Anybody got an attendant they're not using?" (Volume XVI, pages 35-37.)

Health Careers

The third edition of an encyclopedic guidebook to careers in the health field, *Health Careers Guidebook*, is available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 for $2.25. Order by Stock Number 2900-0158. The guidebook includes sources of financial aid, detailed descriptions of a wide range of health occupations, and extensive lists of organizations which will supply additional information.

Patient Services Coordinator (9/69-8/74), Rehabilitation Coordinator (8/74-present). (C5 quad since 1963.) Dick Maxwell, Dodd Hall, 472 West 8th Avenue, Columbus, Ohio 43210. After his college football accident, Maxwell, an ex-Marine, lived at Dodd Hall for five years until he graduated. When The Ohio State University Hospitals initiated a coordinating program he assumed that position in Dodd Hall. "My main function is to coordinate with the nursing staff those non-nursing functions such as administration, purchasing, housekeeping, maintenance, etc. and act as a liaison between nursing service and other departments." (Volume X, pages 46-47, XIII, pages 32-33.)

"Presently I am the rehabilitation coordinator for the Rehabilitation Nursing Workshop, a joint project between the Ohio Department of Health and The Ohio State University Hospitals, which sponsors eight two-week workshops a year for RN's throughout Ohio." Maxwell now lives at Creative Living, an innovative assisted living environment for quads which he helped to found.

Director of Volunteers, Receptionist, Hospital. (Respiratory polio quad since 1952.) Nita Weil, Texas Institute for Rehabilitation and Research, 1333 Moursund Avenue, Houston, Texas 77025. Nita and her attendant live in an apartment near the hospital. At work, she uses a pneumobelt and a powered wheelchair. "My work is so much fun, it's hardly fair to call it work. It took me years to think of it as work." (Volume X, page 63.)

Speech Pathologist, Supervisor. (Quad because of a variation of Werdnig-Hoffman's disease since birth.) Jean Uelmen, 1569 West 205th Street, Torrance, California 90501. "I am a speech pathologist, supervisor, fulltime at an educational therapy center and I also have a private practice in my home. My VW van gets me to work without leaving my chair. My attendant drives. She works six days per week and another attendant fills in the seventh day. She also has free time while I work. (I regulate liquid intake so that I do not need bathroom help while at work.) I am buying my home which is equipped with a ramp and lifts in the bedroom and bathroom."

Cytotechnologist. (Quad since 1951.) James A. McGowan, 251 West DeKalb Pike, Apartment B-808, King of Prussia, Pennsylvania 19406. "Cytotechnology is truly ideal for someone in a wheelchair. It is expanding more rapidly all over the world than any other area of the medical laboratory and it pays well. Briefly, a cytotechnologist is one who studies cells. It involves sitting and looking through a microscope all day long. I have fairly good use of my arms so I can prepare the specimens. A high level quad could do it if someone else prepared the specimens. Physically, it involves picking up a glass slide, putting it on the stage of a microscope, and turning the knob. Such special training is required for this profession that there is always a shortage. For information, contact: American Society of Clinical Pathologists, 2100 West Harrison Street, Chicago, Illinois 60612."

Clerk, Hospital Laboratory. (Respiratory polio quad since 1948.) Mary Jane Faull, 603 South Throckmorton, Sherman, Texas 75090. "I have been working five to six hours a day at a nearby hospital for 12 years. I log the daily charges of the lab. For the last six years I have been using a pneumobelt while I sit and I don't know how I did without it. I have a reclining motorized wheelchair that DVR bought for me to help with my work."

SPEECH THERAPIST. (Polio quad since 1953, while a senior in high school.) Carol Vaccariello, 723 Trotter Lane, Berea, Ohio 44017. After graduating from Baldwin-Wallace College with a major in speech therapy, Carol earned her master's degree from Ohio University. (Volume VIII, page 16.) After marrying, she stopped working toward her Ph.D. In addition to her private practice, she now teaches speech therapy two days a week and supervises the speech clinic one day a week at Baldwin-Wallace.

RADIOLOGIST. (Respiratory polio since 1955, when in the second year of the University of Pennsylvania Medical School.) Lewis W. Gumerman, MD, Presbyterian-University Hospital, 230 Lothrop Street, Pittsburgh, Pennsylvania 15213. "I would like to make the observation that I probably tried to do too much at one time when I got back to medical school. I think the Dean's Office and the faculty would have been accepting of a lower participation from me and some stretching of the curriculum. . . . I would like to emphasize the importance of physical exercise (I swim two to three times a week) and of not slighting your health needs at work (I use a positive pressure breathing device intermittently during the day both at work and at home)."

Knowledge and Information Industry

The world is changing from an industrial society in which most people worked with their hands to a service society. The information industry is now estimated as being responsible for one-third of the Gross National Product and growing twice as fast as the rest of the economy. The information area offers great possibilities for the severely disabled for many of the jobs fall into categories which do not require physical strength.

A quadriplegic, Thomas R. Shworles, was among the pioneers in demonstrating the possibilities of combining new training programs with the opportunities of information handling jobs. While at George Washington University he created a project to show that severely disabled homebound persons could work as remote computer programmers, and microfilm and data entry operators (Volume XIV, pages 46-50.)

Shworles has recently returned to his native Chicago where he is now director of the Center for Program Development and the Handicapped of the City Colleges of Chicago (185 North Wabash, Chicago, Illinois 60601). The Community Colleges of Chicago and the Illinois Division of Vocational Rehabilitation are embarking on a program for training severely disabled homebound persons on a state-wide basis for jobs in the emerging information industry.

According to Shworles, "Severely disabled persons can have access to meaningful education-training and subsequently to the competitive job market if the following phenomena are creatively interdigitated by a cooperative industry-rehabilitation-education program: the open learning movement, advances in information and telecommunications technology, federal and state legislation, the growth of the consumer movement, changing work patterns, and concern for the handicapped student nationwide within the community college system. . . . New work tools can be adequately adapted to the functional behavior of the severely disabled person. . . . $1000 invested in education and training a severely disabled person generates $56,000 in 5-10 years."

Shworles has compiled a significant annotated bibliography of 80 articles, *New Elements in Education-Training Programs for Severely Disabled Persons: Information Technology, Open-Learning, and the Community College.* It is available for $2 from the National Paraplegia Foundation, 333 North Michigan Avenue, Chicago, Illinois 60601. The introductory abstract includes a plea that consumers have more input into programs which affect their destiny. "It is recommended that no longer should there be total reliance on professionals to represent the best interest of severely disabled persons."

COMMUNICATIONS SPECIALIST/ASSOCIATE PROGRAMMER (Home-based.) (C4-5 quad since a swimming accident in 1960, while in high school.) Ron Perry, RD 1, Glen Avenue, Fishkill, New York 12524. "After numerous correspondence courses and classroom attendance via speaker-phone, I graduated from Dutchess Community College and received an Associate Degree in Applied Sciences with High Honors. . . . In 1965 the Education Research Department of IBM Corp. directed me in an 'experiment in learning' through the use of the IBM 1050 remote terminal. (Volume IX, pages 21-23.)

"As of October '73, I am a fulltime, regular employee of IBM. I now work a 40-hour week and make a very respectable salary. The work is at home, as before, but I now have all of the benefits and security of a regular employee. I am a Communications Specialist and handle a nation-wide telephone 'help-line' for student learning aid problems. Besides this, I am doing course development and maintenance and working with other computer language—Assembler, APL, Coursewriter, PL/I, Cobol, DL/I, etc.

"This status, after 8 years, is just the greatest. I am the first homebound, physically disabled person IBM ever hired fulltime. IBM is in the process of training/placing more people to work at home. I hope other companies will also soon see the light."

SENIOR COMPUTER ANALYST. (C4-5 quad since 1960.) Elmer Bartels was injured while playing hockey during his senior year at Colby College in Maine. After a year of medical care and rehabilitation, he married, returned to Colby College, finished his senior year, and graduated in June of 1962 having majored in physics.

Elmer then obtained his Master of Science degree in 1964 from Tufts University, Medford, Massachusetts. His MS degree was in physics and while doing his thesis he became familiar with programming computers. After obtaining his MS, Elmer began working at the Massachusetts Institute of Technology developing computer systems to solve nuclear physics modeling problems. He remained at MIT until 1968 when he joined Honeywell, a computer mainframe manufacturer. Since joining Honeywell, Elmer has progressed from being a computer analyst to a project leader, and since 1973 has been a department manager in computer software development, supervising from 20 to 30 computer professionals.

Elmer, his wife Mary, and two children live at 12 Elm Brook Circle, Bedford, Massachusetts 01730, where they have resided for 10 years. Since starting work, Elmer has utilized a motorized E&J wheelchair and finds some of the new computer technology such as computer terminals to be very convenient to being productive as a quad on the job. Now, in his role as a manager, his disability is less of a problem though he does utilize a typewriter and dictating machine to be productive in producing written material. For mobility in getting to and from work, he uses a VW bus with ramps with his wife or a fellow worker driving.

In the 1966 issue (Volume IX, page 20), Elmer made the following observations about the programming field for the disabled: "As far as using an IBM 1050 in the home is concerned, I would like to add that in the programming field the association with others doing the same type of work is a valuable asset and home employment should be tried only when all else fails.

"The programming field is a wide open one for the able as well as the disabled and offers a rewarding career from the personal satisfaction standpoint as well as the financial aspect, but just as all blind persons should not be telephone operators, all disabled should not be programmers for it takes a certain ability to take a program and analyze it and convert it into a working program." (Volume IX, page 20.)

Systems Programmer. (C6 quad since 1965.) Kenneth H. Morgan, 1305 Claire Street, Opelika, Alabama 36801. "Disabled as a junior in high school, I obtained my BS and MS degrees from Auburn U. I am presently employed as a systems programmer at the Auburn University Computer Center. I have adapted hand controls for my van, which is equipped with a lift."

Computer Programmer. (Quad since age 15.) Lowell D. Fair, Jr., 2103 Clairemont, Cocoa, Florida 32922. After completing high school, he sold household products and became involved in his hobbies, which included ham radio, electronics, and tracking missiles at nearby Cape Kennedy with wheelchair-mounted binoculars. He completed adult education classes in electronics, commercial art, and English. Through an article in the *Gazette* he became interested in programming. Tests given by the Florida Division of Vocational Rehabilitation showed an aptitude for computer work and Cape Kennedy College offered him a tuition-paid scholarship. Then, nearly 15 years after his accident, rehabilitation really began. After graduation, he went to work as a computer programmer in the Systems Analysis Branch of the Data Systems Division at the Central Instrumentation Facility. (Volume XIV, page 43.)

Librarian, Rehabilitation Center. (C5-6 quad since 1963.) Jack Prial, Librarian, Maryland Rehabilitation Center, 2100 Argonne Drive, Baltimore, Maryland 21218. While he was editor of the daily newspaper at the University of Maryland, he broke his neck in an auto accident. For many years he lived in a custodial hospital. Since February, 1973, he has been working as assistant public information officer at the Maryland Rehabilitation Center. He recently was hired by the Center as a librarian and he has solved his housing arrangements by living with a foster family. (Volume XVII, page 25.)

TV and Radio Surveys. (Polio quad.) Mary Ellen Lillis, 1242 Rutledge Street, Cincinnati, Ohio 45205. "I started working for Trendex (285 Riverside Avenue, Westport, Connecticut 06880) after answering an ad in our local paper. I did some TV and radio surveys, but most of the work had to do with various products. They're still going strong and up to $2.25 an hour. But I now work for Arbitron (4320 Ammendale Road, Beltsville, Maryland 20705). I do radio and TV surveys. We work a regular schedule each year asking people to keep a radio or TV diary for one week. It takes a good phone manner and a high degree of reliability. Pay is 30¢ for each 'agree' and 15¢ for each 'call back.'"

Systems Analyst, Hospital. (Respiratory polio quad since 1951.) Donald Rossi, 5226 Holly, Bellaire, Texas 77401. (Volume XII, page 30.) In 1975, Rossi writes, "Since my graduation in 1966 with a BA degree, I have been employed as a systems analyst at Texas Institute for Rehabilitation and Research. At present I am on leave of absence in order to obtain a MS degree in biometry."

Computer Programmer. Part-Time Real Estate Broker. (C-5 quad since 1965.) Lee A. Barnes, 3707 Gardenia Avenue, Long Beach, California 90807. The 1969 issue (Volume XII, pages 10-11) described his completion of high school and attendance at colleges. As of October 1975, he writes, "I have had an active Real Estate Broker's License since May, 1974. I work very parttime for another broker's firm. With a 'salesman's temperament' a career in real estate could work out very well, with proper assistance. . . . I'm now working 20 hours per week as a computer programmer

(statistical Fortran programs—so far) in the Kinesiology Lab at Rancho Los Amigos Hospital. I am also taking more computer programming classes at California State University. I feel there are lots of opportunities for handicapped persons in computer programming and computer science."

Law and the Ministry

ATTORNEY. (Respiratory polio quad since 1955.) Paul R. Hibbard, 810 Palmetto Street, Spartanburg, South Carolina 29301. Following graduation from the University of South Carolina Law School, he was employed for two years as assistant to the Attorney General at the State Capitol in Columbia. In 1969 he joined the law firm of Johnson, Smith, Hibbard, and Cothran where he is daily engaged in the practice of law. In 1972 he married the former Patricia O'Melia, a music major and piano teacher who is church organist and choir director.

ATTORNEY. (Traumatic quad since high school years.) Jeffrey H. Friedman, 516 Northern Ohio Bank Building, 1370 Ontario Street, Cleveland, Ohio 44113. Since graduating from Case Western Reserve University School of Law in 1971, he has been engaged in the general practice of law, specializing in civil rights. He won a significant class action suit which forced the installation of ramps in existing government buildings. (Volume XVII, page 16.)

MINISTER. (C-5 quad since 1958.) Reverend Larry L. Abbott, Campus Bible Fellowship, 313 NW Abilene, Ankeny, Iowa 50021. "I write and type by mouthstick. . . . I completed the five year ministerial course here at Faith Baptist Bible College in 1971. (The campus is entirely level with no stairs.) For the past few years I have been very active in the Campus Ministry at several different colleges here in Central Iowa. Most of my time is spent in the preparation of practical literature, group Bible studies, discussion, and organization—plus a lot of personal counseling. My wife and I are interested in the value of meditation for the disabled. I have found meditation on the Word of God to be of great value in my life and in the lives of many others from the viewpoint of 'Biblical' (not 'Sunday type') Christianity."

DEPUTY PROBATION OFFICER. (Quad because of amyotonia congenita—Oppenheim's disease.) Bill Jacks, Jr., Box 46, 184 Leonard Avenue, Quincy, California 95971. Tutored through high school, he attended Yuba College and the University of California at Davis and at Berkeley, with the assistance of the State Department of Rehabilitation. He received his bachelor's degree at Berkeley and took postgraduate work at San Francisco State University. He was selected for the California Handicapped Rehabilitant of the Year in 1975 from among 15,537 handicapped Californians. "In 1972, I started to work as an on-the-job trainee in the Plumas County Probation Department. Since that time and after some struggle I was hired permanently as a Deputy Probation Officer. I have been promoted and now handle a caseload of about 50 persons on probation. Using an electric wheelchair, I perform interviews in the office and in the field. . . . I own a mail order crossword puzzle business that I operate in my home. . . . In 1973, I married Mary Simms of Oakland. While this probably shouldn't be considered an accomplishment, it has been a turning point in my life and a cause of much happiness."

ATTORNEY. (Polio quad since 1948, when age 16.) John W. Leibold, 3006 North High Street, Columbus, Ohio 43202. "I have served 3½ years as Ohio assistant attorney general and 9 years as counsel, Ohio Department of Education. I have been engaged in private practice since 1969, including trial work. I use electric wheelchairs, van transportation, and employ students for drivers and court room assistants. I frequently carry my own folding table to the court room to use when the court tables are impossible to approach. I use mouthsticks in my court room work. My lawyer wife no longer practices but assists in numerous ways."

Merchants/Manufacturers

Disabled persons have the opportunity to apply for loans of up to $350,000 under the Handicapped Assistance Loan Program of the Small Business Administration. The loans are designed to help disabled individuals to go into businesses for themselves. The applicant's experience, competency, and ability must be demonstrated, and the loan must be repaid from earnings out of the business. Information is available from the President's Committee on Employment of the Handicapped, Washington, D.C. 20210, the Small Business Administration, Washington, D.C. 20416, or the vocational rehabilitation offices of each state.

GUNSMITH SHOP OWNER. (C5-6 quad since 1957; service-connected.) John S. Barta, Route 1, Box 129-A, Cato, Wisconsin 54206. "After graduating from the Colorado School of Trades, I opened my own gunsmith shop. I have a gun safety instructor's permit to teach and I am active in a sportsmen's club and in conservation. I have adapted garden tractor controls and camping and dark room equipment. My wife and I live in a specially built house."

JEWELRY FIRM OWNER, STATE REPRESENTATIVE. (Service-connected polio quad since 1954.) Art Aiello, 1309 Camino Real, Roswell, New Mexico 88201. "For more than twenty years I have operated my own jewelry firm, The House of Art, specializing in Indian jewelry. The firm operates in 25 states, and employs 25 salesmen and 20 employees. In 1975 I was elected as State Representative."

Auto and Truck Salvage. (C5-6 quad.) George Smith, 504 South 15th Street, Fort Pierce, Florida 33450. "I have been involved with cars most of my life. After my racing accident my wife and I started buying cars for scrap and selling the parts. I did all the pricing and buying and Mary and an assistant did the leg work. As the business expanded we advanced from buying cars for scrap to buying late model wrecks for parts from insurance companies. We built a completely accessible house with an intercom to my office and a large picture window so I could watch all the comings and goings and talk to customers on the intercom. When I retired in 1973 and sold the business in Illinois to move to Florida, we had more than 15 acres covered with 1500 cars, trucks, and buses, ranging from 1925 to 1973 models."

Owner, Lift Manufacturing Company. (Traumatic quad.) Bob Jackson, R. J. Chair Lift Company, Inc., 7228 West Madison, Forest Park, Illinois 60130. Bob has designed and manufactured an excellent line of van lifts and porch elevators, both standard and custom-made, as well as numerous other pieces of equipment for the disabled.

President of Five Corporations. (Polio quad since 1952.) Max C. Rheinberger, Jr., 220 West First Street, Duluth, Minnesota 55802. "Able to use only one arm with the assistance of a sling, president of five corporations engaged in data processing, hospital supplies, invalid transportation, property management, and rehabilitation; Duluth city councilman-at-large, national chairman of the President's Physically Handicapped Committee, member, National Advisory Committee on the Handicapped; director, American Rehabilitation Foundation." He lives in an apartment with his wife upon whom he is dependent for his care. He uses the invalid transportation service which he owns for transportation.

His business and civic achievements and his list of honors received are awesome. Yet back in 1955 he was not considered feasible for vocational rehabilitation. Nevertheless DVR arranged for him to take a correspondence course in accounting. In 1974 the combine of enterprises of which he is president and sole manager had grown to a gross volume of over $600,000 per year, employing over 50 people. DVR spent about $1400 to rehabilitate Rheinberger; he now pays this amount each week in taxes on his income, property, and personnel.

Film Producer. Founder, WIL, Inc. (Respiratory quad since 1963 because of amyotrophic lateral sclerosis.) Robert G. Dicus, 10212 Noble Avenue, Mission Hills, California 91343. In the 1973 issue (Volume XVI, pages 11-13), Dicus, a physical therapist, described his activities after disability: promotion of the ALS Foundation, president of Cinema Pictures, Inc., and training as a computer programmer. Since then, Dicus has utilized his experience with therapy and rehabilitation to found and direct Western Independent Living Foundation, Inc., a non-profit foundation directed to the rehabilitation and employment of the disabled, particularly through computer programming.

Owner, Handicabs, Ramp Manufacturing Company. (Quad because of muscular dystrophy.) J. Leonard Lovdahl, Handi-Ramp, Inc., 1414 Armour Boulevard, Mundelein, Illinois 60060. The firm now has dealers all over the United States as well as export dealers for Canada, Europe, and the Far East.

Office Managers and Workers

Personnel Manager, Hotel. (Generalized muscle weakness since birth, unknown cause.) Mrs. Donna Ferri Leary, 58 Lysander Drive, Rochester, New York 14623. "As personnel manager of the Americana of Rochester Hotel, my responsibilities include screening applicants, supervision of switchboard and gift shop employees, insurance benefits, and record keeping. . . . My husband is a polio paraplegic. We have purchased a four bedroom home and use a van with a hydraulic lift for transportation. Our bathroom has a unique shower-toilet combination, which cuts down on transfers. While an attendant is not needed, we find that more people living in a household make life easier for everyone. As a result, two other disabled persons live with us, with duties shared. It is a marvelous learning experience for all of us."

Insurance Underwriter. (C6-7 quad since 1967.) Jeffrey L. Siders, P.O. Box 97, Westfield Center, Ohio 44251. "In my senior year of high school I suffered a broken neck during wrestling practice. I attended a nearby extension of Kent State U. and the U. of Illinois in Champaign-Urbana. I graduated in 1972 with a bachelor's degree in finance. Within a few months after graduation I came across my job with the Westfield Companies. My function is underwriting commercial casualty business which consists of advising our insurance agents and field personnel on rating and acceptability of commercial risks by phone and by letter. A certain amount of manual dexterity is required but my hands work at about 50-60% normal and I get by. I drive my own car and rent a house from the company as do several other underwriters. I am unmarried so I manage my house by myself, with occasional help from my parents."

Office Work, Auto Salvage. (C-5 quad.) "I have a special interest in cars. I have worked in the offices of a used car lot and a service station answering telephones, doing bookwork, and receiving payment from customers. Now I work in the office of an auto salvage business in a large southwestern city. I am 26 years old and live with my wife and child. I drive myself to

work and need help to get in and out of the car. I usually sit up from 6 in the morning until 9 or 10 pm on a Temper Foam cushion."

ORDER ENTRY CLERK, SALES COORDINATOR. (C5-6-7 quad.) Thomas G. Deniston, 11809 Tracy Court, NE, Albuquerque, New Mexico 87111. My employment was with a nationwide envelope manufacturer. (I am now on leave of absence to PVA.) I was originally hired as the Order Entry Clerk. The job requires a person to check envelope orders from the salesmen before the order goes to production. The physical skills are basically a trend toward precise detail, the ability to handle a telephone, be able to write briefly, and handle templates for measuring. The job requires no travel and is a 40-hour office week. After extensive education and training in the industry, the next step is sales coordinator. The physical skills are basically the same, except one must be able to understand envelope 'jargon' to take the customers' orders and should be able to handle telephone conversations comfortably and pleasantly. I am sure that sales coordinators and order entry clerks are needed in many industries."

TELEPHONE SALES, FLOWER SHOP. HOME-BASED: CLUB PHONING AND RADIO PROGRAM. (Traumatic quad since 1945, while a sophomore at college.) Maurine Seale, 2703 South Taylor Street, Amarillo, Texas 79109. In the 1968 issue (Volume XI, page 44), Maurine described her work from her bed. "I do about everything lying on my back. My body is bent and twisted so I'm very uncomfortable and I don't have a sense of balance sitting up." She lived with her parents and operated several businesses with seven telephones. The businesses included a 24-hour nurses' registry service, a calling service for clubs to remind members of meetings, and a Sunday radio program of gospel hymns. In addition, she tutored grade school students.

After her mother died several years ago, Maurine spent six weeks in a rehabilitation center. "They put me in a brace and made it possible for me to sit up in a wheelchair. Through exercises they helped me to be able to get into and out of a wheelchair and to do many things in my chair. Now my Dad and I live alone. He is 77. I've learned to cook and do things in the kitchen and the rest of the house that I'd never done since my accident. What a change has been made in my life and I LOVE IT! Now I am working parttime in public at a flower shop. The most of my work is being a telephone sales clerk. . . . I still have my radio program and do some club calling."

ACCOUNTANT. (Osteogenesis imperfecta.) Naomi Morehouse, 921 Pleasant, Des Moines, Iowa 50309. "I was tutored at home—mostly under my mother's direction—through high school, then I went into vocational training, first watchmaking and then accounting. I use a wheelchair most of the time but I can walk some with crutches. I hold a full-time job. With special equipment, I drive my own car. I have tried room and board in a private home; I now live in a dormitory for working girls with services, comparable to the YWCA."

CONSOLIDATING ACCOUNTANT. (Respiratory polio quad since 1954, at age 11.) Nelson Brock, 360 Belle, Bedford, Texas 76021. "I have been employed by Frito-Lay, Inc., for almost 7 years; I work in the headquarters (Dallas) accounting department as a lead accountant. I am the consolidating accountant. . . . I received my BBA in accounting from Texas Tech University in Lubbock. I am now attending night school at the University of Dallas working toward a master's degree in management. . . . I feel like I am a very lucky person. I am partially paralyzed in my hands and arms and I have to sleep in an iron lung, but I am able to drive my own car. I live with my parents and commute to work. My hobbies are boating, fishing, hunting, gold, and CB radio."

Philosopher, Practical

PRODUCTIVE AND HAPPY. (Respiratory polio quad since 1951.) Philip G. Smith, Jr., 96 Euclid Avenue, Hastings on Hudson, New York 10706. Polio left Phil able to walk with crutches and a corset, dependent on respiratory aid at night (positive pressure face mask). He completed high school by telephone and tutor and college by telephone and attendance, earning an AB from Columbia University. "After 9 years of teaching math at a private school in New York City my contract was not renewed. . . .

"Since then I've enjoyed a productive, expanding, and happy life. The future looks very promising to me. I've started writing fiction. I stumbled into a local Writers' Workshop which has helped my writing, introduced me to poetry, and gotten me onto the editorial staff of Hastings' new literary-art magazine, *Inprint* (which encourages submissions from as far away as St. Louis, Missouri, and beyond).

"Also I reached out, organized and now coordinate Hastings' telephone network for Common Cause. Through the people I'm meeting, I also am putting down deeper and more extensive roots into the community. ('Deeper, more extensive?' They were nonexistent before!) Each new contact opens up more. Wonderful new friends and stimulating relationships. Church Youth Group, weekend retreats, sailing, and swimming for the first time in 24 years!

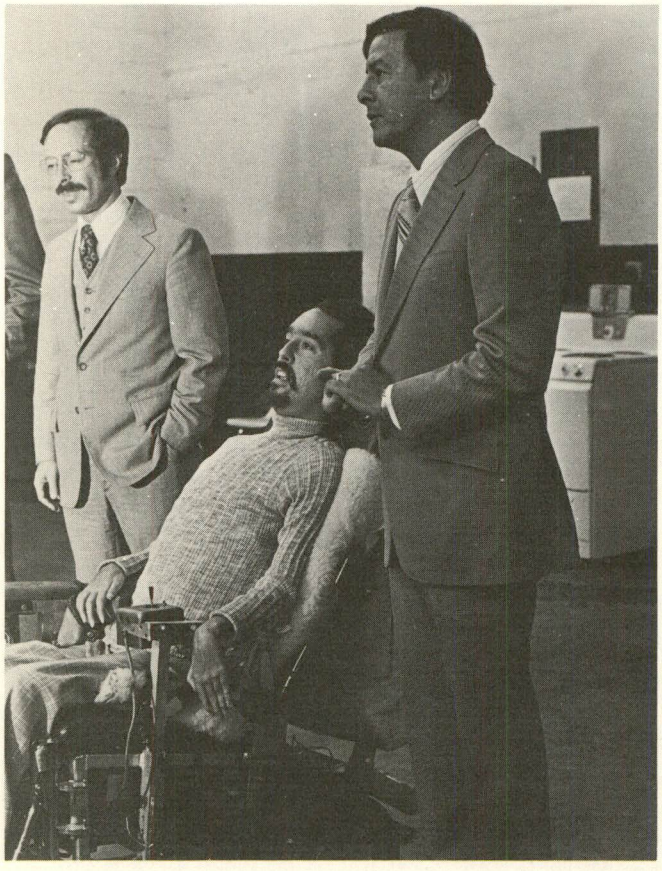
"My employment was important—then! It showed I *could* do it; it let me build some capital; it got me away from my mother; it qualified me for much larger social security disability payments; it put me into situations which helped me grow a lot. By the time I was cut loose I was ready to accept it without fear, and was ready also to grow in new ways. My job had filled my life and, in some ways, narrowed it (or kept it nar-

row). In its current phase, my life has blossomed in other ways—ways I was ready for. I don't know what the future holds. But whatever it is, I am confident that it will be good—because I can *make* it good!"

Rehabilitation Careers

Though rehabilitating other severely disabled persons is obviously a natural field for those who are themselves blind, deaf, paralyzed, or amputeed there are too few among professional rehabilitation personnel. However, recently there have been several significant appointments of wheelchaired persons to high level positions: Dr. Andrew Adams, a polio paraplegic, is the Commissioner of the Rehabilitation Services Administration, Department of Health, Education, and Welfare; Dr. William Bean, a polio quadriplegic, is the Acting Director of the Office for Handicapped Individuals; James Jeffers, a traumatic paraplegic, is chairman of the Architectural and Transportation Barriers Compliance Board. Another is the following appointment in California:

DIRECTOR, CALIFORNIA DEPARTMENT OF REHABILITATION. (Respiratory polio quad since 1953 at age 14.) Ed Roberts, Director, State of California, Department of Rehabilitation, 722 Capitol Mall, Sacramento, California 95814.



Robert Gnaizda, Ed Roberts, and Mario Obledo announce Ed's appointment as director of the California State Department of Rehabilitation.

Governor Edmund Brown appointed Roberts to be the new director as of November 1, 1975. The Department of Rehabilitation has a total of 2200 employees and an $83 million annual budget.

Roberts earned his AA (Associate in Arts) at the College in San Mateo and his BA and MA in political science at the University of California, Berkeley. In 1969 he advanced to Ph.D candidacy with emphasis in public administration, political behavior, and American government. Details of his adaptations to university life were included in the 1967 issue (Volume X, pages 42-43). Roberts uses an iron lung, a portable respirator, a mouthstick and a motorized wheelchair.

For two years, Roberts was executive director of Center for Independent Living (2539 Telegraph Avenue, Berkeley, California 94704), an organization that he helped to found and which grew out of the Physically Disabled Students Program at the University of California, Berkeley. Since CIL was founded in 1972 it has grown from a staff of 12 to a staff of over 80, all disabled or blind persons.

The organization is totally committed to fostering independence of severely disabled and blind people through services and advocacy. CIL's services are broad-based and include attendant-reader referral, advocacy counseling, wheelchair repair, mobility training for the blind, housing assistance, transportation, crisis counseling, a computer training project, and a training program for rehabilitation professionals.

Soon after becoming state director Roberts announced that in accordance with the federal Rehabilitation Act of 1973 only disabled persons having moderate to severe disabilities would receive vocational rehabilitation services from the State Department of Rehabilitation. "The time has come," he said, "for disabled people to be recognized for their strengths—strengths that come from overcoming a severe disability and becoming independent. We expect our counselors to match their clients' strengths with an imagination and willingness to take responsible risks in their rehabilitations."

In determining the eligibility of disabled persons applying for services, Roberts said it will be necessary for the department's counselors to broaden their concept of who has a reasonable expectation of being rehabilitated.

REHABILITATION COUNSELOR, BVR. (C-6 quad since 1964, while in college.) Lee Slater, R.D. #1, Richmond, Ohio 43944. "I am working as a vocational rehabilitation counselor for the Ohio Bureau of Vocational Rehabilitation in Steubenville. The Bureau has been very helpful in acquiring several items that facilitate my work. These include a hand splint, a wheelchair, and an extra table. I am a member of a special team of counselors who work with social security recipients who are severely disabled. I hope that other state rehabilitation agencies take my employment as

an example, thus giving qualified, disabled people an opportunity to help other disabled persons. . . . As a severely disabled person, I feel that I am able to handle clients like myself with empathy, but not with sympathy. . . . I live in a specially adapted mobile home on the farm of a friend, with my wife and two children. I have a 1969 Mercury, Montego, which has been fitted with hand controls and a power unit added to the disc brakes."

REHABILITATION COUNSELOR, DOMICILIARY. (C5-6 quad since 1959.) Robert E. Tanton, Jr., 2315 10th Street, Tuscaloosa, Alabama 35401. After being tutored at home, he attended the last two years of high school, then took several college correspondence courses. Six years after his diving accident, he went to a rehabilitation center. "There I learned to do things to maintain my independence as an individual that I had never believed a C5-6 quad could do." (Volume X, pages 31-33.) After being re-rehabilitated, Tanton attended the University of Alabama, attaining a master's degree in counseling. Now married, he is working as a counselor and doing free-lance art work.

DIRECTOR-PSYCHOLOGIST, DVR EVALUATION CENTER. (Respiratory polio quad since 1955, when a freshman at Yale.) Jack Genskow, PhD, 1024 North Linden, Decatur, Illinois 62522. After completing a BS at the University of Wisconsin, he earned his MA and PhD at the University of Illinois. (Volume X, page 69.) In addition to his work at the Evaluation Center of the Illinois Division of Vocational Rehabilitation, he is president-elect of the Illinois Rehabilitation Association and on the executive council and editorial board of the Vocational Evaluation and Work Adjustment Association. He is active in his community, married, and the father of two children.

PROGRAM COORDINATOR, ADULT DEVELOPMENT CENTER. (Quad because of cerebral palsy.) (Louis Michaux, 2100 Grove Avenue, Richmond, Virginia 23220. After receiving his master's degree in Christian education from the Presbyterian School of Christian Education, he taught Sunday school in an Episcopal church. He is presently working in a large Episcopal church in downtown Richmond. (Volume XIV, page 36.) "The center has become more rehabilitative in scope, concentrating on the total needs of the individual. For the past three years I have been living away from home and I feel a much greater independence. I am involved with trying to write my second book and in the activities of the First Baptist church. I joined the church three years ago, adding exciting dimensions to my life."

Sales, Home-Based

SALESMAN, HOME PRODUCTS; OWNER, PRIVATE POLICE AGENCY. (C5 quad since 1960, when a senior in high school.) Roger Liephart, 9235 North Church Drive #133, Parma Heights, Ohio 44130. "After discharge from the hospital I rebuilt a magazine business through phone solicitation. I earned more than $200 per week in commissions until I entered the Amway Home Products business in 1962. Through phone solicitation I developed nearly 500 retail Amway customers and wholesaled to 60 distributors. The magazine business was phased out as the Amway income increased. . . . In June, 1974 I married Kathy, a very wonderful girl. Now I still do the telephoning but Kathy handles the inventory and stocking the product shelves. Twice a week I accompany her as she delivers to our many customers.

"In 1969, a hobby developed into a business when a friend and I started a private police agency, Top Security Patrol. We have over 250 accounts, six fully-equipped patrol cars, and 25 employees. I took a 7-week police course and a special test to get a private policeman's license and the right to carry a concealed weapon (though I can't use it). In a specially equipped car, I travel 2500 miles a month and put in 60 hours a week on my two businesses. Kathy handles the billing, posting, typing, and numerous other responsibilities, including transferring and my other care. We live in an apartment which we had modified and which has a room we use for an office."

AD SPECIALTY DISTRIBUTOR. (Respiratory polio quad since 1950.) Carmen B. Crosier, 2220 McLean Avenue, New Albany, Indiana 47150. "I started selling from my home in 1959 and in 1960 I became an independent distributor. Since 1969, when I acquired my special telephone, the business has been extremely successful. My phone and tape recorder are operated by pressing my lips against a lever on the headset. They were designed by friends who invent and manufacture electronic components. I have a direct line to the local switchboard so the operators can dial the numbers for me. My business involves selling advertising specialties—book matches, calendars, and executive gifts. With the help of part-time sales people, my family, and a multitude of friends and good people, I now gross in the low six figures."

MAP DEALER; CONSERVATIONIST. (Quad because of multiple sclerosis.) Robert P. McCombs, R.D. 5, Box 200, Lehighton, Pennsylvania 18235. "I was medically retired in 1966 as district conservationist with the U.S. Soil Conservation Service, having joined in 1951, after graduating from Cornell University with a BS degree in soil conservation. Immediately after retirement I taught special education but I could not continue after I had to use a wheelchair. Then I decided to analyze my situation and make the best of what I had—a background knowledge of conservation, experience in map reading, and many past associations with people who would be potential customers. Therefore, I started as

a consultant conservationist and professional map dealer. This work does not provide full-time income but it supplements my disability retirement annuity."

GREETING CARD SALESMAN. (Respiratory polio quad since 1944.) Lee Hale, Crockett, Virginia 24323. "I was stricken with polio four days before my 32nd birthday. I had to stay in the iron lung all the time, then I learned to stay out a little at a time. After I came home I sold part of my farming land, bought me a panel truck, and started going to church in my wheelchair. I have been in a hundred different churches. At that time my wife made a living raising pigs and milking cows, besides waiting on me. That was too hard. So the Lord gave us a job selling all kinds of greeting cards by mail. We now make our living that way. If anyone wants cards, I will be glad to receive the order.

"I haven't been able to go to church for 17 years as I can't stay out of the lung only long enough to be given a bath once a week. I have a reading rack on the iron lung so I can read, I've read the Bible thru 38 times. We have two girls both married to preachers. I'd like to know if anyone has been in an iron lung longer than I have, 31 years."

TYPIST AND TELEPHONE SALES. (Respiratory polio quad since 1946.) Bettye Erickson, 2519 Barnes Bridge Road, Dallas, Texas 75228. "On top of social security I earn my living by telephone work, typing, and selling Christmas cards. I write with a pencil and type with a rod in my mouth. While on the rocking bed, I operate the tape recorder and dial the telephone with my toes, also the TV set hung from the ceiling. In the lung, I dial the phone with my toes by counting around the dial to the proper digit. I live in my own home. I have a maid for eight hours during the day. Friends formed a team to take turns putting me in the lung each night. Then it is just me and God and the telephone."

GENERAL INSURANCE AGENT. (Quad because of rheumatoid arthritis and ankylosis of the hips and spine.) Robert E. Hitz, 1182 Warren Road, Lakewood, Ohio 44107. "I was prodded toward the insurance business by a blind friend who had been successful in the field. . . . Eventually, I found an agent who agreed to train me and get me a state license as a 'solicitor' who would work through his agency and under his instruction. I studied for the state license exams at home and finally got a state examiner to give me the exam in my home. Originally, the arrangement with the agent was that his office would make up the policies and I would operate under my own name with letterheads and bill heads bearing my name rather than his. . . . The business was a slow starter. Gradually the business came to me and by meticulous care in each transaction I convinced people that I was serious and able to do a good job for them. My friends were glad to be able to give me a boost by recommending me to others. Now I have my own agency. Selling is all done by phone and mail and claim service is rendered by the companies. . . . This is my twenty-eighth year in the insurance business." (Volume XIV, pages 38-40.)

TELEPHONE SALES. (Respiratory polio quad since 1945.) Susan Armbrecht, 15985 Nelacrest Drive, East Cleveland, Ohio 44112. "I sleep in a tank (iron lung) but breathe on my own all day. . . . I have a very small income which just allows me to exist. Any extras, such as help for my care, outside activities, transportation, and entertaining, must come from other sources. Over the years I have done abstracting, stenotype transcription (Volume IX, page 9), sold magazines and cards, and held a number of telephone jobs. Though I still do have a small magazine and card business, the telephone has proved the most successful source of income.

"Using the telephone I am employed by Ward North American Van Lines for whom I am a sales representative. In addition, I do co-ordinating and monitoring of TV commercials for Lynch Transcription Service. . . . I have gained a degree of independence I once thought impossible and now I know it can be still greater. Creativity does not begin and end with painting, cooking, and flower arranging. It begins and ends with living." (Volume XII, pages 22-23.)

MAGAZINE SUBSCRIPTIONS, GREETING CARDS. (Respiratory polio quad since 1952, when a junior in college.) Roger Winter, 815 East Chippewa, South Bend, Indiana 46614. "My wife, Theresa, and I are in the 20th year of a magazine subscription and personalized greeting card business. I maintain a part-time job with local Goodwill (typing), have written and had two books published, and continue a semi-regular speaking engagement schedule. Monaghan respirator operates off auto battery. Equipment consists of electric typewriter with mouthstick, reading board with mouthstick and telephone (push-button) on tray attached to wheelchair on which I can receive calls or dial out with typing mouth piece and operator headset. We have purchased our own home. We have one daughter almost 18 years old. . . . The business is built on renewals. Do not become discouraged because business is slow at first. Word of mouth advertising is the best. Church publications and newspaper stories helped bring in business." Further details in Volume V, pages 52-53.

Sales, Office-Based

OWNER, TWO TRAVEL AGENCIES; RADIO ANNOUNCER AND ADVERTISING SALESMAN. (C5-6 quad since a diving accident in 1945.) Judd Jacobson, 148 West Bridge Street, Box 382, Owatonna, Minnesota 55060. "I think the biggest problem facing the disabled person wanting to live independently is the money factor. I stayed

with my parents until I got the level of income that would assure me of success. My sources of income are as a radio announcer and advertising salesman and as the owner of two travel agencies in southern Minnesota." Judd and his wife, Barbara, a former TWA employee, make complete travel arrangements for disabled individuals and groups.

ACCOUNT EXECUTIVE. (C5-6 quad since 1952, when a freshman in college.) Thomas E. Polk, P.O. Box 894, Beaumont, Texas 77704. "After three months in a hospital and six months at home, I went to New York City for rehabilitation at the Institute of Physical Medicine and Rehabilitation. For about ten years I spent my time amusing myself through reading and poker playing and looking after my family's garden. After becoming bored with this life I started taking correspondence courses from LaSalle Extension University in accounting. Upon completing this work, I took a course in business finance from New York University.

"In January 1965 I went to work with E. F. Hutton & Company, Inc., members of the New York Stock Exchange, as an account executive. In the past ten years, I have not only made a very good living for myself but enjoy a wonderful association with a great many people and expanded my horizons immensely. It has been a very fulfilling and thoroughly competitive happy business career and I do not know of any work I would have enjoyed more.

"As well as working a full 8 hour day and sometimes 10 hours on occasions I have managed to squeeze in an active civic life. In June of this year I was awarded the Distinguished Alumnus Award for 1975 by St. Edwards University in Austin, Texas. I live with my sister and a male nurse in our old family home."

INSURANCE AGENT, CATTLE OWNER. (C5, 6, 7 quad since 1950.) Rayford Cooper, 217 West Grand, Yoakum, Texas 77995. "After I broke my neck in a diving accident during a senior class party, I completed business college in my home town. I then contacted an insurance company and completed training to be an insurance agent. I now have my own insurance agency, and a bookkeeping and tax service. I depend on the telephone, an office located in the central business district, and my hand-control operated car to contact present and prospective clients. Since I am a "farm boy" at heart, I also own and lease pasture land for a growing herd of registered cattle. I devote a great deal of time to my church, serving as treasurer in addition to filling other capacities as needed in the small country church near the farm home I share with my parents."

INSURANCE AGENT. (C6-7 quad since 1969.) W. R. Coile, Coile-Harris Agency, United States Fidelity and Guaranty Company, Box 248, Winterville, Georgia 30683. "I was fortunate in having an existing business at the time of my accident. It was prosperous enough at the time to afford the help that is now a necessity. In addition, my customers and friends continue to patronize us and refer new customers. I have a party line phone in my home and direct most of the business from there. I spend 3 to 4 hours a day in the office. . . . It would take tremendous courage, drive, imagination, and innovation for a quad to develop an agency from scratch. It might be done if one had a very wide circle of friends and did not expect too much financial reward in the beginning. I wish I could be more encouraging, but I must be realistic."

INSURANCE AGENT. (Quad since a diving accident in 1964.) David Stanton, Box 397, Mansfield, Ohio 44901. Seven years after his accident he returned to work in the office of his family's insurance firm. He credits the Occupational Therapy Department of Ohio State University Hospital with returning him to the world of work. "I go back once a year for re-evaluation and to learn about new research and equipment, but I go down to visit every month or so." He is the recipient of numerous awards for his civic activities. "I have a bug in me to push for better research, crusade constantly to eliminate architectural barriers and believe strongly in local health care facilities." (Volume XIV, page 37.)

ACCOUNT EXECUTIVE. (Respiratory polio quad since 1955.) Barton B. Hebert, Jr., 6121 Hurst Street, New Orleans, Louisiana 70118. "I am only totally paralyzed from the waist up, from the waist down I have complete use of all my muscles. I use a chestpiece fulltime in the day and a tank at night. . . . I finished high school by telephone; completed 2 years at Southeastern Louisiana College, studying primarily business, finance, and economics. I also had six months on-the-job training and correspondence courses on security analysis and stock exchange procedures. . . . With the aid of a 24-hour attendant, I work fulltime for E. F. Hutton & Co., Inc., member firm of the New York Stock Exchange, as an account executive. Recently I was promoted to Assistant Vice President. For the past thirteen years I have enjoyed this very interesting field. My work has also been very rewarding financially, which allows me to be totally self-supporting. My financial independence opened many doors for me that otherwise would have remained closed."

Scientists/Engineers

The following examples of disabled scientists include both those who had completed their studies and were working when disabled and those who had attained their scientific education after disability.

In the future, the way will be easier for disabled scientists. The American Association for the Advancement of Science is developing a program for the disabled that will be integrated into the basic structure of

the AAAS. Plans include an information resource center for disabled scientists and students seeking information on education and career opportunities. The Association is interested in solving the problems of those who have visual, auditory, and other problems as well of those who are in wheelchairs. The AAAS is seeking the expert consultation of disabled individuals who have experienced difficulties in receiving an education to be a scientist or professional placement. If you are a disabled scientist, please identify yourself to Martha Redden, Director, Project on the Handicapped in Science, Office of Opportunities in Science, AAAS, 1776 Massachusetts Avenue, N.W., Washington, D.C. 20036.

ENGINEERING SUPERVISOR, AEROSPACE FIRM. (Home-based.) (Respiratory polio quad since 1950.) "I was fortunate to have had 12 years experience with my company prior to polio. My work as engineering supervisor is accomplished in my office in our remodeled home, with coordination through conferences with associates and occasional visits to the company offices for special meetings. I have now had a total of 37 years with the firm. My wife is also employed part time as my secretary. Most of my work is related to preliminary design, new program studies, product planning, product research, business planning, and strategy planning. My business aids are: a bracket to hold a standard phone set and a reading rack that mounts on my wheelchair; a head switch to turn the cartridge tape recorder on and off for dictation."

SELF-EMPLOYED DRAFTSMAN. (C5-7 quad since 1968.) Larry Don Sell: "I had just finished a year in college when I became a quad. Now I have completed a drafting course and I am a technical draftsman. I really enjoy the work I am doing." (Volume XVI, page 27.)

COMMUNICATIONS DIRECTOR, SERVICES AND ENGINEERING CORPORATION. (C6-7 quad since 1969.) Arthur S. Peter, Jr., 172 Forest Avenue, Lexington, Kentucky 40508. "After disability I changed from sales to technical writing and corporate communications. I continued my education (BA in chemistry plus post-graduate work) with seminars and correspondence work in management. I have a van equipped with a lift and radio phone. I have adapted records, various drafting and graphic materials, and office equipment that are essential to my work. . . . My wife and I have two sons in their twenties."

METEOROLOGICAL TECHNICIAN. (Cerebral palsied quad.) Herbert W. Hoffman, 6150 North Avers, Chicago, Illinois 60659. "I graduated from Spalding High School for the Handicapped in 1969. I spent the next year taking a correspondence course in math and trying to persuade DVR to give me a chance to show my ability and to sponsor me in college. I had to go to all the Chicago newspapers and TV stations to argue this point, and it took a well-known TV commentator to make a few phone calls before DVR made an offer: if I would finance one quarter at Southern Illinois University and succeeded, they would finance my education from then on.

"When I first entered SIU I had trouble adjusting to the new college life. My speech defect made me feel like turning around and returning to my safe little world. I was lucky that my brother, Tom, started at SIU at the same time and acted as my attendant. It took two years before I got up enough confidence to go into town alone and do my own shopping.

"In my last year, like any student, I was afraid of my future. Finally, with some help from DVR, I found full-time employment with the Chicago Weather Bureau for which I had worked parttime for a year and a half compiling data. I have recently been promoted and my new boss is continuing to find new ways for me to handle more work under the limits of my handicap.

"My work involves typing weekly and monthly climatological summaries for the State of Illinois and typing the preliminary reports each month of all severe storms in the state. I have a powered wheelchair and I I work at a typewriter on the floor, using my left foot to write and type with. My brother drives me to and from work. I am going to night school at Northeastern Illinois University working toward an MS in Earth Science. I feel that I am now accepted in the human race!"

TECHNICAL WRITER, AEROSPACE FIRM. (Respiratory polio quad.) Paul C. Cacavas, 3735 East 4th Street, Tucson, Arizona 85716. "I use an electric wheelchair and various respirators, but can go without the latter for 2 or 3 hours. I retain 30% use of left hand and elbow, have an engineering degree, and work as a technical writer for an aerospace firm. The work is 10% writing and 90% searching over and for documents specifications and equipment to decide what should be written. I go to work in my VW bus driven by a co-worker. I live alone, love TV dinners, and have 2 helpers who alternate getting me up, into the tub, off the pot, etc. In the evening my sons come over to put me to bed."

ASSOCIATE MUSEUM CURATOR. (Home-based.) (Respiratory polio quad since 1952.) John E. Guilday, 112 McGinley Drive, Glenshaw, Pennsylvania 15116. "I am ambulatory, although I do not have the use of my arms. I work in a laboratory set up in my home. Thanks to my wife and the cooperation of the Carnegie Museum staff, things get done. In essence, we are analyzing and identifying bones and teeth of fossil birds and mammals from caves in the Appalachian Mountains, dating from the last Ice Age. We are trying to pin down the effects of glacial cooling upon the distribution of past plant and animal life. I use a microscope outfitted with a foot pedal-operated focusing

device, and have adapted a wall phone to foot pedal operation."

RESEARCH ENGINEER. (High level quad since 1954.) Donald Rugg, PhD, 1368 South Fairfax Street, Denver, Colorado 80222. Don had received his BS degree in engineering only four days before his auto accident. In 1956 he started college courses again and eventually earned his PhD in electrical engineering. Since 1958 he has been research engineer at the Denver Research Institute. He has turned his engineering knowledge to practical use for himself and other quads by inventing the Rugg self-reclining wheelchair. The chair is manufactured by the Falcon Research Development Company of Denver. (Volume IX, pages 80-82.)

RUSSIAN TRANSLATOR, TUTOR. (Home-based.) (Respiratory polio quad since 1957.) Paul Hess, 28 Grove Avenue, Latham, New York 12110. In 1966 (Volume IX, pages 38-40) Hess wrote: "At the time I got polio I was employed as a nuclear physicist by the General Electric Company performing experimental research on advanced submarine reactors. . . . I thought of many ways to put my training to use. I decided translating foreign science articles offered the best bet. After studying Russian with a volunteer for nearly a year and a half, I work on the government's program of abstracting and cataloging all major foreign scientific works. . . . I also do some tutoring. . . . None of these by themselves give me the necessary income, but I am hoping a combination might. . . . I must emphasize that I started with a good education and had fine professional and volunteer help. I should add that this all had an indirect consequence at least as valuable as the direct object hoped for. This fallout was a new attitude of mine toward life. I feel almost like a normal person who operates differently because of a handicap, I enjoy meeting schedules, overcoming obstacles, learning new things, etc. I realize economically all this effort might not be warranted but I'll be eternally grateful it was made."

In the fall of 1975, Hess reports that he has continued his Russian translating work. He worked for a scientific translating organization but the pay was not as high as one would expect and it was difficult to find skilled typists. "I am at present translating articles from Russian medical journals for the Albany Medical College, and I find this very satisfying, particularly since I am able to work directly with the person interested in the material, and so get a chance to discuss the scientific developments.

"I have also continued my tutoring activities. I find this even more enjoyable and also more profitable. The biggest obstacle to making a living as a tutor is the uncertain supply of students. . . . I did work for a while as an official tutor for Empire State College, a so-called 'College Without Campus,' a division of New York State University. I found this very rewarding. More of these colleges are being created all the time, and I believe there is a good possibility that disabled people could work well with these institutions.

"I have recently begun to study computer programming for my personal interest, and with the idea it might provide future job opportunity."

LIAISON ENGINEER, HOSPITAL. (C3-4 quad since 1965 at age 17.) Arturo Heyer, Neuromuscular Engineering, Rehabilitation Engineering Center, Rancho Los Amigos Hospital, 500 Hut, 7601 East Imperial Highway, Downey, California 90242. In Volume XIV, pages 32-33, Heyer described his family (five brothers and four sisters), his home-made equipment (mouth-operated devices for writing, using a slide-rule, and doing mechanical drawings), and his education as a mechanical engineer in Guadalajara, Mexico. In 1975, he and his bride, Flor, moved to California and he obtained a job at Rancho. "I have first been engaged to design my work-station office, which should be such that I will be 100% independent at office work. This prototype office will be part of a prototype house where patients and out-patients will see and test different assistive devices for their greater independence of action. As a liaison engineer I will assist the client to select, modify, or design his/her needed equipment. . . ."

Services, Home-Based

The offering of services from home has numerous possibilities for turning one's training, education, hobby, or interest into a money-making business. In most of the examples following, the individuals have found the beginnings were very slow. Further, most of them have had to combine several services to earn enough to be self-supporting.

INCOME TAX, BOOKKEEPING, NOTARY PUBLIC SERVICE. (C5-6 quad since an auto accident in 1955.) Walter W. Kimes, Jr., R.D. #3, Box 16, Sandy Lake, Pennsylvania 16145. "I was injured when I was 20 years old and a junior in college majoring in business administration. I was in a local hospital for 5 years following my wreck, then spent 6 months at Johnstown Rehab. Center. After that I came home for several years. Then I went back to Johnstown Rehab for another 21 months of vocational rehabilitation. Following my release from the Center the second time, I started my bookkeeping, income tax and notary public service here at home in October, 1969 when my Notary Seal became effective.

"About 40% of my income comes from 3½ months of income tax work, about 40% comes from 12 months of Notary Public work, and 20% from bookkeeping (payroll, reports, etc.). I do all my work here at home laying on my stomach in bed, propped on my elbows. Dad helps me some in the evenings and a neighbor lady does typing for me parttime. I live with my Dad and stepmother, who both work fulltime. Our home

is in a small farm community of about 1000 people. In addition to our business, I am the area representative of Goodwill Industries, a non-paying job, but good advertising for my business. My hobbies are Citizens Band Radio (call letter KIE-10), painting, reading, and chess. I got a Harley-Davidson 12 HP gasoline-powered golf cart this summer that I enjoy driving. I intend to get it licensed and inspected so that I can drive it on the local highways by next summer."

BOOKKEEPING, ACCOUNTING, AND TAX PROBLEMS. (C4-5 quad since 1961.) Roger Nelson, Route 2, Box 602, Battle Ground, Washington 98604. "While I was breaking into the programming field, many of my friends who were self-employed businessmen began coming to me for help with their bookkeeping, accounting and tax problems. I had had some schooling in these fields which I updated by enrolling in a local community college to study taxes and I also completed a tax correspondence course. My wife helps with the business and it is growing every year. We work at home. I use a CO_2 splint and a wheelchair lapboard. I use a washcloth wrapped around a pencil and my hand strapped around the cloth with Velcro. I have a U-shaped piece of aluminum taped on the receiver of the telephone. I use a plain ¼" dowel held in my teeth to dial the phone.

"In 1970, we were approved for a FHA low-income housing loan. We now own our home which we had built especially for wheelchair convenience. We are able to maintain it ourselves. We have a 15-year old son and need only an occasional assist with the bigger jobs from neighbors or friends. . . . We have a small camping trailer and I enjoy the different nearby scenic spots. . . . My advice to anyone would be to plan ahead as much as possible."

POLICE AND FIRE DISPATCHER. (Quad since 1957.) Leatrice Bank, Box 98, Walworth, Wisconsin 53184. "I live at the Christian League for the Handicapped. We have made arrangements to act as dispatcher for three police departments, fire and rescue squad departments, and 8 other telephone answering services as well as burglar and fire alarms. The switchboard is set up by my bed and I work the night hours. There are three part-time dispatchers and one lady who works four hours in the afternoon."

PREPARING INCOME TAX RETURNS AND SELLING CHRISTMAS CARDS AND WEDDING INVITATIONS. (Respiratory polio quad since 1947.) Walter Sawyer, Jr., Box 90—Austinville, R.D. 1, Troy, Pennsylvania 16947. "I am single and live with my mother, a widow. All my work is done from my home. I completed the 10th grade. . . . If any readers have any questions, please let me know and a prompt reply will be on the way. Most of my income is from my tax clients. I highly recommend a correspondence course from the H&R Block Tax School, 4410 Main Street, Kansas City, Missouri 64111. It costs about $100 and can be completed within 2-3 months. Equipment needed: typewriter, adding machine and/or calculator with printing tape. I believe many disabled people are capable of doing this work after a small amount of studying. The pay is excellent. Small ads in area newspapers or ad sheets will bring clients. Most of them recommend me to their friends and that is my best form of advertising. To sell wedding invitations, contact a reliable company such as Elmcraft, Inc., 6253 South 74th Street, Chicago, Illinois 60638, which welcomes new dealers. I read the local newspapers for engagement announcements and contact the bride-to-be with a form letter inviting her to stop by my home to go over the sample wedding invitations and related items. This is a simple business to operate and can be quite profitable. I don't do too much with the magazine subscription sales any more though a reasonable profit can be made if the orders are placed with the right agencies. Many companies pay only 10-20% commission. I have found one of them pays from 90% to 60% commission. If any readers are interested and contact me I will submit their name to the company and give them the name and address to contact. I have kids distribute lists or mail them to friends or people in the phone book. Then I telephone them a few days after they have the lists and ask for their order."

TELEPHONE ANSWERING SERVICE. (Respiratory polio quad since 1956.) Kathy Schmidt, 562 Cochise Place, Carol Stream, Illinois 60187. "When my family and I decided to set up an answering service, Ma Bell installed some old push-pull equipment because I can't push the buttons of a regular answering unit. We now have 37 people for whom we answer from 9 to 13 hours a day. It's a good business for someone who does not go out often. It is also great because it puts me in contact with older adults and the business community. On the negative side: the equipment is expensive so that unless one has several clients to start with, the phone bill is more than what is coming in. Even as a family project, we can't afford to get sick or to go out often because of the expense of hiring someone to work the board. Even after three years I cannot live off the income, but as supplementary income now and a growing concern, it has potential."

TELEPHONE ANSWERING SERVICE, SURVEY WORK, AND TYPING. (C4-5 quad since an auto accident in 1960.) Ms. Ouida Barber, 117 Sarsen Circle, Bogart, Georgia 30622. "I live at home with my mother who does my personal care. I work from my home because I don't have any transportation away. I cannot transfer from my wheelchair and must be lifted. I do some home typing, telephone survey work and answering service for small business. I wear regular hand-splints and have many attachments that fit onto these. By being

known at the local college I get all the typing I can do. I have done telephone work for Belden Association, Easter Seal, and photo studios. I answer the phone, keep appointments clear, etc. for a small pest control company. My education is limited to high school."

TELEPHONE ANSWERING SERVICES. (Polio quad since 1940.) (Volume IX, pages 34-35.) "I have been working from my bed since 1955. I work 24 hours a day, 7 days a week. The first step for anyone interested in starting an answering service is to call the phone company and have a representative come out and discuss prices of equipment and extensions. Then decide what hours you can work. Then go after the customers. Write letters to doctors, electricians, plumbers, contractors, the power and gas companies, salesmen, and anyone else who might not have someone in their office fulltime or who need their phone answered at night. I charge by the month for a minimum of 100 calls and an extra charge for all additional calls. (This includes calls coming in and any made out for the customer.) The customers pay for their own extensions. I use key set phones, each of which has five lines. The cost is small and it is so much easier for me since I have very little use of my right hand and none of my left. . . . In addition to the phone answering, I work on 'skip' accounts for a collection agency, tracing people who have not paid their bills; run a secretarial service for salesmen; sell advertising by phone; and take orders from ads placed from out-of-town firms in our local paper."

TAX PRACTITIONER, TELEPHONE INTERVIEWING AND ANSWERING. (Rheumatoid arthritis since childhood.) Sara Ann Stroud, Route 3, Box 33, Swainsboro, Georgia 30401. "My uncle built me an office here at home in a spare room. The desk and cabinets are all built for wheelchair convenience. I have a 3M copier and a Recomac calculator; both are easy for me to operate. I started doing income tax work in 1965 and since then the work load has increased every year. For several years now I have had a part-time helper from January through April. I do quarterly taxes, but have given up all bookkeeping except one since I had total hip surgery in 1974. The hip surgery was a success and I hope to have a total knee done in 1976. . . . I am still doing parttime telephone interviewing for market research companies and I answer the phone for an exterminator company. I enjoy tax work as it is very rewarding working with and helping clients. I'd recommend it for anyone that is in a wheelchair who has patience and likes to work with figures. It is a good field to get into, as a good tax practitioner is always in demand and it is something that can be done in your home where transportation could be a problem. . . . If anyone would like more information on how I got started, I will be glad to help them in any way if they will contact me from May through December."

NURSES REGISTRY. (Quad since 1945.) Maurine Seale, 2703 South Taylor Avenue, Amarillo, Texas 79109. "I have a 24-hour registry service for the Professional Registered Nurses Association and the Licensed Vocational (Practical) Nurses Association. I work for the associations and, therefore, do not have to have a license to operate a business nor do I have to be bonded and I am paid a salary according to the number of nurses. I am listed in the yellow pages and the hospitals and nursing homes all have my phone number. When a patient wants a private duty nurse they call me and I call the nurse. My job is very interesting and very confining. I feel that it is a good one for a disabled person and a job that almost every town of any size at all has for someone." (Volume XI, page 44.)

NURSES REGISTRY, VIDEO DOCUMENTATION, EQUIPMENT MAINTENANCE. (Respiratory polio quad since 1953, at age 20.) Russell L. Beeson, 1925 Meadow Road, Walnut Creek, California 94595. Beeson was employed by a sporting goods company and was a stock outboard race driver when he contracted polio. He uses respiratory aid fulltime. "I started my nurses registry in 1956 at the suggestion of one of my nurses. At that time Contra Costa County had no nurses registry, or any check-in place for the nurses wanting to do private duty. At that time it was fairly easy to get a license from the state. Also, at that time you needed only a license that covered all aspects of employment. It is much harder to obtain a license now as they have split the employment agency owners from the nurses registry owners. Of course, the regulations in California are usually more strict than in other states.

"To get started, you need a telephone with a business line, application forms, private-duty contracts (samples can usually be obtained from the state licensing bureau), reference referral forms, a residence or place of business that can be zoned for business. After you have signed up your nurses for work, you may not see them for years, although you might talk to them daily. I charge 10% of each paycheck not to exceed 90 working days on each case. This is for private duty, and 30% of the first month's wages, payable in the first 30 days, is charged for permanent jobs. I can legally charge up to 50%. Since you are working on a percentage basis, the amount of income will depend on the amount of private duty nurses you can sign up, and the jobs you can generate for them."

Other sources of income: since 1969, he has been the northern California representative of Lifecare Services, Inc., which maintains respiratory equipment; in 1974, he and two partners formed a corporation, Video Sales, Inc., to offer video documentation at moderate cost. Beeson's involvement in community services and in organizations of the disabled has earned him many well-deserved honors.

ANSWERING SERVICE, TELEPHONE INTERVIEWING. (Dis-

abled by multiple sclerosis since 1969.) Lillian Webb, 240 East Stillwater Avenue, Fallon, Nevada 89406. "I handle the answering service for IBM in this area. I take the trouble calls from several surrounding cities to report to the local customer engineer. The hours are from 8 am to 5 pm on weekdays. Since I seldom leave the house I can do it easily and find it quite interesting. In addition, I am a parttime telephone interviewer for the American Research Bureau (Arbitron) of Beltsville, Maryland. I contact homes throughout the state to participate in TV surveys."

INCOME TAX ACCOUNTANT, MUNICIPAL JUDGE, JUSTICE OF THE PEACE. (Respiratory polio quad since 1954.) Ben Jack Garrett, P.O. Box 217, Santa Anna, Texas 76878.) "Nearly a year was spent in rehab hospitals, then two years at home. In 1957, I was contacted by Vocational Rehabilitation. I was told that I could go to a watch repair school if I had the use of my hands (I didn't); I could be a radio announcer if the small town had a station (it didn't); I could take a college course via correspondence. I chose the latter. The course selected by my counsellor was English. The first lesson required a hand drawn map of old England.

"I then tried economics and subsequently accounting. At the rate completed, it would have taken 13 years to get a degree.

"In 1968 I finally realized that any vocation that was practical would come from my own efforts.

"Since my wife wasn't yet an RN, I needed VR or my Fairy Godmother to come up with an electric typewriter, adding machine, and electric wheelchair. Those items would allow me to prepare income tax forms. VR would not purchase them, so I let a counsellor enroll me in a two-week salesmanship course cosponsored by a large corporation. I took the course (it cost VR about $3000) and got the needed items.

"My wife and I started from scratch and now have a really good life. She is a registered nurse and I'm a justice of the peace, municipal judge, and tax accountant. We didn't do it alone. God, relatives, and friends all played an important part. We have a 14-month old son. My hobby interest is amateur radio and radio-controlled models. I designed our house to fit my needs. Also designed mouthstick, van ramp, and other items to help me be independent.

"My advice to anyone with an extensive physical disability who wants to achieve some form of independence, would be to dress neatly and get out and meet people. Go to church. Join a social club. Work for some charity drive. Do anything that will help you to meet people. There is always someone ready to help you help yourself. Don't go off to a rest home or Mexico to vegetate and mark off the days on a calendar."

SELF-EMPLOYED EMPLOYMENT CONSULTANT. (C5-7 quad—astrocytoma—since 1972.) Glenn Goldmann, 5467A Paramount, #103, Long Beach, California 90805. "Since high school, I have continued my education through highly selective reading (psychology, philosophy, motivational and leadership techniques, et al) plus correspondence courses in law. I have been working as an employment consultant since 1970. I have a small but functional office in my apartment. I am married and have three outstanding children. Recently I have been lecturing in the Los Angeles area on disability, cancer, concurrent social problems, and affirmative action."

WAKE-UP SERVICE. (Blind for 28 years, quad because of rheumatoid arthritis since childhood.) Rose Dore, 4502 Storer Avenue, Cleveland, Ohio 44102. Rose has operated her wake-up service since 1961. Her subscribers include a mail carrier, a druggist, a newspaper route driver, several grave-diggers, mothers of school children, professionals, and business men and women. She tapes the subscriber's name, phone number, and wake-up time, then memorizes it. She dials with her left thumb. A county nurse, who comes by daily to look after her needs, sets her clocks. Friends do the bookkeeping. (Volume XVII, page 26.)

Services, Office-Based

CHAUFFEUR SERVICE. (Polio quad since 1955.) Edward J. Klanit, 310 West End Avenue, New York, New York 10023. Klanit organized his agency in 1957 to provide a limousine service or uniformed chauffeurs for privately owned cars. He now employs 5 office workers and about 80 chauffeurs. "I do believe that handicapped people in large cities could develop this service as I have in New York and earn a livelihood. They may not achieve the level we have here but it could be a profitable method of endeavor. The physical requirements are a good speaking voice, ability to write, and patience. To succeed, one should have a level of business or commercial experience. Our technical know-how on a franchise basis might prove helpful."

PRIVATE EMPLOYMENT AGENCY. Metroplex Employment Service, 607 West First Street, Ft. Worth, Texas 76102, is owned and operated by three quads: Ronald Ballard, injured in a car wreck in 1952; John S. Kishpaugh, injured in a diving accident in 1971, and Dorothy Harris, disabled by polio at age 14. Ballard described the details of his business in the 1971 issue (Volume XIV, pages 40-41.) In October, 1974, he merged his business with an employment service owned by Kishpaugh. They now operate offices in Ft. Worth and Dallas. Kishpaugh had been employed with Allis-Chalmers as a sales manager of heavy equipment for 15 years; he was trained in Ballard's office after his accident and opened his own agency in Dallas. The merger has been very successful.

According to Ballard, "Operating a private employment agency offers an outstanding business opportu-

nity for the disabled. It requires someone who can do sales work, for this is basically what the job is. . . . In addition to the employment agency, I own two used furniture stores with another 'unemployable' disabled person and we are now buying, remodeling, refinancing, and selling real estate. The only problem is that the business opportunities are too numerous for my capital.

"We believe that the best opportunity that exists for the employment of the disabled is in businesses offering a service. These businesses can be established for a very nominal amount of cash and offer the disabled owners earnings limited only by their talents, abilities, and hard work."

Teachers

A wheelchair can be an asset to a quadriplegic teacher. An elementary school principal says, "I find my wheelchair a distinct advantage in relating to young students, as I am now at their eye level." A junior high school teacher feels that a motorized wheelchair is not a barrier: "In fact, one student requested a motorized wheelchair one year for Christmas. I've always wondered what those parents thought. . . . I always mention the chair and the disability and the reason on the first day of school. I tell them that I have adjusted and hope that they will adjust to a teacher in a chair. Then later if they want to ask questions about the chair and my disability, I set aside a class time and let them ask."

PROFESSOR, COLLEGE. (Respiratory polio quad since 1952.) Lawrence Becker, PhD, Box 9641, Hollins College, Virginia 24020. After receiving his AB from Midland College, Nebraska, he was awarded both the Woodrow Wilson and the Danforth Fellowships for graduate study. His MA and PhD were earned at the University of Chicago. He lived in a graduate dorm; two other grad students exchanged attendant services for room rent. (Volume X, page 71.) "I am now Associate Professor of Philosophy at Hollins College and this year (1975-6) I am a Visiting Fellow in Philosophy at Harvard. My wife and I spent the year (1971-2) at Oxford, where I studied law and legal philosophy. My book was published in 1973 and is titled *Justifying Moral Judgments*. I've also published a dozen or so scholarly articles and am working on a new book this year. . . . My pride and joy is a golf cart modified with foot controls. It works beautifully for getting around campus."

ENGLISH FOR THE DEAF, UNIVERSITY. (Disabled by syringomyelia since 1945, quad since 1955.) Carol Ann Moore, 1807 25th Avenue, Greeley, Colorado 80631. "Because my disability is progressive, I was able to function fairly normally from the ages of 12 to 22. I attended high school and college; now I am working on my master's. I write a weekly newspaper column on items of interest to the disabled ranging from architectural and attitudinal barriers to state legislation. I also write a quarterly column for the newsletter published by the Colorado State Library for the Blind and the Physically Handicapped. I am co-ordinator of Citizens United for the Removal of Barriers (CURB). I teach English for the Deaf at the University of Northern Colorado."

PROFESSOR, UNIVERSITY. (C5-6 quad since 1961.) Bruce Hillam, PhD, 2524 Price Drive, La Verne, California 91750. "When I was sixteen, I dove into an eddypool and became a quad. After finishing high school, I attended a nearby junior college, then the University of California at Riverside. The university had such a positive attitude that 25 other quads were attending at the same time. (Volumes X, pages 44-45, XII, page 20.) I received both my MA and PhD in mathematics there. I now teach at Cal Poly in Pomona. . . . Since I am 6'5" tall I bought a new 'parcel post' or 'breadtruck' type van and had a lift added and the driver's area modified so I can drive. I need about four hours' help a day and this includes all the personal care, cleaning, and cooking. I have a three-bedroom apartment and hire two part-time live-in student attendants. I am in the midst of working with an architectural student to design a house for myself."

TEACHER, HIGH SCHOOL. (Rheumatoid arthritis since age 10.) Marilyn Monako, 620 Elkins Lane, Fillmore, California 93015. "I have been a full-time English teacher since 1964. My attendant-companion drives me to and from school each day. Once in my classroom, I can propel myself. For longer distances and for tasks I can't handle, I use student help. . . . I own my home, modified only slightly to accommodate my wheelchair. I live with my companion, who handles all household duties and helps immeasurably with my extra-curricular school assignments. . . . I am deeply involved in speech and drama activities in the school and community, and my colleagues selected me as Fillmore Teacher of the Year in 1974. The daily joys, challenges, and rewards of teaching truly give my life purpose."

TEACHER, JUNIOR HIGH. (Polio quad since 1948.) Sue Thompson, 118 Ohio Street, St. Marys, Ohio 45885. "I was disabled when I was 10 years old. After high school it was a struggle to get to college as I was considered by many to be totally unemployable. I am now in the tenth year of teaching: retarded children for two years, junior high school English for eight years. In 1973, after more than two years of being a part-time night school grad student and a full-time teacher, I finished my master's degree at Wright State University. WSU has excellent facilities for the disabled. I was named an Outstanding Woman of America and received the St. Marys Jaycees Outstanding Young Educator Award."

ASSISTANT PRINCIPAL, ELEMENTARY SCHOOL. (C-7 quad since an auto accident in 1970.) Robert J. Throckmorton, 1287 Douglas Drive, Las Vegas, Nevada 89102. "When I returned to my work as an elementary school administrator, I found my wheelchair a distinct advantage in relating to young students, as I am now at their eye level. . . . I am married and have three children. . . . I have organized the Nevada Paraplegia Foundation to support research towards a cure for paraplegia." (Volume XVI, page 29.)

TEACHER, GRADE SCHOOL. (C5-6 quad since 1943.) Harold L. "Casey" Jones, 4418 Knoop Avenue, Eugene, Oregon 97402. "I have come a long way since I became a quad when I was 19. I am very lucky! I have an enjoyable occupation working with children whom I love. I have a very charming wife and we have a delightful adopted daughter and a home built for my convenience. . . . I have been teaching school since 1958. Each year since then, I have paid back more to the government in taxes than the State Vocational Rehab paid for my college tuition. . . . I think that teaching offers great possibilities for the severely disabled." (Volume IX, page 37.)

LEARNING DISABILITIES CLINICIAN. (C5, 6, 7 quad since 1955.) Alberta Spieckermann, 317 North 8th Street, Donna, Texas 78537. "An automobile accident during my first year of college. It was 15 years later that I returned to college to get a degree in elementary education with certification in language/learning disabilities. I am now an L/LD Clinician at the Easter Seal treatment center at McAllen. Teaching is really my second career. Before returning to college I edited the local weekly newspaper for seven years. I left the newspaper job to work at Easter Seals as secretary and helping with public relations. This led to going back to college to obtain a degree and more stable financial security. I drive my own car, traveling alone about 60 miles each day. I am active in a club for the handicapped and am working on my master's degree by taking night classes."

FEDERAL AIDE COORDINATOR, LOS ANGELES CITY SCHOOLS. (C5-6 quad as a result of a water skiing accident in 1969.) Phillip T. Callison, PhD, 10353 Aldea, Granada Hills, California 91344. "I have a full-time attendant who drives me to and from work in a van with a lift gate. I live with my wife and daughter. The only special equipment I have is a whirlpool bath with a lift to get in and out of the tub. . . . I will be glad to talk to any other quads who are considering returning to work."

HOSPITAL TEACHER. (Respiratory polio quad since 1948.) Lisbeth Hild, 5151 South Willow #41, Houston, Texas 77035. "I have been disabled since I was 14. I attended regular classes during high school and college. I use bi-lateral feeders, sleep in a tank respirator, and propel my wheelchair with my foot. I am employed by Houston Independent School District's Department of Special Services as hospital teacher. Many of my pupils at Shriners Hospital are from Mexico and speak little or no English. I am a "bilingual" teacher and I must teach them in Spanish. I teach others in English. I teach all grades, kindergarten through junior high school, for I am usually the only teacher assigned to Shriners. . . . I live in an apartment project for the disabled—Independent Life Styles—which has private architecturally adapted apartments, connected by intercom to the office where aides are available 24 hours a day; transportation is also provided."

CORRECTING HIGH SCHOOL ENGLISH THEMES. (Home-based; part-time.) (Polio quad.) Barbara Carter, 10531 White Oak Avenue, Granada Hills, California 91344. "The Los Angeles City Schools pays its readers $2.60 per hour, with a maximum of 250 hours a year, and expects them to correct the spelling, punctuation, and usage in the equivalent of four to five five-paragraph themes per hour's pay. Naturally readers must be academically qualified. The tortoise-like pace of my writing is unimportant. A student courier is paid a quarter for each set of papers picked up from or delivered to the teacher. It is a pleasant way to earn a few hundred dollars a year." (Volume XIII, page 36.)

Writers

In her article, "Writing as a Career," in the 1973 issue (Volume XVI, pages 17-18), Donna McGwinn analyzes the writing field as a means of livelihood for the disabled. Would-be writers will find the article helpful and informative. Donna, a talented writer, has been disabled by respiratory polio since 1953. "Through correspondence courses at the University of Chicago, I studied exposition, logic and argument, and style. My lessons were typed by mouthstick and in two years the courses were completed. . . .

"By now I had learned there was more to the writing trade than writing. Without proper marketing you are just writing for exercise and your own enlightenment. At the suggestion of my vocational counselor and financed by the Bureau of Vocational Rehabilitation I enrolled in a local school of writing. Here I learned the basics of marketing. Briefly, they are that non-fiction is what most magazine editors want and query letters are the best way to present your ideas. . . .

"A need for a regular, substantive income would eliminate the practicality of writing as a career. But if your rich uncle supports you or you are looking for a fulfilling avocation, writing might be right for you."

TECHNICAL WRITING AND RESEARCH. (C5-6 quad since age 15.) Roger Huntington, ASAE, 322 East Green-

lawn Avenue, Lansing, Michigan 48910. "I can heartily recommend the free-lance writing business for severely disabled people who are more or less homebound. You must be able to use a typewriter—but you don't have to be able to type fast. The work does not demand a college education. (I earned my high school diploma by working at home.) It calls for a lot of reading, a lot of thinking, and a lot of hard work. I do technical writing, engineering stuff. You write what you read in books and magazines and papers—with a little personal intuitive interpretation to add flavor. I almost believe any reasonably intelligent person with enough determination could do it. And the market is huge. I put out an average of three pieces a week. Mostly I explain complex mechanical developments in the car and hot rod fields, question-and-answer columns, and various commentary columns where I interpret late developments in the car business. . . . For 15 years I worked at home then I got the bug to own and drive my own car. I bought a '63 Olds, then switched to a Toronado that I love like my brother." (Additional information: Volume X, pages 63-65.)

EDITOR, MAGAZINE. (Quad because of cerebral palsy.) Daniel A Poling II, 201 East 17th Street, Apartment 16B, New York, New York 10003. Wheelchaired and with a severe speech defect, Poling attended special schools for the first ten years. In 1960, majoring in sociology, he received a BA from Hunter College, graduating *Summa Cum Laude* and *Phi Beta Kappa*. He has done graduate work at Dartmouth College and Columbia University. He has been involved in urban sociology and youth gang behavior as well as in free-lance writing. He is married and has two step-children and two grandchildren. United Cerebral Palsy of New York City is supporting the publication, *Polling Magazine*, which he has been editing since 1974.

Salesmen Wanted

AD SPECIALTY SALESMEN WANTED. Carmen B. Crosier, 2220 McLean Avenue, New Albany, Indiana 47150, would be interested in having other disabled individuals as sales representatives in their communities.

EQUIPMENT SALESMEN WANTED. Disabled persons with access to a reputable automotive center are wanted as distributors of wheelchair transportation equipment. Write or phone: Double D Industries, 110 Fox Hill Road, St. Charles, Missouri 63301. 314-946-7860.

SIGN DISTRIBUTORS WANTED. Roy Abell, a polio quad, manufactures and distributes changeable copy signs throughout the country. (Volume XIV, page 35.) "We have many nationally known customers. . . . We would like for anyone to write for more information on how they may purchase a basic kit to build these signs and sell them for hundreds of dollars less than almost any competition. It would require an investment of less than $300 to get started. . . . A disabled person, who can talk to the public, can earn $600 to $1000 a month." Star Signs, Inc., PO Box 5341, Columbus, Georgia 31906.

Employment Wanted

SPEECH PATHOLOGIST with a master's degree in speech pathology and a BS in political science and business administration, seeks employment. Dean L. Miller, 180 West 3rd North, Hyrum, Utah 84319 (Phone: 801-245-3158). Age 28. Single. Quad because of muscular atrophy. Uses motorized wheelchair. "Objective: to gain a responsible position as a speech pathologist in a clinical setting; possibly engage in research activities. Special interests: aphasia, voice, and language. . . . Additional references may be obtained from the Utah State University Placement Center, Logan, Utah 84322."

Profiles

by Donna McGwinn

Alan Arnold—Trial Lawyer

Alan Arnold is one of Cleveland, Ohio's, most successful trial lawyers. A word commonly used to describe him is brilliant, although he demonstrates many other attributes, such as humor, sensitivity, wit, understanding, and flair. This last trait, together with his dramatic motorized-wheelchair courtroom peregrinations, serve him well when he is presenting a case. Reflecting on the effect his disability has on the jury, Alan says, "I'm different. People pay more attention to what I say. I'm a little like the 300 pound parrot. When it talked it didn't say much, but people sure paid attention."

Alan has been severely disabled since birth with amyotonia congenita, a muscle-weakening, usually progressive disease. He can use his hands and arms for a few activities, such as eating, writing, and pushing buttons on the phone, but for most other endeavors he needs attendant help. His attendant is a Pentecostal minister who has been with him nine years. He helps with Alan's morning care and drives

him to and from work. Another attendant helps in the evenings and on weekends.

The first nine years of his school life Alan spent in a special school for the disabled. There he met Loretta Silverman, who was later to become his wife. Lorry has spina bifida and moves with difficulty.

In his freshman year, Alan entered public school for the first time. This was not the only first of the occasion. Alan was also the first wheelchair student to attend Heights High, a large metropolitan school. He remembers not minding this special distinction and the resulting attention because "Everyone was helpful," and "I've always been a little hammy anyway." The experience was useful for he was later to be the first wheelchair student at Western Reserve Law School. There he graduated with the highest scholastic standing in his class.

Alan considers law a good profession for the disabled. "In law your mind is more important than your body. One can generally make a lucrative living and there are a variety of areas of specialization—tax, corporate, consumer, criminal, divorce, and others. In some corporate law positions, one can work a normal 9 am to 5 pm day. This is unusual. Most lawyers put in many more hours than that a day. Oliver Wendell Holmes made an apt observation when he said, "Law is a jealous mistress." "It's true," verifies Alan. "In his first few years of practise a lawyer has almost no time for hobbies or recreation or sometimes even his family. After he gets established and more proficient, about age 40, he can relax a little and enjoy other interests. If someone wanted to go into a less demanding occupation than law or one that required less education, tax work can be quite profitable. It's physically easy and most people are willing to bring the work to you."

When asked what problems are most difficult for a lawyer who is disabled, Alan answered, "The need for more money. Besides the attendant care that must be provided at home, additional help is needed to get to and from work, the courtroom, and other places. All this necessary help gets to be very expensive. To afford it, a lawyer who is disabled has to do a better job and make more money on his cases. For instance, if an insurance claims case has a maximum profit of $3000, one could easily wind up settling for $2000. To prevent that, the lawyer has to make extra effort in investigating and presenting the case so that he achieves the best results. This is how he squeezes more profit out of the case. Clients are willing to pay for good results, so superior performance increases clientele."

Alan feels there is hardly any client prejudice toward his disability. "I rarely have to put people at ease. It's a kind of reverse prejudice. People think that I must be smart or I wouldn't have gotten where I am in spite of my disability."

Confronting the question of what personality types make good lawyers, Alan mused, "An overly aggressive person generally makes a pretty effective lawyer. A person who is disabled is likely to go one of two ways, either into inferiority complex withdrawal or inferiority complex aggressiveness. If a person has the latter reaction, he will probably be a good lawyer. It's not necessarily unhealthy to be emotionally unhealthy as long as you can recognize the condition and use the symptoms for your own benefit. For instance, the tennis star, Jimmy Connors uses his egotism and brashness to psych himself up and his opponent down before a match. He makes the most of his personality flaws."

Alan and Lorry have been married eleven years. Two and a half years ago they adopted a baby whom they named Faith. It is a rare occurrence in most states for a couple with both partners disabled to adopt a child. Hopefully, pioneers like the Arnolds will make it as natural for the disabled to be parents as the able-bodied. Anyone observing Alan's family will be convinced that love, intelligence, and responsible character are as important in nourishing and molding young lives as able bodies. Testimony to this fact can be found in Faith, a beautiful, bright, happy child who is bringing her parents much joy.

Address: November & Arnold, 336 Engineers Building, Cleveland, Ohio 44114.

Curtis Brewer—Attorney, Ombudsman for the Disabled

"As a lawyer, part of my reason for being is to represent the legal interests of the physically handicapped, their rights as human beings." This statement was made by Curtis Brewer, a C2-4 quad who became a member of the New York Bar in 1974. He is the first to join the bar without taking an exam, an exemption granted because of the probability of over-fatigue from an all-day exam and backed by several affidavits from doctors, professors and well-known lawyers testifying to Brewer's ability to practice law.

Brewer is 50, black, idealistic but realistic, innovative, energetic; married, and the father of one son. His most efficacious innovation is the founding of Untapped Resources, Inc., "a non-profit organization to help the individual cope with the intricacies and delays of governmental and business bureaucracy. It proposes to act on behalf of the individual within the growing maze of public, quasi-public and private organizations. To do so, it intends to furnish the services of a Private Ombudsman."

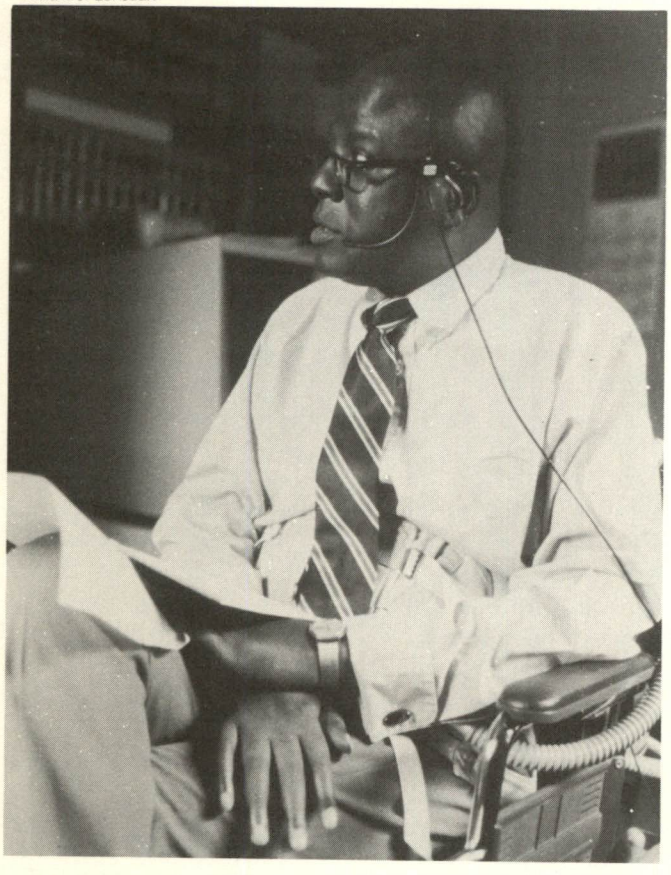
Reliant on a respirator to keep his energy at effective levels and needing assistance for feeding, personal care and all other activities, Brewer finds it easier to operate from his home. Untapped Resources also maintains a specially created mobile law office donated by the Herman Miller Research Corporation. This unit contains a separate electronic system that allows Brewer to go out into the community to meet with disabled

residents in homes, hospitals and rehabilitation facilities who find it difficult to travel to UR headquarters. Brewer can operate lights, telephones, tape recorder, intercom equipment, door buzzer and other devices through a radio transmitter and electronic computer-operated box by pressing his tongue on a touch-sensitive panel enclosed in a very small, rectangular keyboard that sits in front of him.

Brewer was disabled by transverse myelitis in 1955. His experience from that time formed his determination to do everything possible to help eliminate discrimination towards the disabled. He believes the depression and frustration with which the disabled must often live "can be either defeating or highly motivating forces to go on and really do something strong and positive."

UR is the positive effort that Brewer chose. This is an organization that aims to represent the interests of the severely physically handicapped in even the smallest of legal matters. It plans, constantly, to attempt to overcome the ignorance and/or lack of foresight which effectively denies the physically handicapped the fulfillment of the promise of equal opportunity for individual development and full participation in our society. The poignant question which UR will confront is why the physically handicapped too often constitute a class of untapped human resources.

William J. Lonsdale



Curtis Brewer, C2-4 quad, who became a member of the New York Bar in 1974, is the founder of an ombudsman service for the disabled.

UR's purpose is to persistently seek to remove or modify attitudinal and architectural barriers adversely affecting the severely physically handicapped. Legal services will be provided in the following ways: (1) by assuring that the special and collective difficulties and needs of the physically handicapped are properly brought to the attention of responsible and responsive civil leaders, legislators, government administrators and interested public and private agencies; (2) by providing administrative liaison or, when necessary, legal assistance in obtaining from the government, or from public or private agencies, benefits and services which should be available to the physically handicapped; (3) by providing general legal services related to the protection of the civil rights and civil liberties of the physically handicapped.

An example of a case that UR handled concerns that of a middle-aged client disabled by heart disease. He had been a superintendent of an ironworks firm and performed other tasks in the industry. The rehabilitation agency in his state, where funds were exceedingly limited, had rejected him as a client. UR's job was twofold: To combat the client's fear that his eighth-grade education was a bar to his performing suitably in a clerical or administrative capacity, and, secondly, to establish in the minds of rehabilitation authorities that he had sufficient medical tolerance, experience and training to function in a sedentary job. To do this UR developed a resume of the client's experience and education which emphasized that despite his eighth-grade education the client had risen from a worker to a superintendent. The client was also urged to obtain a medical evaluation of his probable work tolerance. Having succeeded in these two objectives, UR persuaded the Federal-State Employment Service to search for jobs in terms of the client's experience in administration. An administrative position in the ironworks industry was found for him.

Operating expenses for UR will be met by soliciting funds from individual contributions, benefit concerts, private foundations, and government agencies. There is no charge for services rendered; however, when a client can afford to reimburse for expenses he will be requested to do so.

Attendant care costs Brewer $25,000 a year. During the four years he attended law school, a major portion of his attendant care expense was paid by the New York Office of Vocational Rehabilitation. Of this expense as it pertains to thousands of other disabled persons, Brewer states, "At an appropriate time, UR will probably seek to have either Medicare or Medicaid pick up the costs of attendant care for those physically handicapped who need such care in order to be gainfully employed. Alternatively, Internal Revenue Service will have to be studied in order to provide income relief for others who do not fit in the aforementioned category."

Brewer is looking for readers throughout the coun-

try to keep UR informed as to legal problems and/or significant developments in any of the following areas: the right of equal educational and employment opportunity, adequate medical care and treatment in residential and out-patient facilities, equality of access to public accommodations, public transportation for the disabled or modification of existing systems for their use, and the right to live under conditions least restrictive to personal liberty. "More than that, there is a need to codify this material so that it can be placed in the UR library as resource and research material. For any who live near the UR office, persons with *excellent* office skills are sought."

It would be hard to think of a better cause for which *Gazette* readers could volunteer time and funds.

Address: 60 First Avenue, New York, New York 10009.

Data Processing for the Handicapped

A cooperative effort between industry and the rehabilitation community

by N. C. Hammond

During the last three years, a demonstration project devised by the International Business Machines Corporation and supported by IBM, several states, and the federal government has established that the field of data processing provides a viable vocational path for severely physically disabled but intellectually capable persons. A computer programmer applies most of his effort to the analysis and solution of complex problems, thus capitalizing on his intellectual ability, and requires physical effort only to make notes, obtain references, and record solutions, thus minimizing his physical handicaps. The feasibility of this vocation for the severely physically disabled has been demonstrated in Virginia, using the facilities of the Woodrow Wilson Rehabilitation Center (WWRC) and in California at the Center For Independent Living (CIL). A third demonstration is in the planning stage in Chicago. For the person who can use his hands, data processing provides a further opportunity in the area of data capture—key punch, key-to-disk, key-to-tape—as has been demonstrated in Texas at the Texas Institute for Rehabilitation and Research and in Virginia at the Kecoughtan Veterans Administration Center.

At the Woodrow Wilson Rehabilitation Center in Fishersville, Virginia, a three-year project has established a continuing training program, utilizing both conventional and advanced training techniques, which has graduated ten severely disabled persons in two classes and provided special technical training to three others. All thirteen have entered employment immediately after graduation and all have been rated from excellent to outstanding by their employers.

Technical training is not the only, or perhaps even the most, important aspect of these successful rehabilitations. All of the persons trained at this facility were provided the many other services offered by this comprehensive rehabilitation center. These include testing and evaluation, counseling, physical and occupational therapy, medical care, recreation, and the necessities of daily living. Most important, in the opinions of the project personnel, were the encouragement and support provided by the instructors and the project staff along with the promise of employment if successful. The greatest barrier to success was the fear of failure. After the trainees attained the level of confidence necessary to allow them to expect success, they just couldn't be stopped.

Basic to successful student motivation in Virginia was a firm ground rule that every trainee would have a job waiting for him when he graduated. Also essential was the necessary back-home support to enable the graduate to work at the office or at his home successfully and regularly. The job search was conducted by the project personnel with the assistance of the Virginia Department of Vocational Rehabilitation (DVR) field organization. Lists of potential employers were established and initial contact made, where pos-

Mr. Norman C. Hammond is an IBM Systems Analyst. His address: IBM Corporation—1-2K12, 18100 Frederick Pike, Gaithersburg, Maryland 20760.

sible, at an executive level. In virtually every case, management was prepared to make all possible modifications to both the work environment and work procedures to allow employment of the disabled. The students were given guidance during training with regard to employment interviews and business conduct but were then interviewed and accepted or rejected on the same basis as other applicants.

Of the thirteen persons placed during this period, four are working in their homes while the other nine commute to work. (Of these latter, one has since died from a nonrelated cause, leaving a total of twelve working at this time—of whom four are working at home.) The total of thirteen includes eight wheelchair-bound quadriplegics, only one of whom did not return to a family environment. With an established home available, the necessary back-home support consisted primarily of ensuring that transportation (where needed) was available and that both employers and employees understood each other's problems. In the case where no home was available, however, it was necessary for the DVR counselor to work with the disabled person to locate a suitable apartment, modify it as required, obtain transportation means, and arrange for on-call assistance in case of emergency. The apartment modifications included the removal of thresholds, the widening of doors, the construction of low-level shelves and counters, and the design and construction of a feasible bathtub bench to facilitate bathing. (The bath bench is described in the equipment section of this issue.)

At the Center for Independent Living, Incorporated at Berkeley, California, a similar project has been in existence for about a year. This project was designed to test and expand the concept developed in Virginia. With the benefit of the Virginia experience, the first priorities in California were established as the appointment of a project administrator and the convening of an advisory committee representing local business and industry. With both of these functioning effectively from the start, progress has been rapid. The administrator, appointed by the California Department of Rehabilitation, provides the necessary project coordination and direction, participates in all project activities, and is uniquely responsible for obtaining funding and ensuing perpetuation of the project.

The advisory committee is made up of representatives from about 15 firms. It is organized into three subcommittees—technical, business, and placement. The technical subcommittee works closely with the instructors to ensure that the training is adequate and appropriate. The business subcommittee provides student orientation to business applications of data processing by means of tours, guest speakers, and consultation. The placement subcommittee aids in preparing the student to meet the requirements of the work environment, prepares potential employers to receive the disabled graduates, and arranges placement interviews.

The CIL/California project will graduate at least nine programmers this fall. As in Virginia, the supplementary rehabilitation services provided by CIL, and the encouragement and guidance provided by the advisory committee and the project staff, have been essential to success. One notable difference between the Virginia and California projects is the WWRC provides a residential situation while CIL has established a live-at-home type of operation. Both appear to be equally effective, each in its own environment.

In Chicago, only preliminary steps have been taken; no students are actually in training. Although in general the California pattern is expected to be followed, with a project manager already appointed by the Illinois DVR and a potential business advisory committee in the process of formation, one major difference is planned—training will be provided by existing public education facilities. This has the advantage of bringing already organized expertise and educational capability to the project, and the disadvantage of having to compete with the many other educational programs for resources and attention.

All three of the projects described above involve the training of intellectually above-average, severely physically disabled persons to become computer programmers. It is believed that the concept has been adequately demonstrated and that such programs could and should be established at additional locations to provide opportunity for qualified persons to obtain this training and to eventually achieve financial independence. Interested individuals and agencies may wish to write or visit either WWRC or CIL (or the Department of Vocational Rehabilitation of Virginia or California) to discuss the details of their programs.

In Houston, Texas, and Hampton, Virginia, projects have been established to demonstrate the desirability of data capture as a vocation for persons of lesser physical disability. The results of these projects have been less conclusive, but the feasibility of the basic concept has been established.

At the Texas Institute of Rehabilitation and Research (TIR&R) at Houston, with the support of IBM and the Texas Rehabilitation Commission (TRC), a project called the Program for Information Processing (PIP) was designed to establish a workshop within TIR&R in which disabled persons would use data-capture equipment to perform work on contract for Houston-area industry. Unfortunately, just as the project was ready to begin accepting work, the business recession struck and dried up much of the work which had previously been thought available. This project has continued, with modifications to the original concept, and now has a full-time project manager and several workers in various stages of training. In addition to establishing the workshop capability, this project has trained and

placed three persons locally and has trained one other who has moved out of state.

At the Kecoughtan Veterans Administration Center in Hampton, Virginia, a related program was established and flourished before being terminated because of lack of interest on the part of the prospective employees. IBM loaned key-to-disk equipment to the Center to test the concept of providing in-house work to veterans who are resident at this large VA Center. A work order was established between the project and the National Geodetic Survey (NGS) at Rockville, Maryland, to provide work on a piece work basis to interested veterans. By the end of the six-month test, the employed veterans were providing virtually error-free input to the NGS computers. Also, however, by the end of the test period the supply of interested, eligible veterans seemed to be drying up thus placing the long-term feasibility of the project in doubt.

Both of these projects established that persons whose disabilities allow them to type can perform data-capture work. The TIR&R project has not been able to obtain the desired dependable supply of work, while the VA Center project failed to obtain a dependable supply of workers. If both essentials can be obtained together, data capture will surely be demonstrated to be a desirable vocation for persons of limited physical handicap and normal intellectual ability.

Probably the most significant success of these several projects has been the demonstration of the advantages accruing when industry and the rehabilitation community get together. In this case, the IBM Corporation saw a need and proposed a joint project. Several state departments of rehabilitation, and other agencies, agreed that the concept was worth testing. Joint financial and technical support was arranged, later supplemented by grants from the Rehabilitation Services Administration (RSA) of DHEW. The result has been a new demonstrated vocation for the disabled and a reservoir of experience on which to base further implementation of the concept. It is sincerely to be hoped that other business/rehab cooperative ventures will be set up to develop other vocational fields. It is certainly possible; it just needs to be done!

Inquiries regarding the Virginia project should be addressed to Mr. J. Ellies Moran, Director, WWRC, Fishersville, Virginia 22939. Inquiries regarding the California Project should be directed to Mr. John Velton, Assistant District Administrator, Department of Rehabilitation, 1111 Jackson Street, Oakland, California 94607. A short report which describes the status as of June 1975 of the California and Chicago projects entitled "Computer Programming Training and Placement for the Severely Physically Handicapped" has been provided to the Rehabilitation Services Administration of DHEW under Projects With Industry Grant No. 26-P-60319/3-02.

Education

Home-Based Education

Innovative Educations

As never before, colleges are making their facilities inviting and available to the community at large, reaching out to the housewife or the man who must maintain a job while studying. These innovative options are ready-made for the disabled person who wishes to study at home while rehabilitating or ruminating.

The College Level Examination Program permits one to cut college time by demonstrating knowledge of a subject through an examination. For details: CLEP, College Entrance Examination Board, Box 2815, Princeton, New Jersey 08540. CLEP exams are given monthly for a fee at 800 different locations through the United States. More than 2000 colleges and universities grant credit toward degrees to those who score high enough on tests.

University Without Walls. This program, which originated in England, grants credit for past learning experience and credit through various courses of studies. This, too, was planned for nondisabled but well suited to the disabled. For information and names of participating colleges, write: Union for Experimenting Colleges, Antioch College, Yellow Springs, Ohio 45387.

College by TV—Universal College Program. A fully accredited two-year Associate of Arts degree may be earned from home by using video cassettes played back through an ordinary TV set. Workbooks and telephone teaching assistance provide additional help. Among the pioneers of this program: Azusa Pacific College, Highway 66 at Citrus Avenue, Azusa, California 91702.

College by Newspaper. Hundreds of newspapers across the country are participating in their second year of publishing a series of 20 college-level articles. Newspaper readers may monitor the course or receive college credit by registering with a local affiliated college, paying course fees, and participating in two discussion classes. The series has triggered community study groups nationwide.

Relevant Publications

- "Careers for the Homebound. Home Study Opportunities." Free from: The President's Committee on Employment of the Handicapped, Washington, DC 20210.
- "Directory of Accredited Private Home Study Schools." Free from: National Home Study Council, 1601 Eighteenth Street, NW, Washington, DC 20009.
- *A Directory of US College and University Degrees for Part-Time Students*. $1.95 from: National University Extension Association, One Dupont Circle, Suite 360, Washington, DC 20036.
- "A Guide to the Advanced Placement Program." Send a self-addressed, stamped business envelope to: College Board Publication Orders, Box 2815, Princeton, New Jersey 08540.
- Regents External Degree Program, 99 Washington Avenue, Room 1924, Albany, New York 12210. Under the program students may be granted degrees in any state via correspondence study.
- "Five Federal Financial Aid Programs." Request by postcard from: U.S. Office of Education, Room 1069, 400 Maryland Avenue, SW, Washington, DC 20202.
- "Get Credit for What You Know." 25¢ from: Consumer Information, Pueblo, Colorado 81009. Details of how to get high school and college credit without formal training.
- "Accessibility of Junior Colleges for Handicapped." A survey by the Education Committee of the President's Committee on Employment of the Handicapped and available free from PCEH, Washington, DC, 20210.
- "1975 Catalog of Publications." Free from B'nai B'rith Career and Counseling Services, 1640 Rhode Island Avenue, NW, Washington, DC 20036.

Opportunity For The Disabled: The Community College

by Jim Tuscher

The opportunities available at community junior colleges are not utilized by the disabled as much as they might be. The fact that many community colleges were built in recent years means that they are generally much more accessible than four year colleges and universities.

Most junior colleges operate on an open-door admission policy. That is, entrance exams are not required. (Enrollment in specific programs is based on assessment of the student's potential and background.)

The role of community colleges is to serve the needs of their local areas. Therefore, they offer a variety of programs which equip the students with skills which are salable in the immediate community. In addition to technical programs, community colleges offer four year college and university transfer programs which make it possible to complete the first two years of academic work toward a four year degree in your home area. Courses ranging from photography to assertiveness training are also featured.

Because of the wide variety of both students and programs, vocational counseling is available to help students find appropriate and satisfying courses of study. Financial aid is available for those demonstrating need as is true at 4 year institutions. Also, Vocational Rehabilitation provides assistance to students with physical or psychological disabilities who are judged to be capable of benefiting from education. If the services mentioned here are not made available to you upon request, they should be demanded. If your community college is not accessible, demand that it be made accessible. If Vocational Rehabilitation won't serve your legitimate needs, demand that it do so. You are part of the reason the community college was established and Vocational Rehabilitation was created. Demand that these institutions carry out their mission. It is your right and their duty.

Jim Tuscher, a paraplegic, is a counselor at Forest Park Community College, St. Louis, Missouri.

The Telephone: *A Genie of Services*

Dial A Class. In the early sixties education by telephone was set up for individual students who were either temporarily or permanently disabled. The equipment, an electronic intercommunication unit, was developed by Executone, Inc. and furnished by the Bell Telephone System and independent companies. The student could hear the lectures and discussions in the classroom and could be heard by the teacher and other students. Volumes V and X of the *Gazette* included a number of examples of students

who "attended" school by phone from grade school through law school. For many it was the vital "bridge" from isolated home tutoring to attending college in person.

Recently, similar equipment is being used to service not only individual adult students but groups of students. In Los Angeles, for instance, the Division of Career & Continuing Education of the Los Angeles Unified School District is now offering tuition-free classes by telephone to more than 500 disabled adult students. Since the program was initiated in the spring of 1973, adults ranging in age from 18 to 80 have participated from their homes, convalescent homes, and hospitals.

Individuals use an ordinary phone or headset; groups of students use a speaker phone. The teacher dials the telephone number, using a dial cord, and the students are immediately piped into the class. There is communication between the teacher and the students as they hear each other, listen, and carry on discussions, ask and answer questions. The classes are conducted in the late afternoons after school and in the evenings. Currently, there are 14 teachers with the program.

The courses offered appeal to a wide range of interests. They include: American Literature, California History, Geology, Home Gardening, Music Appreciation, Shakespeare, Science and the Space Age, Mathematics Review, Spanish for Travelers, National Parks and Monuments, and United States History. Several classes have been added to interest those employed in convalescent homes and hospitals. These include Medical Terminology and Conversational Spanish. The classes are available for no credit or for credit toward a high school diploma.

For further information and a catalog of courses, write to: Miss Leila Michaels, Administrator, Belmont Community Adult School, 1574 West Second Street, Los Angeles, California 90026.

DIAL A CAREER. Since 1972, the National Institute of Education has been funding the pilot Home and Community Based Career Education Project to prove that it is possible to set up telephone guidance programs in communities nationwide to help those whose activities must be home-based.

The program is set up in a community by placing ads in the local paper inviting individuals to call for help if they are "homebound" and puzzled over future career plans. When a homebound mother calls about planning a career, she will not get a taped message. She reaches a real live voice that asks questions and advises that a counselor will call back for a conference. The counseling involves a few or many sessions, occurring over a period of weeks or months.

In Providence, Rhode Island, for example, some 5000 persons have called the career help number. Their ages range from 16 to 70. Most are female, between the ages of 24 and 35. The nine counselors trained for the service range in age from about 20 to over 60. One is male. Supervised by experienced guidance professionals, each counselor deals with a caseload of 60.

Most of the clients for the free service share similar needs. These include: a better understanding of their own abilities, interests, values, and goals; facts about job trends, opportunities, and requirements; information about education and skill training opportunities; information about services in career-related problem areas, such as financial support, discrimination, child care and testing; and help in planning and implementing career plans.

While the program was originally geared to help the able-bodied "trapped" housewife, it has possibilities for the disabled, not only as recipients of the services but as counselors. More information about the free career education project can be had by writing to: Education Development Center, Inc., 55 Chapel Street, Newton, Massachusetts 02160. The free booklets are treasures of information!

DIAL A HEARING TEST. The Chicago Hearing Society is offering Fone-A-Test, a new service through a grant from the Beltone Crusade for Hearing Conservation. The hearing test, available 24 hours a day, seven days a week, lasts less than two minutes and can give a good indication of a person's hearing ability. The test consists of introductory instructions which require callers to listen to four musical tones with each ear, and a concluding explanation that if listeners did not hear all eight tones, they may have a hearing problem. They are referred to the Hearing Society whose phones are covered by volunteers to answer the most common questions concerning the test. The test phone number is 591-3046.

DIAL FOR SEX INFORMATION. In Los Angeles, the Sex Information Helpline operates three nights a week under the direction of a health clinic. Calls are answered by nine unpaid, trained volunteers. Calls to the eight women and one man include inquiries on everything from childbirth to incest. Most callers range from the early 20's to the mid-40's. About 80 percent of the calls are from men; their questions center on relationships or feelings about their own sexuality. The questions from women are of a more informational nature. According to the administrator, "There's a desperate need for a service of this type. There aren't too many places people can go to get help and answers about their sexuality and sensuality and still maintain their anonymity."

DIAL A COUNSELOR. A free emergency telephone counseling service, Contact Teleministries, USA, Inc., is available in 67 cities in the United States. The service is part of a worldwide movement called Life Line International, which operates similar services in Aus-

tralia, Canada, Japan, Korea, New Zealand, South Africa, and Taiwan.

Contact Teleministries is sponsored nationally by Baptist, Church of God, Episcopal, Methodist, and Presbyterian denominations. In many cities other denominations are also active participants.

The "hot-lines" are church-related but clergymen do not answer the phones. Each of the centers in a major city is staffed 24 hours a day by approximately 100 volunteers, who take turns sitting by the phones after 50 hours of training. Their purpose is to provide a compassionate, non-judgmental listening ear, to befriend the lonely and troubled, to be available in crisis situations, to prevent suicide, and to refer persons with specific problems to whatever agency can best help them.

Though not planned for the disabled, there are possibilities for the disabled both as counselors and as callers seeking assistance. Many of the centers are making an effort to have their offices in accessible locations; some of the centers offer teletype services to the deaf. Most of the centers are listed in the phone book as Contact, though some have names such as Milwaukee's Dial Now or Los Angeles' Helpline Contact Clinic. For the name of the nearest service and more information, write to the national headquarters: Contact Teleministries, USA, Inc., 900 South Arlington Avenue, Harrisburg, Pennsylvania 17109.

COUNSELING BY PHONE, TAPE, OR LETTER. Confide, a personal counseling service, was formed in 1971 to serve people who want help but not psychiatry. The methods used—cassettes, letters, and telephone recordings—are particularly suited to those who do not get around easily. The director, Garrett Oppenheim, states, "Though our fee is modest by today's standards, we'll always try to adjust it for any handicapped person who finds it a hardship." For a brochure and further details, write: Confide, Box 56, Tappan, New York 10983.

Multiple Sclerosis

It Sneaks Up On You

by Dick Farr

After graduating from college, my wife and I set out for California, the two of us and most of our worldly possessions crammed into a small sports car. We were heading for Stanford University where I was going to do my graduate studies. The world was our oyster.

After a year at Stanford, I got my MA and MS. The MA was a master's degree, the MS wasn't.

It sneaks up on you—the MS, that is. Mine started with two numb fingertips. After being checked all over by Medical Doctors, rubbed and pricked and scratched, they sent me to a "shrink"—a psychiatrist. I had a few visits with him and then a return visit to the neurologist elicited the diagnosis multiple sclerosis. As damning as that sounds, it was a relief! To finally know what my enemy was. I could stop seeing the shrink, anyway.

Dick Farr has been disabled by multiple sclerosis since he was a graduate student at Stanford. After five years as a semi-hermit, a broken hip turned his whole life around. He is now working on his PhD dissertation, doing a weekly radio program, and coordinating the disabled student program at De Anza Community College. He is married and has three sons. Address: 3897 Corina Way, Palo Alto, California 94303.

Doctors have different styles and when my first neurologist left town, his replacement told me I didn't have MS. He hated to lay that kind of a diagnosis on a patient without substantial proof. Back to the shrink! All the uncertainty and frustrations returned. A few months later the original diagnosis was reinstated. I stayed at Stanford for one more year and convinced my wife that she ought to return to school for her master's degree. It was one way of protecting us in the event that MS rendered me helpless. Although she denies it, I distinctly remember her telling me, "All right, dammit, if I have to go back to school, I'm going someplace I've always wanted to go—Hawaii." Luckily, the University of Hawaii offered a masters degree in social work and I was fortunate enough to get a job as Promotion Manager for a radio/TV station there. It was a glorious two years; my wife got her MSW, I enjoyed my job, my first son was born and the MS, though annoying, was not too dysfunctional.

After returning to the mainland, I resumed my pursuit of a PhD in Communications Research at Stanford. It was then that my MS really made its presence known. The nickel's worth of MS, which I'd been told I had, seemed like a fortune. I began to use a wheel-

chair for outdoor ambulation and a walker around the apartment. More important, perhaps, than my physical condition, however, was the deterioration of my self confidence and mental state of well being. In short, I became a "closet cripple." I stopped driving, let my license expire, rarely ventured outside, avoided doing any handwriting, and even drank virtually no liquids at all because of the nuisance of going to the bathroom and fear of socially embarrassing incontinence.

For about five years, I led the life of a semi-hermit. I got out only in the company of family or friends. My tolerance for dependency on others knew no bounds. I asked my wife to cut up my meat for me and in restaurants became very big on shish kebabs with their bitesized pieces. I bathed only with assistance. I wrote checks using a typewriter because I was unnecessarily self-conscious about my handwriting. In sum, I really hit a personal low point. Even the birth of two more sons did not buoy my spirits much.

Multiple sclerosis really puts a heavy strain on a person. Especially in the early stages when you're ripe for such stories, the month doesn't pass that you don't hear of a new cure for MS. I probably tried a half dozen of them myself. The spontaneous remissions help keep the false hopes for total recovery alive as well. Another thing are the "don'ts." They tell you: Don't get overtired! Don't get exposed to any germs! Don't get cold or wet! Don't get emotionally upset! Don't! Don't! Don't! You might as well stop living altogether.

Let me tell you about a few "Do's" that I've been doing in the scant two years since I came out of the closet. I'm working now as an Enabler at De Anza Community College helping to coordinate the program for physically limited people. I do a weekly radio program called "Synthesis" aimed at the handicapped subpopulation. I am working on my PhD dissertation again, dealing with how people with disabilities get helpful information related to living with a disability. I'm driving all over the place now and even take the three kids to do the weekly grocery shopping. I get "pooped." The older two boys bring every germ known to modern science home from school. On a ski trip with my students from De Anza last winter, I got both cold and wet. And in getting a new program like the one at De Anza going, not to mention "Synthesis", getting emotionally upset is par for the course.

But you know what? I never felt better. I'm sure there are just as many cures and diets for MS as there ever were, but I don't have time for them. I also don't have time to worry about every new twitch or itch or attach any great significance to them. And, most importantly, my head has turned around. Instead of what *can't* I do, I think in terms of what I *can* do.

With MS, rarely does one go through a rehabilitation center. So the patient remains ignorant of the many devices and tricks which make life as a "cripple" easier, even enjoyable at times, and certainly worth living. It is this ignorance which makes accepting multiple sclerosis so difficult.

It took a broken hip for me to do it and look how my whole life has turned around. I hope other people with MS can accept their disease more quickly and more easily than I did.

Stop searching for cures. Stop waiting for remissions. Live today to its fullest. You'd be surprised how many of your problems are of your own making and in your own head! Realizing that will make many of them disappear.

The New Medicine

by Selma Sack

"It can't be true. It just can't be true." Mom kept repeating over and over again.

A visit to the doctor's office earlier in the day to get my final diagnosis made my Mom and me very sad. I was trying to discover just what made my walking so wobbly and why I tripped and fell so very often. The doctor told me I had multiple sclerosis, a progressive, crippling disease which would leave me permanently disabled.

I had never heard of multiple sclerosis, and neither had my mother. My mother was born in a small village in Russia. Most women of that era in Russia were denied an education and therefore cherished, retained, and passed on remedies and superstitions of centuries past. Midwives were consulted since doctors lived days of travel away in big cities.

Mom had been muttering to herself. Suddenly she grabbed my arm and said, "Doctors don't know everything. I remember the time a midwife in Russia helped cure your sister of rickets. Maybe the same medicine will help you."

"So go ahead tell me about it."

"Pig soup."

"But, Mom, that's not kosher."

"For medicine it is permitted to use a pig."

I consented to give it a try. After all, miracles do happen.

Early the next morning Mom propositioned a non-Jewish neighbor to help perform the miracle. The neighbor agreed. She hurried to the market early the next morning to buy a fat, juicy, baby pig. She cooked the piglet in her apartment, boiling it about three hours. The deal was that the neighbor could have the pig but the soup was for me.

Meantime, Mom closed all the windows in the apart-

Selma Sack and her husband, Bernard, are wheelchaired by multiple sclerosis. After living in Mexico for many years, they have recently moved to a garden apartment in El Cajon, California.

ment and when the neighbor brought in the kettle of odorous soup Mom stuffed newspapers under the door. Heaven forbid, the smell of pig escape from a Jewish home. That would really be a catastrophe.

The greasy soup was poured into the bathtub and I sat in this mess for two solid hours. As it cooled it congealed. I sat in the tub and tried to read a book, but mostly I wondered, "Why am I sitting here? Why are my feet and my legs getting stiff?"

I could hear my Mom and neighbor talking in the kitchen while they waited for me to walk in. At last the required two hours passed. They were both so terribly disappointed when I had to ask for help to get out of the tub.

Mom scrubbed the tub and I took another bath, with hot soapy water. I am sorry to say no miracle occurred.

I went to bed early that night feeling very tired and blue. During the night my Mom came into the room, waking me from a sound sleep.

"Simmie, Simmie get up. I know why it didn't work. It has to be a stolen pig."

"Oh, no," I moaned.

ED: *People at Work. 50 Profiles of Men and Women With MS.* All chapters of the MS Society in the US were asked to submit case histories of people at work. These are the 50 that arrived. They are attractively presented in yearbook style, with photos and thumbnail job sketches. Available from: The President's Committee on Employment of the Handicapped, Washington, DC 20210 or The National Multiple Sclerosis Society, 257 Park Avenue South, New York, New York 10010.

MS Patient Service News. Triannual newsletter. National Multiple Sclerosis Society (address above).

MS Canada. Quarterly newsletter. Multiple Sclerosis Society of Canada, 1220 Yonge Street, Toronto, Ontario M4T 1W1, Canada.

MS News. Quarterly magazine of the Multiple Sclerosis Society of Great Britain and Northern Ireland, 4 Tachbrook Street, London, SW1V 1SJ, England. Price: £ 1.50 per year.

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

Books

by Donna McGwinn

Adventure In A Wheelchair

By Ida Daly with Hazel Flagler Begeman. Whitmore Publishing Company, Ardmore, Pennsylvania 19003. 1973. $3.50. Easy reading with many illustrations written by the sister of this remarkable woman. Daly is the inspiration and prime mover for the first high-rise apartment designed especially for the disabled. This was a spin-off of the Seattle Handicapped Center, another development for which Daly was the catalyst. It is one of the few to be both financed and operated by the disabled themselves.

Born in 1901, Daly experienced the first signs of muscular dystrophy at age four. Life became increasingly difficult, but she managed to get educated, travel, marry and paint lovely pictures. A busy, interesting woman.

A Caste of Heroes

By Lona B. Kenney, Dodd, Mead & Company, 79 Madison Avenue, New York, New York 10016. 1966. $4.50. A group of men in the paraplegic/quad ward of a veterans hospital struggle, laugh, despair, curse and sometimes die in a drama familiar to any reader who has spent many months in a corresponding situation. Every issue and concern is treated here, no matter how delicate; for instance, the jubilation attending a normal bowel function, or an orgasm.

The book is fiction, but like most fiction has truth as a base. Kenney has volunteered in a veterans rehabilitation hospital and her husband is a doctor.

Coping with Disablement

By Consumer's Association, 14 Buckingham Street, London WC2N 6DS, England. This is an extensive and helpful handbook that covers every conceivable problem of the disabled in everyday living. Although the research was done in England and some of the solutions available only there, most of the ideas are universally applicable.

The best way to maneuver in the kitchen, bathroom, and bedroom, advice on floor coverings, alarm systems, transfer aids and types of wheelchairs, and lists and descriptions of organizations and books to help the disabled are part of the contents. Research was done among the disabled, doctors, physiotherapists, occupational therapists, designers, and charitable and government organizations. A very valuable book of

Donna McGwinn has been a respiratory polio quad since 1953, dependent upon full-time aid and typing and writing with her feet. She studied the art of writing via correspondence courses from the University of Chicago and has had articles published in national magazines. Address: Box 267, Grand River, Ohio 44045.

information to make life more functional, comfortable and safe.

Disability in Antiquity

By Fareed Haj. Philosophical Library, Inc., 15 East 40th Street, New York, New York 10016. 1970. $6.95. A study of the medical and social causes of disability in the Near East during the Middle Ages. It includes information about disability in Medieval Europe which was behind the Near East in such fields as medicine.

Handicap Race

By Dorothy Clarke Wilson, McGraw-Hill Book Company, 1221 Avenue of the Americas, New York, New York 10020. The true story of Roger Arnett, an outstanding track runner before the auto accident that paralyzed him from the waist down. Not much was known about paraplegia at that time, but Arnett survived to become one of the pioneers in living a normal life. He marries, becomes the father of 3 adopted children, farms and markets five acres of gladiolas, works in a factory and finally, to culminate a lifelong ambition, becomes a Methodist minister specializing in ministry to the disabled. This is a warm, moving book.

Happy Issue, My Handicap and the Church

By G. Janet Tulloch with Cynthia C. Wedel. Seabury Press, Greenwich, Connecticut 06830. 1962. $3.00. "Quite often the Church is, for the badly disabled, the first real channel of social intercourse with normal people." This is one of the conclusions made by the author after 35 years of living with the disablement caused by cerebral palsy. She is grateful not only to the Church itself, but to the lessons of Christianity. Through its doctrine of forgiveness, she learned self-forgiveness and self-acceptance which could then be reflected by, and imparted to others.

Despite its initially puzzling title, this book has a good deal of wisdom and practical pointers from the author's own and others' experiences.

The Lionhearted

By Harriet May Savitz. John Day Company, 257 Park Avenue S., New York, New York 10010. 1975. $5.95. Hot off the press, this is another of Savitz's easy-reading novels about young adults who happen to be disabled. It is almost dreamily unrealistic, but fortunately, not quite. The reader ends really believing the girl in the wheelchair captures the love of one of the best-looking, most popular boys in high school. It deals honestly with all the problems involved in such a relationship, such as parental disapproval of a child dating someone who is disabled and the uncertainties of the couple themselves.

A parallel theme is the affinity and rapport between those with obvious handicaps. It is the evolvement of a deep friendship between the heroine and a girl who is unhappily overweight.

People Will Always Be Kind

By Wilfrid Sheed. Farrar, Straus and Giroux, 19 Union Square West, New York, New York 10003. 1973. $7.95. An earthy novel about Brian Casey whom some reviewers think resembles the late Franklin D. Roosevelt. A teenage boy gets polio, spends some time in a place similar to Warm Springs, Georgia, and going to quack doctors, winds up in braces and crutches, goes through the traumas of adolescent adjustment to disability and life, becomes United States Senator from New York and a promising candidate for President.

This is a brilliant character portrait of the effects of disability on the emotional and behavioral patterns of a human being.

Stars In My Eyes

By Jean Alice White, Branch-Smith, Inc., P.O. Box 1868, Fort Worth, Texas, 76101. 1974. $5.95. This author, who has muscular dystrophy and spends most of her time in a wheelchair, loves show business and tells what some movie and television stars are really like and how to go about meeting them.

To Race the Wind

By Harold Krents, Bantam Books, Inc., 666 Fifth Avenue, New York, New York 10019 (paperback). 1973. G. P. Putnam's Sons, 200 Madison Avenue, New York, New York 10016 (hardback). 1972. This book is terrific! I laughed, and cried, learned a lot about what it is like to be blind, and became a fervent admirer of the author. While the problems of the blind are different from those of the orthopedically disabled, the difficulties of coping physically and emotionally in a world designed for the nondisabled are similar. This autobiography is full of hilarious and tender experiences. The title comes from Krents' freedom as a child to run down the street racing the wind, even though he ran into fire hydrants, trees and telephone poles, so he would learn to be independent.

While in the first grade Krents organized the first pee-in in rebellion against a teacher who shook him when he asked to go to the bathroom, then graduated to such daring adventures as driving a carful of inebriated friends, water skiing with only 10 minutes preparation and being a catapulted blocker in football. He inspired the hit Broadway play by Leonard Gershe, Butterflies Are Free.

We Live with the Wheelchair

By Betsy Jordan Edgar. McLain Printing Company, 212 Main Street, Parsons, West Virginia 27287. 1970. $5.00. Betsy Edgar writes simply and unsentimentally about life with her double amputee husband, Tom. He had one leg amputated above the knee and the other below as a result of World War II injuries.

Tom adjusts to his disablement with Betsy's help and they begin their new life on his father's farm. They

have two children and engage in busy, active lives. He is elected to seven terms as a representative to the West Virginia House of Delegates where he sponsored and got passed a bill to eliminate structural barriers in all new buildings constructed with state or federal funds.

The foreword is by Pearl S. Buck.

Your Body and How It Works

By J. D. Ratcliff. Reader's Digest Press. $8.95. 1967-75 Copyright. There is no human being who would not benefit from a better knowledge of his body and its function. In a unique perspective, Ratcliff writes from the view of whatever organ or body part he is delineating in Joe and Jane, an imaginary middle-aged couple. There is something engaging and especially enlightening about having parts of your body assume personalities and begin describing their purpose and function. Ratcliff writes simply, briefly, humorously and accurately. Part of the book was published as a series of articles in *Reader's Digest*. It was the most popular series of articles to run in any magazine as evidenced by the number of requests for copies.

Many scientists and doctors have approved the authenticity of Ratcliff's facts. Dr. Howard A. Rusk, Director of the Institute for Physical Medicine and Rehabilitation, writes the foreword. A book exciting in its wealth of information and easy, personal style.

Friends Around the World

"I am a C2-3 quadraplegic as the result of diving into a swimming pool and hitting another swimmer. I have been paralyzed for twelve and a half years. I live in Auckland Hospital and am under the care of Mr. Philip Wrightson.

"I have been a mouth painter for eleven years, and belong to the Association of the Mouth and Foot Artists, which pays me a monthly salary. This enabled me, with the help of the New Zealand Government, to purchase my own home, which I go to at the weekends and Public Holidays. I cannot live at home during the week because my girl friend (who looks after me) is working and is only free at the weekends. I am not in a financial position to employ an attendant to look after me during the week.



New Zealander Bruce Hopkins, C2-3 quad, and his girlfriend. "I have been a mouth painter for 11 years and belong to the Association of Mouth and Foot Artists, which pays a monthly salary. This enabled me to purchase my own home and van."

"I have recently purchased a van which has a hydraulic lift. This now enables me to go out during the evenings and also to go home and to places outside Auckland. My new van means I will be able to extend my painting activities." *Bruce Hopkins, Auckland Hospital, Ward 33, Park Road, Auckland, 3, New Zealand.*

"Last October I attended the world exhibit of the International Association of Mouth and Foot Painting artists in Buffalo. I have a 16 mm color-sound film showing these artists at work—including me—to lend free. It is 28 minutes long. Believe me, it is a fantastic and inspirational film. I will 'book' anywhere needed (by mail or in person). Also in October Governor Evens bestowed on me a plaque for my avid support of the handicapped causes. I love people, enjoy helping. Our Arthrogryposis Association is adding new members monthly." *Viola M. Hamby, 3204 K Street, Vancouver, Washington 98663*

"I have been a quad 15 years, and I only just discovered *Rehabilitation Gazette*. I was impressed with your magazine, especially the information on new laws and the books and booklets, and Potpourri sections. I just wish I'd heard of you all sooner. Why don't you put something in your next issue asking the many NPF and PVA chapters to put a few lines about your magazine in the local newsletters. That way it might

not take 15 years for some other quad to get the word." *John D. Croghan, 6826 Westlake Drive, Indianapolis, Indiana 46224*

"The Singapore Handicaps' Friendship Club, founded in 1969, is actively involved in providing welfare and modern rehabilitation services for the disabled through training and education which could assist them to regain their rightful role in Society. The committee has been aware for some time of the need to provide members and the public with some news of the handicapped people in other countries. Plans are presently being finalised to produce a monthly publication for the disabled in Singapore." *Max Lange, Publications Officer, Box 24, Singapore Council of Social Services, 11 Penang Lane, Singapore 9.*

"I want to correspond with another disabled housewife of my age (28 years); my disability is rheumatoid arthritis. I am interested in sociology, psychology, and the humorous side of life." *Linda E. McCrary, 13408 Burton Street, Panorama City, California 91402.*

"Japan Abilities Association is a non-profit organization working for rehabilitation of the handicapped and has an extensive sphere of influence all over the country. In July 1974 it held the first exhibition of rehabilitation equipment for the disabled in Tokyo. . . . The Association holds an annual national convention, conducts marriage and employment counseling, and has an arts and crafts club, a sports club, and a ham radio club." *Hiroyasu Itoh, president, 5-17-3, Yoyogi Shibuya-Ku Tokyo, 151 Japan.*

"I am very interested in meeting other 'Little People' to share interests and problems, especially the purchase of clothing for 'Little People' and possibilities of driving a car." *Mary F. Stoecklin, 3421 McKean Ave., St. Louis, Missouri 63118.*

"I am a T4 paraplegic, age 28. I have been in a wheelchair now for 10 years. I do not work, but I have put life in my hobby, Ham Radio, and I do research into propagation of the Earth and Sun and Antenna Design. So my time is very taken up." *Bryan Hartley, Westdene, 23, Hastings Road, Thornton-Le-Fylde, Lancashire, England.*

"A Czechoslovak art lover, admirer of modern Mexican mural paintings, seeks a pen friend in Mexico City, who knows English, is proud of modern Mexican art and architecture, and would be interested in Czechoslovak culture." *Mr. Alois Wokoun, Sidl. Dablice A 6 - 473, 182 00 Prague 8, Czechoslovakia.*

"I greatly would appreciate if one of the readers would like to exchange ideas and experiences. I came to Canada about 5 years ago. My mother tongue is Dutch, but I would prefer to correspond in French. I am 48 years of age. I just completed high school at evening class. I like to read and travel. I collect stamps for relatives, friends, or future correspondents. Since I work at the university as a maintenance worker I find stamps from all over the world." *R. van de Riet, P.O. Box 35423, Vancouver, British Columbia, Canada V6M - 4G8.*

"I have been a respiratory polio quad since 1953. I am 27 years old. Do you have a list of people like myself whom I could write to?" *Daniel R. Vachon, 76 Indigo Hill Road, Somersworth, New Hampshire 03878.*

"My book, *Atlantic Rendezvous,* will be published in paperback on the 3rd of May, 1975, by Futura Publications Ltd., the paperback division of the British Printing Corporation. Please spread the word around as much as possible." *Bill Murray, Ballure, The Glen, Ramsey, Isle of Man, British Isles.*

"My hobby is the study of new cars. I use a wheelchair because of cerebral palsy. My parents are both dead and I live in a boarding home." *Bill Garrison, Route 1, Box 1-B, Burlington Junction, Missouri 64428.*

"I'd like to write to others like me, but I don't know anyone to write to. I'm 39 years old and I've been disabled close to 20 years. Some of the things I have done no one else would think it true except another disabled person. I like TV watching, reading, and helping other people. I also like to work with my hands making things and some church work. I can't use the lower part of my back and my legs, but I have full feeling in them. . . . To some people in Canton I'm a for real barbarian, except that for real I'm a very lonely person." *Orville White, 510 Henderson Avenue, Canton, Missouri 63435.*

"Wishing to talk with other handicapped people in many countries, I obtained ham license and I found your *Gazette* to be helpful and thank you. I work on 21MHZ, that is 15 meters, telephone band. Can I phone-patch to St. Louis? Please tell me the callsign who phone-patch to you. . . . I am retired from the bank last year and am living alone most of the time in this newly built mountain retreat fully independently. I visit my family in Tokyo twice a month and my wife visits me once a month." *Naoyuki Ishizaka, Kanozan-Jisshudai, Futtsu 299-16, Japan.*

"On September 27, 1975 I had a 62nd birthday party given to me and about 70 of my fellow residents at the Valley View Nursing Home. The man who gave the party was Ray Kroc, who founded the McDonald restaurant chain; I have never met him but we have been corresponding for 10 years. . . . I have been paralyzed since 1959 when a drug addict threw me out of the second floor window of the hospital where I worked in

Chagrin Falls." *Billy Timm, Valley View, 721 Hickory Street, Akron, Ohio 44303.*

"I became a L2 paraplegic two years ago, on account of an accident while driving a police land-rover of which I was a member in this country. . . . I came home from Mona Rehab in Jamaica before I was properly rehabilitated and ever since my main problem is that I am always constipated. I would like to correspond with people in this condition who may be able to give me some advice. I am 25 years of age." *George Wade, No. 10, Santa Barbara Street, Belize City, Belize, Central America.*

"After a long time and a lot of thought and prayers, I've finally had both hips replaced this year and they are coming along beautifully. . . . Previously it had been 39 years since either of my hips had moved—even slightly. . . . I also had the metatarsal joint removed from each toe so now I can wear even brand new shoes comfortably. . . . Next year I am going to have a new replacement in my right elbow. . . . If anyone else needs to be encouraged, as I did, I say, Get a good surgeon and go to it. It is certainly worth it. And if anyone has any questions I'll be glad to 'tell all' and answer as many as I can." *Pat Sibley, 9679-46th Street, SW, Seattle, Washington 98136.*

"In the 1974 edition, there was a listing of an epileptic in India, who wanted to contact other people handicapped by their disability. I am handicapped by it and am trying to contact other epileptics as I am forming a non-profit organization to start a training and employment program for them. I need other people handicapped by this to collect trading stamps, coupons, labels, etc., also to do fund raising. My goal is to make it an international organization for these purposes." *David R. Cunningham, Box, 294, Camp Douglas, Wisconsin 54618.*

"I am 30 years old, disabled by arthritis, and interested in everything from sports, politics and music to reading and free-lance writing. I will correspond with anyone who writes." *Tom Davis, 942 Kenwood Road, Drexel Hill, Pennsylvania 19026.*

-Lest We Forget. . .

1947—Ground Work in Rehabilitation With Dr. Rusk

by Florence J. Terry

"If you don't find it at Bellevue, you won't find it anywhere!" The interns at New York City's Bellevue Hospital liked to say.

The longer I worked there the better I understood what they meant. The saying applied to diseases as well as to nationalities. Sometimes it was difficult to tell where a patient was hurting because of the language barrier, but there was usually somebody somewhere in the hospital who could translate.

My stay at Bellevue was about a year in 1947. My job was to help set up the first civilian rehabilitation department in a general hospital in the United States. I was later responsible for the nursing care. I got the job because I had a letter to Dr. Howard A. Rusk, instigator of rehabilitation in the U.S. Air Force. He was about to set up his first civilian wards at Bellevue Hospital and I arrived in New York City at the strategic time to help him. My training in occupational and physical therapy as well as in nursing proved useful.

Two wards in the old part of the hospital were set aside for our use. They were on the East River with balconies overlooking the constant busy river traffic. On warm days it was a favorite place for patients to sit.

The dingy old wards were completely redone. An interior decorator friend of Dr. Rusk's brightened them with pastel colors and hung them with colorful prints. We tried to get away from the hospital atmosphere.

As we had to wait for about a month while the wards were being redecorated, I spent the time working on the mens' orthopedic ward at Bellevue. Here I learned some of the ropes of survival in a hospital of that size and toughness. Later I was to be grateful for that experience.

Finally the day came when the powers that be decided we could start getting the wards equipped. I was summoned from the mens' orthopedic ward in the middle of the morning and told to go to my supervisor of the new rehabilitation units. I remember facing this somewhat awe-inspiring person in her office and all she said was, "Make out a list of what you need and I will check it and O.K. it."

I couldn't have been more at sea and all the doctors would tell me was that we wouldn't need any medications or any bedpans. All the patients would be up and around. I often chuckle to myself when I remember that the first patient to arrive immediately



Bellevue patient Tom Francis demonstrating a 1947 hand brace to Florence Terry, RN.

asked for a bedpan. I had to send an orderly off to another ward to borrow!

When my supervisor saw I was getting nowhere in my attempts to equip the wards she hit upon a real plan and saved us quantities of money. She delegated the daughter of the housekeeper at Bellevue, also a registered nurse and Bellevue graduate, to help me. This girl knew the ropes and she had access to the key to the sub-basement store-room where the out-of-use furniture was stored. Most of it was good except for a missing wheel or leg. We retrieved almost enough to furnish a ward, and, with a coat of paint, the furniture looked new. It was a bit scary going down to this dark and shadowy hole under 26th Street. You could imagine somebody springing out at you from the gloom and there were tales that escapees from the hospital prison ward had hidden out there for days.

The first patients to arrive in the refurbished rehabilitation wards were a charming old couple in their seventies who were hemiplegics. They had never been separated during their married life and were depressed at the idea of being in separate wards. As luck would have it we were able to establish them on sunporches where they could hold hands through a convenient hole in the wall which separated them.

Although we had several staff doctors of rehabilitation, including Dr. Deaver and the two Drs. Covalt, our intern coverage was sketchy. Our first intern was a young Czech doctor, a refugee from the old country, who could speak very little English. I had to write his orders for him and suggest routine orders for the patients.

Other interns in the hospital were guilty of pushing their "crocks" off on us. I can remember a series of pitiful, hopeless patients whom nobody could do anything for. Publicity about rehabilitation in the *New York Times* and *Readers Digest* was responsible for many such cases being sent to us.

I had a difficult time at first because I was not a Bellevue graduate and, what seemed to be even worse, was from the middle west. I remembered that we had been a bit gentler with our patients in St. Louis, but the Bellevue girls probably had to be tough. They came up against many rough characters in this city hospital.

At last a lovely, gentle southern girl applied to Dr. Rusk for a position as nurse. We spoke the same language. She proved invaluable and is now head nurse of the new hospital. She brought her equally charming and gentle sister, a paraplegic, with her. This girl, after she learned all she could do herself, now teaches other paraplegics the activities of daily living (ADL).

ADL were taught to the patients on the Rehab. wards by the excellent Physical Therapy department. Sometimes the P.T.'s taught at the patient's bedside and then everybody benefited. The nurses had the opportunity to see what the patient could and was expected to do for himself. Often we found it took longer to supervise a patient trying to do it himself than it took to do it for him. It was hard for the nurses to know where to draw the line as they were so used to helping the patient do everything. They had to learn to take a broader view. Some of them were tempted to do nothing at all for the patient.

As we had so much publicity of all kinds we often had rich "lady bountifuls" touring the department. Actually, although I sometimes resented this, it was good for everybody concerned. The rich ladies saw the seamy side of life and often we would benefit financially from it!

We had a lot to learn. It finally dawned on us, with the help of our social worker, that there wasn't much use rehabilitating a patient if he had no home or no place to go when he left Bellevue. We learned to look at the whole patient, not the patient as he was in the hospital, but as part of a family if he had one. It also helped to know where he was going after he left us, what his home conditions were, and if he would have help. Also, what might seem a small achievement to one patient was actually a huge one to another. For instance, if a quadriplegic could be shown how to turn over in bed that was a monstrous event. If he could learn to feed himself that was another giant step for him. Anything we could do to make him more self reliant we tried.

Although we often resented the publicity we got, it helped a great many people come to us. They regained their self respect and learned to do all they could with what they had left.

It was when the publicity resulted in a hopelessly disabled patient being sent to us that we squirmed a little. But Dr. Rusk was able to infuse even such patients with a desire to live usefully. He helped them find something, no matter how small, that they could do to regain their self respect and dignity.

The "evaluation" clinics that we had once a week were a continual source of interest to me. Everybody who had anything to do with that particular patient's care was present and others could attend if they wanted to. It was here that we learned about the total patient and were able to help him that much more effectively. We ironed out many of the rough spots and each person involved learned from the other when they told what they were trying to accomplish with the patients.

We were groping in the dark at first, but gradually the light appeared at the end of the tunnel and rehabilitation is an accepted service at most hospitals today. Dr. Rusk's experience in the Air Force was invaluable. We were able to progress and become the model for civilian rehabilitation.

After an interim stay at a small hospital on East 68th Street, Dr. Rusk moved on to be in charge of a big new facility, the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center on East 34th Street.

I'm sure the same could be said of the patients in the new hospital, "if you don't find it there, you won't find it anywhere." All sorts of disabilities from all over the world are treated in the six-story modern rehabilitation hospital, which is a far cry from the old wards at Bellevue. Each patient is treated as an individual and is helped to make the most of what he has left.

Guide to Supplemental Security Income

by Speed Davis

In January, 1974, the Federal government began a new cash benefit program for the aged, blind, and disabled known as Supplemental Security Income. Administered by Social Security Administration, the new program replaces the permanent and total disability aid to the blind and aid to the aged programs previously administered by state public assistance agencies, and establishes nationally uniform eligibility requirements and payment standards. Social Security is assisted in this program by various state agencies which provide Vocational Rehabilitation services, make disability decisions, administer Medicaid and in some cases supplement Federal payments. In some states an individual who qualifies for Supplemental Security Income automatically qualifies for Medicaid, while other states require a separate application to be made through the local public assistance agency.

To be eligible for Supplemental Security Income benefits a person must be either 65 years of age or older, blind, or disabled and be a U.S. citizen or lawfully admitted alien. He must also have limited resources and income and is required to apply for any other pensions or cash benefits for which he may be eligible.

A person is considered disabled if he is unable to engage in substantial gainful activity because of a physical or mental impairment which can be expected to result in death or has lasted (or is expected to last) for 12 consecutive months or longer. A person is considered blind if his central visual acuity is 20/200 or less in the better eye with the use of a corrective lens or he has a visual field restriction of 20 degrees or less.

The amount of the Federal SSI payment to someone who meets one of these is based on a standard payment amount, from which is subtracted other income a person may have. Effective in July, 1975, the SSI Standard Payment Amount (SPA) is $157.70 for an individual and $236.60 for a couple if both members are eligible. These amounts may be reduced if a person is determined to be living in someone else's household or is institutionalized and over 50% of his institutional costs are being paid by Medicaid. A person who is an inmate of a public institution for an entire month is not eligible for any SSI payment for that month unless Medicaid is paying over 50% of his costs in that institution.

Not all income is subtracted from the individual's SPA. The first $20 of income per month does not usually count against the payment. The first $65 per month of earned income and one-half of the earned income over $65 each month does not count. For the blind and disabled, income necessary to fulfill a plan of self-support approved by the Federal government does not count against the payment, nor do the work expenses of a blind person. Examples of income that will reduce the SPA are social security benefits, Veteran's Administration compensation, workmen's compensation, pensions, annuities and gifts. A person

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whose total income minus these exclusions does not exceed his SPA, will generally be eligible for benefits if other requirements are met.

A person who meets these first two tests can be eligible for payments if his countable resources do not exceed $1500 for an individual or $2250 for an eligible couple. Resources include such things as cars, real estate, bank accounts and life insurance policies. As with income, not all resources are counted. A home with a market value of less than $25,000 ($35,000 in Alaska and Hawaii) does not count. Only the retail value of a car over $1200 counts and even that doesn't count if the car is used as transportation to a job or to regular treatment for a specific medical problem. Personal effects and household goods with a total market value of less than $1500 don't count. An insurance policy doesn't count if the total face value of all policies on any one person is less than $1500. As with income, those resources of a blind or disabled person that are necessary to fulfill a plan of self-support which is approved by the Federal government also don't count.

Anyone who feels they can meet all of the above tests should contact their nearest Social Security Office about filing a claim. This contact can be made in person but if your condition will not allow that, contact them by phone or mail. Your claim can be taken over the phone or by a representative of the Social Security Administration who will come to your home.

There are some things that you can do to speed up the processing of your claim. Before you contact Social Security, write down a list of all the doctors, hospitals, and other sources where you have received treatment for your disability, with addresses, phone numbers and dates when treated. The single longest delay in the processing of a disability/blindness claim is caused by slow responses from medical sources. If your doctor is aware that you have filed a claim, he may respond faster when Social Security requests your records. When you contact Social Security, bring with you whatever proof you have for the value of your resources and amount of any income. Such things as insurance policies, car titles, bank books and real estate tax bills may be used.

Although there are some similarities between SSI and Social Security there are also some important differences. A person does not need to have ever worked to be eligible for SSI, nor are there any age restrictions. A child of any age can be eligible if he meets the disability/blindness criteria and the other tests. Under Social Security if an insured worker receives benefits, his immediate family can also qualify for benefits, but under SSI each member of a family must meet the eligibility requirements in order to be eligible for benefits. An SSI application is retroactive only to the first day of the month in which it is received, but a Social Security application can be retroactive for up to 12 months.

Parables

EXAMPLE #1.—A 36 year old woman is unable to work because of a spinal cord injury which left her permanently paralyzed from the waist down. She had been working until the time of her accident as a nurse's aide. Even though she had been unable to work for less than twelve months, her condition is not expected to improve within 12 months so she meets the disability requirements.

EXAMPLE #2—A 15 year old boy suffered brain damage at birth and is currently attending special classes at the first grade level. He is able to feed himself but requires assistance with personal hygiene and dressing. He can do simple addition but not subtraction or multiplication. Because his condition is not expected to improve to the point where he will be able to perform significant gainful activity, he meets the disability requirement.

EXAMPLE #3—A 53 year old radio announcer has suffered a stroke which has left the right side of his body partially paralyzed and impaired his speech processes. He meets the disability requirement. He is receiving social security benefits of $110.80 per month and Veteran's Administration compensation of $32 per month. He and his wife (who is not over 65, blind or disabled) live in their own house. His standard payment amount is $157.70. To figure his SSI payment, his income of $142.80 is reduced by the $20 exclusion. The remaining $122.80 is then subtracted from $157.70 to give him a federal payment of $34.90 per month. (Any income his wife has may further reduce this amount.)

EXAMPLE #5—A 25 year old blind man is able to work in a sheltered workshop, with monthly earnings of $125. The first $65 per month does not count nor does one-half of the remaining $60, leaving $30 to be counted against his standard payment amount. He lives with an uncle who provides all of his lodging, food and clothing. Because he lives in someone else's household, his standard payment is reduced to $105.14 from which is subtracted the $30 of countable income that he has. This gives him a federal payment of $75.14.

EXAMPLE #6—A 47 year old woman who is unable to work because of severe arthritis lives in her own home which is worth $12,000. She has a savings account of $750 and two life insurance policies with a total face value of $1000. She owns a car with a retail value of $1500. The house is not counted because it is worth less than $25,000 and the life insurance policies are not counted because they do not total over $1500. Only the value of the car over $1200, or $300, counts. This $300 and the $750 savings account, give her total countable resources of only $1050.

IRS Regulations on Attendants

How to Succeed (usually) in Playing the Game of Employers vs. Bureaucrats

by Barbara Carter

I. Whether you employ full- or part-time help, you must comply with Internal Revenue Service regulations to the letter:

- See each new helper's social security card, then copy number and name as stated, plus address, before employee works one hour.
- Deduct his/her contribution to social security (now 5.85%) and set it aside in your budget, along with 5.85% you must pay. Then money is in your bank account to cover check you send to IRS each quarter (due by end of January, April, July, October, along with IRS form).
- Write/phone your local IRS office (toll-free number almost anywhere in U.S.) for forms and for helpful information pamphlets, and to apply for your Employer Identification Number. (You must have one.)
- Deducting withholding is optional. Your employees decide on how they pay their income taxes.
- At the end of the year, prepare W-2 forms (statements of earnings and deductions) for each employee and send copies to employee and IRS.

II. Learn what state and local rules apply to you as employer of domestic help:

- Your local State Employment Office can tell you if you must carry workman's compensation/liability insurance, and where you get it (sometimes from state, sometimes private insurors; either way in California).
- Insist on speaking with the office manager or assistant manager only. Underlings won't admit they don't know. They'll just guess.
- Some states pay such benefits as unemployment and/or disability to household help. Those that do usually tax the employer to pay for them, or require him to collect tax from employee via payroll deductions.
- If you're an aid, ask your social worker about what your state requires in these matters (and how strict is the enforcement). He or she is the professional, you the amateur. Insist on his help.

III. Suggestions for scoring at the employer game:

- Write down everything. (IRS says you must keep adequate records: "memory" does not qualify.) Each time you talk to any official, note date and name.
- Some IRS or state people are more savvy than others. Sometimes they contradict each other. (Don't laugh: mountains of regulations continually are changing.) So play dumb, call back another time, and shop for a favorable interpretation. (But write down source!)
- Pay by check for everything. Money order stubs are easily lost. If your helpers have problems cashing your personal checks, in most states they can obtain ID cards (akin to drivers' licenses) at the state Motor Vehicles Department.
- Use a payroll record book (available in stationery stores) for efficient, all-in-one-place recording of employees' permanent addresses, total annual and quarterly wages paid, totals for all types of deductions, etc.
- If you furnish room and/or board as part of helpers' compensation, note down how you arrived at their fair market value (not just your out-of-pocket costs). Keep up to date on inflating values. This salary-in-kind is important in maximizing your income tax deductions and in complying with minimum wage laws. There are no payroll taxes on room or board.

Market value of room/board for IRS might be based on want ads, or dorm fees at the nearest college. Add a cash value for any "extra" such as use of phone, TV, periodicals, or kitchen privileges. You'll soon see why live-in help is considered by many of us to be the cheapest way to cover our needs.

Ready to match wits with bureaucrats, computers, and Form 659-B4a in quadruplicate? You'd better be, because you're going to be playing the "Employer Game" the rest of your life. You might as well relax and enjoy it!

Barbara Carter, a polio quad, has volunteered her time to her church and has worked for the Los Angeles City Schools correcting high school English themes. Address: 10531 White Oak Avenue, Granada Hills, California 91344. She is married and has two children.

The Telephone Company Message: "Can Do!"

by G. M. Smith

The telephone is such an ubiquitous part of modern life that everyone tends to take it for granted. As a consequence, few telephone users have a realistic idea of where telephone service comes from. They're in much the same position as youngsters who have never seen a cow and who assume milk is just another manufactured product delivered from a factory in cardboard containers.

Let's start right at the beginning with the statement that there is no such thing as *the* telephone company. In the United States there are over 1700 telephone companies. Some of them are very, very big, and some are extremely small "mom and pop" operations. Their territories do not overlap; each serves a separate geographical area.

There was a time when territories did overlap. Oldtimers will recall the era when Bell and Keystone companies overlapped in Philadelphia and if you wanted to be sure of being able to call anyone in town, you had to have two different kinds of telephones in your home or office. The present arrangement is far superior, as all the telephone companies are now interconnected in a vast nationwide network, and when you want to call someone anywhere in the U.S. you don't have to give a thought to what telephone companies may be involved.

The only telephone company you ever need to know is the one which serves your area, and the only time you really need to know about it is when you place an order for your own home or office telephone equipment. Although different telephone companies have slightly different rates, differences in conventional residential and office telephone sets are ordinarily so slight that only an experienced telephone man could tell one company's sets from another's. In the case of telephone equipment for the handicapped, however, the differences may be somewhat more apparent. Just because handicapped Aunt Emmy in Rochester, Minnesota, has a particular type of telephone set doesn't necessarily mean that disabled Cousin Will in Rochester, New York, can obtain the identical equipment . . . . although in many instances a satisfactory equivalent could be furnished.

The rate charged for a particular type of telephone service by a telephone company is the amount approved by its state utility commission for that type of service. The rate is not necessarily the same throughout the state; there can be small variations from one service area to another to another.

These are the basic generalities. Now for some specifics. The Bell System's 22 telephone companies operate in all states except Alaska and Hawaii and have a total of 110 million telephones in service. This amounts to about 80% of the telephones in the U.S. Three of the larger non-Bell telephone companies are: General Telephone and Electronics Corp, 10½ million phones; United Telecommunications Corp., 2½ million phones; Continental Telephone Co., 2 million phones. These three and the 1700 smaller non-Bell telephone companies are referred to in the industry as "Independent Telephone Companies."

From a geographical standpoint, the picture is quite different. The independent telephone companies cover about one-half of the total area of the U.S. and the Bell System covers only about 20% of the area. Bell phones tend to be concentrated in the more heavily urbanized areas and population centers such as New York and Chicago, while independent telephones are somewhat more likely to be found in suburban and rural areas. In the Greater Los Angeles metropolitan area, some sections are served by Bell and some by General Telephone, although, generally speaking, most cities are served by a single telephone company.

With this as a background, let's see what's involved in obtaining telephone service. First, the handicapped person, or a friend or relative acting in his or her behalf, would speak to a Service Representative in the handicapped person's local telephone company business office. This contact could be made by phone or by a personal visit to the office. For a run-of-the-mill item such as an amplified headset for a person with a hearing handicap, the Service Representative would be able to provide information, quote rates, and take an order for service.

Many simple telephone problems of the disabled can be solved by the local telephone company. Most people, however, are unaware that special telephone aids are available for the handicapped and too frequently order a standard telephone with the assumption that the handicapped member of the household will not be able to use it. Thus it is not until the installer arrives on the premises that the telephone company knows there is a handicapped person in the household. The installer may be able to contrive some special arrangement on the spot so the handicapped individual can also use the phone, or the installation foreman may suggest something based on previous experience in

G. M. Smith is Assistant Engineering Manager, Services for the Handicapped, American Telephone and Telegraph Company, 195 Broadway, New York, New York 10007.

providing telephones for other disabled customers.

In other cases, the disabled person will have been released from a rehabilitation center, in which case the center's occupational therapy staff will have made a study of the person's special telephone requirements and prepared detailed recommendations as to the best type of equipment. If the requirements are simple, all arrangements can be handled on the local level, but for a more complicated installation, special expertise might be required.

Each operating telephone company in the Bell System has a Marketing Coordinator of Services for the Handicapped who is available for consultation on such matters. In many of the independent telephone companies there are also coordinators or people with the equivalent responsibility. The Service Representative would refer a complicated installation problem to the Coordinator and, if it seemed desirable, the Coordinator would make a visit to the home of the handicapped individual for an on-the-spot appraisal of the situation.

Each Bell operating company also has an Engineering Coordinator of Services for the Handicapped, and it is his responsibility to provide the technical support necessary so that the handicapped person gets a telephone installation appropriate for his or her needs.

At Bell System Headquarters in New York there is an A.T.&T. Marketing Coordinator of Services for the Handicapped to whom the operating company coordinators can refer problems too complex to be solved on the local level. There is also an A.T.&T. Engineering Coordinator of Services for the Handicapped, with whom the Engineering Coordinators of the operating telephone companies can discuss unusual technical problems. If necessary, the Headquarters Engineering Coordinator can in turn discuss these problems with the scientists at Bell Telephone Laboratories or with outside medical consultants. Upon request, the Bell System companies will provide advice and assistance to non-Bell companies so that the latter will be able to furnish appropriate services to handicapped individuals in their service areas.

Telephone installations for the handicapped people fall into three categories. Installations in the first category employ standard telephone equipment. This may be either standard equipment for the non-handicapped which has been found to have applications for the handicapped, or it may be standard equipment which was designed specifically for the handicapped. The amplifying or volume control handset for the hard of hearing is an example of the latter.

The second type of installation involves the use of standard telephone equipment for the non-handicapped, with minor modifications to make it suitable for the handicapped. Often the modifications consist of nothing more than lever arms, added to existing switches to make them easier to operate. Where possible, arrangements are made with volunteer groups to build these simple accessories to telephone company specifications, and then the accessories can be made available to the handicapped at no charge.

In some localities, the Telephone Pioneers, a volunteer organization of active and retired telephone employees, makes these accessories, along with beeping balls for blind children, educational materials for retarded children, and a long list of similar items. In addition, the Pioneers perform services such as braille ing textbooks for blind students, repairing "talking book" machines for the Library of Congress service for the blind and paralyzed, reconditioning teletypewriters for the deaf communication network, etc.

The third type of installation is what telephone people call a "special assembly." This is an installation of non-standard equipment specially engineered and tailor-made to the particular requirements of one individual's disability. A typical special assembly would be a mouthstick-controlled telephone on a tank respirator.

Here is a condensed list of the standard Bell System telephone equipment available today for the handicapped: *For the hard of hearing*—Amplifying handsets for home or office phones, amplifying handset for coin telephones, bone conduction receiver, headset amplifier for switchboard attendants, telephone adapter for hearing aids, extra-loud bells, bells with different pitches, tone ringer, light signals; *for the totally deaf*—Code-Com set, Signalman lamp control, watchcase receiver for third-person assistance via lipreading; *for those with impaired speech*—amplifying handset, electronic artificial larynx; *for the visually handicapped*—"Seeing Aid" probe for blind switchboard attendant; *for the motion handicapped*—telephones with headsets, telephones with handset on adjustable arm, hands-free Speakerphone, Touch-Tone (pushbutton) dial. The complete list, with a brief description of each item, will be found in a booklet entitled "Services for Special Needs," which can be obtained from most Bell System business offices on request. And the sky is the limit, of course, for special assemblies. One installation may be controlled by a mouthstick, another by a puff of the breath, and a third by the touch of a toe. Some provide Touch-Tone dialing (by finger or prosthesis if possible; otherwise by mouthstick.) Others are arranged for "manual service" in which the telephone company operator does the dialing.

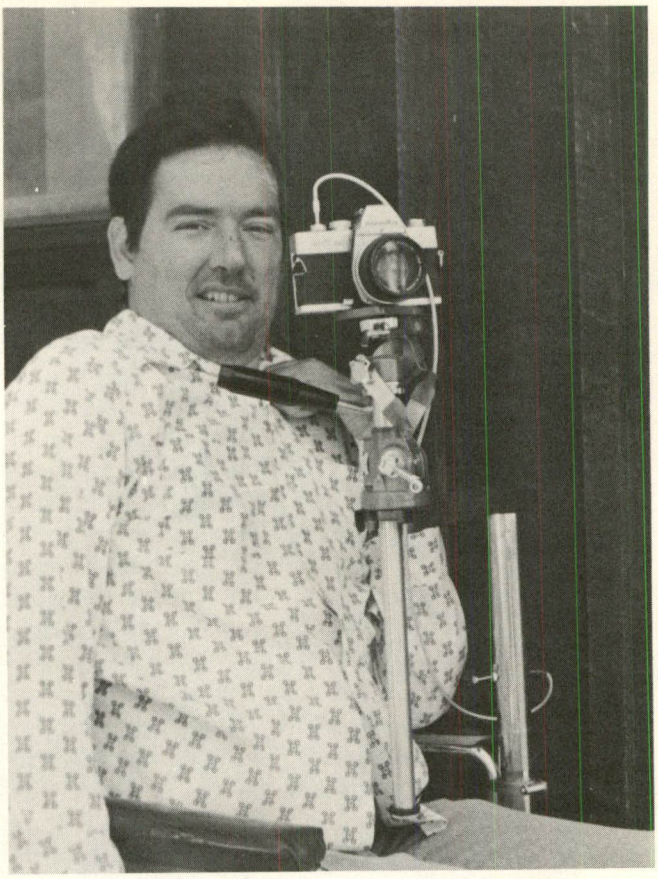
Even this isn't the whole story. It is also technically possible to provide telephone service for persons who are unable to communicate orally. A deaf-blind individual who lives alone has telephone service. He sends and receives coded messages by touch, using the Code-Com set. And how does he know when someone is calling him? He couldn't hear a bell, however loud, or see a light signal. Well, when his phone rings, it turns on an electric fan and he feels the breeze.

The telephone company message is, "Can do!" If anyone tries to convince you otherwise, show him this article.

Hobbies

Shutterbugging Again

by Bruce P. Hillam, PhD



Bruce Hillam, PhD, C5-6 quad, resumed photography after he found the right camera and learned to use his wheelchair as a tripod.

I have been C-5 C-6 quad for over ten years, and for a good portion of that time I have wanted to take up photography in a serious way. The problem has been that I wanted to use a 35 mm camera. With a good 35 mm camera, one must take a lightreading, set the camera speed, the lens opening, hold the camera steady, focus, shoot the picture and rewind. I felt that all this was a little beyond me. In the system described below, the only thing to worry about is the focus. The problems have been eliminated by the right camera, and by using the wheelchair as a tripod.

Recently, camera manufacturers have succeeded in removing the bugs from the 35 mm fully automatic single lens reflex (or SLR for short) camera. There are several types on the market starting from $150 to around $600. The camera has a built-in light meter. You preset the lens speed, say at 1/100 second and forget it. Anytime you go to take a picture, the camera sets the lens opening automatically. Hence, the camera automatically takes the light reading, sets the time and the lens. I selected the Konica T3, although there are other suitable cameras that operate similarly.

The next thing I did was to convert my wheelchair into a rolling tripod. This solves the problem of holding the camera. I bought a tripod that had an "elevator" built into the head, so I could raise and lower the camera. I removed the legs of the tripod and mounted it on a piece of lightweight channel. On the other end, I had a friend weld a standard plumbing fixture and attach a piece of kitchen sink pipe (it is chromed and looks better). On the armrest of the chair, a piece of pipe slightly larger in diameter (so that the tripod part will slip in and out) is clamped by means of two radiator hose clamps, available at any auto parts store. I then bought a cable release (the string-like thing in the picture) and drilled a hole in the pipe. The plunger end goes down by the base, and the other end screws into the camera. Using a cable release, one only has to push in at the base of the tripod or wherever is convenient. I use the back of my hand.

The camera mounts on top of the tripod head, and you are ready for business. The rig is strong enough to lean against, which I do as I look through the viewfinder to focus the camera. You might want to attach another hose clamp with a lever through it to the lens to make it easier to focus, but I have not found it necessary. The only thing that remains is to rewind the film. Now, 35 mm cameras do not "roll" the film to advance, but have a lever that you swing. On my Konica it sticks right out and is easy to swing. If you buy one of the more expensive cameras, you can get an electric rewind as an accessory; but it is rather expensive. There is talk of automatic focusing too, but I don't know how far away that is. When it arrives, any quad will be able to take up photography as a hobby.

One word of warning! Camera and equipment prices vary greatly from shop to shop. Look around and you will probably find a camera shop whose owner is intrigued by the problem and will provide a lot of free help and hints. The whole rig cost me less than sixty dollars for materials, and the labor came gratis from a friend with a garage full of tools and "junk" waiting to be recycled.

Now, if I can only get that guy to stop standing in front of me!

Address: 2524 Price Drive, LaVerne, California 91750.

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.

TRANSPORTATION *by Joe Laurie*

Step-Vans

As the 1973 GAZETTE covered transportation in VANS, it considered only the side-door type of Dodge, Chevrolet, Ford and Volkswagen. We neglected the rear door entrance as, for some reason the side-door variety was the only one used by people—with the rear entrance only for tradesmen's trucks.

Since all vans are "trucks"—even though you can get a passenger car license—we hope to cover our omission with a short treatise on a different type of truck, or van. This is the "Step-Van" made by Chevrolet and the same thing with a GMC label.

A "Step-Van" really looks like a truck. You see milkmen driving them, hopping casually from the front side doors, and other trades, like bread people and plumbers and carpenters, find it more adaptable to their needs. Even some fire departments use the Step-Van, and some large utilities—because it is made in the heavy commercial and industrial capacities.

But what we are talking about is the simple smallest Step-Van of 102" wheelbase, and of ½ ton capacity. The cover of the 1974 GAZETTE shows such a van with Dick Jaskela about to set out for his teaching at Kent State University at Ashtabula, Ohio. A simpler form of entrance is now available using some of the lift assemblies that are used on the side-entrance vans.

The same options for the side door vans are available for Step-Vans: power steering, power brakes, automatic transmission, air-conditioning, etc. . . . at a slight (?) extra cost.

But what is really interesting about the Step-Van is the much higher interior—heights from the floor of 72" and 76" are available. The long-limbed lad can get in without ducking or getting guillotined, and without having the extra expense of a "bubble top" or other roof height extender. And, in climes where snow is not uncommon, you can enter and exit right in the street, and not find your lift obstructed by 3 feet of snow on the curb or tree-lawn, and you look all set for a ski-run.

The rear doors are available that open in the center, so that your electrical controls will open each one out to you; then the ramp will come out and descend, and on you go, and then up, up, and away.

But, not quite so fast. Once you get into driving position—that is, if you are gonna be driving while still in your W/C, you better be sure you're locked down. Various types are available, per lists below. But, we like what one of our readers said: "More people than I would like to mention, myself included, have started down the road without their tie-downs engaged. . . . if I were to design a clamp, I would use several of the vacuum type. I would "tie them into the motor", as all motors create a vacuum. The advantages are obvious: if the motor is running, you are clamped down". Perhaps some ingenious soul could design such a system so that a C-5 could just roll into position, insert his key in the ignition, turn it on and start, and be fastened down but good.

Now that you are in and screwed down, you can have all sorts of nice things done to your Step-Van for a slight extra charge, like side-screened windows with opening louvers, a side couch, a propane stove, a running water system with its pump, a chemical toilet, a TV—and you name it.

Our friend whom we quoted above, also has this to say about any conversion that you might attempt: "I would have a truck-body manufacturer modify the van. I believe they could do a better job with higher quality and lower costs. Most places are just body shops, while a truck body manufacturer is more aware of future problems. And he will give you a firm bid and you will know how much it will cost before you start. . . . I had a real surprise awaiting me when I picked my van up."

Lifts

We received brochures from the following companies; you will note there are 22 of them, compared with 14 listed in Vol. XV of 1973. If you are interested, do as we did—write for brochures, and their list of satisfied customers; then telephone a random sample to see how they feel about the treatment received.

The Braun Corporation, (Save-A-Step) 1014 S. Monticello, Winimac, IL 46996.

The Cheney Co., 3015 S. 163rd St., New Berlin WI 53151

Collins Industries Inc., Hutchinson KS 67501

Compass Industries, Inc., 715 15th St., Hermosa Beach CA 90254

Double D. Industries, 110 Fox Hill Rd., St. Charles MO 63301

Electro Van Lift Inc., White Bear Lake MN 55110

Gresham Driving Aids, Inc., 30800 Wixom Blvd., Wixon MI 48096

Helper Industries, Inc., 832 N.W. 1st St., Ft. Lauderdale FL 33311

HP Bus Corp., Faulkner St., N. Billerica MA 01862 (VW Microbus only)

Lance Enterprises, Inc., 1391 Blue Hills Ave., Bloomfield CT 06002

Robert McHenry, Pilot Knob MO 63663

Joe Laurie has been volunteering as editor and majordomo of the Gazette *since he retired several years ago.*



Ed Pultz, a Navy veteran with a degree in engineering, operates Wheelchair Boutique with a wheelchaired friend, Chuck Foster. "We install car hand controls, electric lifts in vans, power seats, wheelchair tie-downs, and door openers in vans." Address: 6730 Folsom Boulevard, Sacramento, California 95819.

Motorette Corp., 6014 Reseda Blvd., Tarzana CA 91356
Para Industries Ltd., #6 4826 11th St., N.E., Calgary, Alta T2E 2W7 Canada
Ricon R-20 Van Lift, Inc., 15806 Arminta St., Van Nuys CA 91406
R-J Chair Lift Co., 7228 Madison Ave., Forest Park IL 60130
Royce International Ltd., 4345 S. Santa Fe Dr., Englewood CO 80110
Safety Van Lift Co., 1627 Linnea Ave., Eugene OR 97401
Fred Scott & Sons Co., 101 Kelley St., Elk Grove IL 60007
Speedy Wagon, 4105 Highway 94, St. Charles MO 63301
Target Industries, 8 Heywood St., Springfield MA 01101
Time Savers, Inc., Sacramento, CA 95826
Vanmaster, Drive-Master Corp., 61-A N. Mountain Ave., Montclair NJ 07042

Ramps

Safety Ramps for the Handicapped, 2520 Bow Ct., #13, South Bend IN 46628
Handi-Ramp, Inc. 1414 Armour Blvd., Mundelein IL 60060
Fred Scott & Sons Co., 101 Kelly St., Elk Grove IL 60007
Donald S. Crawford, 5948 E. 129th St., Grand View MO 64030
Collins Industries, Inc., Hutchinson KS 67501

Hydraulic Lifts

Ted Hoyer & Co., Inc., 2222 Minnesota St., Oshkosh WI 54901—make portable lifts & Kar-Top Lift.

COMMUNICATIONS

Talking Brooch. Dr. A. F. Newell, Department of Electronics, University of Southampton, England, has developed an aid for those who are deaf or aphasic that may also be of use to the physically disabled. It consists of a miniature typewriter-style keyboard which types illuminated messages on a small display panel that may be worn as a giant brooch on a jacket. It is powered by pocket-size batteries.

Auto-Com (Auto-Monitoring Communication Board). The Trace Research and Development Center for the Severely Communicatively Impaired (formerly the Cerebral Palsy Communication Group) has developed a significant new communication aid. The Auto-Com, built into a wheelchair lapboard, is operated in the same manner as a traditional word board. However, it is operated by a magnet which has a sensing system that ignores erratic, spasmodic movements and reacts only to reduction of movement. A miniature strip printer and a rechargeable battery pack are built into the board. In addition to letters and numbers, the Auto-Com's "Wordmaster" contains entire words, phrases, and sentences that are printed by a single pointing motion. The device may also be used to print the messages on a TV, a teletypewriter, or an IBM typewriter. A free price list of relevant publications and a film is available from the Trace Center at 922 ERB, 1500 Johnson Drive, University of Wisconsin-Madison, Madison, Wisconsin 54706.

Voicephone. A whistle or loud noise picks up and hangs up a receiver. Microphone is on an extending arm. Incoming voice comes from the speaker in the control cabinet. TV and other voice-control equipment available. Telemec Systems, Inc., Box 161, Old Hickory, Tennessee 37138.

Gooseneck Telephone Arms in 22", 25", or 29" lengths replace hands as phone holders. Sparr Telephone Arm Co., RD 1, Box 439, Stroudsburg, Pennsylvania 18360.

Communication. The superb series of 10 booklets of *Equipment for the Disabled,* by the Mary Marlborough Lodge, Nuffield Orthopaedic Centre, are being reissued. The first booklet in the new (4th) edition covers communications and was published in September 1975. Price: 1.50. For details, write: Equipment for the Disabled, 2 Foredown Drive, Portslade, Sussex BN4 2BB, England.

Whistle Switch. Turns on or off TV, lights, radio, etc. by squeezing the bulb-whistle. Catalog from: Unique Products Co., 340 Poplar Street, Hanover, Pennsylvania 17331.

READERS' IDEAS

Skid-Proofing Ramps. "I applied Safety-Walk to our ramp so traction is no problem and it resists icing. B727's and DC-9's have it on their integral airstairs." *John A. Howson, 39 North Brownell Street, Chillicothe, Ohio 45601.*

Electric Lift. "I would like to contact an agency concerned with the disabled that would be interested in funding a patient for an electric lift I have developed and am using with great success." *Harold Smith, 3658 Patterson, Oakland, California 94619.*

Automatic Emergency Light. Page 41 of the Winter 1975 catalog from Jean Cook, 851 Eller Drive, Ft. Lauderdale, Florida 33316, advertises a light that turns itself on when current fails and lasts many hours before being recharged in a regular house outlet.

Used Respiratory Equipment Wanted. "I want to buy a Thompson Bantam Model B and Multi-Lung Model D; also an Emerson Rocking Bed Model V-RBS or equivalent." *C. Crosier, 2220 McLean Avenue, New Albany, Indiana 47150. Phone: 812-944-3764.*

Crutch Tops. "Mine are covered with foam rubber pads that don't last long but make the crutch very safe because they are non-slip. Unfortunately, they make shirts dirty and wear out good wool or synthetic coats. Does someone have a better answer? *Robert E. Hitz, 1182 Warren Road, Lakewood, Ohio 44107.*

An Inexpensive Wheelchair Tie-Down. "With the help of a friend who happens to be both an engineer and the son of a blacksmith, we came up with a tie-down that is inexpensive, rugged, reliable, and easy to operate. It is better than anything currently on the market. The heart of the tie-down is a Vilier clamp (#91331, available from Marcott Industries, 10313 East Whittier Boulevard, Whittier, California 90606, for less than $5 each, including tax and postage). The Vilier clamp, used by machinists and welders to hold down whatever they are working on, is capable of supporting a 350 pound load.

The clamp is bolted onto a piece of channel. A local blacksmith or welder can make the channel the right height. The one channel is bolted to the floor of the vehicle. A piece of electrical conduit over the handle provides the ease of operation needed (I am a C-5 quad and it presents no problem). The operation is quite simple: drive into position and flip the lever toward the chair and the clamp comes down and locks. I have my clamp located so that it clamps down just behind the front wheel. It could also clamp the frame between the front and the back wheels or the rim of the rear tire. A small 'barrier' to prevent the front wheels from rolling forward might be a good idea too. Vilier makes a line of hydraulic and air actuated clamps at reasonable prices. With sufficient ingenuity, one could make a hydraulic system for under $150." *Bruce Hillam, PhD, 2524 Price Drive, La Verne, California 91750.*

Slippery Satin Sheets. "We bought ourselves a set of satin sheets and pillowcases for our anniversary. Now instead of having to lift my hips to move into the right position my husband just gives them a little nudge —and away I go. And I can just turn-roll my head at night instead of shift-turn as I've had to do for nearly 19 years." *Jean Stage, 11655 Maplewood Avenue, Chicago, Illinois 60655.*

Bath on a Bed. "My Jimmie developed a wonderful method of giving me my baths on the bed. He puts me in an inflatable kiddie pool. He empties it by syphoning the water into a pail." *Jacqueline Nelson, 439 Beach 22nd Street, Lobby B, Far Rockaway, New York 11691.*

Mouth-Operated Sock-Put-Er-On-Er. "I have made a diagram with directions on making the mouth-operated gadget I invented for a friend to put on his own socks." *Viola Henne Hamby, 3204 K Street, Vancouver, Washington 98663.*

Device to Load Wheelchair Into Car. The creative A. G. Garris, rehabilitation supervisor at Rancho Los Amigos Hospital, and Charles Eckles, his engineering consultant, have improved their previous wheelchair loader. The new loader is driven by a small electric motor controlled by a two-way switch on an extension cord to the driver's seat. Power is furnished by the car's battery. For construction details, send 50¢ to: *Charles Eckles, 11505 Wimy Road, Granada Hills, California 91344.*

Homemade Bath Bench for Quads. While training quads in data processing at Woodrow Wilson Rehabilitation Center, Norman C. Hammond of IBM became aware of a need for independence in bathing. Consequently, he designed and built a bench and extension for transfer of plywood, covered with padding and vinyl, onto which a quad can transfer from a wheelchair. The plans include a backboard and a safety bar in front, as well as a footrest. Mr. Hammond has made the detailed plans available from Mr. J. Ellies Moran, Director of Woodrow Wilson Rehabilitation Center, Fishersville, Virginia 22939, who has agreed to handle requests for information.

Lady's Urinal. "An Army mess kit is perfect for female bathrooming. It eliminates lifting."

Iron Lung Refinements. "A bicycle wheel mounted on two or three

suction cups and placed on top of the tank so that the rim projects slightly over the head end. On the wheel are mounted three reading racks and one tank mirror. Consequently, with a mouthstick one has a choice of three books or a mirror. Also mounted on the tank is a speaker telephone which can be turned on or off with the mouthstick. There is also a button mounted on the microphone of the speakerphone that dials the operator." *Ed Rosenwasser, 3641 Deal, Houston, Texas 77025.*

Inexpensive Wheelchair Narrower. "I have developed a narrower that is easily detachable and light enough to fit into my wife's handbag. Basically, it consists of an 8 to 1 ratio pulley car engine hoist with brake bought at Halfords and called the Haltrac Autolock. The split hooks on the Haltrac clip onto detachable steel shackles which may be purchased from a chandlers quite cheaply. While I am sitting in my chair it can be narrowed by one person using one hand." *Tony Northmore, 36 Coombe Meadows, Chillington, Devon TQ7 2JL, England.*

Unisex Urinals. Abbey's "English style" ice bags have wide openings and leakproof plastic lids that make them useful as urinals—especially if emptying must be delayed. Check with nearest Abbey Rents or write to 13500 South Figueroa, Los Angeles, California 90061.

English Female Urinal. The Disabled Living Foundation has evolved a simple design: a plastic bucket forms the outer shell; a plastic bag is fitted into the bucket with the top turned over the rim like a cuff; the bag is lined with an absorbent material. After using, the bag is removed, closed with a tie, a rubber band, or a wire, and thrown into a refuse bin.

Swimming Aid. "I was surprised to find that the 'schwimmflugels' which consist of two plastic air pockets worn on my upper arms would keep me so buoyant that I could actually swim. Made of heavy duty vinyl, they are easily inflatable by mouth. Nominal in cost from: Belle Air International, Inc., 1016 Ponce de Leon Boulevard, Belle Air, Florida 33516." *Doris Jones, 9822 Eastdell, St. Louis, Missouri 63136.*

European Travel With a Respirator. "I teach in a private Mennonite school. . . . My two sisters and I had always dreamed of sailing to Europe and traveling around in our own rented car. We didn't think it would be possible since I must sleep with a chest respirator but Gini referred me to "Flying Wheels," a beautiful travel agency in Owatonna, Minnesota, and they planned our trip without a flaw. I recommend them highly! We were gone four weeks. We left from New York on the Q.E. II. Oh! It was a tremendous experience. . . . Our little orange Renault was waiting for us at the dock and off we were to see Europe. Flying Wheels had given us instructions and had given us maps of each country with a red line outlining the way. We toured France, Switzerland, Germany (we visited friends there), and Holland. Then we flew to London. . . . We bought a transformer for $50 from Colorado and had it shipped to Georgia's Medical College where it was mounted on my motor. . . . You will need a transformer for your motor and you will also need a roundish European 2-prong plug. My transformer is in Georgia now and anyone else may borrow it as long as it is there when I need it again!" *Vera Overholt, Knox School Road, Minerva, Ohio 44657.*

German Breathing Exercises. "I caught poliomyelitis in Africa in 1963. . . . My husband built a house for the family, containing all the facilities which are needed for me. We have a compressor for compressed air, fill the bottles ourselves, and have a piping system throughout the house with outlets in most rooms. I need mechanical breathing assistance all the time. . . . Breathing exercises are very important and helpful therapy for controlled breathing. I do not know the correct English word for *Atemgymnastik*, which is now a special training for physical therapists in Germany. By far the best I had was in France. None at all of this type in the USA. One learns to breathe in wanted parts of one's own lung (for stretching) and to train muscles and nerves. I found music helpful. Singing is good, just trying to hum a sound for exhaling. Exhale enough! Be careful not to overtire or get too much air. The diaphragm is slow in recovery. Frog breathing is helpful for stretching exercises and for any emergencies." *Mrs. Schlange-Schoningen, 533 Konigswinter 41, Thomasberg, Terrassenweg 15, West Germany.*

NEW CATALOGS

The following companies have issued new catalogs that cover a wide selection of equipment, from drinking straws to motorized wheelchairs. Unless noted otherwise, they are free.

- Abbey Medical Equipment available from 13500 South Figueroa, Los Angeles, California 90061 or local Abbey Rents.

- Be OK Self-Help Aids, Fred Sammons, Inc., Box 32, Brookfield, Illinois 60513.

- Cleo Living Aids, 3957 Mayfield Road, Cleveland, Ohio 44121.

- FashionABLE, Rocky Hill, New Jersey 08553. 25¢.

- Medical Equipment Distributors, Inc. 1215 South Harlem Avenue, Forest Park, Illinois 60130.

- Nelson Medical Products, 5690 Sarah Avenue, Sarasota, Florida 33577.

- Sickroom Service, Inc., 2534 S. Kinnickinnic Avenue, Milwaukee Wisconsin 53207.

- Trujillo Industries, 5726 West Washington Boulevard, Los Angeles, California 90016.

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For Sale: *Page Turner.* Touch-Turner. $100. Diane Smith, 206 Cameo Lane, Carmi, Illinois 62821.

For Sale: *Lightly-Used E&J Electric Wheelchair.* A quad in Indiana has donated a $1400 wheelchair to be sold for $500 to help support the *Gazette.* Control: left hand joystick. Seat: 18″ deep, 18″ wide. Leg rests: swing out, elevating. Arms: detachable right. Upholstery: gray Naugahyde. Includes headrest. Contact the editors of the *Gazette.*

Milestones

Progress Toward a Barrier Free Environment

Greyhound Lines, Inc. has a new policy of permitting a companion to travel free with any disabled person, who has a doctor's written statement that assistance is required in boarding, traveling, or exiting. Thus two can travel together for a single fare; wheelchairs are carried free.

The District of Columbia Department of Human Resources will spend $187,000 HEW funds to remove barriers.

Holiday Inns include one barrier free room in each new or remodeled facility; more than 600 Inns have been made accessible in the past nine years.

Brochures of mobile homes that include accessible kitchens and bathrooms and wide halls and doors are available from: Specialty Homes, 2 Salt Creek Lane, Hinsdale, Illinois 60521.

Los Angeles County parks will be accessible by July, 1976.

Several of the confessionals in the Santa Fe cathedral have signs indicating they are equipped with hearing aids.

McDonald's hamburger chain is planning 36" wide doors, curb ramps, and accessible rest rooms in all new or remodelled restaurants.

White Plains, New York, is using $75,000 Housing and Community Development Act funds to ramp 50 intersections.

The New Jersey Turnpike Authority is making its service areas accessible.

Accessible polling places are now mandatory in Maine.

Standard Oil Company of California and its subsidiaries will make all new service stations accessible.

Toronto Airport Hilton is the first of Hilton International hotels to build some guest rooms with special facilities: bathtub grab rails, removable shower heads, sliding bathroom doors, and wheelchair height toilets.

Interstate rest areas that are accessible now total 400. A free list is available from the President's Committee on Employment of the Handicapped.

Best Western Motels have nearly 200 accessible units.

The County Courthouse in Roswell, New Mexico, has been made accessible at a cost of more than $75,000. Remodeling included installing an elevator and ramps, widening doors, and altering restrooms.

The attorney general of California filed a suit against a restaurant and the County of Sacramento to force compliance with accessibility laws.

The Office of Human Development, RSA, awarded $50,000 to the Massachusetts Rehabilitation Commission for the establishment of a Client Assistance Project.

Through Housing and Community Development Act funding, the city of Wichita, Kansas, set aside $75,000 to be used the first year to remove architectural barriers.

The latest Michelin Guide for France includes the accessibility symbol.

All Massachusetts Housing Finance Agency buildings must have 5% of its units built for people who are disabled.

Two accessible homes were built as an investment in a subdivision in Roswell, New Mexico by John Owen, Inc., Realtors. They were advertised in the Sunday paper with the international access symbol. One sold immediately and the other shortly thereafter.

Kennedy Center has special arrangements for the wheel-chaired to purchase tickets, park, enter, and sit in an aisle or in a box. Write: Friends of the Kennedy Center, Washington, DC 20566.

As a result of the "Ramp the Curbs" demonstration and follow-up by the organization, Open Doors for the Handicapped, Pittsburgh, Pennsylvania, has begun work on the ramping of 290 curbs in the downtown area.

Citizens for the Freedom Package, a coalition of organizations, gathered more than 34,000 signatures in support of the "Freedom Package" and presented them to the Wisconsin State Assembly in September, 1975. In addition to the civil rights bill for the physically disabled, the petitions supported ten other bills that would ensure the equality of citizens with disabilities. These include better public transportation, accessibility in public buildings, and identification cards for non-driving disabled persons.

To remove architectural barriers from all public facilities, New Mexico has hired a full-time specialist to develop an educational program to reach architects, engineers, and contractors on ways to conform to the state building code. The specialist will work with an advisory committee of disabled citizens.

The Southern California Rapid Transit District has taken significant steps to ensure accessible transportation: appointed a disabled consultant; formed a citizens advisory committee; established a reduced fare program; and required that all new buses provide access through a lift, ramp, or a lower floor.

Massachusetts Association of Paraplegics won a suit against the City of Worcester for noncompliance with the curb cut law.

Huntsville, Alabama, has committed about $35,000 in HUD funds to ramp 650 curbs.

Potpourri

Architectural Barriers and Housing Design

Barrier-Free: Accessibility for the Handicapped. By Phyllis Tica. 30 pages. 1974. $1.50 from: Institute for Research and Development in Occupational Education, 1411 Broadway, New York, New York 10018.

Into the Mainstream: A Syllabus for A Barrier-Free Environment. By S. A. Kliment. Published in June 1975, this syllabus was prepared under a grant to the American Institute of Architects by the Rehabilitation Services Administration, HEW. Copies have been distributed to all architects in the U.S. Write to RSA, HEW, Washington, D.C. 20201.

The California Paralyzed Veterans Association has created an excellent set of drawings of ramps, parking, telephones, rest rooms, etc. They are available from M. N. Spencer, 6331 Reubens Drive, Huntington Beach, California 92647.

Barrier Free Design Graphics. March 1975. Looseleaf. Robert A. L. Williams, an architect who teaches Barrier Free Design at Lawrence Institute of Technology in Southfield, Michigan, has illustrated the Michigan accessibility rules. $2 from: League-Goodwill, Department 1000, 1401 Ash Street, Detroit, Michigan 48208.

Progress Toward A Barrier-Free Environment. Report of all-day symposium held at St. Mary's College, Moraga, California, by the Easter Seal Society for Crippled Children and Adults of Contra Costa County, 2363 Boulevard Circle, Walnut Creek, California 94595.

"APWA Guidelines for Design & Construction of Curb Ramps for the Physically Handicapped." This 8-page booklet is designed to guide city engineers in the construction of curb ramps that will be usable by the nondisabled as well as all types of disabilities, including the blind. Free from: American Public Works Association, 1313 East 60th Street, Chicago, Illinois 60637.

"Access Chicago." Handbook of barrier-free design for architects and designers. Concise 10-page booklet that summarizes the essential criteria. Free from: Access Chicago, Rehabilitation Institute of Chicago, 345 East Superior, Chicago, Illinois 60611.

First Report of the Architectural and Transportation Barriers Compliance Board to the Congress of the United States. 1974. 164 pages. Printed by HEW. (If readers have any complaints about lack of compliance with the A/B Act of 1968, they should send the details to: Architectural and Transportation Barriers Compliance Board, Room 1004, Switzer Building, 330 C Street, SW, Washington, DC 20201.)

The symbol of access is detailed in a free booklet, *"People are Asking About . . . Displaying the Symbol of Access,"* which is available from the President's Committee on Employment of the Handicapped, Washington, DC 20210. The access symbol is available on signs and decals from: Seton Name Plate Corporation, 592 Boulevard, New Haven, Connecticut 06505.

Proceedings of National Conference on Housing and the Handicapped. September, 1974. The one-day conference convened by Goodwill Industries of America, brought together individuals and representatives of voluntary and governmental organizations. 61 pages. $2 from Health and Education Resources, Inc., 9650 Rockville Pike, Bethesda, Maryland 20014.

The National Center for a Barrier Free Environment, 8401 Connecticut Avenue, Washington, DC 20015, was established as a result of the 1974 housing conference in Houston (above). It is serving as a national clearinghouse of information. Annual memberships range from $10 for individuals to $1000 for national organizations and include an attractive and informative newsletter, *"Report."*

Barrier Free Design. Report of a United Nations Expert Group Meeting. June, 1975. $5 from Rehabilitation International, 122 East 23rd Street, New York, New York 10010.

Kitchen Sense for Disabled and Elderly People. By S. Foott, M. Lane, and J. Mara. 1975. Order from: Disabled Living Foundation, 346 Kensington High Street, London W14 8NS, England 1.25.

Barrier-Free Site Design. Attractively illustrated report of the American Society of Landscape Architects Foundation's designs. Sponsored by HUD. 1975, 82 pages. $2.30 from Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. Stock #023-000-00291-4.

Landscape Design for the Disabled. By Jay Jorgensen. Illustrated. 117 pages. 1975. $5.50 from: American Society of Landscape Architects Foundation, Publications department, 1750 Old Meadow Road, McLean, Virginia 22101.

Arthritis

Self-Help Manual for Arthritis Patients. By J. L. Klinger. This 124-page paperback is a treasure of information, for all disabilities as well as arthritis, for the patient as well as the professional. Three cheers for the lovely little price of $1! Order from: The Arthritis Foundation, 1212 Avenue of the Americas, New York, New York 10036.

Children

The Child With Spina Bifida. By C. A. Swinyard. 1975. 29-page booklet. 50c from: Publications Office, Institute of Rehabilitation Medicine, New York University Medical Center, 400 East 34th Street, New York, New York 10016.

Help for the Handicapped Child. By F. Weiner, 1973. 212 pages. Descriptions of disabilities and general helpful information and sources of assistance. $7.95. McGraw-Hill Book Company, 1221 Avenue of the Americas, New York, New York 10020.

Psychology and the Handicapped Child. A publication of the Bureau of Education for the Handicapped. 185 pages. 1974. $2.60 from: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

Clothing

Semi-custom made women's clothing with special features for the dress problems of the disabled. HANDEE for you, 7674 Park Avenue, Lowville, New York 13367. Free brochure.

Bathing suits, slips, bras, etc., with front closures and Velcro are illustrated in the 25c catalog from FashionABLE, Rocky Hill, New Jersey 08553.

Clothing patterns for the wheelchaired —easy on and off designs—are described in a free brochure from: Mrs. Kay Caddell, Research Associate, Textile Research Center, Box 4150, Lubbock, Texas 79409.

Employment

How to Go to Work When Your Husband Is Against It, Your Children Aren't Old Enough, and There's Nothing You Can Do Anyhow. By F. N. Schwartz, M. H. Schifter, and S. S. Gilloti. Though directed at the educated mother homebound by small children, this book is useful to the disabled person because it contains helpful advice for someone who has been out of circulation for some time. It analyzes 51 different careers, including training, experience, earnings, number in field, needs, and includes sources of additional information and recommended reading. Paperback, 350 pages. 1973. $2.95. A Fireside Book, published by Simon and Schuster, Rockefeller Center, 630 Fifth Avenue, New York, New York 10020.

General

Consider (Understanding Disability as a Way of Life). A reprint of a series of 35 newspaper articles by Harriet May Savitz. 40 pages. $2. Sister Kenny Institute, 1800 Chicago Avenue, Minneapolis, Minnesota 55404.

Summary of Information on Projects and Activities in the Field of Rehabilitation of the Disabled During 1974. English only. Mimeographed. 96 pages. Free from: Rehabilitation Unit for the Disabled, SWS, United Nations, New York.

First Class Citizenship for the Handicapped People. The 1974 annual report of the National Advisory Committee on the Handicapped. 55c from: Public Documents Distribution Center, Pueblo, Colorado 81009. Publication number: HE 5.86/a:974 and S/N 017-080-013294.

General Information to Help the Recently Disabled. 24-page booklet, published in 1974. $1.25 from: INA MEND institute, Human Resources Center, I. U. Willets Road, Albertson, New York 11507.

Special People Behind the 8-Ball. An annotated bibliography of literature classified by handicapped conditions. By J. Mullins and S. Wolfe. 202 pages. 1975. Mafex Associates, Inc., 90 Cherry Street, Johnstown, Pennsylvania 15902.

What You Can Do For Yourself. Hints for the handicapped. By P. Galbreaith, who has syndicated a program on information for the disabled for a number of years. The book covers ideas and methods of achieving independence through knowledge and equipment. The attractive author has acquired her expertise in her 15 years in a wheelchair. 272 pages. 1974. $12 from: Drake Publications, 381 Park Avenue South, New York, New York 10016.

Research Directory of the Rehabilitation Research and Training Centers. More than 400 pages of fascinating information divided into: abstracts, investigator index, and subject index. Copies of the Research Directory (latest: Fiscal Year 1974), Newsletter, and Audiovisual Aids Directory can be obtained at no charge by writing to: Special Centers Office, Rehabilitation Services Administration, Department of Health, Education, and Welfare, 330 C Street, SW, Washington, DC 20201.

Audiovisual Aids Directory of the Rehabilitation Research and Training Centers. A summary of the films produced by the 22 R&T centers. So comprehensive that the subject index of the June 1975 edition fills 36 pages. Request from address above.

A Resource Guide for the Disabled of Massachusetts. Published in March, 1975, this booklet covers all aspects of community needs and resources. Useful to disabled individuals as well as counselors. $2 from: MAP, P.O. Box 48, Bedford, Massachusetts 01730.

Legislation

A Summary of Selected Legislation Relating to the Handicapped. By the U.S. Department of HEW. 38 pages. 1974. 70c from: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

Affirmative Action to Employ Handicapped People. How the new law on federal contracts affects the employer, protects the jobseeker and employee. A clear and helpful explanation of Section 503 of the Rehabilitation Act of 1973. 6 pages. Free from: The President's Committee on Employment of the Handicapped, Washington, DC 20210.

National Center for Law and the Handicapped, Inc., 1235 North Eddy Street, South Bend, Indiana 46617. Phone: 219-288-4751. We urge every disabled person to ask to be on the mailing list of the new publication of NCLH, *Amicus.* It will be sent free, every other month. The magazine will give comprehensive coverage of developments in the area of law and

the handicapped, with in-depth features on the effect of these developments on the consumer and society.

Numbers of Disabled

One in Eleven. A summary of the facts relating to the disabled drawn from the 1970 U.S. Census. For instance, one out of every eleven adult Americans is disabled; 52% have incomes less than $2000; 50% did not finish high school. Free from: President's Committee on Employment of the Handicapped, Washington, D.C. 20210.

Unpublished data from a 1971 Health Interview Survey of the National Center for Health Statistics, HEW, show an estimated 102,000 paraplegics (of all ages) and 51,000 quadriplegics. The incidence rate: 0.5 per 1000 for paraplegics; 0.3 per 1000 for quadriplegics.

The first mandatory registry for spinal cord injuries in the US was legislated in Florida in June, 1975. Contact: Wendy F. Leader, Project Director, Central Registry, 1309 Winewood Boulevard, Tallahassee, Florida 32301.

Professional Education

In a joint program the Center for Independent Living and the Center for Health Studies offer MA and BA degrees in health services administration and psychology. This degree program is the only one in the US focusing on the psychology of disability and using the peer counseling approach as practiced at CIL. Contact: Dominic Harveston, Center for Independent Living, 2539 Telegraph Avenue, Berkeley, California 94704. Phone: 415-841-4776; extension 33.

Recreation

Swimming for the Handicapped: A Manual for the Aide. 36 pages. 1974. Free from the American National Red Cross, Washington, DC 20006.

Games, Sports and Exercises for the Physically Handicapped. By R. C. Adams, A. Daniel, and L. Rullman. 244-page. Encyclopedic. Attractive and well-illustrated. $11. Lea & Febiger, 600 South Washington Square, Philadelphia, Pennsylvania 19106.

Materials on Creative Arts (Arts, Crafts, Dance, Drama, and Music) For Persons With Handicapping Conditions. 1975. 99 pages. American Alliance for Health, Physical Education and Recreation, 1201 Sixteenth Street, NW, Washington, DC 20036.

Horticulture as a Therapeutic Aid. By H. D. Brooks and C. J. Oppenheim. 47 pages. 1973. Rehabilitation Monograph 49. $2 from Institute of Rehabilitation Medicine, New York University Medical Center, 400 East 34th Street, New York, New York 10016.

Remote controls

Aids for the Severely Handicapped. Edited by Keith Copeland, Biophysics Department, Faculty of Medical Sciences, University College, London. 140 pages. 1975. $12.50 or £4.20. Grune & Stratton, London and 111 Fifth Avenue, New York, New York 10003. In the book 29 authors from England, Canada, Denmark, and Finland describe a variety of remote control devices and communication aids.

Sex

Sexuality and the Spinal Cord Injured Woman. Sue Bregman's interviews with 31 spinal cord injured women explore a broad range of sexual techniques and adjustments. 22 pages. $1.25. Sister Kenny Institute. 1800 Chicago Avenue, Minneapolis, Minnesota 55404.

"Sexual Function in the Spinal Cord Injured Person." By A. R. Kirby. *Rehabilitation Digest* Vol. 6, No. 2, 1974. 75c from: Canadian Rehabilitation Council for the Disabled, Suite 2110, One Yonge Street, Toronto, Ontario M5E 1E8.

"Sex and Self. The Spinal Cord-Injured." By S. P. Singh and T. Magner. *Rehabilitation Literature.* Jan. 1975, Vol. 36, No. 1. $1 per copy. National Easter Seal Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago, Illinois 60612.

Not Made of Stone. By K. Heslinga, A. Verkuyl, and A. Schellen. $15.75 from Charles C Thomas, 301-327 East Lawrence Avenue, Springfield, Illinois 62703. Though intended primarily for physicians, disabled individuals find it informative and explicit.

Sexual Options for Paraplegics and Quadriplegics. By T. O. Mooney, T. M. Cole, and R. A. Chilgren. Written by a spinal cord-injured person and two physicians as a guide to techniques, the text and photographs show unquestionably that disabled people can lead sexually fulfilling lives. Paperback, $7.95; clothbound, $12.95. Little, Brown and Company, 34 Beacon Street, Boston, Massachusetts 02106.

Because the National Paraplegia Foundation feels that this book would be of special interest to its members, a descriptive brochure was sent to all members with a letter of endorsement stating, "All techniques and sexual variations presented in this book have been used successfully by other paraplegics and quadriplegics. So now *you* take the risk of accepting your own sexuality . . . with the possibility of experiencing the joy and excitement of giving and receiving sexual pleasure."

Sex and the Handicapped. A Selected Bibliography (1927-1975). This 55-page multilithed spiral-bound book covers a wide range of sexual problems and potential. The 23 chapters include: alcoholism, amputation, arthritis, cerebral palsy, drug addiction, multiple sclerosis, the aged, poliomyelitis, and spinal cord injury. The compilation was prepared under the direction of M. G. Eisenberg, PhD, Coordinator of Psycho-Social Rehabilitation, Spinal Cord Injury Service, Veterans Administration Hospital, 10701 East Boulevard, Cleveland, Ohio 44106.

"Sexuality and the Spinal Cord Injured." An annotated bibliography of 34 references, covering the period 1965 to 1975. Sponsored in part by RSA grants. The authors are M. R. Clowers, PhD, Director, Vocational Unit, and C. Taylor, Dip.Lib., Editor,

Department of Rehabilitation Medicine, RJ-30, University of Washington, Seattle, Washington 98195.

Social Security

NWRO Supplemental Security Income Advocates Handbook. Prepared by the Center on Social Welfare Policy and Law, 25 West 43rd Street, New York, New York 10036. Available from the Center for $3.50. 166 pages, loose leaf binder. 1975. It provides a good working knowledge of SSI.

Social Services '74: A Citizen's Handbook. SRS has produced a primer-style booklet explaining simply and clearly program options and public participation under Title XX of the Social Security Act. More than two million copies have been distributed. Copies are available from: Publications Distribution Section, Social and Rehabilitation Service, 330 C Street, SW, Washington, DC 20201.

Southpaws and One-Handers

The Aristera Organization, 9 Rice's Lane, Westport, Connecticut 06880. Catalog for left-handers.

The One-Hander's Book. A Basic Guide to Activities of Daily Living. By Veronica Washam. 120 pages. 1973. $10.95. John Day Company. Order from Intext, c/o Haddon Distribution Center, O'Neil Highway, Dunmore, Pennsylvania 18512. Profusely illustrated, the book covers all phases of daily living as well as travel, dining out, baby care, and sewing.

Left-Handed Compliment, 1430 Village Way, Santa Ana, California 92705. The Left Hand. Catalog: 50c. 145 East 27th Street, New York, New York 10016.

Spinal Cord Injured

A Continuation of Life. 45 minute color film. Discussion by spinal cord injured of their feelings, problems, goals, and solutions. Useful for patient education and group counseling. $45 per week rental. Sister Kenny Institute. 1800 Chicago Avenue, Minneapolis, Minnesota 55404.

Spinal Cord Injury: A Treatment Guide for Occupational Therapists. By D. J. Wilson, M. W. McKenzie, and L. M. Barber of the Occupational Therapy Department of Rancho Los Amigos Hospital. 90 pages. 1974. Attractively and clearly presented, this illustrated manual would be of value to the SCI as well as those who deal with them. $7 from Charles B. Slack, Inc., 6900 Grove Road, Thorofare, New Jersey 08086.

Quadriplegia After Spinal Cord Injury: A Treatment Guide. By J. Duttarer and E. Edberg of the Physical Therapy Department of Rancho Los Amigos Hospital. This 50-page manual is equally concise and attractive. Same price. Same publisher. Same usefulness.

How to Get Help If You Are Paralyzed. An excellent source of information! Every para and quad should have a copy of this 16-page booklet! 50c from National Paraplegia Foundation, 333 North Michigan Avenue, Chicago, Illinois 60601.

A Basic Library of Paraplegia Publications. Free from the National Paraplegia Foundation. (Address above.)

The convention journal of the 1975 meeting of the National Paraplegia Foundation in Ft. Worth is an excellent source of information about spinal cord injury as well as of the NPF. Price $2 from: NPF, 333 North Michigan Avenue, Chicago, Illinois 60601.

"Changes," a 16mm sound and color motion picture composed of interviews with staff members of Craig Rehabilitation Hospital and successfully rehabilitated patients, is available on free loan to hospitals and medical centers. Request from: Modern Talking Picture Service, 2323 New Hyde Park Road, New Hyde Park, New York 11040.

Physical Management for the Quadriplegic Patient. By J. R. Ford and B. Duckworth. Three-fourths of this 392-page book consists of large, clear photographs showing the steps in various activities. It covers every phase of living, including many independent living activities that are not usually associated with quadriplegics. Challenging to quads, the book will be equally valuable to doctors and therapists. The authors are on the staff of the G. F. Strong Rehabilitation Center in Vancouver, British Columbia. They know whereof they illustrate! It is a beautiful and informative book! $20 from F. A. Davis Company, 1915 Arch Street, Philadelphia, Pennsylvania 19103.

Strokes and Speech Problems

First Aid for Aphasics by Joseph S. Keenan, PhD. A 17-page booklet. A simplified guide to speech therapy. 35c from The National Easter Seal Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago, Illinois 60612.

Communication Problems After A Stroke. By Lillian Kay Cohen, MA. Sister Kenny Institute, 1800 Chicago Avenue, Minneapolis, Minnesota 55404. $1.25. (Send for list of relevant publications since there is a handling charge of $1 on orders totaling less than $5.)

About Stroke. The 33-page booklet is written by the Sister Kenny Institute Staff. Published in 1975, it is available for 75c from the address above.

Silent Victory by Carmen McBride, 7729 North McGee, Kansas City, 64118. Mrs. McBride, a talented writer, has written a tender and informative story of her husband's struggle with aphasia. Price: $5.95. 186 pages. Published in 1969.

Stroke Clubs of America. 805-12th Street, Galveston, Texas 77550. Free membership and newsletter.

Transportation

Transportation Needs of the Mobility Limited. By R. M. Michaels and N. S. Weiler of the Transportation Center, Northwestern University. A 269-page report of a study sponsored by the Northeastern Illinois Planning Commission and financed in part by UMTA. $5.50, plus $1.50 postage, from: Northeastern Illinois Planning Commission, 10 south Riverside Plaza, Chicago, Illinois 60606.

Denver initiated the nation's first comprehensive bus program to serve the elderly and disabled. Twelve 16-passenger buses have been in operation since February, 1975. Each vehicle is equipped with low steps, grab bars, wheelchair lifts, tie-downs, and chimes (for the blind). An informative folder of facts sheets is available from: Regional Transportation District, 1325 South Colorado Boulevard, Denver, Colorado 80222.

Transportation for the Handicapped. Bibliography of 225 selected references from 1969-1974. Available from: Library Services Division, Department of Transportation, Washington DC 20590.

A Directory of Vehicles and Related Systems Components for the Elderly and Handicapped by J. A. DeBenedictis of the Franklin Institute Research Laboratories. Available from: Mr. James F. Campbell, Department of Transportation, Urban Mass Transportation Administration, Washington, DC 20590. Project 3956, Grant No. PA-06-0031.

Travel

Wheelchair Vagabond. By John G. Nelson. 144 pages. $7.95. Order from: Project Press, 710 Wilshire Boulevard, Santa Monica, California 90401. A potpourri of practical tips, anecdotes, and philosophy written and illustrated with whimsical sketches; a practical and economical approach to camping for the disabled. Nelson, in a wheelchair because of multiple sclerosis, recounts his enjoyment of the independence found in his well-planned journeys. He describes his book as a "guide and a goad" for the disabled traveller.

Guide to France for the Physically Handicapped. 382-page guide in French and English covering accessible airports, hotels, museums, vacation homes, sightseeing, restaurants, etc. $8.75 including postage from: Comité National Français de Liaison pour la Réadaptation des Handicapés (Dept. S), 38 Boulevard Raspail, 75007 Paris, France.

Travel for the Handicapped. Interview on cassette with Judd Jacobson, quadriplegic, who owns three travel agencies. He lists the essentials for the disabled traveler. 20 minutes. $5 from Sister Kenny Institute, 1800 Chicago Avenue, Minneapolis, Minnesota 55404.

White House Conference on Handicapped Individuals. The tentative dates for the conference are December 12-15, 1976. State conferences will also be held. The director of the conference, Jack Smith, is wheelchaired. He has been Assistant Dean for Education Extension at the National Technical Institute for the Deaf, Rochester Institute of Technology, Rochester, New York. The conference will provide an opportunity for all disabled persons to make their concerns known and to take a major leadership role in what happens in both state and national conferences. Write and express your ideas for the White House Conference on Handicapped Individuals to: Jack Smith, care of Stanley B. Thomas, Jr., Assistant Secretary for Human Development, Office of the Secretary, Department of Health, Education, and Welfare, Washington, DC 20201.

COALITIONS

AMERICAN COALITION OF CITIZENS WITH DISABILITIES. As we have seen the evolvement and growth of ACCD we feel even more enthusiastic about the necessity of a nationwide coalition of individuals and organizations if there is to be strong unified action.

Through such unity the elderly made the White House Conference on Aging the catalyst for the Older Americans Act and for a recognition of the needs of the elderly for area agencies, housing, meals on wheels, etc. The forthcoming White House Conference on Handicapped Individuals can also be the catalyst for a Disabled Americans Act and for recognition of the needs of the disabled—if there is forceful cohesion among the disabled themselves.

Details of the ACCD were included in the 1974 issue, pages 19-20. Briefly, ACCD is a non-profit organization incorporated under the laws of the District of Columbia. Its purpose is "To promote the social and economic well-being of persons with disabilities" and to assure their human and constitutional rights. To accomplish this purpose, the organizers have developed a structure which, while allowing for individual members, consists chiefly of organizations of people with all the various disabilities, including the deaf and the blind.

The emphasis is on maintaining the character and individuality of each member organization and uniting in the ACCD only for the purpose of unified action. Leadership and control are limited to disabled individuals and their organizations. Voluntary and other organizations concerned with disability are limited to associate membership.

We urge our individual readers and their organizations to join ACCD. Nationwide unity can eventually effect legislation such as the inclusion of the disabled under the Civil Rights Act of 1964 and the removal of attitudinal and architectural barriers; can evolve into group insurance, group travel and vacations; group purchases and endorsement of drugs and equipment; group housing; and group attendants. For details, write to: ACCD, Room 308, 1346 Connecticut Avenue, NW, Washington, DC 20036.

ENGLISH COALITION. The membership of UPIAS (Union of the Physically Impaired Against Segregation) is growing steadily. In addition to individual members throughout Great Britain, there are now 30 member organizations. For membership details, send a stamped/addressed envelope to: Dennis Jarrett, Le Court, Greatham, Liss, Hampshire.

U.S. Periodicals and Newsletters for the Disabled

Periodicals By The Disabled

Accent on Living. P.O. Box 700, Gillum Road & High Drive, Bloomington, Illinois 61701. Quarterly. National. $3 year.

Achievement. 925 N.E. 122nd St., North Miami, Florida 33161. Monthly. National. $2 year.

COPH Bulletin. 7611 Oakland Ave., Minneapolis, Minnesota 55403. Quarterly. National. $2 year.

Handy-Cap Horizons. 3250 E. Loretta Dr., Indianapolis, Indiana 46227. Quarterly. International travel. $3 year disabled; $6 year nondisabled.

The Independent. 2054 University Ave., Berkeley, California 94704. Quarterly. National. $2 year. (Available on cassette.)

The MAP Newsletter. 17 Janet Circle, Shrewsbury, Massachusetts 01545. Monthly. Regional. $2 year.

NAPH Newsletter. 1162 Lexington Avenue, Columbus, Ohio 43201. Quarterly. National. $3 year.

National Hookup. 2635 Tungsten Court. Apt. #3, San Bernardino, California 92408. Monthly. National. $1.50 year.

New World. California Association for the Physically Handicapped, Inc., P.O. Box 229, Northridge, California 91324. Monthly. $5 year.

Paraplegia Life. National Paraplegia Foundation, 333 North Michigan Avenue, Chicago, Illinois 60601. Bimonthly. $4 year.

Paraplegia News. 935 Coastline Drive. Seal Beach, California 90740. Monthly. National. $4 year.

Rehabilitation Gazette. 4502 Maryland Avenue, St. Louis, Missouri 63108. Yearly. International. $3 disabled; $5 nondisabled.

Sports 'n Spokes. 6043 N. Ninth Avenue, Phoenix, Arizona 85013. Quarterly. National. $4 year.

The Star Newsletter. 6219 Naper Avenue, Chicago, Illinois 60633. Bimonthly. Regional. $2 year.

Free Newsletters by Disability Groups

Amyotrophic Lateral Sclerosis Foundation, Inc., 2840 Adams Avenue, San Diego, California 92116.

Arthrogryposis Association, 106 Herkimer Street, North Bellmore, New York 11710.

Committee to Combat Huntington's Disease, 250 West 57th Street, New York, New York 10019.

Friedreich's Ataxia Group in America, Inc. Box 11116, Oakland, California 94611.

Little People of America, Inc., 1010 Hilltop Drive, E-1, Grapevine, Texas 76051.

Spina Bifida Association of America, 104 Festone Avenue, New Castle, Delaware 19720.

Stroke Clubs of America, 805-12th Street, Galveston, Texas 77550.

Free Periodicals for the Disabled

On Your Own Division of Continuing Education, University of Alabama, P.O. Box 2967, University, Alabama 35486. Monthly.

Polling Magazine. United Cerebral Palsy of New York City, Inc., 122 East 23rd Street, New York, New York 10010. Quarterly. Devoted to developmental disabilities.

Amicus. National Center for Law and the Handicapped, Inc., 1235 North Eddy Street, South Bend, Indiana 46617. Bimonthly.

Free U.S. Government Newsletters

Closer Look. National Information Center for the Handicapped, Box 1492, Washington, DC 20013.

Informer. Office of Human Development, Rehabilitation Services Administration, Department of Health, Education, and Welfare, Washington, DC 20201.

Programs for the Handicapped. Office for Handicapped Individuals, Washington, DC 20201.

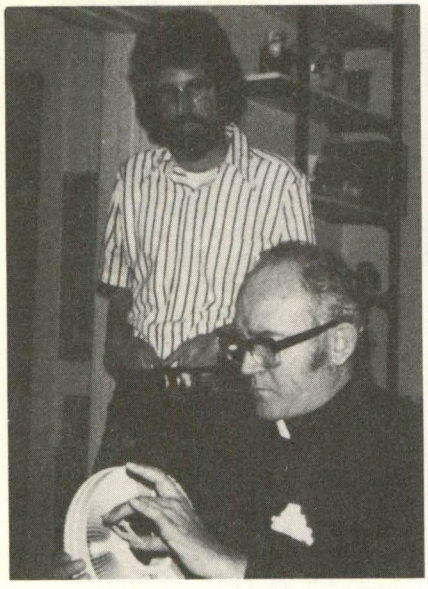
The President's Committee on Employment of the Handicapped, Washington, DC 20201: *Performance, Feedback, Newsletter Committee on Recreation & Leisure,* and *Legislative Memo.*

Greater Saint Louis Photos

Karen Elshout, St. Louis Post-Dispatch



1



2



3

1. *Roy Campanella helped the St. Louis Cardinals celebrate Doug Landis Day. In wheelchairs: Doug Landis, Herman Davis, and Roy Campanella.*

2. *Father Bob Ronald, wheelchaired Jesuit missionary in Taiwan, and Father Shevlin de la Roza were guests at 4502 during their tour of the U.S. to raise funds for the self-help organization, Operation De-Handicap, Ho Ping West Road, Sec. 2., Lane 98, No. 6, Taipei 107, Taiwan, Republic of China*

3. *Colleen Kelly and Max Starkloff, president, St. Louis Chapter, National Paraplegia Foundation, were married on October 4th.*



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4. *The Disabled Students Association at Southern Illinois University, Edwardsville, presented a special seven-week radio series titled, "The Disabled: Primed for Progress." Front row: Rochelle Hanyes, Tim Tighe, Joan Parrish, Rita Williams; 2nd row: Dick Goodwin, Vicki Conley, Bill Fieldings; 3rd row: Charles Haynes, Dave Sampson.*

5. *December board meeting of the American Coalition of Citizens with Disabilities at 4502: Lex Frieden, Roger Peterson, Rev. Ellsworth (interpreter), Dick Santos, and Eunice Fiorito.*

6. *Bob and Nanci Tanton. With his sister, her father, and two dogs, they tented and camped in their van from Alabama to the West Coast, returning by way of St. Louis for a visit at 4502. Bob, a C5-6 quad, is one of the Gazette's artists.*

7. *Christmas 1975: Gini and Joe Laurie with their guest from Japan, Naoko Suito.*

福

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Available Back Issues

In addition to the special features listed below, all the issues contain first person accounts of the experiences of severely disabled individuals in obtaining higher education, training, or employment, reviews of books of special interest, and excerpts from readers around the world seeking pen friends.

1962. Vol. V. Experiences of quads acquiring higher education by telephone, correspondence, and attendance. Reading aids. New approaches to attendants. Voicespondence Club. Self-aspirator.

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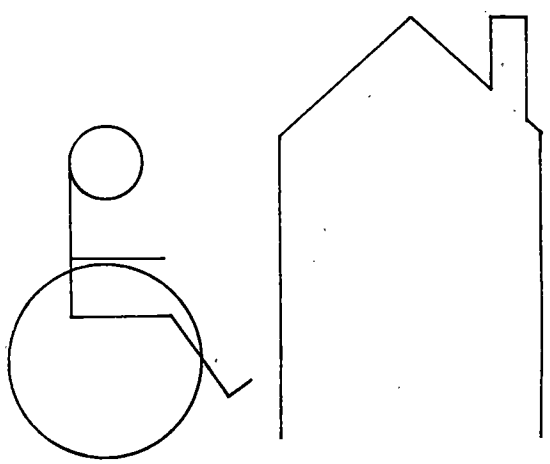
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Cover: *Father Charles Kram, respiratory polio quad, and his parents celebrate his ordination, which was delayed for 23 years because of his disability. See page 10.*

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Understanding Depression—Helping With Grief

by John L. Quigley, Jr.

Those of us who know about physical disability know that depression is a very real and sometimes the most vexing problem associated with the loss of body function. Many of us have known the experience we call "depression" in our own lives, having lived through it at least once in a profound way, and perhaps also in more ordinary times when it is a little less difficult to manage. Others of us have seen "depression" in our patients and have tried, with varying degrees of success, to be helpful. Frequently, however, those of us who have a disability and those of us who practice the related professions don't understand enough of the dynamics of what is happening in "depression" to be able to help others or ourselves. Perhaps an article outlining the basics about "depression" can give us a working knowledge of those dynamics and enable us to deal with "depression" more helpfully.

First of all, let us distinguish three dynamic processes which are frequently considered to be the same thing, but are not. The first is the *grief process.* Grieving is the process which everyone inevitably goes through after any significant loss—the death of one we love or the loss of body function. In grieving the whole personality tries to adjust to a radically altered course of life, coming to grips with its threats, with old and new fears, with who one now is in the absence of a significant part of one's former self, and with what effect the loss will have on all our relationships. We will look at the grief process in some detail below.

John L. Quigley, Jr., an ordained minister of the United Church of Christ, was born in Rochester, New York, 35 years ago. He majored in philosophy at Amherst College, receiving his BA cum laude there in 1963. He became a C5-6 quad because of a diving accident in September, 1964. In 1967 he received the degree of Master of Divinity from Union Theological Seminary in New York City and the following year he married Nancy Bourns. Subsequently, he worked as executive director of the Inter-Religious Center for Urban Affairs, Inc. in St. Louis, Missouri, and was business manager for the United Farm Workers, AFL-CIO, in California.

He is currently completing the degree of Doctor of Ministry in Pastoral Counseling at Eden Theological Seminary in St. Louis and is a graduate counselor at Care & Counseling, Inc. and assistant chaplain at St. Luke's Hospitals, St. Louis.

The second idea to be distinguished from the others is the concept of *reactive depression.* These words suggest the familiar process of being "down," perhaps angry, hopeless, and intensely preoccupied with an upsetting event. The important idea is that in this kind of depression these feelings are associated more or less directly with the specific event, sometimes one involving great loss. In other words, this condition has all of the characteristics of what we usually call "depression" but it has a focus. Reactive depression is an important part of the grief process, as we shall see, and it is the kind of depression we are usually referring to when we talk about depression following a disabling loss. This depression can also occur in lighter forms at the time of an anniversary of an injury, or can be seen in the feelings that come on when one is vacationing in a place that arouses memories of activities which were enjoyable before a disabling disease or injury and are now no longer possible. Most people will experience this depression occasionally and, even when it is severe, will be able to work it through—sometimes with help from others—and get on with the business of living.

But there is another kind of depression which, while it may be triggered or made worse by a recent specific event, is more generalized and pervasive in the personality. It is much more difficult to work through. *Depression* in this sense is an entire system that some people fall into for managing the conflicts of everyday life. A depressed person of this kind believes that he is a bad and worthless person, fit only to be hated and rejected. Most of the resources of this kind of personality are immobilized by a very inward, angry process of self destruction. Now, this kind of depression also characterizes some people after a great loss. When a person who is prone to this kind of depression sustains a loss, the usual reactive depression associated with the loss loses its focus and the grieving process dead-ends in the more generalized depression. This depression feeds on itself. It is a way of managing unconsciously conflicts which predate the loss. The injury and loss seem to fit the system, but the real issues are more primitive and much less accessible for the process of working through. In short, this self-perpetuating kind of depression serves needs other than those appropriate to real loss and

thus it is much more difficult to relieve.

What, then, is going on in each of these processes? What can be helpful or hurtful in response to people exhibiting these characteristics? And what can we do to help ourselves when we get depressed?

WHAT HAPPENS IN GRIEF. Any great loss, and particularly the loss of body function, threatens a person in the most basic way. It is not so simple as the loss of limbs or enervation, it is the loss of part of our *selves* as we have understood ourselves. A self is the unique synthesis of the inner drives and needs of an individual with the relationships and experiences that have surrounded that individual as he has developed. To have any part of the fabric torn away is to have a part of what we know as our selves torn away, too. A great loss is accompanied by very deep anxiety. Regardless of the age of the onset of disability, we have spent our whole lives to that point organizing and developing our own individual selves. In the earliest years of life we have had to learn to manage the fear that we will be abandoned helpless by those around us who are most important to maintaining life itself. We have had to learn when to take initiative, utilizing our bodies and all our capacities to the full, and also how to manage the doubt we have about ourselves. We have had to learn to relate as individual persons to others and to conquer the fears associated with those relationships. In short, we have had to negotiate life's problems at every stage of life, using all of our available resources, including most especially our bodies, and we *are* the pattern we weave out of these struggles. The loss of body function, the most basic of our capacities upon which we have built our personalities, arouses anew, and with the same primitive sense of panic, all of the deep anxiety associated with those early fears and struggles. The loss of body function threatens the destruction of the whole self. It portends the ultimate threat to life which is death, and nothing less.

The memories of the specific fears in our lives and how we handled them are long since pushed out of consciousness, but the anxiety associated with them remains. That anxiety is what engulfs a person who has sustained a great loss; a great loss arouses the fear of being helpless and in life-threatening danger again. This anxiety triggers all of the emotionally protective devices (defenses) available to the individual to shield him from pain. The defenses protect in two ways. They seek to protect us from the awful memory of those early fears of abandonment and destruction we all carry with us, and also to protect us against the terrible pain of having to deal with the real, immediate trauma and its consequences which are just too much to handle all at once. This is what is happening in the early phase of the grief process. Very basic defenses are rigidly constructed—such as denial (It's only a temporary disability. It will all improve in time.), projection (Don't worry about me. I'm going to be all right.), and others.

In addition to rather rigid defenses there is also a shrinking of psychic awareness, away from all of the many and complicated aspects of living, and a focusing in on an intense preoccupation with one's self, one's immediate needs and the most elementary aspects of one's immediate experience. This can be seen when individuals, just after a loss, complain about seemingly trivial things: hospital food, noise, etc. There is also withdrawal in this phase of grieving, the better to regroup one's forces for the struggle ahead. It is a time of withdrawal from people, and even from the many remaining emotional resources still available within the personality. Most of one's strengths and abilities are forgotten and the new inabilities are accentuated. The point is that the denial, the shrinking of awareness, the withdrawal and the preoccupation with past, now lost, capacities—all of these maneuvers of the mind are entirely necessary. They tend to arouse anxiety in others not experiencing the loss and the grief because they seem "unrealistic." Or more honestly, others intuitively understand the anxiety which has triggered these responses in the grief-stricken person and would like it all to go away. But fighting these defenses in the name of helping will only impede the grief process.

THE REACTIVE DEPRESSION. When the early defenses are in place and time and reality begin to erode their effectiveness, a person begins to move into the reactive depression that is the most significant part of the grief process. We often speak of sinking into depression and that is exactly right. If a person is finally to adjust to the reality of a great loss he must gradually relinquish the controls or defenses that hold the line against the pain of acceptance. He must then slide backwards (or regress) to points where he can allow himself consciously, and with all of the associated emotions, to experience and accept bit by bit the impact of the loss on his life. It is a process of giving up and *feeling* the awful facts. A person in this process will give way to remembering recent events prior to the loss in a wistful effort to bring back the former happy state of things, there may be fantasies of conversations or events that might have been, and there will be verbalization of the loss. Gradually the pain can surface and can be confronted in itself.

Moreover, and perhaps most important, it is in this regression that a person can experience and express the anger, indeed the rage, that is every person's response to the anxiety associated with threats to oneself. The unsympathetic observer may become very annoyed at what he perceives as childish or even infantile behavior. Though this attitude totally lacks empathic understanding, the perception is essentially correct. A person working through grief of this magnitude needs to renegotiate so many of life's issues

over again, that he must regress emotionally through all the feelings associated with those issues and must reprocess the most basic, primitive emotional experiences. That means becoming childlike. It means expressing basic frustration, and fierce, impulsive anger. If those feelings cannot be expressed and reintegrated they will be directed inward and will become the substance of a hard-core, guilt-ridden depression.

ACCEPTANCE. As a person is able to experience the real loss he has suffered, which is at first covered up by the generalized anxiety he experiences, he also begins to be able to see that his personality or self does not depend totally on what has been lost and that he may be able to master even a greatly altered life. Acceptance is this acknowledgment and mastery of the facts without a lot of anxious distortion. It is the psychic decision to *live with* the realities, the deeply ambivalent feelings, the ambiguities, one's great dependence on body function but also one's psychic independence from it. Acceptance is grounded in *knowing* the pain and the anger because they have been directly experienced in expression, and also knowing that one is big enough to live with these powerful emotions as they really are and have plenty of one's self Ieft over. When one gets beyond that awful knot of diffuse anxiety and can in time begin to acknowledge the more primary feelings associated with a loss, more and more energy will become available for the work of reconstituting one's life.

RECONSTITUTION. The final phase of the grief process is reconstituting oneself based on reality. The possibilities for reconstituting the self are, of course, as varied as there are people going through the experience. In all cases, however, the process is one of replacing the capacities which have been lost with new ones, or greatly enhancing old ones. Old relationships must be renegotiated based on new realities; some will be given up and new ones will be formed. It is a gradual process of redefining the self through new interactions with others based on things as they now are. As this process takes place the grieving person is gradually able to widen his field of awareness and eventually can resume *living* his life.

THE OTHER DEPRESSION. It all sounds so simple when written out like this in sequential fashion. But not everybody has the capacity to work through the grief process to a full resumption of living. Successful grieving requires enough inner confidence to let one face the facts and acknowledge the feelings, to hold things together through the reactive depression. Anger and frustration, the wish to be cared for, the feeling of helplessness, the wish to die—none of these are feelings we like to acknowledge. Normally we would like to avoid them. So something must be available in us to let us work them through without losing our sense of balance in the process. For some who don't have this capacity *life* is lost when *body function* is lost. We say that such a person does not have a very well-differentiated self, or lacks a strong enough ego. Such a person doesn't have much of an idea of his own uniqueness and worth. He doesn't have a foothold in an on-going self which is invulnerable to outside attack. This person gets depressed and stays depressed. There are several important explanations of how and why this occurs which are too tedious to discuss here. What is really important to understand is that there is a difference between being depressed yet being able to work it through by gradually accepting more and more of a real loss, and being stuck in a depressed dead-end. There are things we can do to help with the reactive depression which is a part of grieving as described above, but there is not much the untrained person can do to help lift the dead-end kind of depression.

Well, what then can we do to help a person grieve successfully, to work through the reactive depression which will permit acceptance of the loss and reconstitution of one's self? What should we do about dead-end depression? And what can we ourselves do when we get down?

HELPING WITH GRIEF WORK. Certainly the beginning of helpfulness is to know the difference between grief and depression. If we understand the process of grieving we will not be so likely to get in the way, for example, by becoming annoyed at the many childish, hostile, aggressive, or passive withdrawn expressions which are necessary steps in the process. Some professional people, with institutional concerns foremost in mind, inadvertently make a difficult struggle just that much harder by demanding certain levels of social behavior and adherence to schedule, expecting steady progress, and not permitting necessary regressions. They show little empathy, let alone support, for the struggle of the individual within. A reactive depression following a significant loss is nothing to be alarmed about and it is nothing to try to force a person out of.

If one wants to help another through grief, it would be wise to let the process take its course without any attempt to force it or speed it up. The early defensive maneuvers, such as denial, which clearly seek to shut out others and reality, are necessary and appropriate. Any attempt to knock them down or cut through them before a person is ready to give them up will only force a redoubling of the defense and retard the process. *Help comes through a genuine, steady, accepting relationship.* Such a relationship is possible only if the helping individual can see past the outward defensive behaviors of the grieving person and can perceive and relate to the basically good and unique self within. Such a relationship implicitly communicates affirmation of the larger self. It says, "you *are* someone

other than the lost body parts and function, different from the anger, from the annoying behavior, and also from any particular style of life you followed before." When a grieving person is ready and when he feels this kind of empathic support he may then begin to confront the real loss and his very personal feelings about it. He may then be able to work through the depression to the extent of his capacity, until he has achieved a newly integrated self. This kind of empathic relationship is essential, but it isn't easy. Think of the feelings aroused in you as someone you want to help directs his anger and frustration at you personally. You want to get away or retaliate. Understanding what is happening can help you respond more helpfully.

In addition to understanding the process and being available for an accepting relationship, there are some direct ways to be of help during the grieving process. It is not very difficult for a sensitive person to tell when another is facing into the real loss and expressing the real feelings associated with it. This will often seem to be the period of deepest depression, but it will have a quality of authenticity about it that will earmark it from anxious resistance to accepting the loss. This is a time when some direct help can be given and it can take several forms. One might try to help the grieving person look objectively at just how much has been lost and how much remains useful.

As a person authentically faces his loss he is ready to give up the sense of total loss he has been wrestling with and may be ready to regroup the resources he retains. These remaining resources, which are often not so obvious to the grieving person, are more clear to another. Emphasizing them is supportive and can begin to point the way toward reconstitution. It can also be helpful at this point to encourage the grieving one to look at old relationships which have been maintained and have changed, as well as new ones formed since the loss, so that he can see for himself that he is in fact still a very significant person, capable of genuine human interaction and capable of having a positive effect on the people around him. If these interventions are offered prematurely (as they often are because they seem to be so obvious) they will fall on deaf ears. Offered too soon, they will seem superficial or even harshly challenging. But offered as a person is gaining control over his real feelings and the real loss, such observations can be helpful and reinforcing.

HELP FOR DEPRESSION. Though professional help with deep grief would be helpful and even advisable, when a stagnant depression is encountered, it should definitely be treated professionally. As I have said, it is different from the reactive depression we have looked at above in that there doesn't seem to be any active struggle taking place. There is very little expression. A seriously depressed person cannot easily respond to an empathic relationship. It is not always easy to distinguish these two kinds of depression as I have done in an overly simple way here. So as an additional rule of thumb I generally think it makes good sense to consider the depression of the first two years after loss of body function to be a part of the grief process and to treat it accordingly. If depression continues to immobilize a person after that point or if the reactive depression seems to be completely overwhelming, it is probably best then to consider getting professional assistance.

HELPING OURSELVES. And what about helping ourselves when we get down? It's been twelve years since my injury and I still have times of depression. I still grieve my loss. I have learned that I cannot *make* my depressed feelings go away when they occur through any effort of discipline or will. I compound the problem when I try. So I encourage myself, to the limits of my capacity, to sink into those feelings and to let them become as vivid and real and hurting as they will. I try to sharpen those feelings and make them as poignant as possible. I am reasonably confident that they are not the whole story about me and that the sadness and hurt will not ultimately overwhelm me. If there are any realistic ways I can improve my situation by removing a consistently upsetting stimulus or improving a way of accomplishing something, I do it (e.g., repairing a wheelchair that's been getting me down through procrastination). Most of all I try to acknowledge my wishes, even the deeper ones, regardless of whether I can ever fulfill them, and I try to accept the frustration that goes along with this as the actual frustration which is a part of real life.

During this sort of depression I invest myself even more than usual for a time in a trustworthy relationship. One can almost always find a good friend, a minister, a counselor, or best of all one's spouse, with whom one can let go of some of the control. The point is that it is helpful to seek out a relationship of this kind actively, rather than to withdraw further into one's self. In such a relationship I can afford to be vulnerable and weak and upset, and I don't need to spend a lot of my emotional energy "keeping myself together." In that relationship I can usually express more of what troubles me than I can to myself, by myself. When I do these things I find I begin to rally. I feel renewed and can move ahead more on my own.

IN CONCLUSION. As I said at the outset, most of us are aware of depression as a significant problem in the aftermath of a disabling loss. We understand some of its process. But it is remarkable to me how often in good rehabilitation facilities, in able and well-intending families, and in presumably helpful groups of physically disabled, the inner struggles and growth of persons trying to adjust to great loss are

overlooked; at worst they are inhibited and blocked. When this happens it almost inevitably means that the other therapies of the rehabilitation process will largely be wasted. I imagine that the lack of deliberate attention to the grieving process is many times due to the pressure of other concerns—institutional requirements, money, fast-moving time, family needs, and so on. But I also think that, at a deeper level, the grief process and its related depression reaction is more often avoided or thwarted out of a dim perception of the cost—in time, emotional energy, and threat to our own well being—which we the would-be helpers "understand" implicitly but don't fully acknowledge to ourselves. There are no short cuts in human emotional process, and we know it. We know, too, how easy it is to get depressed if we get too close to another's depression. Nevertheless, perhaps each of us, professionals and disabled alike, could risk the personal investment and extend ourselves more than we do to share in the grief work with those in need of understanding. The empathic assistance we can offer has its cost. But the price that is paid in the suffering of protracted, agonizing depression, in the lives wasted and even in the money spent on other therapy soon undone by depression is much greater, and ought to be more than enough to move us to deal with grief and depression more directly.

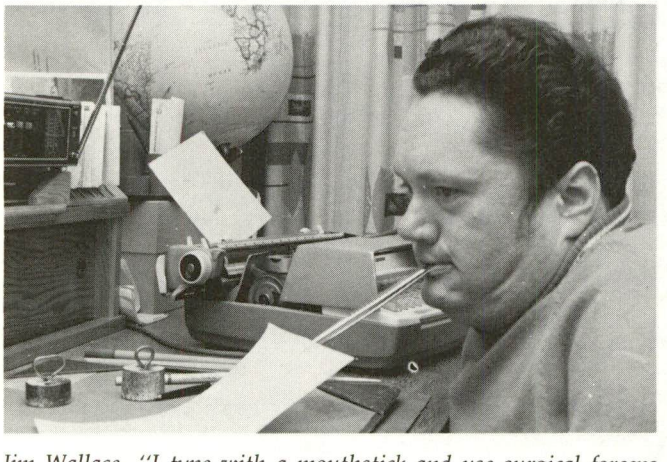
Depression is a deeply human process. It is relieved only through genuine human relationship. Joining with another in grief can be a rich and eventually joyful experience. Ω

Avocations

Club Work and Hobbies

by Jim Wallace





Jim Wallace, "I type with a mouthstick and use surgical forceps to insert the paper. The square of cardboard behind the typewriter keeps paper from falling over. . . . Note levers on knobs of my 'ham' radio so I can manipulate them with my mouthstick."

In October, 1937, I was born in Saskatoon, Saskatchewan, Canada, with the condition of arthrogryposis multiplex congenita. The doctors warned my parents that I would be severely handicapped. Naturally, mother and dad were very disappointed but they decided to make the best of things by raising me as normally as possible.

Childhood days were happy. I can remember sitting on the floor for hours playing with my building blocks and other toys. When I couldn't do what I wanted with my right hand, which was the best one, I would lean over and use my mouth. I became very good at playing marbles with my tongue instead of fingers.

I had no trouble attending public and high schools. I enjoyed school, especially associating with the able-bodied students. The young people were fantastic in helping me around the schools. In high school I had to travel from classroom to classroom so I had a desk built that would fasten to the wheelchair. The kids would throw their brief cases and books on my desk and away we would charge down the halls or the guys would grab the chair and hoist me up or down the stairs.

The trend seems these days to put handicapped children in special schools. This is good as far as making it easier physically but I feel they miss a lot if they can't associate with the able-bodied students. Of course, the ideal thing is to have the special class integrated with a normal school.

For several reasons, such as transportation, further education didn't make itself possible after high school here in the Vancouver, B.C., area. I took bookkeeping

in hopes of starting a little business from our home but that failed as there were several retired accountants doing the same thing in the area.

Idleness is not in me so I turned my energies and interests to hobbies and club work. It wasn't too long till I had my "ham" radio call of VE7BLO. For the past 13 years I have enjoyed chatting with and helping people around the world with my station. I am also vitally interested in stamp collecting. My collection is world wide and I will swap stamps with anyone. Another hobby is corresponding with pen pals which include the disabled and able-bodied.

In 1957 I joined the Indoor Sports Club for adult physically handicapped. Since then I have held various offices and am now president of our club. I also belong to a little club for the arthrogryposis folk. This group mainly carries on by mail as our members are scattered from coast to coast but still it is interesting to keep in touch.

With the aid of the Hoyer lift on the car and a Hoyer lift in the house I am still able to live at home. I have an ordinary E & J chair as well as the E & J Power Chair and I get around a lot. I'm also pleased to report our city has a handicapped transportation system. It is wonderful to be able to hire a bus and go out with my power chair to visit or shop. It gives one a feeling of independence.

My mouthsticks are made out of small-diameter hard-wood doweling. The sticks are various lengths with intravenous tubing on each end. The tubing on the mouth end protects the teeth while the tubing on the other end makes catching things easier because the tubing is kind of sticky or rougher than a smooth stick. In the end of one stick there is a hook instead of tubing. The hook is fine for pulling things toward me or lifting loose leaf pages or my paper weights.

On my desk I have a desk blotter under which is a very thin piece of foam rubber. The foam rubber prevents the blotter pad from sliding and then the blotter paper on the pad stops the writing paper etc. from moving when you have the use of only one hand to keep things from sliding.

Recently I have acquired a Touch-Operated Selector Control unit known as TOSC. This is a unit into which are plugged such things as a desk light, radio, heater, TV, etc. Running away from the unit on a cord is a skin sensor device. So just by touching any part of my bare skin on the sensor I can turn on or off any of the things I mentioned. It is a marvelous unit and sure saves my parents coming into my room as often. The unit is bought by and loaned to me from the Kinsmen Club Rehabilitation Foundation. They also service it for me. Ω

Address: Jim Wallace, 4195 Napier Street, Burnaby, British Columbia, Canada, V5C 3G5.

Column Writers and Broadcasters

by Donna McGwinn

Many disabled have thought about or actually tried writing or broadcasting as a means of expression and a way of making money. Some who have tried writing columns have succeeded in having them published or broadcast. They have become effective, helpful voices in their communities and beyond, and some have gained a regular income. The subjects of this article, however, are agreed that monetary reward is the least of the benefits of column writing. The biggest are being heard and being helpful.

Terry Brickley's column, "HANDICAPsules", shares the experiences of the disabled (and some able-bodied) in the problems of daily living and their solutions. It has been published weekly for three years in five California newspapers. As proof of Brickley's success, the column has recently been bought by a syndicate, which will increase its readership immensely. Syndication is every columnist's dream.

Brickley is 42 years old, married, and a former model engineer who was professionally unaware of the problems faced by people in wheelchairs or on crutches trying to enter the buildings he helped design. His own confinement to a wheelchair as a result of multiple sclerosis gave him a whole new view of things.

Asked whether column writing is a good vocation for the disabled, Brickley answered, "Column writing is a good vocation for anyone, provided they can sell it, preferably to a syndicate. Most of my material is from readers; however, that doesn't stop me from writing to myself something I have to say, or a good idea. The only requirements I can see for writing a column are having something valid to say and saying it well.

"I have had MS for 16 years and the column is ideally matched to my fluctuating energy. I am able to do this on my own time . . . two hours a week, actual work, though there are columns going on in my head 24 hours a day! I do all the work on the column myself."

How did he get published? "I took my column to an editor of our local paper and told her it was good material and that I would like to see it published. She agreed and that's all there was to the first one. The second and third were just as easy. The rest are and will be up to the syndicate." Then he added, "I sent my stuff to 45 syndicates before I was picked up."

An innovative column idea was created by Richard Farr, also of California and also disabled by multiple sclerosis. He started a regular radio program aimed at

the "handicapped subpopulation." "Synthesis" is a 15-minute program that has been written and broadcast by Farr every Sunday night since May, 1974. It includes interviews with resource people, news items of particular relevance, and other features which provide useful information. Like Brickley, Farr spends two hours a week in preparation. On the advisability of others starting such programs, Farr said, "Do it. It needs to be done. Patience, persistence, and perseverance are required. Qualifications vary from station to station. I had some radio experience and am personally disabled."

Farr's broadcasting experience was as promotion manager for a radio-TV station in Hawaii where he and his wife lived while she got her master's degree in social work. They went there a year after Farr graduated from college and discovered he had MS. He is now working on his PhD dissertation at Stanford University. His subject is how people with disabilities get helpful information related to living with a disability. A position as Enabler at De Anza Community College provides his main source of income.

Farr is looking toward television to do a "Synthesis" type program. He said, "'Synthesis' was the first radio program of its type, but I hope there will be many more. I will be glad to help anyone who wants to get such a program started."

Columns are not always slanted to the disabled. Larry Schaefer, who is confined to a wheelchair and largely unable to speak as a result of encephalitis, writes a photography column. "A few years after I became disabled I wrote a short article on how I made personalized greeting cards for all occasions with a Polaroid Land Camera and movie titling set, and I sent it to the columnist who then wrote the camera column in the Gary, Indiana, *Post-Tribune.* She liked the article and printed it under my by-line as a guest columnist. For a number of years she encouraged me to write articles on various photo subjects, all of which she printed under my by-line. When she decided to retire, she persuaded the management of the *Post-Tribune* to let me write the column permanently. For the last five years I have been writing a weekly column for the Sunday section. The *Post-Tribune* is the largest daily newspaper in northwest Indiana."

Schaefer's intended career before his illness was photojournalism. After he became disabled he took courses in magazine writing, short story writing, philosophy, and psychology. He also has a diploma from the International Correspondence School in commercial art. Over 100 of his cartoons and pen-and-ink drawings have appeared as illustrations with his column.

"Any disabled person who has a special hobby or interest about which he can write knowledgeably is sure to find that writing a newspaper column is a satisfying way to earn some extra money. Community recognition from the column could lead into new areas of activity and usefulness.

"I would advise anyone interested in writing a column to write about four samples and make an appointment to discuss them with the managing editor of your local newspaper. (Weeklies are usually more receptive to new columns than dailies.) It might even be a good idea to offer to let him print the first four columns free of charge so that he could determine reader reaction. Even if he decides against continuing with the column, you will have the clippings to show future prospects that your work has appeared in print."

Still another type of column is written by Geri Cogan of New Jersey. It is a chatty, humorous view of particular news events or life in general. This column is printed once a month, or whenever Cogan gets it done, in the *Pascack Valley Community Life,* a weekly newspaper.

Cogan began writing when she found at age fifty that she had multiple sclerosis. Although she had done various types of writing during a lifetime of theater work, she brushed up with a creative writing course. At one time she had been a press agent, a theatrical agent, and personal secretary to Helen Hayes for three years and to Gladys Swarthout for twenty-five years.

She advises new writers to "take a good journalism course, in school, correspondence, or adult education." She lists qualifications as "the *need* to write, 'sticktoitiveness', perfect spelling, grammar, composition, imagination; know how to search out ideas."

A shining star among journalists who are disabled is Bill Kiser of Winston-Salem, North Carolina. He was awarded the President's Trophy as 1976 Handicapped American of the Year. Along with Dick Farr, he was one of the pioneers in broadcasting a program especially for the disabled. Of his work Kiser said, "I have five papers carrying my weekly column, 'The Handicapped Mailbag.' For the last two years I have been writing a weekly radio program. I do this program for the North Carolina Department of Human Resources, and it is carried on 20 stations throughout the state. As you might imagine, the program takes up a major part of my effort and provides me with my main source of income."

Kiser has cerebral palsy and was once, after unsuccessful brain surgery, considered hopelessly disabled. He was in a nursing home for eight years until friends, a rehabilitation counselor, and a physical therapist encouraged and helped him to leave. His news service was organized in 1974 through the sale of stock to friends. Now he lives alone in an apartment adapted to his needs and goes back and forth to his office across the street in his electric wheelchair.

"As to whether handicapped people should write columns or not, it is very difficult to make any money

in this work, although it is very rewarding. The only way anyone can make a living on columns is to sell them to a syndicate, which I have never been able to do."

Kiser received most of his formal education from his mother, who was a teacher, and passed a high school equivalency test. He has since audited 50 hours of courses at Furman University. Ω

Vocations

Vocations and Disability

by Fr. Patrick Lewis, C.S.Sp.

June, 1959, was a red-letter day for the disabled. On the 10th day of that month, the first paraplegic in the Catholic Church's history was ordained to the priesthood. Fr. Leo Close sustained a severed spinal cord in a mountain fall while on pilgrimage to Fatima; he is now director of religious education in the diocese of Dunedin in New Zealand.

In the subsequent years, other severely disabled seminarians were ordained to the Catholic priesthood: the present writer in December, 1964, Fr. Bob Ronald, S.J., in early 1965, and Fr. Bill Atkinson, O.S.A., a quadriplegic, in 1974. In each case, a special dispensation from Canon Law was obtained.

In every instance, these men were already seminarians when they joined the ranks of the disabled. However, the fact of their ordination has raised the hopes of other severely disabled persons who feel the desire for the religious or priestly life, and has raised a question of admitting them to the preparatory seminary programs. Except for some religious orders specifically founded for the disabled, entry into the generality of seminaries and religious orders is a difficult, if not impossible matter, for those with severe physical disabilities.

In examining why this is so, it may be well to consider briefly the Catholic theology of vocation.

If we are to conceptualize vocation as a "calling" or "invitation," then all men are called, everyone has a vocation—"it is the will of God that all men be saved and come to the knowledge of the truth." There are others, however, who feel called to a more direct or immediate following of Christ and his teaching. So men and women have drawn together into groups and have organized their lives to serve their fellow man and to facilitate a less hindered becoming of the ideals Christ set before us. These groups are the Religious Orders in the Church.

The Church itself has an organizational aspect—an aspect which demands the fulfilling of many roles and functions. The Catholic Priesthood is one of those functions, one which has as its essence an intermediary role, a role of service, a role of "being for others."

Those who contemplate entering the religious or priestly life will need to examine for themselves whether they have the abilities to fulfill the basic requirements of the life they desire. This, too, will be the basis of the assessment made of them by the institute or seminary they want to enter. (The process here is not greatly different from the selection process for any vocation and some will be automatically excluded; e.g., a blind man will not be accepted for pilot training.) For the religious life, the criteria will be different from those pertaining to the priestly life.

For the religious life, the basic questions will be:

- Is this person physically capable of living the essential aspects of this institute's way of life?
- What reasons has the individual for wishing to join this institute? In all cases, one has to be aware that motivation is mixed but one seeks to

Fr. Patrick Lewis, C.S.Sp., a polio quad, was born in Dublin in 1935. His father, a military officer, was a member of the Irish Army's Olympic Equestrian Team. He considered taking a degree in mechanical and electrical engineering and had ideas of becoming an Air Force pilot. He changed his mind and joined the Holy Ghost Fathers. During his second year in the seminary, he contracted polio and spent four and a half years in hospital, including four months in an iron lung. Eventually, he regained use of his arms.

After completing his studies, he was ordained in 1964. He then attended the National University of Ireland and obtained a degree in Social Science in 1967. He joined the seminary's Pastoral Studies Team and taught for seven years.

During this time he was one of the founders of the Irish Wheelchair Association and as Chairman and Director of Social Services was involved in its expansion to a $300,000 operation in community-based social service and activation.

He has traveled extensively, visiting the missions of the Holy Ghost Fathers in Kenya and Brazil, attending the ISRD conference in Australia and the Conference on International Exchange Programmes for Disabled Youth in Europe in France, and driving his car throughout the U.S. He has fulfilled the ambition to fly, having had a number of flying lessons in both glider and powered planes.

He recently completed a master's degree in social work at St. Louis University and is now doing some postgraduate work in marriage counseling.

avoid the person who wishes merely to escape the responsibilities of life or is hoping for a secure shelter.

- Is the congregation willing to assume the health care of this individual?
- The bugbear for all the physically disabled: has the institute suitable facilities free of architectural barriers which enable the candidate to fulfil the demands of this role?

As regards the priestly life, the main questions will center around whether this person can fulfil a role *for others.* Can he administer the sacraments, preach (in words or writing), and be of service to his fellow man? It was due to the public nature of the office of priesthood that the Canon Law of the Church laid down that a disability or disfigurement that would cause *admiratio populi* would be an impediment to ordination. *Admiratio populi* is a grave feeling of distraction and/or discomfort on the part of the congregation. That some forms of disability or disfigurement could cause such a reaction can be admitted. On the other hand, this formulation of the law has both the disadvantage and advantage of reflecting the attitudes and assumptions of society at a particular time, and of accommodating changes of attitude over a period of time.

It has been rightly said that the Church's prophetic role should preclude it from being the slave of public opinion. Law of itself does not have the charisma of prophesy, it deals with present facts. Church Law, however, as distinct from any other codified law, has an inbuilt provision for dispensation from nearly all of its provisions—a true recognition of the complexities of human situations. Such a provision used by charismatic men in the recognition that "God chooses the weak to confound the strong" has been, and will continue to be, the avenue by which social attitudes are changed and the severely disabled officially enter a life of service to God and their fellow man. Ω

Ordained After a Delay of 23 Years

by Rev. Charles Kram

The most unforgettable event of my life occurred on December 5, 1975 when, at the age of 46, I was ordained to the priesthood after spending half my life as a quadriplegic.

I had contracted respiratory polio in 1952 when I was one year short of ordination and, under Church Law, had been judged ineligible to continue. I was already a subdeacon at the time and had taken a vow of celibacy and the obligation of the daily recital of the official prayers of the Church.

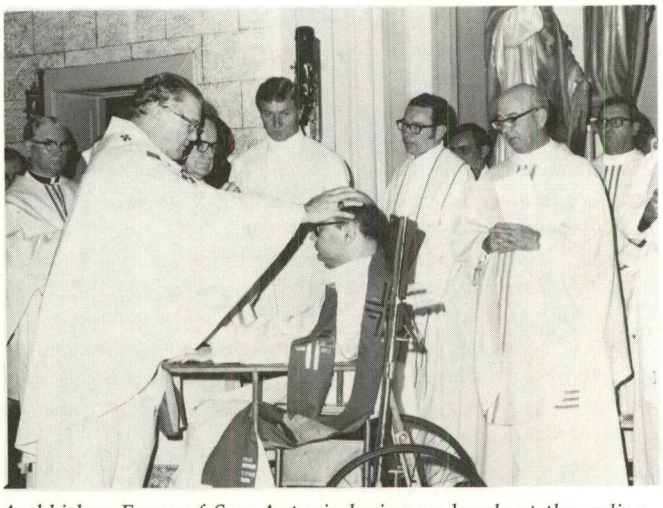
After rehabilitation, I returned home to my parents on a farm near Shiner, Texas. I spent as much time as I could in my wheelchair and rested on a rocking bed. I kept in touch with the outside world by way of amateur radio. I held on to my commitment to the Church and devoted a good deal of time to prayer and meditation.

Over the years numerous efforts were made to secure permission from Rome for my ordination, but the answer was always the same—no. But in recent years the trend within the Church has been toward greater freedom and greater emphasis on love and pastoral needs than on inflexible law. Thus my bishop, Archbishop Francis J. Furey, Archbishop of San Antonio, was finally able to clear the way for my ordination.

The steps were to first ordain me a deacon and then a priest. My ordination to the diaconate took place here at home on the evening of December 4. The archbishop ordained me a deacon during Mass by the ancient rite of laying on of hands and a prayer of consecration. My mother, age 83, who is now a resident in a local nursing home, came home for the occasion. Also present, of course, was my father who, at the age of 89, is still my faithful attendant.

The next day friends and relatives loaded me into a van borrowed from a saddle factory. When our caravan arrived at our parish church, the school band was playing outside. At 2 o'clock three bishops and some 100 priests, who had come from near and far, marched down the aisle, led by a group of white-gowned little flower girls who scattered petals in their path. Then came my parents and finally I, followed by the archbishop.

As with the ordination to the diaconate, the ordination to the priesthood also takes place during Mass. The bishops and priests filed by one at a time and laid their hands on my head. After the laying on of



Archbishop Furey of San Antonio laying on hands at the ordination of Father Charles Kram, respiratory polio quadriplegic.

hands a chalice and a paten were placed on the lapboard of my wheelchair and the bishops and priests and I proceeded to concelebrate the ordination Mass.

At the end of Mass came the blessing. My first priestly blessing was for the archbishop who knelt before my wheelchair. I was the 98th priest he had ordained. After Mass I was wheeled to the center of the church to be with the crowd of well wishers until it was time to proceed to the nearby parish gym where a turkey dinner was waiting.

In spite of all the congratulations and praises I received that day, I went to bed that night knowing that I was still the same old Charlie, except that now I was a priest. All this happened on Friday, December 5. Then came Sunday, December 7, the day of the first Mass.

Now that my debut is over, the question is, what kind of ministry will I have? One important part of every priest's ministry is to offer worship in the name of the Church. This I do by offering Mass in my room almost every day at a small altar on wheels, with someone assisting me.

As for a special ministry, at present I see mine as being one of consoling and counseling the sick and the afflicted. Although I have not promoted this, many persons have written to share their burdens and ask for prayers. I see this as a preparation for the day I leave my aged father and, hopefully, move into an institutional chaplaincy.

A late development is that a van with a wheelchair lift has been made available to me, enabling me to accomplish such things as participating in various community activities, speaking at several religious services, and officiating at a wedding and a funeral. From these beginnings I look forward to many more meaningful opportunities.

Address: Father Charles Kram, Route 1, Box 96, Shiner, Texas 77984 Ω

A Profoundly Deaf Seminarian

by Thomas J. Coughlin

The idea of a profoundly deaf person studying for the Roman Catholic priesthood is a novel thing, at least for now. Yet one does not really need ears in order to be able to learn. Communication need not be strictly aural or oral; rather, it should be comprehensive, that is, communication can be achieved in various mediums such as sign-language, visual arts, drama, and a few others.

We deaf people have been using sign-language as our major learning tool. We use sign-language to interact with other deaf persons. But what about a deaf person who happens to live in a total hearing environment? It is a completely different situation, and indeed, a difficult and painful one, too.

Since I am the only deaf seminarian in the Department of Theology at the Catholic University of America in Washington, DC and one of the only two deaf seminarians in the USA, I do find it somewhat difficult and frustrating to be in a total hearing environment. I have studied at Catholic University for almost four years now and have already earned my MA degree in theology. Very often, during the course of my studies, I have encountered loneliness, depressions, frustrations, and several other unpleasant situations. These difficulties have stemmed mainly from the communication breakdown. I have made every effort to communicate with others, but I cannot bear the stress of lip-reading at all times. I find it to be exhausting. There are times when I simply quit and withdraw into my world of loneliness and solitude. When I experienced hardships, very often, my aspiration to become a priest would become shaky.

The whole thing has now changed. I am very fortunate to have a priest-friend who showed me that one can find meaning in hardships and struggles. It is a matter of personal decision. One can easily sit back and wallow in one's sufferings. The handicap of deafness is truly a cruel one only if you allow it to be. Our physical handicaps can derive their beauty and meaning when we try to understand them not as a curse or a punishment, but rather as a challenging gift from our God.

Address: Tom Coughlin, Trinity House, 949 Gorsuch Avenue, Baltimore, Maryland 21218. Ω

ED: Because of space limitation, it has been necessary to shorten the articles of Father Lewis, Father Kram, and Tom Coughlin. If any one of the articles is of particular interest to a disabled reader, we shall photocopy the original.

Three Religious Communities

The Congregation of the Sisters of Jesus Crucified was founded in Paris in 1930. The first American house, Regina Mundi Priory in Devon, Pennsylvania, was founded in 1955. St. John's Priory was established in England in 1959, and St. Paul's Priory in Newport, Rhode Island, in 1962. There are now houses in Japan, Holland, West Germany, and five houses in France.

The sisters live a monastic, contemplative life in the tradition of St. Benedict. Candidates must be between the ages of 20 and 35 and must have a wholesome attitude toward health and be emotionally and psychologically balanced. Candidates need not be dis-

abled but, if they are, every possibility will be given them to live an authentic religious commitment. They may not have mental or nervous disorders or disabilities resulting from retardation, epilepsy, multiple sclerosis, or cerebral palsy. Additional information may be had from Sister Ann Marie, Regina Mundi Priory, Waterloo and Fairfield Roads, Devon, Pennsylvania 19333.

The congregation of the Sisters of the Lamb of God was founded in 1945 in Brest, France. The first American house was opened in 1958 and the first American Novitiate was opened in 1970 in Reed, Kentucky. The sisters may be healthy disabled. Each sister is encouraged to choose an area of apostolic work according to her abilities, the means of the local church, and the possibility within her community. Thus, some sisters teach, nurse, care for the sick in their homes, do secretarial work, factory work, or work inside the convent. Candidates may be between the ages of 20 and 50 and must show a real aptitude for community living. Additional information from Sister Mary Raymonde, Holy Family Novitiate, 324 Hill Avenue, Owensboro, Kentucky 43201.

The Oblates of Saint Jude comprise a religious community dedicated to job training of the disabled in various trades and crafts. Three of the seven brothers of the community are disabled, one is a slow learner, one is on crutches, and one is cerebral palsied. In the past nine years, they have constructed all their buildings and they hope to set up a training center and a boys' home. They could accept 30 more brothers, including those who are disabled physically or who are slow learners.

The community is devoted to the rule of St. Benedict, which makes provision for "the Brothers who are of weak constitution or in delicate health." Candidates must be able to care for themselves with a minimum of assistance and be able to contribute materially by their work to the life of the community. Information from Brother Joseph Natale, OSJ, RD 2, Box 374, Berlin, New Jersey 08009. Ω

Disabled Priests and Religious

by Anna Marie Sopko

Through the Catholic Union of the Sick in America, Inc. (CUSA), of which I am the administrative leader, I have come in contact with a number of disabled priests and religious who are active, participating members of their communities. Many of them also volunteer their time to help CUSA.

First of all, we have Sister Eileen Imelda, OP, who is legally blind. Sister is a high school math teacher and she carries a full teaching schedule and is always looking for ways of helping someone else. Her address is St. Dominic Academy, 2572 Kennedy Boulevard, Jersey City, New Jersey 07304.

One of our priests who is blind has recently received the St. George Award for promoting Catholic scouting. He is Rev. Louis Barga, C.PP.S., 309 South Perry Street, Wapakoneta, Ohio 45895.

Father James Foley is afflicted with a spinal cord disease and MS. He is a chaplain at a VA hospital and carries on his duties most competently. His address is VA Hospital, East Orange, New Jersey 07019.

Sister Francine Dominik, OP, is very arthritic. She lives in a regular convent and takes care of all the finances of the convent. Sister also handles all our CUSA supplies. Her address is St. Margaret's Convent, 66-25 79th Place, Middle Village, New York 11379.

Sister Anna Lawrence, CSJ, is in a wheelchair because of rheumatoid arthritis and osteoporosis. A former teacher and librarian, she lives at the infirmary of her community and carries on a tremendous correspondence with blind young people around the world through tape recording. She claims she is only their friend, but I know she does a lot of counseling and listening. She is a certified Braille transcriber and devotes many hours to transcribing books into Braille. Her address is Room 235, Maria Regina Infirmary, Brentwood, New York 11717.

Sister M. De Sales Jessup, OSU, who is legally blind, is a teacher and very active in her community. Her address is 412 North Howard, Moscow, Idaho 83843.

Rev. Edwin Toner, SJ, has arthritis and is in a wheelchair. He does a lot of writing, both prose and poetry, and he also conducts retreats. His address is Mount St. Michael, Spokane, Washington 99207.

Rev. William E. Atkinson, OSA, who became a quadriplegic in a tobogganing accident in 1965, was ordained in February, 1974. His address is Augustinian Monastery, Lansdowne Avenue and Garrett Road, Drexel Hill, Pennsylvania 19026.

Brother David Koessler, TM, had difficulty entering the religious life due to being totally deaf and blind since early childhood. He was finally accepted by the Trinitarian Missions and spent more than 30 happy years in gardening, landscaping, and kitchen management. Now, although still very busy in his community work, he acts as spiritual advisor of a CUSA group of deaf-blind members. He would like to hear from deaf-blind people through Braille. His address is Trinitarian House of Studies, 1301 Oak Lane Avenue, Philadelphia, Pennsylvania 19126.

Brother John Soehnel, SM, has been blind since birth. He entered Mount St. John at the age of 14 in 1919 after considerable discussion of his handicap. For 20 years he served as swineherd. During the past

30 years he has been telephone operator, receptionist, editor, author, promoter of the Marianist Apostolate in socioeconomics affairs, and lecturer to the novices of the Society of Mary. He now shares his time and counseling with our groups of blind members in CUSA, corresponding via Braille and tapes. His address is Marianist Novitiate, 4435 E. Patterson Road, Dayton, Ohio 45430.

The Visitation nuns occasionally accept an applicant who is handicapped, but this is done on an individual basis.

Address: Anna Marie Sopko, 176 West 8th Street, Bayonne, New Jersey 07002.

More Disabled Priests and Religious

Rev. Robert J. Ronald, SJ, has been wheelchaired by polio since he was a seminarian. He works more than full time as a missionary and certified rehabilitation counselor. He is a psycho-social and vocational rehabilitation consultant for the Rehabilitation Medicine Department, Veterans General Hospital, in Taipei as well as the founder of Operation De-Handicap, an association to meet the disabled needs. Father Ronald and another Jesuit, Father Shevlin De La Roza, spent nearly all of the year 1975 touring the United States in order to raise funds for the expansion of the association. His address is Ho Ping West Road, Section 2, Lane 98, No 6, Taipei 107, Taiwan, Republic of China.

Father Brian Doran, a young deaf priest, was recently appointed to head the Archdiocese of Los Angeles' pastoral ministry to some 40,000 disabled persons. Father Doran, who was ordained in 1971, has his office equipped with a teletype phone system. The address of the Archdiocese of Los Angeles is 1531 West 9th Street, Los Angeles, California 90015.

Another young man who is deaf is just beginning his seminary training in the Society of Jesus (Jesuits); his address is Joe Bruce, 188 Beacon Street, Chestnut Hill, Massachusetts 02167.

Brother Patrick Martin, director of the Office for the Handicapped in the Diocese of Norwich, Connecticut, is legally blind. Ω

ED: The next issue will include the experiences of disabled individuals who have fulfilled their vocations within religions other than the Roman Catholic. We hope our readers will help us reach ministers who are disabled. We would also like information on churches that have been made accessible.

Teaching The Blind To Type

by Daniel J. Tomasek

The typewriter keyboard is Man's most common interface with communications in the business community and with the world's growing treasury of computer-borne information. Until recently, blindness has been the most formidable disability to be overcome in the learning of the keyboard. For those afflicted with disabilities not involving sight (even aphasia—see *Rehabilitation Gazette* for '75, page 46) an arsenal of keyboard training and operating aids is available, but the neophyte blind typist faces a complexity of forty-five or more keys arranged in a pattern intended to impede the performance of all typists.

A backward glance at the history of keyboard designs unravels the riddle of why even computer scientists must converse with their electronic creations from a keyboard layout which could most certainly be improved by an illiterate child dictating keyboard locations at random. In 1873, the Remington Arms Company marketed the first workable typewriter. The designer, C. L. Sholes, found that the gravity-return action of the keys was slower than the finger movements of typists striving for the then inconceivable speed "equal to handwriting." He decided to slow down the operators to match the performance of the sluggish machine, and produced one of the most confounded arrangements of keys possible. Shole's 19th century "success" plagues high school typing classes and data wizards today in the form of the familiar "QWERTY" (read the third line of your typewriter) keyboard.

A 20th century solution to the anti-learning, anti-speed design was offered by a disciple of that human-efficiency genius, Frank (Cheaper by the Dozen) Gilbreth. A busy stenographer's fingers travel up to twenty miles a day on a QWERTY keyboard, and Dr. August Dvorak designed a simplified keyboard which reduced that digital journey to one mile for the same workday—the implications of Dvorak's design for sighted individuals with upper-extremity limitations are obvious. Forty-four years after his development (in 1975), production line manufacture of the "DSK" was begun by Smith-Corona, but as any typist will

Daniel Tomasek, supervisor for Teletype Corporation in Little Rock, Arkansas, returned to college after a "20-year sabbatical" and earned his MS in rehabilitation counseling at the University of Central Arkansas in 1976. He plans to work on the Bell System's Affirmative Action Program for disabled individuals.

testify, the cumbersome QWERTY is King—even when it compounds the handicaps of its users. The Bell System, world leader in communications, has introduced the DSK at its Western Electric Training Center in a trial-training program, and initial results have been favorable.

Why has a deliberate crippling of skills been endorsed with the manufacture of almost every typing device made in this century? Dvorak said, "One typewriter company president told me he would fight to the death over the prospect of having one typewriter do the work of two," and he added that business colleges were not pleased by the prospect of teaching typing in nine weeks rather than nine months.

If keyboard design for sighted persons is 100 years behind available technology, the situation for blind typist-trainees has (until recently) lingered in the Iron Age. Although braille-writing accessories have long been available for a broad variety of keyboard devices (see the American Foundation for the Blind *International Catalog*), the fragile link between the thoughts of the blind typist and her sighted reader has been dependent upon her ability to memorize the intricacies of the keyboard and relate the unseen print and format to their braille counterparts. A blind typist without a braille reproduction device or a print-to-touch converter such as the OPTACON lost the dignity of independence to a sighted proofreader.

Until very recently, the blind candidate for clerical work has been frustrated by the double whammy of keyboard communications: (1) most schools for the blind train typists through sighted teacher-monitors who provide a running, spoken narrative of the student's efforts, and (2) the learning-and-achievement-busting QWERTY keyboard is in universal use. Of course, the schools are right in their approach. Blind typists will work and compete in a sighted world and avoidance of special training equipment has been imperative.

Today, the media by which the blind learn and use keyboard devices are about to take "one giant step" into the space age. Researchers at the University of British Columbia at Vancouver, Canada, have produced three prototype "talking" typewriters. To the psychologist, the typewriter that instantly "tells" the blind typist which key has been struck represents a profound improvement over the one-to-one, sighted-to-blind teaching technique now used with rare exception. Knowledge of response is a factor known to be critical in fast learning. Generally speaking, the learning of any skill is dependent upon how quickly the results of each effort are made known to the trainee. SPELLEX, the title of the typewriter "talking" attachment, echoes each letter instantaneously as it is printed on an IBM Selectric typewriter. Strike the letter K and the hand-size box next to the typewriter says "kay." The sounds are specially "compressed" to assure that the audible feedback keeps pace with even a skilled typist. Although the scientists responsible for SPELLEX are using the retarding QWERTY keyboard on their successful prototypes, the conversion of an IBM Selectric to the superior DSK arrangement can be accomplished by any clerical worker in a few minutes at a cost of less than one hundred dollars. The blind typing students' double whammy is about to be exorcised.

Another bicentennial boon in training aids is the talking calculator, SPEECH PLUS, put into production this February by Tele-Sensory Systems of Palo Alto, California. Its operation is to small calculators what SPELLEX is to typewriters. Now then, if they'll hook up the typewriter to a computer-dictionary so we can forget about spelling errors, tie the calculator into a metric conversion system, then surely, someone will come up with a way to make the piano keyboard block out sour notes, and then . . . Ω

References

Beddoes, M. P. Some figures of performance and the apparatus for a digital talking typewriter for the blind—SPELLEX. *IEEE Trans. Bio-Medical Engineering*, 73-75, January 1976.

Bliss, J. C. The optacon. *Proceedings 1974 Conference on Engineering Devices in Rehabilitation*. Boston: Tufts University School of Medicine.

Breunig, H. L. Telecommunications, a telephone system for the deaf. *Teletypewriters for the Deaf, Inc.*, Indianapolis, Indiana 46206.

Clark, L. L. (Editor) *International Catalog*. American Foundation for the Blind. New York.

Cottam, N. M. Typewriting for the motor-handicapped. *American Journal of Occupational Therapy*. 1967 (156-159).

Crochetiere, W. J. Computer-aided motor communications. *1974 Conference on Engineering Devices in Rehabilitation*. Boston, Tufts University.

Dvorak, A., There is a better keyboard. *National Business Education Quarterly*. December '43.

Dvorak, A. *Typewriter Behavior*. New American Book Company, 1936.

Ehrlich, M. The votrax voice synthesizer as an aid for the blind. *Proceedings 1974 Conference on Engineering Devices in Rehabilitation*. Boston, Tufts University.

Grunwald, A. P. An on-line system for immediate braille presentation of computer-stored information to the blind. *Proceedings 1972 Carnahan Conference on Electronic Prosthetics*. Lexington, University of Kentucky.

Harding, P. J. Typewriter for teaching severely handicapped children. *Proceedings 1973 Carnahan Conference on Electronic Prosthetics*. Lexington, University of Kentucky.

Johnston, H. B. Jr. A communications prosthesis for a quadriplegic. *Proceedings 1972 Carnahan Conference on Electronic Prosthetics*.

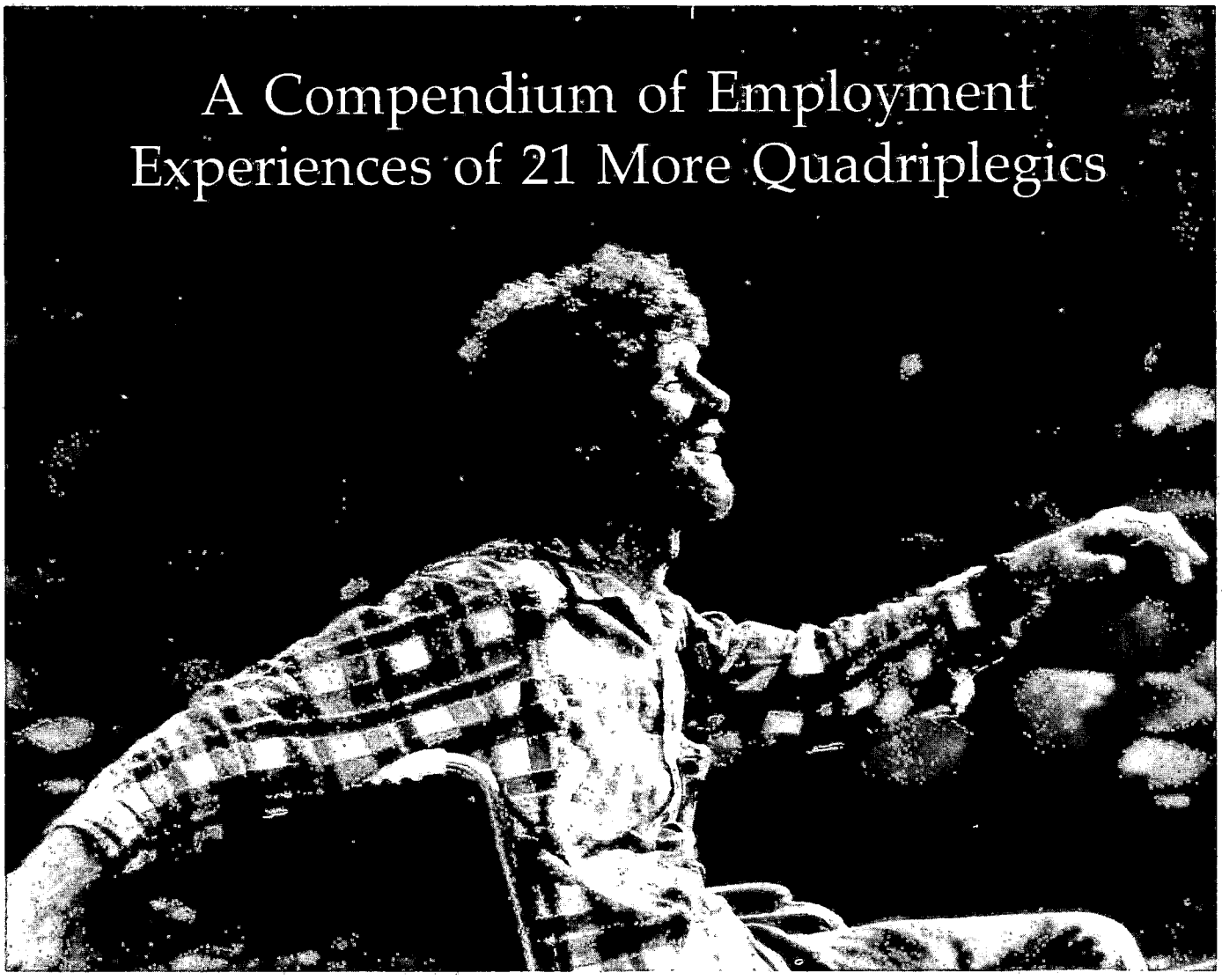
Lauffer, B. Breaking the silence barrier. *Design News*. August 6, 1973.

Laurie, G. (Editor) Talking brooch. *Rehabilitation Gazette*. 1975.

Lowman, E. W. Selecting a typewriter. *Postgraduate Medicine*. 1964.

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A Compendium of Employment Experiences of 21 More Quadriplegics



Steve Maples, C6-7 quad, medical social worker.

The 1975 issue of *Rehabilitation Gazette* featured the employment experiences of 101 quadriplegics. The response was so enthusiastic that we plan to continue the compendium in every issue. So that the series may be coordinated, the same system of categorizing occupations is being used.

Our quad readers are asked to continue to share their experiences. Just dash off a quick summary, recounting your educational and employment experiences, adding whatever thoughts you think would be helpful to other quads, their parents, and their counselors.

Artists

CARICATURIST. (Quad because of multiple sclerosis.) Enrique Mate, Biarritz 2085, 1916 Buenos Aires, Argentina. "I was born in 1915. After I finished my military service, I worked at general office work. In 1940 I became an important bank official. Previous to my marriage in 1942, I began to feel discomfort in my right foot and arm. In 1943 the neurologist diagnosed my illness as multiple sclerosis. I continued working, using my left hand and not abandoning my vocation as a caricaturist. As MS advanced inexorably, I was pensioned off as disabled in 1950.

"We now had three sons and there began a difficult period for me to adapt to complete immobility. In the necessity of helping the children with their homework, I learned to write with the pencil held fast in my mouth. With the help of friends I obtained work to be done in my home as a proof-reader. A minister of the English Evangelical Church arranged for me to contribute my spare time to reading textbooks to blind students. Almost at the same time my ex-banking companions found a place for me as a caricaturist in their club magazine.

"Soon afterwards the Argentine publishers of the International Association of Painters Without Hands (Vaduz-Lichtenstein) invited me to join the Association on a scholarship. That was in 1960. Since then I have dedicated my life and my strength to painting. The Association, of which I am now a lifetime mem-

ber, has provided me with sufficient means to maintain my home with dignity and without economic pressures."

WATERCOLORIST. (C-4 quad since an auto accident in 1960.) Stanley L. Obritski, Jr., 75 Augusta Street, Irvington, New Jersey 07111. "After spending three years at the Kessler Institute for Rehabilitation in West Orange, New Jersey, I went home to live with my parents. After a long struggle trying to find a suitable vocation I finally found painting. I studied via mail with the Famous Artists School in Westport, Connecticut, on a scholarship and I attend class once a week at The Yard School of Art in Montclair, New Jersey, on a scholarship. My mother takes me there and picks me up.

"I paint watercolors by holding the brush in my mouth and since September 1975 I have been a student member of the International Association of Mouth and Foot Painting Artists based in Lichtenstein. The Association pays me a monthly stipend of 900 Swiss francs for which they have the right to reproduce my work on greeting and note cards, calendars etc. I submit my work periodically to them for evaluation and hope someday that it will be good enough to earn me a full membership. If this happens my stipend will double and be guaranteed for life. This will help make my future secure and allow me to purchase my own home which will have a permanent studio and art gallery connected.

"I have won several prizes since I started painting and my work is in private collections in seven states and in the Netherlands.

"My hobbies are chess and amateur radio. I play chess over the board, via mail in sanctioned tournaments in the U.S.A. and international, and over the radio with my friends up and down the Eastern seaboard on the 40 meter band."

Health Careers

SPEECH PATHOLOGIST, DEPARTMENT DIRECTOR, REHABILITATION HOSPITAL. (C5-6 quad since an auto accident in 1964 while in college.) Grant W. Jones, MS, 828 Clifton Drive, NE, Warren, Ohio 44484. Grant received his BA in speech forensics in 1969 from Linfield College (very inaccessible). After marrying that summer, he began working toward an MS in speech pathology at Oregon College of Education. He graduated *summa cum laude* and was honored with a "Citation for Commendable Achievement" from the Oregon Governor's Committee on Employment of the Handicapped. After working on the staff at Hillside Hospital in Warren, Ohio, for a year he passed his exam for the Certificate of Clinical Competence given by the American Speech and Hearing Association in 1972. In 1975 he was made Director of Speech Pathology. He is an active member of the Ohio Governor's Subcommittee for Barrier-Free Architecture and was instrumental in establishing a county chapter. He is listed in *Outstanding Young Men of America.* He and his wife, Jay, recently adopted a 2-year-old girl.

CLINICAL PSYCHOLOGIST. (Polio quad since 1955 at age 11.) Caryl Halper Smith, PhD, 7610 Westwind Lane, Houston, Texas 77071. Tutored at home through junior and senior high schools, Caryl attended Brooklyn College and graduated with a Woodrow Wilson Fellowship to attend graduate school. "Stanford University accepted my application for graduate work in psychology, offered me a place to live and the opportunity to work with a great man, Dr. William Dement, a famous researcher on problems of sleep and dreaming. (Volume XIII, pages 24-26). . . . I received my doctorate in psychology in 1973. For the next three years, I worked as Assistant Professor of Psychology at a university in Chicago. I am married to a psychiatrist and we have a year-old daughter. We have most recently moved to Houston, Texas, where I will continue full-time employment combining my research and clinical interests in psychology. I expect eventually to develop a private clinical practice as well."

CHILD PSYCHIATRIST. (Polio quad since 1950.) Dr. Ross Williams, 2 Frances Street, Randwick 2031, New South Wales, Australia. "I was disabled by polio while in a country general practice. After three years of rehabilitation and through the help of a good many friends and colleagues, I found my way into child psychiatry. . . . Back in the early 1950's, I had a good deal to do with establishing a rehabilitation society in Sydney. . . . My own life these days is divided between mornings spent in the Department of Child & Family Psychiatry at the Royal Alexandra Hospital for Children in Camperdown, Sydney, and a certain amount of work in private practice in the afternoons at my own home. I have found that the most important special aid which people like us need comes through the interest and help of family and friends in which respect I have been extremely fortunate."

COMMUNITY RELATIONS, HOSPITAL. (Polio quad since 1962, at age 18.) Ismael R. Chavez, 183 Sherman Avenue, New Haven, Connecticut 06511. "I am a Cuban, I leave my country in 1960 with my family to live in Venezuela. There the polio struck me. After 1½ years in the hospital and rehab center in Caracas we move to San Juan, Puerto Rico. In 1964 we move to New Haven, Connecticut. I attended Candler College, Southern Connecticut State College, and I have my BS from La Salle University. My first job was at Community Progress, Inc., the anti-poverty agency in the city; my work was as a community and employment counselor.

"In 1968 I was hired as a community relations officer at Yale-New Haven Hospital. My duties are pa-

tient advocate, patient relations, and translations for the Spanish patients. I work an average of 8-10 hours a day, 5 to 7 days a week. I am also active in several hospital committees.

"My main interest is to abolish the architectural barriers. As chairman of the New Haven County A.B. Committee, I do a lot of traveling, meetings, speeches, in the city and state. . . . I live with my parents and my dog. My brother and two great friends are the drivers of my van for work, meetings, and vacations. . . . We must all get involved. We must go out and demand and try. But we must be involved."

Knowledge and Information Industry

LEGAL RESEARCHER. (Cerebral palsied quad.) Mick Joyce, Midwest Information Center for Equality of the Handicapped, CA 106, Southwest State University, Marshall, Minnesota 56258. "My parents were told that I was 'very retarded' and should be 'put away' in an institution. Fortunately, they and my three older sisters didn't believe it. I attended a special class in the public schools until the fifth grade when I enrolled at the Crippled Children's Hospital and Home in Sioux Falls, South Dakota, and stayed there until I finished high school. After trying college correspondence courses, I came to Southwest State. I majored in creative writing and social science. During college I began gathering information on laws relating to the handicapped. After graduation I obtained a Northwest Area Foundation grant to compile and catalog federal and state (Minnesota and the surrounding states) laws and court cases, to publish a guidebook in early 1977, and to establish a center here at SSU to provide information relating to the civil rights of the handicapped individual."

Law and the Ministry

ATTORNEY/ASSISTANT PROFESSOR. (Incomplete quadriplegic since 1965.) Jack Achtenberg: "I received my AB from the University of California Berkeley, JD from Loyola Law School in 1969, LLM from Berkeley, MA from UCLA, and I am presently a candidate for my JSD from Berkeley. My special field of interest is in the rights of the physically and developmentally disabled. I have lectured and written extensively on the subject. I am president of the A. Milton Miller Memorial Foundation, Western Center on Law and the Handicapped. I am assistant professor and chairman of the contracts department at the University of San Fernando Valley College of Law. I recently received a commission from the American Civil Liberties Union to produce a 'rights handbook' for the disabled. . . . The physically disabled are presently second-class citizens. They are rebelling against the restraint imposed upon them by society. . . . The 'Crip Lib Movement' is now expanding from the halls of legislature to the steps of the courthouse. . . . Persons with long-term disabilities are not asking to be taken care of. They are asking for their rights to be a part of the mainstream of society. This is not a medical question or a psychological question but rather a question of effective enforcement of civil rights. These rights must be enforced not simply because the integration of the disabled is good social policy but because the laws of the various states and the Constitution of the United States require that they be enforced."

ED: We are deeply grieved by Jack's untimely death in mid-September 1976 when he was killed by a hit and run driver near his home. Ironically, he was riding in his wheelchair in the street because the sidewalks are not accessible.

Rehabilitation Careers

SOCIAL WORKER. (C-5 quad since 1967 at age 21.) Dick Goodwin, 4402 McPherson, St. Louis, Missouri 63108. "My life as a quad began to take direction in 1969 when I started school at Southern Illinois University at Edwardsville (a model campus in terms of accessibility). I finished my BA in 1973 and went right into graduate school in sociology with the help of a teaching assistantship. I finished my graduate classes in 1975 and I am now finishing my thesis. In March of 1976, with the help of the 'Queen of the Crips,' Gini Laurie, I began working at Goodwill Industries of St. Louis as a social worker. This meant either moving to St. Louis or driving over 60 miles round trip every day; I moved. With the help of friends I found an apartment close to work, and then I ran ads to find two attendants. I had a good number of responses. The arrangement that I offered was that I would pay the total rent and the base telephone bill in exchange for the assistance I needed, and we would split the food bill. Beyond the personal assistance, their responsibilities are cooking and keeping the apartment relatively clean. All is well."

EMPLOYMENT COUNSELOR. (Polio quad since 1959.) Lynne Recagno Graebaer, 2086 Kellogg Way, Rancho Cordova, California 95670. "I was disabled at 16 and finished high school by tutor and limited attendance. While at Sacramento State College, I lived in the dormitory with the help of student attendants. After 6 years, I earned an MA degree in psychology. Since 1968 I have been an Employment Counselor in the California State Employment Development Department in Sacramento. I use sliding arm supports and hand braces to write, type, and operate my motorized wheelchair. I work at a specially designed electric turntable desk top and use a push button dial telephone with a headset. I take the bus to work. Sacramento Regional Transit has a CAREFUL COACH with a lift for wheelchair passengers at the regular fare. I have a Chevyvan with a lift for private use and field work. Counseling people with job related problems

and conducting job search groups is challenging work. My husband, my 4-year-old daughter, and my job all make up a very rewarding life."

MEDICAL SOCIAL WORKER. (C6-7 quad since 1966, when in the eleventh grade.) Steve Maples, 125 South 57th Street, Birmingham, Alabama 35212. "I have an Associate Degree in radio and television broadcasting from Jefferson State Junior College and a BS degree in social welfare from the University of Alabama. I am also a member of the consumer advisory board for the South East region of Rehabilitation Services Administration.

"My wife, Jane, is a teacher for the John Simpson Cerebral Palsy Center in Birmingham. Jane and I and our two dogs enjoy getting out in the woods camping or just picnicking with friends. We also enjoy traveling. My main hobby is photography and photofinishing. I have my own darkroom in my house and do all of my processing.

"I work for Spain Rehabilitation Center in Birmingham. I work with spinal cord injured people in personal counseling, group therapy, and sexual counseling, along with other duties of a social worker."

COUNSELOR. (Quad because of dermatomyositis.) Victoria Conley, 2230 Marquette, Alton, Illinois 62002. "I've been working for nine months at Specialized Services, Inc., a workshop for the disabled. At 26 I received my Masters in human services and am now a counselor. My disability, dermatomyositis, a bone and muscle disorder, keeps me in a chair, but has not hindered my ability to work or to drive a specially equipped van. My advice to *anyone* is to believe you have the same rights as any human being and therefore have the same responsibility to fulfill those rights."

Sales, Home-Based

OWNER, BROKERAGE FIRM. (Respiratory polio quad since age 19, when a freshman in college.) Thomas W. Rogers, 1001-25th Avenue Court, Moline, Illinois 61265. "My first productive activity was a mail order business which never rose beyond the launching pad. . . . I took a course in income tax from the local college and read financial publications extensively. While helping friends with their income tax returns I was offered a job by a nationwide underwriter of mutual funds on a commission basis. Business grew slowly. After six lean years, I expanded into a wider range of investment securities and opened up an office at home. I managed to clear the regulatory agencies and pass all the necessary tests to establish my brokerage firm in 1966.

"With the help of three part-time secretaries, we have managed to stay afloat and survive the vicissitudes of the market. The securities business is a telephone business and involves the dissemination, interpretation, and evaluation of information. It is a fascinating, fast-moving business which crowds my day. During the morning, I am on the phone or doing required reading. Actual office hours are from 1 to 10 pm when I am up and in the wheelchair."

OWNER, GIFT SHOP. (Respiratory polio quad since 1952.) Jean Ryan, 484 Country School Road, Dundee, Illinois 60118. "I was fortunate to own the little country school building from which I graduated. Six years after polio, the Country School Gift Shop was opened as an outlet for items made by the disabled. It is adjacent to my home and under my direction, attended by ladies who also care for me. For the past eight years, friends have come twice a week to bathe me, wash my hair, etc.

"I have a 1974 seventeen foot Handivan with a ramp especially built by a neighbor and driven by my children and friends. Our three children are grown and my husband and I were divorced in 1974.

"I continue to use my cuirass, pneumobelt, or positive pressure machine. My arms are completely paralyzed, but I provide for myself and regulate my own life with daily outside help. Very much of this help is the T.L.C. of devoted friends."

Sales, Office-Based

STOCK BROKER. (C4-5 quad since 1946, while in high school.) Robert H. Winner, 110 Riverside Drive, New York 10024. "While I was floundering for three or four years after graduation from college, a friend suggested the securities field. In 1957, after a year of personal study and observing the market from the sidelines, I spent six months as an observer in a small brokerage firm, then took the exam for Registered Representative. It was very slow in the beginning (broken by too frequent illness) but by the mid 1960's I was quite successful and have suffered the much publicized woes of the industry since 1969. . . . It was easy to build in the 50's and 60's, but there are fewer opportunities now and in today's job market a quad would need some accounts to start with."

Services, Home-Based

BOOKKEEPING AND TAX SERVICE. (C4-5 quad since a diving accident in 1957.) Larry Cunningham, 4822 East Olive, Fresno, California 93727. "I started my bookkeeping and tax service in 1957 after taking correspondence courses. My mother is a bookkeeper and did a lot of the work in the first couple of years. . . . It took several years to become independent. I lacked experience and did not promote business as rapidly as I could have. In other words, with what I know now I could have done better sooner. . . . Now my business is doing well. I have two employees—a full-time bookkeeper and a secretary. I do most of the interviewing and personal contact with the clients. We use a computer service for the bookkeeping and

the income tax returns. We also have a typing and a notary service. . . . I didn't expect to do as well as I'm doing now."

LETTER-WRITING FOR SMALL BUSINESSMEN. (C5-6 quad since 1956.) John M. Williams, 5843 Vandale, Wichita, Kansas 67217. "The experiences of others in the *Gazette* built a fire under me to go back to college in 1964 at the age of 31. . . . After many failures at home business, I've developed a letter-writing business for small businessmen. I'm paid a commission from the sales generated from these letters. As an old quad, I'll urge you to keep at it. Never give in to the 'NO's' that you get every place. Don't quit and be satisfied to watch TV until you die."

Teachers

PROFESSOR, COLLEGE. (Polio quad since 1950.) James A. Graaskamp, PhD., 202 Breese Terrace, Madison, Wisconsin 53705. Education, post-disability: AB, Rollins College, MBA, Marquette University, and PhD in urban land economics, University of Wisconsin. "I am presently chairman, real estate and urban land economics. I carry a full range of faculty duties and travel extensively. I operate independently as a teacher and a business man (real estate) with the aid of three students who live in my home, a cleaning lady for most household chores, and three student secretaries." Jim's hobby is deep sea fishing. He uses an electric reel which he operates with a mouthstick.

TEACHER, JUNIOR COLLEGE. (Polio quad since childhood.) Ellen Fay Peak, 625 26th Avenue NW, Birmingham, Alabama 35215. "Like other polio quads, I have found 'making it' enormously hard—not only for me but for those who have had to help me and to watch me do it. But looking back, I realize that I am successful by most anyone's standards: After years of only hit-or-miss tutoring, I earned my BA *Phi Beta Kappa;* I earned my MA while working as an editorial assistant with a national magazine; I then taught French, Spanish, and English in a public high school; and I now teach English, including creative writing, at Jefferson State Junior College. Along the way, I have enjoyed using my amateur radio operator's license (W4PXO); have had a number of my own pieces published; have served as faculty advisor for the campus student newspaper and literary magazine; have co-authored with a colleague *Supermarket Merchandising and Management,* a major textbook about the food industry, that Prentice-Hall Publishers is now advertising on campuses across the country; and have enjoyed the home and automobile that my mother and I share as a result of my career. Although I have constantly in mind how narrow is the edge between my life and one of stringing beads, I seldom ever think now about my first Rehab 'counselor' who advised me to accept the fact that stringing beads was about the best I could hope to do."

TEACHER, HIGH SCHOOL. (C5-6 quad since 1971.) Matthew J. Green, 1221 Tahiti Drive, Crestwood, Missouri 63126. Injured in the spring, Matt was able to return to his teaching position in September of the same year, on a part-time basis. "I was determined to get back to work as soon as possible and with the help of many good friends I was able to resume my career quickly."

Matt is now teaching full-time in a public high school. He drives to work in a specially equipped van. Since his injury, he completed his MS ED, was appointed chairman of the Foreign Language Department at his school, and served two years as the chief negotiator and spokesman for the local teachers association. He is currently working on his MAT degree.

Writers

EDITOR, NEWSPAPER (Quad because of a lifelong neurological disablement.) C. J. Lampos, *Achievement,* 925 Northeast 122nd Street, North Miami, Florida 33161. A student of Byzantine culture who speaks three languages, Connie is the doyen of editorial writers who are disabled. "They call me the grandfather of today's generation of militants. . . . My life's work has been fighting discrimination." His rebellious but constructive spirit pervades the monthly newspaper, *Achievement,* which he founded nine years ago to fight for the rights of the disabled. The 16 page tabloid is now an effective voice of the disabled with a nationwide circulation of 16,000.

Profile

by Donna McGwinn

John H. Parker—Attorney at Law

"There were times when I wanted to quit. I would think of the five steps I had to be pulled up and just want to stay home," remembers John Parker of his years at law school. He continued to be pulled up the steps each day, however, and now makes a living as a lawyer with a general practice.

John had finished his undergraduate study at Denison University a month before the diving accident that

made him a C-5 quad. The choice of a graduate school was challenging for John because it meant deciding between two ways of life. The University of Illinois Law School was wheelchair accessible and the law school near his Ohio home was not. "I could either stay in my own social atmosphere and have the support of family and friends but a hard time with architectural barriers, or go to an unfamiliar area and work like hell to be self-sufficient. I chose to stay at home. I had to commute thirty miles every day, but was lucky in finding a good driver who helped me all the time I was in law school. We would arrive in time for my 8 a.m. class and my driver would wait until I was through at noon. He still helps me on weekends."

In 1961 John married Carol, whom he had met in 1956 while he was a sophomore at Denison and she was a sophomore at Wayne State. Carol continued to work as an occupational therapist for four or five years after their marriage until John was through school and earning enough to be their sole support. Over the next years they adopted two babies. Their boy is now ten years old and their girl is seven. John feels there are few differences between a father who is disabled and one who is able-bodied. He has to use words instead of actions to discipline and there are a few more worries and missed balls when he throws a baseball with his son.

John's law office is in his home. He thinks case research is the most difficult part of his work. Then he "closes all the doors, shuts off the phone, and starts to search out the facts."

John is assisted with his morning care by his wife. His experiences with attendants have been largely unpleasant with the exception of his long-time weekend helper. Agencies he has found to be of little help, leading him to the conclusion that hospitals are the best places to find attendants. If a person needing an attendant does not make regular visits to a hospital for therapy or checkups, John suggests talking to a rehabilitation counselor for referrals of possible attendants.

For about ten years John served as a councilman in his community. Active in many of the decisions and policymaking that shaped the growth of his city, he strongly feels that everyone should serve a couple of years in public office. "You will learn what is involved in decisions, how they are made, by whom, and how much they cost. It's a real education." While still quietly active in community affairs, John has determined that his law practice deserved more time and, therefore, decided to leave local politics to others.

One of the less public and publicized ways that John now helps others is counseling families with spinal injury members. He waits for six or eight months until the doctors know whether the disability is permanent or not, and then contacts the family. He offers to share his experience and information with them so they will realize there is still hope for a full life and learn some of the ways to attain it. "I wish someone had done it for my family," says John. "I was an only child and my parents were worried sick. They were in the dark about my prospects for a normal life and didn't know where to turn for help. Luckily, they chose the right place to send me, the Institute for Physical Medicine and Rehabilitation in New York City. There I saw many other young people in wheelchairs and many who had been in them for several years. I began to think that maybe life wasn't hopeless after all. It's much easier to solve problems when you can compare with others in the same condition. It took me a while to get my head back on and I want to help hasten that process for others.

"If it were possible, everyone should go to law school for a couple of years, whether they want to be a lawyer or not. It unlocks a lot of doors, teaches you the way our society works, and grants a lot of opportunities. Just two years would do it."

John is a member of the Exchange Club, the Junior Chamber of Commerce, two fraternities, and the Cleveland and Ohio Bar Associations.

Address: John H. Parker, 31300 Lake Road, Bay Village, Ohio 44140. Ω

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Lowman, E. W. Special typewriters. *Postgraduate Medicine.* 1964.

Lee, F. L. New promises in reading by listening. *Proceedings 1972 Carnahan Conference.*

Martin, J. K. How automation will affect the future vocational goals of the multiply handicapped child. *Canada Journal of Occupational Therapy.* Spring, 1967.

Modic, S. (Editor) Typing's Dvorak: Has the time come? *Industry Week.* December 2, 1974.

Moon, J. H. The development of a monitor voice for the blind. *Department of Electrical Engineering, The University of British Columbia,* Vancouver, Canada.

Nickells, R. F. Jr. The design of an optimal typewriter-like keyboard. *Thesis, Master of Science in Engineering.* Lehigh University, 1973.

Parkinson, R. The Dvorak simplified keyboard: forty years of frustration. *Computers and Automation.* November 1972.

Perron, J. Typewriter control for an aphasic quadriplegic patient. *Canada Medical Association Journal.* 1965 (557-559).

Proscia, V. A. Vice President, Telesensory Systems. *Personal telephone conversation.* May 24, 1976.

Serridge, B. Typewriting—new and improved! *The Center Line.* Western Electric Engineering and Research and Corporate Education Center. November 15, 1973.

Schneider, Katherine, Department of Psychology, University of Arkansas at Little Rock. Personal telephone conversation of December 8, 1975 and other conversations. Dr. Schneider is a psychologist, a typist, and she is blind.

Taenzer, J. C. Toward improving the optacon. *Proceedings 1972 Carnahan Conference.*

Tomasek, D. J. Assessment of audible feedback keyboard in training of blind typists. Research proposal submitted to Dr. T. Smith, University of Central Arkansas, 1975.

Tennis

A Therapeutic Sport for All Levels of Disability

Jack Kenney, an outstanding tennis player and a talented and gifted teacher, has been operating his well-known Tamarack Tennis Camp in New Hampshire for many years. During recent winters he has been volunteering his teaching talents, working with disabled and retarded children and young adults. He has traveled all over the New England area at his own expense, demonstrating to recreational and physical therapists the benefits to the disabled when tennis is included in the regular exercises.

He has worked out ingenious methods of teaching, such as using fleece balls or balloons or holding a tennis ball by Velcro to a string suspended over the lap of a person in a wheelchair who can tap it with a forefinger or mouthstick. He has mimeographed step-by-step lists of exercises and games that cover every type of tennis that can be played singly or in groups, starting with the lowest-ability groups and working through to whatever level an individual can reach.

One of the first rehabilitation centers to use his tennis teaching methods is the Crotched Mountain Center, a comprehensive rehabilitation center located at Greenfield, New Hampshire. After several years of experience it is very enthusiastic about the benefits of his tennis program to its disabled children and adults. William W. Roots, director, Public Affairs, at Crotched Mountain Center responded enthusiastically to the *Gazette*'s inquiry about Jack's program there. The following are excerpts from a recent letter from Mr. Roots:

"Jack is a devoted gentleman who goes about his work expecting no accolade for the long hours he devotes.

"Here at Crotched Mountain, as at many other facilities geared to physical restorative care for the handicapped, few and far between are the situations where any youngster actually looks forward to an exercise period, but through the efforts of Jack Kenney, assisted by our own physical education staff, tennis has become an exercise period which is anticipated with joy rather than dreaded as a routine.

"Nearly every one of the 170 school aged handicapped children at Crotched Mountain participates in one manner or another in the tennis program established by Jack Kenney.

"Most important is the degree of improvement we have noticed in numerous cases with respect to greater body utilization and range of motion experiences by those children participating in the tennis program.



Jack Kenney, outstanding tennis player and teacher, lends his skills to teaching retarded children at Laconia State School.

"Standard physical and occupational therapy exercises can be quite boring to young children and teenagers. With the use of tennis we are accomplishing prescribed exercises but those undergoing the exercise think of tennis as a game, rather than participating in just another therapy session. In fact, we do not call tennis here a type of therapy just for that reason. . . . I can say without reservation that those participating in the tennis program look forward to each session.

"Learning a skill such as tennis and doing it well is quite an accomplishment and a definite confidence builder. This additional confidence cannot help overlap into other critical areas such as education. Nothing

can be substituted in the rehabilitation process for a definite, firm and positive success experience and a successful experience is exactly what has come from the tennis program here at Crotched Mountain."

Jack's success with teaching tennis to the disabled and the retarded has made him a "crusader" and he will welcome inquiries from therapists and share his mimeographed exercises. He is also interested in knowing of the experiences of others with tennis as a therapeutic exercise.

Address: Jack Kenney, Tamarack Tennis Camp, Franconia, New Hampshire 03580. Phone: 603-823-5656.

Skiing by a T12-L1 Para

by David Lendle

Skiing was a big surprise to me! It all started when a girl I met at the hospital in Rochester who is a T12-L1 para was talking about a guy who teaches handicapped skiing. Before I knew what was happening she called a friend of hers who works at his ski resort and everything snowballed so I was at the resort in Colorado four days later.

The instructor's name is Ed Lucks, a really amazing person. He's been teaching handicapped for quite a few years. He invented the outriggers, which are Canadian crutches with small skis attached.

I was skiing down the smallest hill the first day and went half way up the mountain the last. What a fantastic feeling! Ed and one other person, sometimes his wife, would ski each on a side with a pole between for me to hang on to. This was to get me used to the skis and help me until I found my balance position.

The balance was the biggest problem, but Ed had all kinds of ideas. We had the front of the skis clamped together and a rope around my ankles. This kept me in a perfect parallel position. I graduated off the pole the third day, highest in my class. I then used their thumbs to give me the little balance still needed. I also used a small brace on my left leg (the stronger one) to keep it straighter. We would try the outriggers intermittently, but I hadn't got the balance down well enough.

All this time we were working on the smallest hill (Fanny Hill—well named, believe me!). The last day, Ed asked if I wanted to go up half way. Wow! He sure didn't have to ask twice. So up we went and up and up the mountain. It was really a breathtaking look at the scenery. We took all the intermediate slopes. We fell about three times and almost hit a tree once, but otherwise had a safe run down.

Sounds like a fairy tale, right? Would you believe it was all free! Everything except my flight and the lodging with my friends was picked up by the Aspen Ski Corporation.

Address: David Lendle, RFD 3, New Auburn, Wisconsin 54757.

Books

by Donna McGwinn

Please Know Me As I Am

A Guide to Helping Children Understand the Child With Special Needs. By Margaret C. Cleary. Jerry Cleary Company, 25 Ronald Road, Sudbury, Massachusetts 01776. 1976. $3.95. Cleary is a rehabilitation nurse consultant who, with the help of federal and state funds, introduced a curriculum of discussion and experiment in the Sudbury, Massachusetts, school system to acquaint and familiarize children from kindergarten to grade four with their peers with special needs. Special needs is regarded as a more positive term than handicaps.

Eleven suggestions for sensitizing children to the feelings of those with special needs are described. For instance, to better understand those who cannot see, certain children were blindfolded and paired off with others who were not. Each of the pair performed certain activities together and then both shared their feelings with each other and the class.

These experiments are imaginative, positive, effective and well described in this book. Appendixes include the names and addresses of resource agencies, an annotated bibliography of books for children through the eighth grade which reinforce learning and understanding of those with special needs, and listings of pamphlets and audio-visual aids.

Trapped

By Betty Banister, Western Producer Prairie Books, 446-478 Second Avenue, North Saskatoon, Saskatchewan, Canada. 1975. Paperback. This story is

Donna McGwinn has been a respiratory polio quad since 1953, dependent upon full-time aid and typing and writing with her feet. She studied the art of writing via correspondence courses from the University of Chicago and has had articles published in national magazines. Address: Box 267, Grand River, Ohio 44045.

told in 100 pages and a somewhat staccato style that intensifies the emotion and flow of action. The author's effectiveness in recounting the first days and weeks after getting polio could be felt by this reader in shivers of remembrance. Even the avoidance of looking at and coping with one's most personal problems, an avoidance we all experience at some time or another, is described. In this case the problem is the uncertain, declining state of the author's marriage.

Betty Banister was a young wife and mother whose life was radically changed by disability. In time she worked her way out of the iron lung and still spends much of her time in a chest respirator and rocking bed. Limited finances prevented her from leaving the hospital where she has lived since the onset of polio in 1953. What this confinement did to Betty and her family affirms the wisdom of present practices of helping the disabled leave hospitals and other institutions and establish normal lives.

Betty discusses her selfishness during the early years of her disability and the depression that kept her from wanting to do anything except lie in bed. With the help of her family and hospital staff she began to take more interest in herself and life, attaining acceptance of her limitations and recognition of the many joys still possible.

Uplift

What People Themselves Can Do. By the United States Jaycees Foundation. Olympus Publishing Company, 9327 East Ninth Street South, Salt Lake City, Utah 84105. 1974. This is a super book. It contains 458 pages of stories about disadvantaged people who have helped themselves and others to improve their lives. The foreword is by M. Carl Holman, president of the National Urban Coalition. He states, "For the first time, people involved in successful self-help efforts are sharing their experiences on a large scale to encourage others to follow in their footsteps and to help others to avoid their mistakes."

Areas covered are economic development, education, employment opportunity, housing, social services, health services, offender rehabilitation and community organization. There are from 10-15 stories in each section. They are short, from 4-6 pages, and easily read capsules about people organizing to fix up their homes, provide community health services, work themselves back into society after illness or imprisonment, channel misdirected energy into acceptable, profitable actions, and help themselves when society has given up on them. A people-packed, helpful, inspiring compilation.

Light a Candle with Multiple Sclerosis

By Herbert Cochran, 513 9th Avenue, Coralville, Iowa 52241. 1975. "If every man lights a candle, a million lights shall glow, and there shall be no darkness," is a Chinese saying by which Cochran tries to live. His autobiography is full of facts about his life, philosophical musings, business advice, family pictures, and some information on multiple sclerosis, a disease which he has had since 1936. The book is self-edited, printed, and distributed.

Silent Victory

By Carmen McBride, Nelson-Hall Co., 325 West Jackson Boulevard, Chicago, Illinois 60606. 1969. $5.95. For those who have had or whose loved ones have had aphasia, there is no encouragement or help quite as meaningful as that given by someone who has been through a similar experience. This is the reason Ben and Carmen McBride decided to write a book. When Ben had a stroke and a resulting loss of speech in 1956, there were few other than very technical books to refer to for help.

Carmen finally wrote the book by herself. In the six years between the onset of Ben's stroke and his death either there had been no opportunity or he had not enough energy to help her. It is a personal story full of information about interpersonal daily living for and with the aphasic, and one of the most tender, moving love stories I have ever read. Ben and Carmen knew each other from childhood, were married almost 50 years, and when Carmen states that their communication reached its deepest level after Ben's stroke, the reader knows this couple had the epitome of closeness. Whether or not your life has been touched directly or indirectly by aphasia, this is a beautiful story.

The many ways a person can assist a loved one to readjust to life without speech are woven into the story. There is also an appendix with hundreds of words and the different spellings Ben made of them.

So Your Child Has Cerebral Palsy

By Gil S. Joel, University of New Mexico Press, Albuquerque, New Mexico. 1975. No mere review can do justice to the excellence of this primer for parents of cerebral palsied children. It is equally pertinent to all children with or without disability. A master of easily read, succinct prose, Joel packs all of his best advice into 53 pages. His knowledge came from four decades of living with a severe form of CP and his acquaintance with many others with the same disorder.

Joel touches on all phases of development from birth to adulthood, employment, marriage, and parenthood. His main lessons spin off from his beliefs that the duty of parents is to make themselves unnecessary and life is to be enjoyed. In his list of priorities for CP's, No. 1 is, "He must have a deep and abiding faith in his own value as a person and be fully aware of his own sexuality." He writes of the lifelong need for physical contact and affection and how regularly the disabled are deprived of them. Stroking and cuddling should be part of their introduction to life and the expectation of its continuance in marriage part of their adolescence and maturity.

New Light of Hope

By Bill Kiser, Keats Publishing Co., 212 Elm Street, New Canaan, Connecticut 06840. 1974. $7.95. Bill Kiser has experienced all the frustration, rejection, humiliation and sense of worthlessness that are part of having cerebral palsy. His autobiography deals frankly and personally with the problems and people he has encountered. He anticipates that it "will probably infuriate seventy-five per cent of the people who have worked with me," and he may well be right for it is an angry book.

Kiser's anger finds positive outlets, however, such as this fine book with which thousands of people will be able to identify and the amazing improvement in physical and emotional control that many proclaimed impossible. Relentless struggle characterizes much of his life, but he also has many spectacular successes that prove his belief that "there is in each of us a history and destiny which need not be determined solely by our condition."

A Home is Not a Home

By G. Janet Tulloch, Seabury Press, 815 Second Avenue, New York, New York 10017. 1975. $6.95. The subtitle of this book is "life within a nursing home." It is autobiographical fiction by a woman in her mid-forties who is disabled by cerebral palsy. Tulloch has lived in a nursing home for ten years and her perception, sensitivity, and excellent writing combine into a vivid, inclusive portrait of daily life in an institution populated mainly by the aged and ill. The foreword is written by Senator Charles H. Percy of Illinois, who calls this a "disturbing book."

Exploitation of patients and possessions, staff and volunteers' inability or unwillingness to relate to patients as people, the atmosphere of impending and living death—no aspect of nursing home living is left out. Although the author adjusts well to this environment and continues to live an active life outside and produce a book inside, the reader may wonder why an alternative living arrangement was not chosen by the author/main character. The reasoning appears to be that the alternatives ". . . involved the same degree of dependency on a different group of people." A deeper reason might be found in the closing sentence, where the main character reflects on the several-times-emptied wine glass of the senile mother of friends left after a Christmas gathering, "After all, Granny's cup did belong to them all."

The aging process is our common denouement and Tulloch shows that each deals with it in a different way, some miserably, some triumphantly.

Putting the Ill At Ease

By Evelyn Wilde Mayerson, Ed.D., Harper & Row, Publishers, Inc., 2350 Virginia Avenue, Hagerstown, Maryland 21740. 1975. $9.95. Although written for medical personnel, this book can be read with benefit and enjoyment by anyone. It focuses on communication between the physician and patient, describing the patient's feelings in different states of illness or incapacity and how the physician can read and respond, both verbally and non-verbally, to those feelings for optimal effect. As most of us or our loved ones have been "patients" at one time or another, we learn a lot about ourselves and all human beings.

Mayerson, who is associate professor of psychiatry at Temple University School of Medicine, writes of the art of medicine, "the compassionate part of the patient-physician contract." The sources of quotes to introduce her chapters range from T. S. Eliot to Shakespeare, a wide array analogous to the wide scope of Mayerson's human understanding. I found the chapter on the elderly patient particularly moving and helpful.

It might be a good idea for readers to give this book to their family physicians for Christmas. That way it would be a gift to ourselves too.

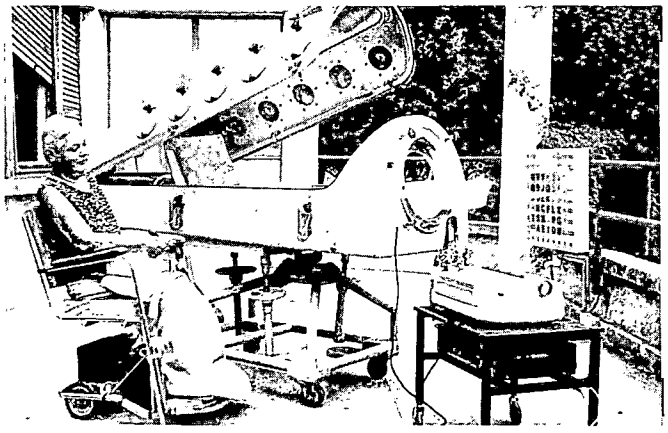
Friends Around the World

"Nun möchte ich ebenfalls mit andere amputierten Frauen aus U.S.A. Kontakt aufnehmen und Briefwechsel führen, eventuell sogar besuchen. Dabei möchte ich auch die englische Sprache lernen. Seit 4 Wochen besuche ich bereits einen Sprachkursus.

"Ich bin 39 Jahre alt, habe ein Auto und führe meinen Haushalt alleine.

"Ich beantworte sofort jeder Brief in Englischer Sprache und würde mich über viele interessenten freuen." *Rosemarie Hessler, D 6000 Frankfurt/M-50, Jasperstrasse 87, West Germany.*

"I am a youth professing The Christian Faith. I am also a handicap having both my lower limbs affected with poliomyelitis right from the age of 3, at present I am aged 23. Last year I completed my studies, I have passed the BA (Hons) and LLB exams and am now employed in a local private firm for a meager salary. . . . In order to overcome the public transport difficulty I have been forced to purchase a 3-wheeler cab and I have taken a loan and am paying an exhorbitant interest of 16½% to the local bank. In the light of the afore, I earnestly pray if any association of han-



"I have a magic, electric and electronic typewriter from England." Vera Stadler, Budapest 23, 9 F 14, Hungary.

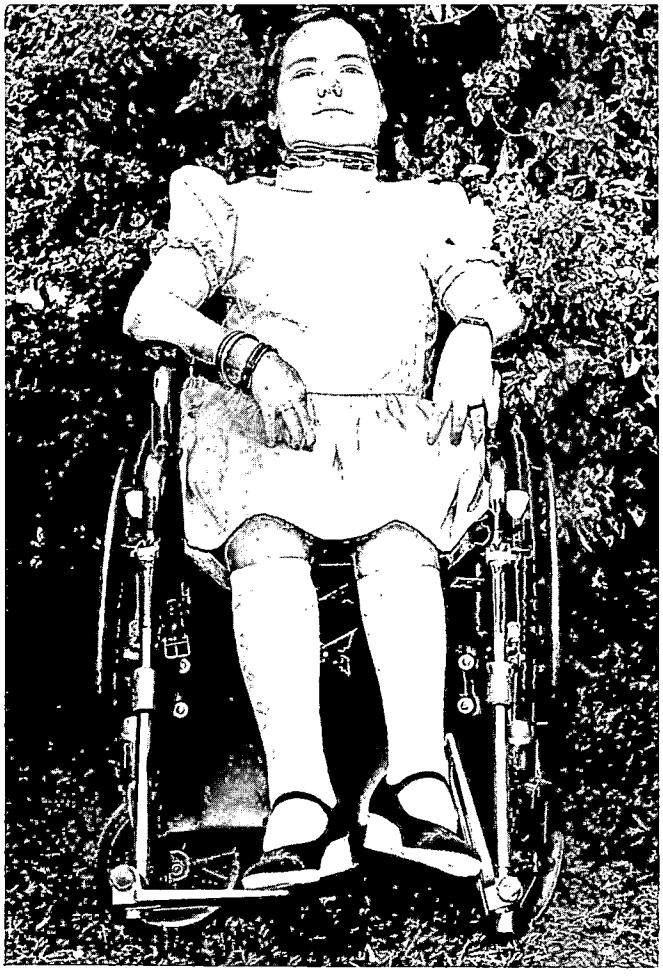
dicapped could assist me financially in whatever small measure as a sympathetic gesture towards a genuine and deserving cause." *William S. Rebello, 146/Malbat, Margao 40361, Goa, India.*

"I was diagnosed as having Severe Poliomyelitis Scoliosis with collapsing spine in 1957 when I was two years old. I stayed in a Rehabilitation Center for two years and now I'm living with my parents and sister. I attended classes in school through junior high school. I have been taking English courses and studying painting. I paint pictures and porcelain pieces and sell them at home. I collect stamps and postcards. I enjoy music, reading and going to the movies. I have a Volkswagen bus but I need someone to drive for me. I would like a motorized wheelchair but the Brazilian factories don't make them and to import one is very expensive. . . . I can't find words to tell you how good the *Rehabilitation Gazette* is. You can find everything that can interest you in it. I would like to translate the articles that can be adapted to Brazil into Portuguese and be its representative here for I have been working to help disabled people in Brazil." *Marisa do Nascimento Paro, Rua Joao Ramalho, 145, apto 102, Perdizes - 05008 - São Paulo - São Paulo - Brazil.*

"In December 1975 I went to Hungary to visit my girl friend with whom I have been corresponding for three years. She has a 15 year old son. On January 20 we were married in Budapest. . . . A *Gazette* friend, *Vera Stadler,* had an important role in our marriage. When my attendant had to return to Houston on January 15th, I had to find someone to help for an additional week so the wedding could take place in Budapest instead of in Houston at a later date. I went to visit Vera, Geza, and others at Baba Ut and when Vera found what my problem was she went to work and found a young man who works there part-time to help me out. Vera and others deserve all the credit for making my visit and especially our getting married in Budapest possible." *Phil Clarke, 2550 North Loop West, Suite 101, Houston, Texas 77018.*

"The situation here has changed so much in the last few years. Inflation caused many of the residences for the disabled to close; now everyone is preoccupied with the new dollar/peso ratio. . . . I have rented a larger house. I have good aides and can take a few disabled men or women as residents. Ken's residence for men, La Morada, is still going strong. . . . *Associacion de Lisiados de Jalisco, A.C.,* a young group with a spirit of independence, is growing. They print a newsletter and they have just raffled off a car. With the proceeds they bought a 6-wheel-chair-passenger van to transport their wheelchaired members to and from work. . . . Padre Gallego from Spain is in Mexico City trying to establish the *Fraternidad Catolica De Enfermos* in Mexico." *Eileen Van Albert, Apdo 5-208, Guadalajara, Jalisco, Mexico.*

"I have multiple sclerosis. I would like to read more of the personal articles by MS patients that were in the '75 issue of the *Gazette.* Dick Farr's article was gratifying. I said to myself, I'm not alone. I chuckled upon reading Selma Sack's article. How about implementing a pen pal program for MS patients?" *William Ferrer, 350 Prospect, Mamaroneck, New York 10543.*



The GAZETTE's new international correspondent, Marisa do Mascimento Paro of Brazil, is planning to translate the GAZETTE into Portuguese.

"I want to write to men 35 to 45 years of age in the USA and foreign countries. I can speak Romanian, but I can only read and write in English. I am 35 years old, 5'2" tall, and weigh 109 pounds. I like to be outside in the fresh air and sun. Some of my interests are writing letters, watching TV, and bowling. I have the adult type of muscular dystrophy and I am dependent on a wheelchair. I had ostomy surgery for urine and I would like to hear from readers about how to attach the stoma ring." *Betty Jean Toth, 111 Third Avenue, Roebling, New Jersey 08554.*

"I would like to find more people to correspond with, especially others similar to myself (born without arms or legs but wear artificial limbs). I now have an Associate Degree in mental health. While I look for a job, I am painting and writing. I wrote a short story that was published in *Exceptional Parents* magazine." *Terry Haffner, 4600 Dorarrow Drive, Fort Wayne, Indiana 46825.*

I became 100% disabled overnight in January 1974 due to a complex nerve and muscle problem, coupled with Parkinson's and diabetes. . . . I am 53 years of age and have been an avid camper for many years. Thru the 1974 *Rehabilitation Gazette* and a camping magazine I located a club for handicapped campers, the Handicapped Travel Club, Inc. It is an utterly fantastic organization. The friendship, good will, and assistance are the greatest. It has brought new meaning to my life, especially in the field of outdoor recreation and camping therapy, by overcoming problems while traveling. I am now Illinois director of this national club and I urge other disabled to join the HTC! *Hugh J. (Fritz) Saynor, Sr., PO Box 47, Genoa, Illinois 60135.*

"I would like to correspond with others who have cerebral palsy, both men and women. I walk on crutches, I am 22 years old. I work at NASA Johnson Space Center in Houston. My interests are reading, music of all kinds, embroidery, and anything I can do to help the handicapped." *Connie M. Moore, 308 West Allendale, Pasadena, Texas 77502.*

"I would like to introduce our organization, Handicapped Aid Program (HAP), which was formed in 1972 to help disabled persons in the hobby of shortwave listening (SWL). HAP provides the following free services for its disabled members: equipment loans, membership in a SWL club, a HAP pal to assist, and taped bulletins for blind members. Many shortwave listeners progress into amateur radio and others into citizens band. I shall be glad to answer questions." *Lawrence I. Cotarin, 8041 North Hamlin, Skokie Illinois 60076.*

The September 1976 issue of England's Spinal Injuries Association *Newsletter* has the following item: "There is an offer of a free service for disabled people from *International Correspondence Service, PO Box 10, Matlock, Derbyshire, England.*"

"I'm a teacher now. My life is quite normal though my right leg is paralyzed. I would like to ask if anyone knows of some new gadgets in the U.S.A. I mean an electronic or electric prosthesis which works on the muscles of the leg." *Damiano Lisciandra, Via Corridoni 22, Milano, Italy.*

"Several years ago I had a suprapubic cystostomy. Finally, I learned to keep a silicone-Elastomer-coated catheter in for almost a year and stay free of infection. I have a way of cleaning out the lime every week or ten days. I never irrigate the bladder. My urologist sanctioned what I have been doing to keep the catheter clean. . . . If anyone has questions I'll try to answer them. . . . I have had multiple sclerosis for 30 years." *Rev. Homer L. Harris, 5091 Clayridge Drive, Apt. 215, St. Louis, Missouri 63129.*

"If anyone knows of used electric wheelchairs or electric hospital beds, I would appreciate their being channeled my way. I am a paraplegic of long standing (sitting)." *R. E. Patterson, 2309 Langford Avenue, Modesto, California 95350.*

"Friendship's Door is a pen pal club in which disabled persons can either write letters or tape cassettes to one another. If you are interested, please write." *Maxine Gabe, 2671 Emory Drive East, Apt. L, West Palm Beach, Florida 33406.*

"I'm the president of the Florida Chapter of FAGA, Inc. (Freidreich's Ataxia Group in America, Inc.) I would like to locate members for my Florida chapter. Someday (soon we believe) there will be a 'breakthru.' Love, hope, and research will conquer." *R. G. Bird, 17715 Gulf Boulevard, #712, Madeira Beach, Florida 33708.*

"My patient and friend Bruce Hopkins ('75 *Gazette*, page 35) is now married to girl in picture and is living at his own home all the time." *Philip Wrightson, 18 Crocus Place, Renmera, Auckland 5, New Zealand.*

Housing and Home Services

by Gini Laurie

A bountiful thanks to all the *Gazette* readers around the world who helped with the book, *Housing and Home Services for the Disabled.* Your personal experiences with independent living and attendants, your adaptations to your homes, your homemaking techniques, your specialized equipment, and your information on worldwide housing projects and experiments give the book a special quality.

Putting the book together over the last three years has been exciting, enlightening, and a tremendous amount of work. It has also been a joy to work with the perceptive and exacting editors of the Medical Department of Harper & Row, Publishers. (To order a copy, see the details on the page inside of the front cover.)

My continuing reaction to these experiences of independent living and to these housing projects around the world is one of pride in the accomplishments of the individuals who are disabled, of the involved organizations, and of the parents of individuals who are mentally retarded. Universally, governments have not initiated housing for the disabled. It has been initiated and accomplished by individuals and voluntary organizations by fighting for support from governments and by donations from the general public.

SUPPLEMENTAL REFERENCES. The book, *Housing and Home Services for the Disabled,* includes extensive references to literature related to housing and independent living around the world. Following are a few additional references to supplement those in the book. Most of them became available after the book had been finalized. There also some pertinent references in the "Architectural Barriers" and "Independent Living" sections of "Potpourri" in this issue. Future issues of the *Gazette* will continue to add material so that, in effect, they will function as a supplement to the book.

Disabilities and Housing Needs. By Anders Gustavii. 1975. Basic information on the special needs in the homes of certain categories of disability, such as allergy, cystic fibrosis, epilepsy, hemophilia, impaired sight or hearing, extremely short stature, etc. $3.50 from ICTA Information Centre, Fack, S-161 25 Bromma 1, Sweden.

Freedom of Choice. Housing Needs of Handicapped Individuals. Report to the President and to the Congress by the Architectural and Transportation Barriers Compliance Board. Reprinted August 1976. This very informative publication is free from the Architectural and Transportation Compliance Board, Washington, DC 20201.

Funding Guide for the Removal of Environmental Barriers. A summary of federal sources. Free from the Architectural and Transportation Barriers Compliance Board, Washington, DC 20201.

Help at the Door. A Manual on Home Services for Individuals with Cerebral Palsy and Other Developmental Disabilities. Compiled by Irving R. Dickman. 1975. $2 from United Cerebral Palsy Associations, 66 East 34th Street, New York, New York 10016.

Home is A Good Place. A national perspective of community residential facilities for developmentally disabled persons. By Gail O'Connor, PhD. 1976. $4.95 from American Association of Mental Deficiency, 5201 Connecticut Avenue, NW, Washington, DC 20015.

Housing and Environment Project 1971-1975. Final Report to the Administration on Aging by the Gerontological Society, One Dupont Circle, Suite 520, Washington, DC 20036. $11.

The Housing and Community Development Act of 1974: Impact on Persons with Disabilities. The Consortium Concerned With the Developmentally Disabled Task Force on Housing issued this report. The report covers HUD's failures to develop a program for severely and multiply disabled persons. The identified obstacles are caused by the lack of a national housing policy related to persons who are disabled, training needs, appropriateness of housing, long range financing, long range service support, and zoning. The report also discusses special problems encountered in implementing the Community Development Program and the Section 8 subsidy program. Copies of the report are available from National Association for Retarded Citizens, United Cerebral Palsy Associations, and the National Easter Seal Society for Crippled Children and Adults.

Gini Laurie, editor and founder of the Rehabilitation Gazette (formerly Toomey j Gazette), *has been working as a volunteer with persons who are severely disabled since 1949.*

Housing for Disabled Persons: Annotated Bibliography. By the Department of Special Education and Rehabilitation of Hofstra U. 1975. Free from United Cerebral Palsy Associations, Inc., 66 East 34th Street, New York, New York 10016.

Independent Living: New Goal for Disabled Persons. By Irving R. Dickman. 1975. 35¢ from Public Affairs Pamphlets, 381 Park Avenue South, New York, New York 10016.

Residential Environments for the Functionally Disabled. 1976. Final report to the Architectural and Transportation Barriers Compliance Board by Housing and Environment Project, Gerontological Society, One Dupont Circle, Suite 520, Washington, DC 20036. $9.

Learning to Live Independently. The examples of individuals in the book reflect the gradual evolution from segregation toward the goals of a normal freedom of choice of lifestyles within the community and a normal transition within the limits of each individual's potential and personality. Some of them learned the techniques and skills of independent living through trial and error, many learned through service organizations of the disabled such as the Center for Independent Living, and others learned through various combinations of groups of disabled individuals in apartments or houses.

Among the apartment projects within the community detailed in the book is that of the Glass Mountain Inn, Inc. (GMI). This experiment evolved from one person's dream of a segregated facility to a group of individuals who live in apartments and share attendants. The group in the original apartments is now full and GMI is faced with the problem of expanding at the present location or in small units elsewhere in the community.

In the August, 1976 issue of GMI's publication, *Feedback Journal,* the editor, Alice B. Kendall, summarizes the members' dilemma, the value of their five years of experience, and the importance of learning how to live independently.

Possibilities of HUD's 202 Housing. Alice Kendall's article, which is reprinted in full, is important for all who are considering any kind of housing. It is particularly timely because of the recent expansion of funding of 202 housing for the elderly and disabled. This could result in too much segregated housing for the disabled; it should result in transitional housing that would be a way of learning to live independently and to exercise freedom of choice—including the choice to live in segregated housing.Nonprofit groups that are working with HUD on 202 housing should try to prevent all the housing from becoming a "cast in bronze" one-time solution without a choice and to make 202 housing projects function primarily as transitional centers for learning to live independently elsewhere in the community. Ω

How Big is Too Big

by Alice B. Kendall

The GMI living experiment on Del Monte Drive has been alive and growing for about five years. It obviously provides a viable and valuable experience for those handicapped people who are able to live independently with the help of an attendant. Many of the original settlers on Del Monte still live happily within the group. There are also a number who have moved away, to be replaced by newcomers. Some have left because they could not make the adjustment from home or hospital, or because they required more physical care than an attendant could provide. Others have departed because they felt that group living stifled their individuality and inhibited their freedom. These have succeeded in finding their own apartments elsewhere in the community.

Experience shows us that independent living contributes substantially to the physical, emotional, and spiritual well-being of those who are able to take the leap and make the adjustment. It is also evident that the young adult can survive this change of environment much more readily than those who have been too long set in their ways and waited upon hand and foot.

In the beginning, the grouping of apartments is helpful. This makes possible the sharing of attendants (to allow for time off), and the opportunity to share experiences and learn from one another. However, after an individual has made the initial adjustment, he should be able to leave the group, set out on his own initiative, and make his own way without group support. He should be ready and able to live in his own apartment, wherever he may choose in the community. It might be advisable to limit group apartments to clusters of three or four. These could serve as starting points or way-stations toward further independence, rather than the end-point.

We say this because when a large group lives in a close-knit unit, subtle changes may occur within the

individual member. Over a period of time, a group order, group mind, group lifestyle may readily develop. Interdependence tends to promote a false sense of security, wherein the individual may be swallowed up in the group. He may, little by little, surrender his ideas, his independence, for fear of losing his place in his secure social unit. Disagreements may lead to formation of cliques and the establishment of a pecking order. Finally, rules and regulations must be formulated to insure an orderly existence. Who then will determine the rules? It may be the clique or the head of the pecking order who will decide what is best for all. But such decisions should be made via the democratic process, with all members of the group participating. These are the problem situations which may arise when a group becomes too big.

We believe that group living should be a way-station en route to greater independence, not an end unto itself. We feel that such way-stations should be limited in size, for the well-being of all concerned. We hope that the handicapped who adopt the independent lifestyle will move out individually into the community as soon as they feel able. We know that when this happens, the community will more readily accept the handicapped in its midst. Ω

Bureaucratic Disincentives

by Beverly Baer

Probably the most important turning point in my life occurred during the summer of 1974, when I was accepted as a resident at Creative Living, an 18-unit apartment complex for severely disabled people who work and/or attend school. That turning point was the bridge between 19 years of education and that which I am working to become: a competent social worker, an outstanding artist and musician and the author of poems and a book.

In 1949, I had polio at 12 and am paralyzed with the exception of my hands, wrists and biceps. In 1955 I graduated from public high school and in 1961 I got my A.B. degree in psychology from Wilmington College, a Quaker liberal arts college in Wilmington, Ohio.

It is interesting that the Ohio Bureau of Vocational Rehabilitation did not accept me as a client until I was a junior in college because I was "too disabled." My last two years, they paid about $200-$300 annually toward my tuition and nothing for room, board, attendants, books, equipment or any of the things that they provide assistance for today. It was like educating two people for my parents and both sets of grandparents who provided financial help for me and my roommate-attendants.

In 1969, I got my masters degree in social work from the University of Missouri. Accessible buildings and cut-away curbs were a welcome change!

Since the fall of 1974, I have been living here in Columbus at Creative Living. All residents employ their own attendants, usually university students, who provide morning and evening care. There is always a staff assistant on call at CL to provide assistance for residents when attendants are not with them.

Since I've been living here, I have been employed as a social worker with the Cancer Rehabilitation Project at the O.S.U. medical complex. The project is research-oriented and its purpose is to provide counseling and rehab services for cancer patients and their families. I'm employed part-time because I am also a severe diabetic and have many health problems from this. My diabetes often tends to be more limiting than my polio disability because I am extremely susceptible to infections and sores that don't heal very well. I almost lost my job last year because of a pressure sore that kept me down for 6 weeks. This has been a much better year. I am very happy with my job.

My greatest problem is my financial needs versus bureaucracy! My part-time salary is commensurate with my medical expenses: about $400 a month for prescriptions, doctor bills, attendants and other disability-related expenses. For almost 3 years, I have gotten SSI ($137 monthly) which pays for part of my attendant costs and Medicaid (health card issued by the state) that pays for most of my prescriptions, doctor bills and supplies. My paycheck covers my rent, food, phone, and the remainder of my living and medical costs. Without my SSI and Medicaid, my medical expenses would be more than my income each month.

Last fall, the state took away my Medicaid card. After two state hearings in which I thoroughly explained my disabilities and extraordinary expenses, the final decision of the state, made entirely on the basis of my *gross* income, was that I could NOT have Medicaid.

In May, 1976, my lawyer took the case to the Franklin County Common Pleas Court. They upheld the decision of the state and charged me $100 for court costs (they wanted $250, but my lawyer talked them out of it). The judge refused to see me in the courtroom and said, "I know what she is going to say, so there's no need to waste time listening to her." He also said to my lawyer, "If she can afford a lawyer, I'm not concerned about her." The lawyer explained that he is donating his services.

In August 1976, I received notice from Social Security that my SSI payments were being stopped. "The Bureau of Vocational Rehabilitation has informed us that you were no longer receiving their services. Therefore all of your income as of August 1976, must be counted against your supplemental security income payment. With an income of over $500 a month you were ineligible for supplemental security benefits. . . . As long as your income is more than the legal limit, no checks can be sent to you."

My lawyer is planning to continue to appeal these decisions and to have a reconsideration at the state level. This could take years! I was very disappointed that the National Association of Law and the Handicapped could not help me. I've only been able to locate two people in similar situations: a para, *sued* in the amount of SSI payments she received while working. Her transportation was so expensive that she couldn't afford to work without financial help. She finally quit her job and regained the benefits and now $50 a month will be taken out of her SSI check until her debt is paid. The other is a quad who paints with a mouthstick and has to "barter" her paintings for art supplies because the welfare department won't let her earn money.

I'm apparently a "test case" and am willing to use my situation and skills to set a precedent, so that quads who aren't able to earn $800-$1000 a month can live with independence and decency. I'll need all the help I can get from people in similar situations, organizations, agencies and anyone else who is able to provide me with information and suggestions.

The sad thing is that the State of Ohio would not hesitate to spend $600-$1000 a month of taxpayers' money to send me to a nursing home for the rest of my life, should I be willing to go. Yet fully capable people are penalized for working and being productive!
Address: Beverly Baer, Apt. 3, 445 West 8th Avenue, Columbus, Ohio 43201. Ω

Home Health Care

by Helen Wallen

Though disabled for other reasons, wearing a long leg brace with pelvic band, and using crutches, I held a responsible position as executive secretary in one of the largest corporations in New York City. At home in the evening of a workday—September 20, 1967, to be precise—I had a bad fall, breaking my right shoulder and cutting the brachial plexus. After a period of hospitalization and considerable therapy under the Extended Blue Cross Plan carried by my company, the doctors wanted to transfer me to St. Barnabas. However, knowing there was a provision for short-term Home Care in my company's policy and always hoping to continue to live independently and to return to productive work in my company, I opted to return to my apartment where I live alone.

The Home Care services of the hospital were called to take over, but to shorten a long story, I particularly would like to mention the most important phase which made the project of independent living feasible—it was the dedicated work of the occupational therapist. The OT called on me while I was still in the hospital and we discussed some of the problems. She then visited my apartment to see what was immediately required to make the transfer home possible and, together with my sister who lived out of town, they rented and put into place the necessary equipment and rearranged the apartment to make it as wheelchair accessible as possible. However, neither the bathroom nor the kitchen was usable for me and major construction work had to be designed and completed.

After my transfer home, the OT came every day to teach me how to dress myself and do all the other activities of daily living. She arranged for an overhead sling and made a hand splint to give me as much use of my arm as possible. Meanwhile, we had to plan the reconstruction work and through the efforts of the OT arrangements were made with the Institute of Rehab Medicine to come and work out the architectural plan for the kitchen while we worked with the construction people to make the changes in the bathroom.

Meanwhile, the Visiting Nurse came by in a couple of weeks; she took my temperature and tried to get me to sign up for Medicaid. When I said that I knew I was not eligible for welfare and that my particular need was for physical and occupational therapy, I learned to my sorrow some three months later that the nurse just closed the book on my case after her visit, which automatically cancelled all my Home Care after her visit and made me liable for the rental of all equipment, the therapists' continued services, as well as the expenses I knew I was facing with the reconstruction costs and the purchase of needed permanent equipment. Certainly none of what I required was available within a couple of weeks' time. How fragile is the best of ideas when bureaucratic redtape gets involved in the picture!

Therefore, I would like to reemphasize the great need for qualified occupational therapists in the Home Care picture for the period of time required to solve the problems involved, with access to the backup equipment the therapists need to accomplish the job.

This used a great portion of my lifetime savings and there are most probably thousands of others like me who have a continuing cost problem and who are not poor enough for welfare but are not really covered under Medicare for much of their real needs because they represent a chronic population. What then is the future Home Care situation to be for these people who are trying to live as independently as possible? Ω

Coordinating Attendant Care

by Etta Marie Gill

I have gone into the health care field because I have been a respiratory polio quad since I was a small child and I know the problems at first hand. I am now working on my Master's thesis. My degree will be in health administration, with specialization in long-term care.

In the last year I have developed and administered a questionnaire to study the problems of severely disabled individuals, both in and out of nursing homes. The questionnaire demonstrated that it was the lack of a source of attendants that was denying most disabled persons their independence. As a result, I have joined a consulting service, Synergy, and I have worked with several local groups to coordinate attendant care.

The San Fernando Valley Office of the Easter Seal Society asked me to write a porposal for a referral service to meet the need for a source of attendants. The grant was accepted and in June, 1976, we began the service with one full-time person in the office to answer the phone and disabled volunteers to interview prospective assistants and to do follow-up. Those whose rating scores add up to only "fair" or "poor" are screened out. At least two names are given to the disabled individual for at-home interviews. The first month we had 163 requests for jobs, did over 50 interviews, and referred 13 to the prospective disabled employers.

The service saves individuals the cost of ads and the emotional drain of interviewing. It is particularly valuable to the disabled in long-term care facilities where it is difficult to manage the logistics of an ad and interviewing and to overcome the reluctance of people to go into an institution to be interviewed. The existence of a pool of attendants removes the fear of being left stranded if an aide should leave suddenly.

The referral office coordinates the recruitment, interviewing, and referral of prospective employees to the disabled employer. At this point, the disabled employer takes over and makes all the employment agreements.

Synergy is working with the Pacoima Memorial Hospital to develop a Creative Coping Center. The creative coping approach is directed to working with the individuals affected to create ways of helping them to help themselves in all the varied problems and aspects of disability. The approach involves the patients themselves, both individually and in self-help groups, and ranges from biofeedback to patient education.

Address: 8540 Marklein, Sepulvada, California 91343. Ω

Planned Cheshire Homes in the U.S.

The problem of housing for the disabled was spotlighted by a forum on May 10 organized by Lady Ramsbotham at the British Embassy. Entitled, "The Role of the Disabled in Society," the forum was chaired by William P. McCahill. Group Captain Leonard Cheshire, a World War II hero and founder of the Cheshire Homes, described his experiences with 150 residences for the disabled around the world.

The forum, which was followed by a dinner for about seventy persons, was attended by disabled individuals, architects, government officials from the Department of Health, Education, and Welfare, the Department of Housing and Urban Development, and voluntary agencies providing services to the disabled.

As a result of the forum, a steering committee was formed of which Lady Ramsbotham is Hon. Chairperson. Lady Ramsbotham is directly concerned with the problems of the disabled because her daughter is a quad as the result of an auto accident. The committee is working with local groups to create a pilot project in Washington, DC or in Morris County, New Jersey. Efforts to organize a Cheshire Home in New Jersey have been frustrated for several years because the plans for a familylike home do not fit into any established pattern for facilities providing care. For information, write to Cheshire Home, Inc., Red Cross Building, One Madison Avenue, Madison, New Jersey 07940.

Preparing Quads for Independent Living

by Arthur Heyer

I am a mechanical engineer, a C3, 5 quad, employed by the Rehabilitation Engineering Center of Rancho Los Amigos Hospital to work in a new program called Project Threshold. The purpose of this program is to provide a homelike experience to severely disabled patients prior to being discharged, and to allow them to try alternatives of equipment and adaptive furniture before purchasing. My work in the project includes some counseling and the recommendation or design of special equipment, if unavailable on the market.

Our program has a model home next to the Spinal Cord Injury Ward. I have my office there, so equipped that I do all my work with no assistance at all. I have a desk with two revolving tables that I turn with my mouthstick. This way I have easy access to a typewriter, dictating machine, etc., on the right revolving table and reference material, like dictionaries and files, on the left table. I also have a portable desk that I "park" or "pick up" by myself, and a simple device with which I can handle any number of books placed standing on a single long shelf against the wall. All of this equipment, which I designed as part of the program, enables me to be 100% independent at work.

Aware of the tremendous need for a personalized engineering service to solve the independent living and working potentials of high level quads outside the hospital, my brother and I have just started a company called "Extensions for Independence." He is now working on orders for revolving-table desks similar to mine and a bed that rocks, turns like a Stryker, and stands up.

We are not interested in making big profits; we want to provide a necessary service, give the best of ourselves, and put talented people to work. I would like to see our business converted into a nonprofit corporation of disabled people working for the disabled.

Address: Arthur Heyer, 12501 Old River School Road, Apartment 9, Downey, California 90242. Ω

The Transportation Problem

The Red River Valley Handicaps Club has had extraordinary success in solving the problems of both housing and transportation. Founded in 1955 by Ruth Erickson, this pioneering group was the catalyst for the specialized public housing project, New Horizon Manor, which was opened in July, 1972.

After 20 years of frustration because of a lack of transportation, the club set its sights on gathering 2 million points from coupons found with Betty Crocker products. Finally, after 18 months of concentrated effort, the group gathered enough coupons to realize $8,539.86 from General Mills.

Donations furnished the balance and they bought a van with a raised roof and a CB radio. The state vocational office funded a hydraulic lift. Bookkeeping and scheduling are done by volunteers; the drivers are funded by grants and city funds. Scheduling must be done a day in advance, except in emergencies. Use of the van is limited to club members and residents of the Manor. Ω

Comprehensive Needs Study of Individuals With the Most Severe Handicaps

Section 130 of the Rehabilitation Act of 1973 directed the Secretary of HEW to conduct a Comprehensive Needs Study of the most severely disabled persons. The one million dollar contract to carry out the study was won by the Urban Institute of Washington, D.C.

In June, 1975, the Urban Institute submitted the following three documents to HEW:

- *Final Report of the Comprehensive Needs Study of Individuals with the Most Severe Handicaps.* The 854-page report may be viewed at any one of HEW's 10 regional offices. It is being printed for sale through the Government Printing Office.
- *Summary Report of the Comprehensive Needs Study of Individuals with the Most Severe Handicaps.* This 58-page report is not being reprinted.
- *Executive Summary of the Comprehensive Needs Study of Individuals with the Most Severe Handicaps.* This 41-page summary is available, without charge, from Public Affairs Staff, Room 1427, Mary E. Switzer Building, 330 C Street, SW, Washington, DC 20201.

The study addresses a few key questions: Who are the most severely disabled individuals? How many are there? What is their situation? What are their needs and how are they being met?

The study surveyed: 889 persons who were not accepted for vocational rehabilitation (VR) services or whose cases were closed because of severity of disability; a little over 300 patients of 10 Comprehensive Medical Rehabilitation Centers (CMRC) who had not applied for vocational rehabilitation; and 1300 responses from vocational rehabilitation counselors, workshops, and professional organizations and individuals.

DEFINITIONS. "The residual limitation resulting from a congenital defect, disease, or injury is an *impairment.* A person with an impairment, then, may or may not have a *disability,* an inability to perform some key life functions. When the disability interacts with the environment to impose impediments to the individual's goals for travel or work, for example, the individual has a *handicap:* that is, there are severely handicapping environments as well as impairments.

"An impairment can only be alleviated or remediated through devices or medical care. A disability can be remediated through training, or devices, or medical care. A handicapping condition, on the other hand, can be remediated through changes in the environment, or training of the individual, or both.

"Different persons react differently to a given impairment. Thus, similar impairments may result in different disabling or handicapping conditions. Some persons are more disabled or handicapped by a given level of impairment than others for reasons other than the impairment itself, such as motivation, age, education, family, and environmental or attitudinal barriers."

The study concludes that the RSA definition of the severely disabled furthers the practice of "labeling," although there is only a minimal relationship between diagnostic labels and severity.

A method which focuses on measuring functional limitations appears to have the greatest number of advantages since it is reliable, valid, and relatively easy to administer.

ESTIMATED U.S. DISABLED POPULATION IN 1975

Noninstitutional population		
Under age 18	180,000	
18-64	4,200,000	
65 and over	3,900,000	8,280,000
Institutional population		1,787,000
	Total	10,067,000

COMPARISONS OF THE TWO GROUPS STUDIED

(A) VR Group—889 turned down or closed by vocational rehabilitation because of severity:

- 12% of people rejected were working or had worked within a year.
- 31% under 45.
- Only 11% were severely or totally dependent.
- 68% had some type of equipment, such as wheelchairs, canes, or dentures.
- Youngest age group seems to have the greatest need for services.
- Age plays a crucial role in the impact of a disabling condition.
- Education generally makes it easier to overcome a disabling condition.
- "The implication of this finding is that two people with the same set of characteristics who apply for services would have different likelihood of admittance to the program depending upon the financial allotment to the state program."
- "Based on the findings of this survey, it would appear that many of this group of disabled are in need of services, and that many want to work and appear capable of working but are sitting at home, often quite isolated socially. Others who are less physically able are often even more neglected, in part due to conditions which could be changed with more careful planning for the needs of the disabled. The service and equipment needs identified are within the known ability of VR (vocational rehabilitation) to deliver."

(B) CMRC sample—a little over 300 patients of 10 Comprehensive Medical Rehabilitation Centers:

- The CMRC sample included three times as many individuals under 30 years of age as well as almost three times as many individuals over 60 years of age.
- Almost one third of the group was severely or totally dependent.
- The major physical needs exceeded those of the VR sample and included rehabilitation therapy, attendant care, and equipment.

(C) Both groups:

- More than 50% are older than 50.
- Population are largely male, married, white, and living with their families.
- "Both groups needed similar kinds of services in order to facilitate their return to work, although the CMRC population had a higher need for medical and home care services than the VR population."

PROBLEM AREAS FOR THE DISABLED

- Architectural Barriers. Local governments have made very limited efforts to eliminate barriers in public housing and facilities. . . . Public Law 90-480 appears to be weakly enforced. . . . 16% of the sample had difficulty living in or getting in or out of their homes because of architectural barriers. The major reason the barriers were not removed related to the costs of the changes.
- Transportation. Transportation services were second only to vocational placement in perceived need. . . . Most of the transportation needs of the sample were taken care of by friends and relatives. . . . Almost one-third of the VR sample go outside once a week or less. . . .

To meet the complex needs, a wide range of solutions must be explored and evaluated. Among the options are paratransit, retrofitting existing programs, tax subsidies for excess transportation costs to the disabled, and reform of existing public systems.

- Employment. Unemployment of the disabled is affected by inadequate aggregate demand, capital disincentives, employer discrimination, and lack of full employment in the economy. . . . The options for enhancing employment include "affirmative action, public sector employment, public service work programs, sheltered workshops, wage subsidies, employment quotas, and projects with industry."
- Social Interaction. Many severely disabled are socially isolated, have poor self-concept, and are prevented from participating in social activities by attitudinal, architectural, and transportation barriers.
- Mental Retardation. Retardation is the primary disability in almost one eighth of all rehabilitations. However, the severely disabled retarded are a minority.
- Blind and Visually Impaired. The aging blind constitute a majority of all blind. To attain the status of self-care they need a variety of rehabilitation services, which include home teaching, mobility services, and supportive services.
- Mentally Ill. They have a high probability of being accepted into vocational rehabilitation if they get to applicant status but they also have a high probability of ending up not successfully rehabilitated. In 1972 5.5% of all clients rehabilitated were mentally ill.
- The Deaf. One-third of all deaf people have other disabilities besides deafness. Prevalence of deafness is more than three times as high in persons aged 65 and over than in all age groups combined. The average income of the employed deaf is far below the national average.

PROVISION OF SERVICES

- The number of rehabilitation facilities should be increased and support added to existing facilities.
- A subsidy program to both workshops and individuals in a workshop setting should be considered.
- Devices for the disabled should be developed, manufactured, and disseminated. Consumer involvement should be included.
- Disincentives should be removed so that the severely disabled could work without significant penalties in lost medical benefits, income supplements, and other programs.

FINANCIAL OPTIONS. Whatever combination of state, federal, or local financing is used, programs can be funded from more than one source. Procedures should be developed by which the rehabilitation agency could pay vendors for needed services through a revolving fund. Vocational rehabilitation would then be reimbursed from the programs which finance the services such as Medicaid.

HEALTH COVERAGE. The study suggests further investigation of the costs of separating health care coverage from income maintenance, extension of health coverage to all severely disabled persons regardless of employment or income (but with reasonable cost-sharing provisions), and extended scope of services covered to include ongoing needs for equipment maintenance and replacement, attendant care, interpreters for the deaf, readers for the blind, etc.

As a minimal proposal the study suggested that Congress eliminate the rule requiring 2 years of receipt of Disability Insurance Benefits before persons are eligible for Medicare coverage.

COORDINATION OF HEW PROGRAMS. If Congress seriously expects coordination of HEW programs then it will itself have to make major efforts to reconcile differing legislative purposes and to mandate more authority to the Office of Handicapped Individuals in order to gain the full cooperation and participation of the various agencies.

CONSUMER INVOLVEMENT. Rehabilitation must make greater use of the growing number of consumer-run organizations and the growing awareness and advocacy of many of the individuals to establish a more effective program, especially in the area of services.

INDEPENDENT LIVING PROGRAM. The most crucial decision area is in regard to development of an independent living program. If the Congress and Administration feel that the self-care, homemaking outcome is as important as job placement then services would be expanded to those with severe disabilities without vocational objectives. This service program could be run by a non-public agency, a consumer-run self-help organization such as the Center for Independent Living in Berkeley, California, or by the vocational rehabilitation agency.

If any initiative is to be mounted in new areas, the study proposes that it be in the rehabilitation of persons in nursing homes and related long-term care facilities. While many persons in these institutions need some level of care and supervision, there are some who could be rehabilitated to their homes or more congenial community settings if they got some rehabilitation services. Movement to these settings could reduce outlays in Medicaid and Medicare for these individuals and offset costs of rehabilitation services.

SUMMING UP. Many disabled individuals need services, want to work, and are able to work, but they are neglected by vocational rehabilitation. Yet, the service and equipment needs identified by the study could be delivered by vocational rehabilitation.

The study estimates that only 2% of the $22 billion the government spends each year on severely disabled persons goes for rehabilitation. The rest is spent on maintenance programs.

"The Veterans Administration programs, while special expressions of appreciation for military sacrifices, nonetheless so far outstrip how we treat the nonveteran that the comparisons are embarrassing when looked at solely from the perspective of human need.

"Much technical knowledge exists to allow the severely disabled to realize their potential. Design of a goal oriented program and significant financial commitment is required. This commitment must be undertaken if the promise of providing comprehensive services is to be fulfilled."

Self-Help Organizations

- *We should share the things we learn with others so that everyone doesn't have to invent everything every time.*
- *I would like to correspond with others who have paralysis of the respiratory muscles.*
- *I hope to contact others with syringomyelia and form an organization.*
- *The pleasure I have derived from corresponding with other M.S. patients has prompted me to form a club.*

The excerpts above are taken from letters in the Friends Around the World section of the *Rehabilitation Gazette.* They express the universal human need to share common experiences. For those who are severely disabled this sharing may also include the specialized techniques of managing disability that make it less handicapping.

When the diagnosis is a rare and relatively unknown disability there is further need not only to share but to inform the medical profession and the general public as well as to raise funds for research into the cause and cure.

The following listing of specific disability organizations includes only those that are created and run *by* disabled individuals with similar disabilities. It does not include professional organizations that are *for* the disabled. Most of them were started by one disabled individual with a great deal of determination and a need to share. The story of the evolvement of the Stroke Clubs of America is typical of these self-help organizations.

The founder and president, Ellis Williamson, a Monsanto Co. employee, suffered a stroke in 1964. Following a depressing period when he could neither read nor write, he met with several others who had had similar experiences. At the suggestion of Dr. John Derrick, they formed a club to help others who had had strokes.



Dr. John Derrick and Ellis Williamson, founders of the club in Galveston which evolved into the Stroke Clubs of America.

Ellis now devotes an enormous amount of energy and time to organizing stroke clubs. All the club officers and committee members must be stroke victims. The free newsletter, *International Stroke Club Bulletin,* includes pen pals, helpful hints, reading lists, and questions and answers.

In 1973, the Galveston Stroke Club became part of the American Heart Association. As the movement toward forming stroke clubs has spread around the United States, Canada, Mexico, and England, other organizations, such as The Easter Seal Society and Salvation Army, rehabilitation centers, and hospitals have started stroke clubs.

Ellis, a certified public accountant, married and fathered three sons after recovery from his stroke. He exemplifies the main purpose of the clubs, which is to show that they can overcome handicaps and go on to lead profitable lives. "A doctor can tell a patient he understands," says Ellis, "but the patient doesn't really believe him. We stroke victims have been there. We know what it is like and we know how to help."

AMERICAN COUNCIL OF THE BLIND, 818 18th Street, NW, Suite 700, Washington, DC 20006. Durward K. McDaniel, national representative.

AMPUTEE SERVICE ASSOCIATION, 520 North Michigan, Suite 1504, Chicago, Illinois 60611.

AMYOTROPHIC LATERAL SCLEROSIS SOCIETY OF AMERICA, 11520 San Vicente Boulevard, Suite 206, Los Angeles, California 90049. H. Eames Bishop, president. (The chairman of the board, Robert G. Dicus, described in detail his experiences with ALS in the 1973 issue of the *Rehabilitation Gazette.*) Incorporated as a non-profit organization in November, 1975, by ALS-involved families, ALSSOA has a goal of raising 2½ million dollars a year for research. It is estimated that there are between 10,000 and 20,000 living ALS patients. All ALS patients are given charter membership in ALSSOA whether or not they can afford the $25 membership contribution.

AMYOTROPHIC LATERAL SCLEROSIS FOUNDATION, INC., 2840 Adams Avenue, San Diego, California 92116. K. F. Vanier, president. This organization, started in May, 1973, has no connection with ALSSOA, though both are working to raise money to fund research.

There are chapters in San Diego, Los Angeles, San Francisco, Hawaii, Tennessee, and Illinois.

ARTHROGRYPOSIS ASSOCIATION, INC., 2210 Utah Street, Carson City, Nevada 89701. Myrtle Hogan, president. Arthrogryposis multiplex congenita causes generalized contractures of the joints of the arms and legs. The Association was incorporated in 1972 to share experiences and to foster research into its causes. Viola Hamby, who is a talented artist with a mouth-held brush, edits its quarterly newsletter.

AUSTRALIAN PARAPLEGIC & QUADRIPLEGIC COUNCIL, P.O. Box 2, South Hurstville, New South Wales 2221, Australia.

BIOFEEDBACK, ETC., 412 Woodward Boulevard, Pasadena, California 91107. Sue Owen, a paraplegic, wrote of her experiences with biofeedback in the 1974 issue of the *Rehabilitation Gazette*. Subsequently, she has been in contact with many others who are trying biofeedback and various methods of controlling movement and pain. She has started a delightfully informative newsletter, *The Bumblebee*, for about 250 readers who are mostly disabled by spinal cord injury but also by strokes, polio, MS, or transverse myelitis. She will welcome readers who wish to share any kind of physical progress. The cost per issue of the quarterly is 50¢.

BRITTLE BONE SOCIETY OF SCOTLAND, 63 Bryon Crescent, Dundee, Scotland DD3 6SS. Mrs. Margaret Grant, secretary.

CANADIAN PARAPLEGIC ASSOCIATION, 520 Sutherland Drive, Toronto, Ontario M4G 3V9, Canada. Membership and subscription to its quarterly, *The Caliper*, are $2/year. The CPA is concerned with every phase of rehabilitation of the spinal cord injured, from the initial trauma through home adaptations, employment, and lifelong adjustment.

CANCER PATIENTS ANONYMOUS, 48 Cedar Valley Lane, Huntington, New York 11743.

COMMITTEE TO COMBAT HUNTINGTON'S DISEASE, 250 West 57 Street, New York, New York 10019. After the death of her husband, Woody Guthrie, the famous folk singer, Marjorie organized the Committee to reach other families with HD and to promote research into cure and treatment. Informative pamphlets and a newsletter are available without charge. In 1975, the International Huntington's Association was formed to represent groups in the United States, Canada, and Great Britain.

DEVELOPMENTALLY DISABLED, *Polling Magazine*, 122 East 23rd Street, New York, New York 10010, is the advocate of the DD consumer movement. Edited by Daniel A. Poling II, it includes sections relating to cerebral palsy, epilepsy, and mental retardation. Published quarterly, it is available without charge.

FRIEDREICH'S ATAXIA GROUP, Bolsover House, 5/6 Clipstone Street, London W. 1., England. Founded in 1964 by Mr. and Mrs. Heard of Dawlish, Devon, who published a newsletter of aids and reports on fundraising, the organization now has a London office and a professional publication.

FRIEDREICH'S ATAXIA GROUP IN AMERICA, INC., P.O. Box 11116, Oakland, California 14611. Raymond S. McCarthy, president. Founded in 1970, the organization has grown to more than 1000 members and several dozen chapters. Working along with the National Ataxia Foundation, the organization is cooperating with researchers and raising funds to increase FA research. A newsletter reports individual and chapter activities, encouraging correspondence between members around the country.

INTERNATIONAL ASSOCIATION OF LARYNGECTOMEES, 219 East 42nd Street, New York, New York 10017. The IAL is made up of several hundred "Lost Chord" or "New Voice" clubs.

LITTLE PEOPLE OF AMERICA, INC., Box 126, Owatonna, Minnesota 55060. Billy Barty, TV and movie personality, formed LPA in 1957. With a motto of "Think Big," the organization is now a nationwide, voluntary organization with a dozen districts, local chapters, and an annual national convention. The annual dues are $7.50 per person, $10 per family, and $5 for teens or children. The national newsletter, *LPA NEWS*, is published 10 times a year. The Member's Handbook contains ideas and suggestions on every phase of living, from gadgets to clothes and employment. LPA has established a foundation to encourage research and to assist agencies in the placement of Little People for adoption.

LUPUS FOUNDATION OF AMERICA, INC., 11675 Holly Springs Drive, St. Louis, Missouri 63141. Roger K. Sturdevant, president. Systemic lupus erythematosus (SLE) is variously labeled a collagen-vascular, immune complex, or connective tissue disorder. Its prevalence is estimated at two or three per 100,000. Roger, who has been disabled by SLE for more than 10 years, founded a national organization of SLE's and their families that now has 86 chapters in the United States, as well as in Canada and Puerto Rico. Its national newsletter explains medical facts in simple, nonmedical terms. Members call on the newly disabled and help each other by sharing knowledge and experience. Booklets and pamphlets are available without charge.

National Association of the Deaf, 814 Thayer Avenue, Silver Spring, Maryland 20910. Frederick C. Schreiber, executive secretary. Founded in 1880, the association serves as a clearing house for information relating to deafness. A free list of publications is available.

National Association of Councils of Stutterers, Speech and Hearing Clinic, Catholic University of America, Washington, DC 20064. Michael Hartford, president. Formed in 1974, the Association is directing its efforts toward the promotion of new self-help groups and research.

National Disabled Law Officers Association, Inc., 75 New Street, Nutley, New Jersey 07110. Peter A. Frazza, president. Peter was injured in 1963 when a stolen auto crashed into his patrol car. The accident caused permanent loss of equilibrium and he was retired. Since then he has founded and organized NDLOA for the estimated 5000 disabled law officers in the country. The aim of the organization is to further their employment and to effect legislation to provide more and better benefits. The organization has helped a number of individual members to get service-connected pensions and to retain their jobs. Operating without dues, the organization offers an information service which includes sharing the names and addresses of other disabled lawmen.

National Federation of the Blind, 218 Randolph Hotel Building, Des Moines, Iowa 50309.

National Paraplegia Foundation, 333 North Michigan Avenue, Chicago, Illinois 60601. Don A. Olson, PhD., president. Founded in 1948 by the Paralyzed Veterans of America, the NPF is concerned with both research for a cure and the continuing care and total environment of those disabled by spinal cord injuries. There are 63 chapters in 27 states. Its informative bimonthly publication, *Paraplegia Life,* is $4/year or free to members. A comprehensive list of publications relating to spinal cord injury is available.

Our Way, 4303 Bradley Lane, Chevy Chase, Maryland 20015. Nancy L. Mauzy, president. A non-profit group concerned with the problems of disabled in general and specifically with those who may be single-handed.

Osteogenesis Imperfecta Foundation, Inc., 1231 May Court, Burlington, North Carolina 27215. C. C. McNeely, Jr., president. The OIF is concerned with the genetic defect known as "brittle bones." Chartered in Georgia in August 1970, its purpose is to fund research and to exchange information between OI patients and their families. Active membership dues are $10/year. Its quarterly publication, *Breakthrough,* contains sections on pen pals, successful careers, equipment information, book reviews, and information on its nationwide chapters.

Paralyzed Veterans of America, 7315 Wisconsin Avenue, Suite 301-W, Washington, DC 20014. The PVA is dedicated to the removal of environmental barriers to benefit wheelchaired veterans and civilians and to the assistance of veterans in obtaining benefits and legislation. Its excellent monthly journal, *Paraplegia News,* is in its 30th year of publication. The subscription is $4/year or free to chapters and members.

Possum Users Association, 25 Worlds End Lane, Weston Turville, Aylesbury Buckinghamshire HP2255A, England. The members and readers of its quarterly, *Possability,* are quadriplegic and dependent upon the remote control device known as POSSUM.

Responaut, 62 Priory Road, Newbury, Berkshire, England. Margaret Haines, treasurer, will send free copies of the quarterly publication, *Responaut.* The editor and writers are quadriplegics dependent upon respirators or other gadgets because of respiratory polio or other disabilities.

Spina Bifida Association of America, 104 Festone Avenue, New Castle, Delaware 19720. Editors of the organization's newsletter, *The Pipeline:* Sandra Helton, 9 Mountain Avenue, Montville, New Jersey 07045.

Spinal Injuries Association, 24 Nutford Place, London W1H 6AN, England. The membership cost of 1£ includes the newsletter which is sent to its 1200 members.

Stroke Clubs of America, 805 12th Street, Galveston, Texas 77550. Ellis Williamson, president.

Totally Disabled Helpers Association, 217 Hullett Street, No. 3, Long Beach, California 90805. Celeste Thompson, president. In 1974, a group of former Rancho Los Amigos Hospital poliomyelitis quads led by Richard M. Carman formed TDHA to solve their transportation and attendant problems by attacking the problems together. They have achieved a Living Maintenance Suplement from revenue-sharing funds of Los Angeles County of $100/month for those of their group who need 7-day a week live-in care. In addition, they have acquired the use of a Rancho van whose scheduling they arrange. They are working for a $200/month supplement and a van of their own. One of the members runs an informal attendant referral service. The group has organized an auxiliary, Volunteer Project for In-Home Services. A newsletter keeps members informed of the latest regulations, changes in benefits, and fund-raising and lobbying activities.

UNITED OSTOMY ASSOCIATION, INC., 1111 Wilshire Boulevard, Los Angeles, California 90017. Since it was founded in 1962, the organization has grown to include 18,000 members. Its purpose is to disseminate information to persons who have lost the normal function of their bowel or bladder necessitating colostomy, ileostomy, or urinary diversion surgery. It publishes care and management manuals and *Ostomy Quarterly*.

In addition to the above listing of national organizations, that were originally created to share the problems of a common disability and then evolved to rights-seeking, there is a burgeoning number of local organizations being formed by individuals of all disabilities to achieve equal rights by eliminating the barriers that impede normal living within the community.

We would like to publish an extensive listing in the next issue of the *Gazette*. If you would like to have your organization listed, please send us the details. We would also like to be on your mailing list to receive your newsletter and to be kept up to date on your achievements. Ω

The White House Conference

The White House Conference on Handicapped Individuals will be held May 23-29, 1977 at the Sheraton-Park Hotel in Washington, DC. The Conference will be officially attended by 672 delegates who were selected at the State Conferences which were held in the fall of 1976. The delegate proportions are 50% disabled individuals, 25% parents or guardians of disabled individuals, and 25% nondisabled individuals.

The timing of the Conference is auspicious for the growing movement among disabled individuals to organize themselves to attain effective enforcement of civil rights. Planning and working on the State Conferences broadened participation in the movement by disabled as well as nondisabled individuals and fomented a spirit of determination to continue to work together, not only to make the 1977 Conference produce tangible results, but to make the results lasting through legislation, such as a Disabled Americans Act similar to the Older Americans Act.

The following excerpts from the speeches and writings of the executive director of the Conference, Jack F. Smith, who is wheelchaired by polio, effectively express this determination. "The White House Conference will have a profound effect on this nation's mentally and physically handicapped Americans. . . . The White House Conference will make recommendations for public policy to the Congress and the President which will move the handicapped of this country into the mainstream of greater dignity, independence, and full participation in community life.

"The disabled of this country are becoming not only more vocal as individuals and organizations, but also much more visible. We are becoming sophisticated as spokespersons and advocates. There is a pressing need for involvement in all policy-making efforts that impact on the disabled. . . . We're beginning to understand that litigation techniques are available, and that litigation is a reasonable avenue that is often necessary. . . . The disabled of this country are saying, 'Separate but equal is not equal.'

"One of the great benefits of this conference will be a whole new generation of disabled leaders who will understand something of the process and how to influence change. Some positive avenues to bring about change are to register, vote, and work along with other disabled persons on behalf of political candidates.

"Clearly, in the area of civil rights, the handicapped should not be denied access to training, education, or employment because of the handicap.

"Disincentives to work must be eliminated and employers either be given incentives or be required to modify jobs to employ the handicapped and provide upward mobility.

"In the area of housing, the handicapped want more options.

"Information dissemination, both in terms of benefits available and in terms of educating the general public and those individuals who influence employment and the tearing down of both the physical and attitudinal barriers must become more sophisticated.

"There's a wave of change taking place in this country and the disabled are the generating force behind this wave.

"We, as individuals, must be willing to tear down the programs that are not delivering and support those that are delivering. We need new mechanisms to evaluate existing programs and to provide new initiatives. It's an awesome opportunity. The White House Conference is required by law to develop an implementation plan; that is, to develop a plan that will insure that the Conference recommendations are followed up and executed. This has never been done before, and it sets this White House Conference apart from others.

"The Conference cannot possibly solve all problems of the mentally and physically handicapped. We will solve the major ones. . . . Cooperation—not competition—that's the key." Ω

American Coalition of Citizens with Disabilities

In many states the spirit of cooperation that was generated by the State Conferences resulted in the forming of task forces as a preliminary to joining the American Coalition of Citizens with Disabilities (ACCD) as a state coalition.

ACCD, which was established in 1974, was described in detail in the 1974 issue of the *Gazette* (pages 19-20). Since then its membership has grown steadily and it has become increasingly effective as a champion of civil rights for the disabled.

Among the national and regional organizations of the disabled that are active members are: American Council of the Blind, National Association of the Deaf, National Association of the Physically Handicapped, National Paraplegia Foundation, Paralyzed Veterans of America, Teletypewriters of the Deaf, Florida Coalition of Handicapped Organizations, Massachusetts Council of Organizations of the Handicapped, and New York's Congress of People with Disabilities. Among the associate members are the National Association for Retarded Citizens and the National Rehabilitation Association.

Member organizations retain complete autonomy. ACCD functions as a catalyst for unity in pursuing solutions to the problems that confront all members of the nation's disabled population. With one "token" exception—the *Gazette's* editor—all of the officers and board members are disabled. The 1976 officers and members are as follows:

Officers. President, Eunice Fiorito, Director, Mayor's Office for the Handicapped. First Vice-President, Charles C. Estes, National Association of the Deaf. Second Vice-President, Dr. Frederick Fay, Director of Research, Tufts-New England Medical Center. Secretary, Judy Heumann, Associate Director, Center for Independent Living. Treasurer, Louis T. Rigdon II, Planning Specialist, White House Conference on Handicapped Individuals.

Board Members. Cheryl Davis, Environmental/Service Needs Specialist, Massachusetts Department of Community Affairs. Gini Laurie, Editor/Publisher, *Rehabilitation Gazette*. Jack Martin, Coordinator, Disabled Student Services, U of Washington. Terrence O'Rourke, Director, Communicative Skills Program, National Association of the Deaf. Roger Petersen, Services for the Handicapped. Reese Robrahn, American Council of the Blind. Phyllis Rubenfeld, Hunter College. Richard Santos, Former Executive Director, Center for Independent Living. David Williamson, Staff Assistant, Programs for the Elderly and Handicapped, HUD.

ACCD has been awarded a $59,000 grant from HEW's Rehabilitation Services Administration to conduct a feasibility study and to develop a national model of cross-disability cooperation and communication. The RSA grant has allowed ACCD to hire its first full-time staff person, Dr. Frank Bowe, who will serve as project director and conduct the feasibility study. Dr. Bowe, who is deaf, is a graduate of Gallaudet College and holds a PhD in clinical psychology from New York University. He has been a rehabilitation specialist with the RSA and a training specialist at New York University.

To join ACCD, request an application from Terrence O'Rourke, Chairman, Membership Committee, American Coalition of Citizens with Disabilities, Inc., Room 817, 1346 Connecticut Avenue, NW, Washington, DC 20036. Phone: (202) 785-4265. Annual membership dues are as follows: Organizations *of* the disabled: $100 national; $50 state organizations or coalitions; $25 local. Organizations *for* the disabled: $100 associate. Individual membership, disabled or nondisabled, $5.

ACCD Philosophy

by Roger D. Petersen

ED: This draft philosophy statement was presented at the November 1976 meeting of the Board of Directors by Roger D. Petersen, Philosophy Committee Chairperson. If Gazette *readers wish to share their thoughts with ACCD, send them to Roger at 1629 Columbia Road, NW, Washington, DC 20009. Since he is blind, it would be helpful if the comments were on cassette or in braille.*

The American Coalition of Citizens with Disabilities has been in existence long enough that it has taken a number of stands on particular issues affecting people with disabilities. Through resolutions of the Delegate Council and actions of the Board of Directors as well as congressional testimony and comments on administrative regulations, we have taken positions on such subjects as special education, health care, rehabilitation, civil rights, transportation, income maintenance, and environmental barriers.

As we proceed in this manner, it is becoming apparent that there is a general philosophy underlying these various positions and that making this philosophy explicit would be useful in the development of future positions. Thus this statement is an attempt to enunciate this underlying philosophy of the American Coalition of Citizens with Disabilities.

Definition of Disability. An important first step in this undertaking is to define the population which ACCD represents and thus to which our philosophy refers. This definition should include the people to whom the name ACCD refers and exclude all others. Furthermore, it should show how the disabled population is similar to and different from other groups such as ethnic minorities and women.

A disability is a physiologically or psychologically describable characteristic which impairs or is generally thought to impair a person's general functioning, and which thereby places that person in a socially defined negatively valued minority group. The two aspects of disability, the impairment and the social stigma, vary in their relative importance in different disabilities; but they are both always present. Thus, as will be detailed later, disabled people have in common with other minorities the stigmatized status, but there are important differences owing to the different origins of the stigmata.

The Disabled as a Minority Group. In many ways, disabled people occupy a place in society which is equivalent to that of racial and ethnic minority groups and women. (Although they are not numerically a minority, women are to be included in the term "minority group" as used in this paper.) We (people with disabilities) are looked upon by society as a homogeneous group, all having the same needs and abilities. We are segregated into ghetti in terms of education, housing, recreation, employment, and transportation. We are faced by discrimination and other indignities every time we venture into the world of the non-disabled.

There are, however, ways in which we are unique among minority groups. By definition, we have impairments of function for which society must make accommodations; thus our barriers are physical as well as social and economic. Disabilities are usually congenital or adventitious rather than hereditary; thus one can become disabled whereas one cannot become black, and a disabled infant is not born into a disabled subculture.

The Nature of Equality. It is very likely that all of us in ACCD would agree that we are striving for equality for people with disabilities. It is perhaps well here to examine what we mean by equality in the light of the foregoing analysis of the nature of disability. In a general way, we mean a fair or equal chance to participate in all aspects of society. We refer to the human rights: life, the means to sustain life, medical care, etc.; liberty, autonomy, self determination; and the pursuit of happiness, self actualization, education, opportunity to function at the highest level of which one is capable. We would further include integration in the concept of equality. Viewed in these terms, the achievement of equality will require a two-pronged approach. On the one hand, we must operate on society to remove barriers, physical and social. On the other hand, we must provide the disabled person with the means of compensating for the limitations imposed by the disability and for the barriers which cannot be removed in the foreseeable future. It should be noted that there is inevitably some arbitrariness as to where the line is drawn between barrier removal and compensation, and the balance between the two will vary with time and circumstances.

Barrier Removal. As noted above, our barriers are social and physical. We must chip away at the social barrier through antidiscrimination legislation, public awareness campaigns, litigation, and all the standard legal, political, and social methods used by other minorities. The goal is that there should be no law, regulation, policy, or individual whim to keep a person from doing anything which he/she is otherwise qualified to do because he/she has a disability.

Some of the same methods as well as a good deal of research and implementation are necessary to remove the physical barriers. The goal of this endeavor is to make all facets of society accessible to people with disabilities. This means not only that there should be no architectural barriers for people with motor limitations but also that all information required for full participation must be available in forms accessible to more than one sensory modality. Some aspects of this broadly defined accessibility are not as yet technically possible, but the goal should nevertheless be kept in mind.

Compensation. The gigantic constellation of services and financial benefits for the disabled are provided by way of compensating him/her for the limitations which the disability entails and for the socially disadvantaged status which he/she occupies. Disabled people can be trained to overcome their limitations to one degree or another through special rehabilitation training. Devices can be provided which improve mobility, sensory acuity, ability to communicate, etc. Wherever training and devices do not suffice, personal services can be purchased; e.g., to read inkprint to blind people, to interpret to deaf people, and to assist severely motor-impaired disabled people with their physical needs.

Our main concern about these modes of compensation is their adequacy and appropriateness. The chief problem related to adequacy is to develop a means for determining need for such services which takes into account the individual differences among disabled people and at the same time avoids the abuses of the means test used in welfare. The appropriateness of compensatory aid has to do with the relevancy to the particular person and the disability which he/she has. Compensation should be specifically aimed at a particular deficit, like payment for attendant care, and not just general charity, like free concert tickets. Ω

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.

COMMUNICATIONS

Prentke Romich Company has developed three new aids for the non-vocal—those who cannot talk, write, or use a typewriter: *Message Selector* can be used by children who cannot read but who can select pictures. *Alphabet Message Scanner* permits the use of words, pictures, or Bliss symbols. *Strip Printer* combines the lighted message with automatic printing on a strip of pressure-sensitive paper. Address: RD 2, Box 191, Shreve, Ohio 44676.

The Medical Engineering Section of the National Research Council of Canada has worked with cerebral palsy children to develop communication aids. They include *Comhandi* (a scanning grid and typewriter) and *Occur* (a light-operated typewriter) as well as bio-feedback devices, electronic games, and a page turner for pocket books. Address: CRCD Engineering Advisory Committee, Bldg. M-50, Room 167, National Research Council of Canada, Ottawa, Ontario K1A OR8.

An excellent catalog of communication aids and environmental controls is available from Gregg C. Vanderheiden, *The Trace Research and Development Center for the Severely Communicatively Impaired*, 922 ERB, 1500 Johnson Drive, University of Wisconsin, Madison, Wisconsin 53706.

Toby Churchill Limited has created the "Lightwriter" for people unable to speak. When the typewriter-like keyboard is punched, up to 32 characters may be made to appear on a luminous display. The phrases move like a news-strip across the display. There is a buzzer to attract attention and a way to correct errors. For information, write to Toby Churchill at 20 Panton Street, Cambridge CB2 1HP, England.

Communication Aids for the Brain Damaged Adult. By Lillian Cohen. The booklet is intended as a guide for professionals. Suggestions are given for constructing types of aids. $2 from Sister Kenny Institute, Chicago Avenue at 27th Street, Minneapolis, Minnesota 55407.

REMOTE CONTROLS

Switch-O-Matic. Herbert S. Merrill, an electronics design engineer, who has been a respiratory polio quad since 1953, has spent years perfecting an environmental control system for other quadriplegics.

The system can be operated from a single micro-switch attached to a piece of Velcro pinned to sheets or clothing by breath, by voice, or by a tiny portable radio transmitter unit. It can be operated by a severely disabled person from a hospital bed, an iron lung, a rocking bed, or a wheelchair. An ambulatory person can operate it with portable wireless control.

The basic system consists of an input control module, a scanning module, and one or more output control modules. Through its modular building block design it can easily be changed and expanded to 20 appliances as needs evolve. It can operate TV, radio, alarm, stereo, typewriter, doors, lights, tape recorder, camera, speaker, telephone, intercom, page turner, and citizens band radio.

A descriptive brochure is available from Down East Electronics Mfg. Co., 44 Bucknam Road, Falmouth, Maine 04105.

TOSC-2. Mr. R. Cairns, a traumatic quadriplegic, developed the first TOSC unit for his own use. Prosthetic Services, Health and Welfare Canada, is co-ordinating and funding further development of this and other technical aids. More than 40 TOSC-1 instruments are in daily use in Canada.

The unit is 17½" wide, 5½" high, and 11" deep and weighs 25 pounds.

The system allows severely disabled individuals to use a call buzzer, work a two-way intercom, unlock the front door, receive or make telephone calls, switch the radio on and off, operate a TV set or a tape recorder, and turn lights on or off. Additional control switches can be used for appliances such as a page turner, an electric bed, or a typing aid.

Details and prices available from Prosthetic Services, Department of National Health and Welfare, % Sunnybrook Medical Centre, 2075 Bayview Avenue, Toronto, Ontario M4N 3M5, Canada. Phone 416-486-3568.

English Consultant/Assessor. An expert is available to English disabled: Roger M. Jefcoate, Willowbrook, Swanbourne Road, Mursley, Buckinghamshire MK17 OJA, England. His experience has been extensive in working with individuals in their homes to adapt the POSSUM electronic control aids to each person's particular need. (For details of POSSUM, see pages 54-55 of the 1971 *Gazette.*)

Electronics Center. The Prentke Romich Company has continued to develop electronic control devices in addition to its Automatic Dialing Telephones. The Environmental Control unit can control a TV, lamp, radio, nurse call, electric bed, microfilm reader, tape recorder, and other electrical devices. It may be

operated by breath or by a touch of the hand, tongue, or lip.

Wheelchair controls are designed to operate by chin, shoulder, breath, or joystick. The DU-IT wheelchair controls include the operation of accessories such as horn or headlight, tape recorder, power recline, or splint.

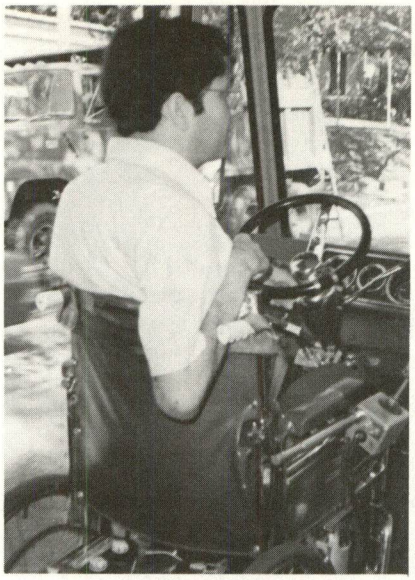
Catalog available from Prentke Romich Company, Electronics Center, R.D. 2, Box 191, Shreve, Ohio 44676. (Phone: 216-567-2906.)

Rehabilitation Engineering Project is a service program of the Bio-medical Engineering Center, T-NEMC, Box 1014, 171 Harrison Avenue, Boston, Massachusetts 02111. Address inquiries to Earl Gaddis, project director.

Harvard-M.I.T. Rehabilitation Engineering Center. Projects and Activities: February 1, 1973 to April 30, 1974. Free from REC Executive Officer, Room 3-435, MIT, 77 Massachusetts Avenue, Cambridge, Massachusetts 02139.

Voice-Controlled Computer. SCOPE Electronics, Inc., 1860 Michael Faraday Drive, Reston, Virginia 22090, has developed a voice-controlled computer terminal that can be operated over telephone lines. The VDETS 1000 converts spoken words or short phrases to machine readable code. It has been operated successfully by quads at Woodrow Wilson Rehabilitation Center.

Australian Automatic Arm Appliance has been developed by Mr. George Clarke, senior splintmaker at the Royal Adelaide Hospital in Adelaide, South Australia. The device uses CO_2 to power an artificial muscle to close the fingers so that quads can write. The device is triggered by twitching the shoulders to open or close a valve. The appliance, tailored for each individual, weighs about 250 grams (about 8 oz.) and costs about $A170. Further details available from Australian Information Service, PO Box 12, Canberra A.C.I. 2600, Australia.



Jack Quigley, C5-6 quad, drives his Step Van on extended camping trips.

TRANSPORTATION *by Joe Laurie*

We quote from *Paraplegia News*, May, 1976: "During the past few years there has been a big boom in the purchasing of specially equipped vans with various types of lift systems, adaptive devices, and driving controls . . . From time to time PVA receives complaints about certain vans which are not living up to expectation . . . Write your PVA research director at the National Office, 7315 Wisconsin Avenue, Washington, DC 20014."

Lift with care! The lift on a van is designed for one purpose only: to raise or lower a person in a wheelchair. It is not to be used to hoist furniture or refrigerators or pianos; it is not a plaything for the kiddies. A long life has been built into it. Use it carefully—have it serviced too. It can be removed and installed in a newer vehicle.

HP Bus Corporation of North Billerica, Massachusetts 01862 (617-729-8983). They modified a Volkswagen Microbus by lowering the floor of the seating compartment behind the driver a distance of 6" and fashioning a simple ramp from a steel plate which is hinged to the floor on the inside near the sliding exit/entrance door panel. After the door has been opened, the ramp can be flipped out onto the street or the curb and the wheelchaired person can roll out on the very gentle slope. The VW van can be equipped with air conditioning, and should prove a handy vehicle for local getting about. Write or call for brochure.

Joe Laurie has been volunteering as editor and majordomo of the Gazette *since he retired several years ago.*

Two St. Louis quads, influenced by the 1975 *Gazette* article on Step Vans, found that the almost 6 foot high "standing room" well suited their needs, as both are big men, and they didn't have to "duck" when getting in.

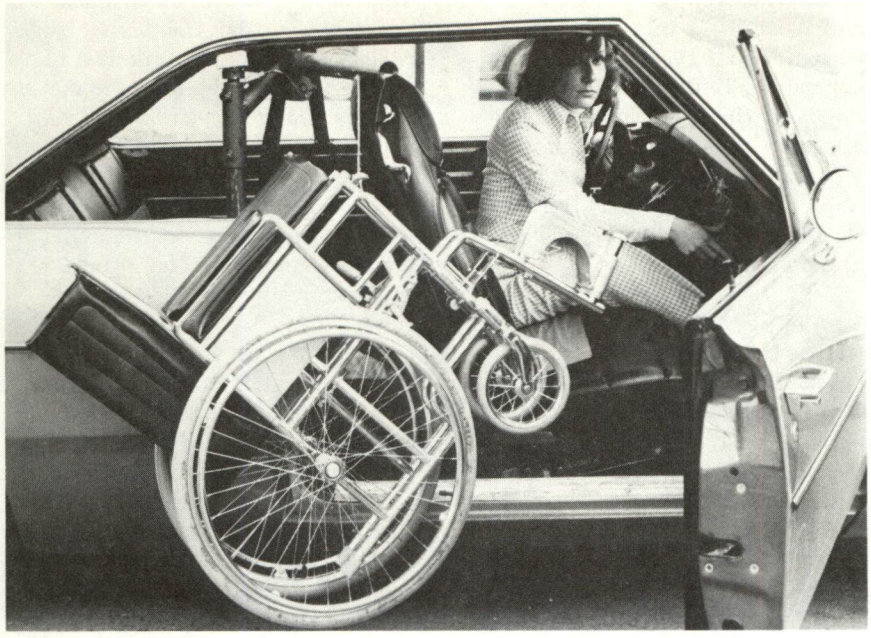
Max Starkloff's GMC Step Van's aluminum body is unpainted, and gleams like a plane's fuselage. He arranged for a sliding door to be located on the passenger side, and the rear door was not used. Double D Industries installed the lift and the door-openers; large windows were placed in the sides to the rear, and a sofa there makes a fine place for passengers to view the countryside as Colleen drives Max around on his various missions of Paraquad.

Jack Quigley's aluminum van had been painted white; large windows on each side, with curtains for privacy, convey an aura of a "house-boat." The Double D lift is in the rear entrance door and when lowered provides a tongue for entrance. The steering column was made adjustable, and with the driver seat removed, Jack can drive right from his electric wheelchair, after locking the hold-downs and putting on the seat belt. Two bunks were built along the sides, and each has commodious storage space. He took wife Nancy on quite a cruise this summer, retracing the Oregon trail westward —6500 miles of living and camping in their "yacht" proved its "seaworthiness" . . . and now it carries him off to his daily counseling work.

WHEELCHAIRS

Wheelchair Loader *by Rhonda Galper*

In 1972 and 1973 I introduced and instructed a remedial art program at the Glenrose Hospital, Edmonton. This involvement in rehabilitation medicine led me into an engineering project as consultant with Chrysler Canada Ltd. It involved the



Rhonda Galper of Alberta, Canada, and the wheelchair loader which she developed with Chrysler, Ltd. Rhonda, a paraplegic, is one of Alberta's leading artists.

development of an automatic wheelchair loader which is adaptable to most two-door auto models, both compact and larger size.

The loader consists of a motor driven hoist mounted behind the right front passenger seat, a lever type switch which can be mounted anywhere, and an extension hook.

The user first transfers to the passenger seat, then folds the chair, swings out the boom, and secures the chair to the hoist cable by a hook. After transferring to the driver's seat, the user operates the switch that raises the chair. The chair is pivoted into the car behind the passenger seat with the extension hook and then lowered to the floor of the car by reverse activation of the switch. The passenger seat is driven rearward by its electric seat mechanism. To unload, the procedure is reversed.

Chrysler Canada Ltd. has no plans to patent or produce the loader. It offers the design and technical advice to anyone who wishes to produce it or develop it further.

Additional details available from *Rhonda Galper, #1210-11307-99 Avenue, Edmonton, Alberta, Canada T5K 0H2 or* Stan McDowall, P. Eng., Manager, Product Quality Engineering, Chrysler Canada Ltd., Chrysler Center, Windsor, Ontario, Canada N9A 4H6.

ROHO Cushion *by Colleen Starkloff*

My husband, Max, has been a C4-5 quad for 17 years as a result of an automobile accident. When he first heard about the ROHO cushion he was living in a nursing home and had been in bed with a decubitus ulcer for several weeks. He was unable to adequately carry on his work and was becoming irritable, depressed, and bored. His doctor told him that he had heard of another cushion on the market that a quad had told him about. (ROHO, P.O. Box 658, Belleville, Illinois 62222.) He said that since Max had tried everything else he might as well try this one, but warned him that regardless of what he sat on he would still have to lean from side to side every 15 minutes to relieve pressure because he had no "padding" to sit on.

Max had tried foam, orthopedic seats, and air-filled and gel-filled cushions. None of them worked sufficiently. He was unable to get through a year without spending a minimum of two weeks in bed, especially in the summer months when his skin perspired a little, making breakdowns more threatening. No matter what he did the skin over the ischial tuberosities became more sensitive to pressure and more prone to breakdown. He began going to bed at 7 PM every evening and still his skin was bright red even though he leaned over every 15 minutes. The doctor had warned him that surgery might be necessary if the situation did not improve. We were dating at that time and were very reticent about staying out late because we were afraid to push our luck.

So, Max bought a ROHO balloon cushion. He started sitting on it for 15 minutes, 30 minutes, 45, etc. and built his time up to many hours. The cushion is composed of 72 balloons affixed to a flat base. We tied down one balloon under each ischial and inflated the cushion so that the ischials were suspended ½ inch from the base of the cushion. (According to instructions, tying down the balloons is not necessary but can be done to achieve zero pressure.) He healed in four months! Four months of getting up at 8 AM and working 8-10 hours a day.

It seems strange to say that a cushion has changed one's life-style, but this one has. Max got the balloon cushion almost two years ago and he has not had a bedsore since that one I mentioned above. His skin looks fantastic. He no longer leans from side to side and is not plagued by the awful feeling that "the ischials might be catching pressure," although he checks his skin every night. We have been married for over a year now and the balloon cushion has affected me, too. Max is up at 8 AM and we both follow a busy schedule all day. The only reason he goes to bed now is to sleep or. . . . Our activities are no longer restricted by his skin tolerance. Our life style would be seriously hampered without a balloon cushion.

The cushion has provided Max with excellent stability. He can move freely on it without that "sitting on a basketball" feeling. Being air inflated makes it lightweight and easy to handle. I clean it by tossing it in the tub and using a mild soap and the shower on it.

Several of our friends now use the cushion and have as much success with it as we have, or more. We presently have two because they do puncture occasionally and Max can use one while the other is being

repaired. It is repaired like a bike tube and comes with a repair kit.

If any of you are immobilized because of skin problems, we feel that our success is proof that there is a means of eliminating the pressure sore problem as long as a person takes care of himself and the cushion and maintains the proper air pressure inside the cushion. If you do that, you can't miss. Good luck!!!! *Colleen Kelly Starkloff, PPT, 4446 McPherson, St. Louis, Missouri 63108.*

Gas-Powered Wheelchair. "Four years ago I had my chair built for only $350. A local metalsmith built it from a rough sketch and high school boys did the finishing. I used all new materials but it could be made with parts salvaged from junk yards, wornout lawn mowers, and surplus companies. My chair is very stable. I had a friend ride it up and down sideways on a 30° slope on a bank and it did not even come close to turning over. . . . I am a C5-6 quad and I've ridden it everywhere a person can walk. It can do anything in woods, pasture, or plowed field except jump a ditch. . . . I cannot understand why some company has not built this type of chair." *Richard A. Simmons, Route 2, Box 53, Calhoun City, Mississippi 38916.*

Steven Motor Chair Co. This company, which has been making motorized wheelchairs since 1948, carries parts for all its chairs. Formerly in Kansas City, Missouri, it has moved to 120 North Gunter, Siloam Springs, Arkansas 72761.

Mini-Amigo. The newest addition to the AMIGO line features interchangeable parts so it can fit little people or growing children. Brochure from *Amigo, Inc., 6693 Dixie Highway, Bridgeport, Michigan 48722.*

READERS' IDEAS

Crutch Tops. "Ladies' short, padded, elasticized golf socks make practical slip-on covers for crutches." *Boo Morris, 1074 Sturges Highway, Southport, Connecticut 06490.*

Floor and Carpet Sweeper. "The Hoky is such a lightweight sweeper that it is easy to use from a wheelchair. It works on carpet or bare floor, has a long and flexible handle, and is built so low that it will get under most things. Brochures from Hukuba-Cowdery Corp., 718 W. 77½ Street, Minneapolis, Minnesota 55423." *Jean Stange, 11655 South Maplewood, Chicago, Illinois 60655.*

Bowling Ball Holder-Ring. "My holder keeps the ball over your lap while you wheel up to the foul line. It is like having a third hand! You can attach it to most wheelchairs. To order, send me $9.99 (plus $1 to the West coast)." *George H. Snyder, 5809 N.E. 21 Avenue, Fort Lauderdale, Florida 33308.*

E-Z Reacher. "This lightweight device can be used by library staff members of short stature or by wheelchair patrons and senior citizens. It is 30" long, made of aluminum. Available from Physical Aids Mfg. Co., 4848 (Suite F), Ronson Court, San Diego, California 92111." *Judy Raymond, Twinsburg Public Library, Twinsburg, Ohio 44087.*

Canadian Home Elevator. No major structural changes to the home are required to install this one-man elevator which can travel from a one to a three floor rise. Brochure from *Bruce A. Robertson, 59 Highview Avenue, Scarborough, Ontario M1N 2H4, Canada.*

Bladder Pacemakers for Paralyzed Bladders. Within a five-year period, about 200 persons have had a pacemaker surgically implanted in a subcutaneous pocket in the left abdomen, with electrodes attached to the bladder. Voiding is accomplished by pushing a button on a pocket-size transmitter. Write: *Mentor Corporation (Biomedical Systems), 3104 West Lake Street, Minneapolis, Minnesota 55416.*

English Female Urinals. A new device will soon be made by J. G. Franklin & Sons, PO Box 11, High Sycome, Bucks., HP12 3TD, England. Address inquiries to *Mr. C. Gadsen, Product Manager.*

The Fall 1976 catalog of *Suburbia, Finch Building, 366 Wacouta, St. Paul, Minnesota 55101,* has a number of items that would be useful to our readers: *Travel Adaptor/Converter Kit* (pg. 4); *Easy-Read Stand* adjusts tilt and height (pg. 6); *Light Dimmer* can be operated by a fingertip (pg. 28); *Whistle Switch* turns on TV, lights or any appliance with a hand-held transmitter. (pg. 38).

Go-Lift. "We are very pleased with our new Go-Lift as it is sturdy, compact, and light. Also, it is adjustable to any vehicle door. Brochures from Holeck Engineering Co., 9255 Clancey Avenue, Downey, California 90240." *Sr. Beverley Marie, Waterloo and Fairfield Roads, Devon, Pennsylvania 19333.*

Big Numbers for Touch Tone Phones. Self-adhering device widens the touch area for mouthsticks or wandering fingers and enlarges the numbers for poor sight. Page 70 of Fall '76 catalog from *Joan Cook, 851 Eller Drive, Ft. Lauderdale, Florida 33316.*

Long-handled Lotion Applicator. "Try either a piece of plexiglass with a rounded end or a hemostat with a piece of cotton or gauze." *Robert E. Hitz, 1182 Warren Road, Lakewood, Ohio 44107.*

Dressing Aid. With this pair of aids, one can be flat on a bed or upright in a chair and dress without bending hips or knees. With one in each hand, one can put on shoes, stockings, shorts, underpants, panty hose, or trousers. They may also be used by arthritics with a limited finger grip. Brochures from *Lyle O. Otto, Hospital Appliances, 2801 Texas Avenue South, St. Louis Park, Minnesota 55426.*

Hydroponic gardening: "A firm here in Pasadena sells a kit for around $35. Plants can be grown indoors using no dirt if a window with a southern exposure is available."
Learning Laboratory: "We have designed a course to help counselors be more effective in serving the severely disabled. We give the course about once a month for 12 of our counselors from all over the state. We have 'trained' over 200. It has been very successful."

Mobility Evaluation for Driving for Severely Disabled Persons. "This is also a hit. We equip the cars or vans with custom devices that our rehab. engineer makes for the individual. We are getting quite a few persons so severely disabled that they would be turned down by most evaluation centers." *A. J. Garris, California Department of Rehabilitation, #214, 7601 East Imperial Highway, Downey, California 90242.*

One Arm Fishing Gear. "After I had a stroke in 1962 I worked hard to devise ways of fishing again, using techniques such as manipulating the line through my front teeth. Now there are some commercially made devices for the one armed angler: a rod holding harness and a left-handed spin-cast reel. For prices and a brochure, write to: The Garcia Corporation, 329 Alfred Avenue, Teaneck, New Jersey 07666. . . . Virgil Ward made a TV film of me trout fishing which was shown in 185 cities last spring and summer." *Norton S. Sanders, 701 Westgate Avenue, University City, Missouri 63130.*

For Sale: New Dodge Van with Lift. '76 Royal Sportsman, blue and white, Double D lift, automatic doors, side entrance, radial tires, motorized captain's swivel seat, fiber glass top, extended doors, a/c, radio, 318-V8, torque flight transmission, lockdowns. Only 3 weeks old! Call 314-436-3600 or write *Bernie Estrin, 440 Mansion House Center—TWA, St. Louis, Missouri 63102.*

The Mandi-Stick. "The activities of the highest level quads (C-1 and C-2) have been very limited because they cannot move their necks or hold a mouthstick firmly.

"For these quads, we have designed the Mandi-Stick, a new concept in mouthsticks using the one part of the body that they can move in all directions: the mandible (lower jaw). We had the device attached to the mandible by means of a deep impression of the teeth made in acrylic securely placed on the underneath side of a flat horseshoe-shaped mouthpiece. To secure the device, a chin harness is used.

"Now C-1 quads who were not expected to do much by themselves can do math, write long hand, draw, paint, type, and turn pages.

"Requests for detailed information on the Mandi-Stick are welcome. Write to *Arthur Heyer, Neuromuscular Engineering, 500 Hut, Rancho Los Amigos Hospital, 7601 East Imperial Highway, Downey, California 90242.*"

NUTRITION

Self-Help to Health. "My ignorance of the laws of good health contributed to my falling victim to polio in 1951. For the past 10 years or so I have been concentrating on the study of modern nutrition-vitamin-mineral therapy with the aim of building maximum optimum health. I have over 70 recent books in my library on self-help to health by nutrition as chronicled by world famous biochemists and metabolic nutritionists. They could be a great help to other disabled in avoiding respiratory ills, etc., by learning about proper diet and the whys and wherefores.

"Here are brief reviews of the 10 that I consider of most value. I shall be happy to send a mimeographed copy of the entire list to any *Gazette* reader who sends me a request with a self-addressed, stamped envelope: *Mrs. Ruth Anne Black, 2431 Benjamin Drive, Mountain View, California 94043.*"

• *Psycho-Dietetics* by Dr. E. Cheraskin & Dr. W. M. Ringsdorf, Jr., with Arline Brecher (Stein & Day Pub., New York, 1974) 228 pp., $7.95. "It's not what's eating you, it's what you're eating:" Food is the key to emotional health, but you don't have to suffer from emotional distress to benefit from this book which provides an optimal diet to correct or prevent metabolic distortions that can create emotional ailments.

• *Meganutrients For Your Nerves* by Dr. H. L. Newbold (Peter Wyden Pub., New York, 1975) 360 pp., $11.95. How nutrition affects the nervous system, how food allergies and nutritional addictions can shatter your nerves, how vitamins help control your nerves, how minerals help to control your nerves.

• *Nutrition Against Disease* by Roger J. Williams (Pitman Pub. Corp., New York. 1971) 319 pp., $7.50. Internationally respected biochemist believes we already have enough knowledge to mount an effective campaign of nutritional prevention against a wide variety of deadly diseases.

• *Sweet and Dangerous* by Dr. John Yudkin (Peter Wyden, Inc., Pub., New York, 1972) Bantam Books, $1.95. We have become a nation of sugar addicts without realizing it—learn what this white poison can do to your health.

• *The Healing Factor—Vitamin C Against Disease* by Irwin Stone. (Paperback, $1.95.) Forty years of research have convinced this world famous biochemist that vitamin C is a vital healing factor against a wide spectrum of diseases, including the common cold, heart disease, mental illness, and cancer.

• *Nutrition and Your Mind* by George Watson, Ph.D. (Paperback, $1.95.) How you may treat and avoid emotional problems through proper diet. Dr. Watson, a research psychobiologist, maintains that much erratic human behavior has no psychological meaning or reason at all, but is the result of an improperly nourished brain!

• *Confessions of a Sneaky Organic Cook (or How To Make Your Family Healthy When They're Not Looking)* by Jane Kinderlehrer (Rodale Press, Inc., Emmaus, Pennsylvania, 1971) 245 pp., $6.95. How to prepare vitamin-rich, mineral-full meals. Hundreds of tested recipes, as well as information on relationships between vitamins and minerals and your health.

• *Vitamin E for Ailing and Healthy Hearts* by Dr. Wilfrid E. Shute & Harold J. Taub. (Paperback, $1.65, Pyramid Books, New York) How vitamin E may help prevent some types of heart disease and control others. Based on more than 25 years of successful treatment of over 30,000 cardiac patients.

• *Let's Eat Right To Keep Fit* by Adelle Davis (Signet Book #E5379, $1.75, 1972) A nutrition classic by a pioneer nutritionist.

• *Let's Get Well* by Adelle Davis (Signet Book #J5347, $1.95) Almost an encyclopedia of information about common diseases and illnesses and how to assist medical treatment with good nutrition and vitamin therapy.

Potpourri

by Gini Laurie

Justice William O. Douglas:

Our society has an obligation to provide the handicapped with the means to enjoy their basic civil rights: the right to vote, the right to gainful employment, the right to equal educational opportunities, and freedom of movement.

Legislation eliminating environmental barriers for the physically disabled has improved the accessibility of transportation systems and federally financed buildings, thereby increasing the mobility of the handicapped. With increased mobility, disabled people have the opportunity to become active participants in the world around them.

Attitudinal barriers are more difficult to eradicate. Therefore, we need massive re-education programs, particularly for potential employers, to stress the contributions handicapped persons can offer to business and communities.

Affirmative Action

Affirmative Action to Employ Handicapped People. A pocket guide to the regulations of the affirmative action requirements of Section 503 of the Rehabilitation Act of 1973. Free from The President's Committee on Employment of the Handicapped, Washington, DC 20210.

The official Section 503 regulations were published on April 16, 1976. For a copy, send 75¢ to Superintendent of Documents, Public Documents Department, USGPO, Washington, DC 20402, requesting Federal Register Vol. 41, No. 75.

"Call for Compliance," a hotline service, provides information on the new regulations governing Section 503. The nonprofit organization, Mainstream, Inc., answers questions from contractors and individuals. Call: 202-833-1139.

The West Virginia Research and Training Center, West Virginia U., 509 Allen Hall, Morgantown, West Virginia 26506, has received a training grant from RSA/DHEW to develop a model Affirmative Action plan for businesses and to train rehabilitation agencies.

Architectural Barriers

Access '76: A Blueprint for Action. A summary of methods for modifying or removing actual barriers in Boston's historical and cultural sites. *Access to Boston '76.* Under the aegis of the Easter Seal Society a group of community agencies compiled this excellent guide to historical and cultural sites and support facilities. Both of these useful publications are available from Easter Seal Society, 14 Somerset Street, Boston, Massachusetts 02108.

People are asking about. . . . displaying the symbol of access. A succinct guide to using the symbol that is available from the President's Committee on Employment of the Handicapped, Washington, DC 20210.

Accessible Hotels and Meeting Places. Dr. Andrew S. Adams, U.S. Commissioner of Rehabilitation Services, took a very positive step by issuing the following policy at the National Paraplegia Foundation (NPF) Convention in August, 1976, at St. Petersburg, Florida: *"For the conduct of meetings, conferences and business, it is expected that all grantees and contractors awarded funds by the Rehabilitation Services Administration will use facilities that are architecturally accessible . . ."*

The last two conventions of the NPF have had an impact on the accessibility of the two hotels used. NPF's publication, *Paraplegia Life,* listed the adaptations made by Ft. Worth's Hotel Sheraton in 1975. Kirby Payne, manager of the St. Petersburg Hilton, summarized the experiences of his hotel with the 1976 convention. Following are excerpts from Mr. Payne's memo, titled *Preparing for and profiting from Doing Business with the Disabled:*

"Once you get your hotel physically and emotionally adjusted to paraplegics, they are easier to work with than most, and also profitable . . . We did not expect the group to out-drink most other conventions, but they did, which gave us an unexpected boost in beverage revenue. . . . The lounge was lively with people dancing (in wheelchairs, no less), singing, clapping, and really relaxing. . . . Meeting rooms were easier to set—not as many chairs were needed. . . . All buffets and cash bars were set up so that people in wheelchairs could reach them. . . . During peak period of registration, we moved our portable key rack and room registration over to the convention registration. . . . Quite a few chairs were taken out of the lounge and dining rooms, and furniture rearranged. Some traffic patterns were changed also. . . . Our elevators were timed properly for large crowds so three wheelchairs were no more of a problem than 15 able-bodied convention goers. . . . Several partitions and doors were taken out of each public restroom; wire stringers and shower curtains were installed. We shall probably install accessible stalls at a later date. . . . Maids were instructed not to move items of furniture moved by the guests and to leave personal articles where the guests left them rather than tidying up the room. . . . The local NPF Chapter assisted us in making our pool accessible with lifts. (This type of equipment should be installed and tested well before the group's arrival.) . . . It was a very enjoyable and profitable week." Additional information available from

Kirby Payne, Manager, St. Petersburg Hilton, 333 First Street South, St. Petersburg, Florida 33701 and the National Paraplegia Foundation, 333 North Michigan Avenue, Chicago, Illinois 60601.

A Guide to Community Action for the Handicapped. By Helen F. Goodkin. A 48-page guide to a unified approach to architectural and transportation barriers. $1.

A Resource Guide for the Physically Handicapped of Chicago. By Flora B. Lazar and Richard B. Lazar. A 119-page guide to living in Chicago. $1.

Urban Wheelchair Use, A Human Factors Analysis. A research project report by a group of students at the Illinois Institute of Technology. 21 pages. $2. These three helpful publications are available from Access Chicago, Rehabilitation Institute of Chicago, 345 East Superior Street, Chicago, Illinois 60611.

Funding Guide for the Removal of Environmental Barriers. This concise guide is free from Architectural and Transportation Barriers Compliance Board, 330 C Street, SW, Washington, DC 20201.

Removing Architectural Barriers. Illustrated Handbook of the 1973 New Mexico Uniform Building Code. Division of Vocational Rehabilitation, New Mexico Department of Education, P.O. Box 1830, Santa Fe, New Mexico 87503.

Barrier Free Design: The Law. A summary of relevant laws in New York State. Free from Eastern Paralyzed Veterans Association, 432 Park Avenue South, New York, New York 10016.

Accessibility signs. "Our NPF chapter now sells a complete line of both the signs and the decals of the international symbol of wheelchair accessibility." Free brochure from Ellen D. Daly, Greater Milwaukee Area Chapter, National Paraplegia Foundation, 3575 North Oakland Avenue, Milwaukee, Wisconsin 53211.

Barrier Free Environments, Inc., a design firm headed by a paraplegic, Ronald L. Mace, AIA, specializes in design for people with disabilities and offers technical assistance, consulting services, and educational and training materials on design for the disabled. Its two recent publications are required reading for everyone concerned with accessibility and are $2 each from Barrier Free Environments, Inc., P.O. Box 53446, Fayetteville, North Carolina 28305: *Accessibility Modifications: Guidelines for Modifications to Existing Buildings for Accessibility to the Handicapped, 1976,* and *An Illustrated Handbook of the Handicapped Section of the North Carolina State Building Code.* 1976 revised edition.

Design of Bathroom Fixtures and Controls for the Able-Bodied and the Disabled. The Division of Architecture and Environmental Design of the College of Architecture and Urban Studies at Virginia Polytechnic Institute and State University, Blacksburg, Virginia 24061, has received a two-year research grant from HEW to design and test bathroom fixtures. For further information, contact Professor Pascal M. Malassigne.

Access to America. a 300-page compendium of federal and state legislation that covers codes, statutes, and laws pertaining to curb cuts, polling places, license plates, and the elimination of transportation and architectural barriers. $15 from Michigan Center for a Barrier Free Environment, 6522 Brush Street, Detroit, Michigan 48202.

Environmental barriers consultant. Cheryl A. Davis, a paraplegic, is employed as an environmental/ service needs specialist by the Massachusetts Department of Community Affairs and as a consultant on the environmental needs of the handicapped by Camelot Research, Inc. She has had practical experience in service planning and barrier-free design. "I am especially interested in providing assistance to federal contractors and educational institutions in their development of affirmative action programs, with special attention to offering cost-effective means of eliminating environmental barriers." Address: 80 West Dedham Street, Apartment 1212, Boston, Massachusetts 02118.

Arts

Arts and the Handicapped. An Issue of Access. A Report from Education Facilities Laboratories and the National Endowment for the Arts. 78 pages. Order from EFL, 850 Third Avenue, New York, New York 10022. $4. This charming publication is an excellent guide for all types of disability to accessible theaters, museums, colleges, special schools, community service centers, etc.

Kenny International Art Show by Disabled Artists is held annually in the late summer and early fall. Entrance requirements available from Mrs. Maggie Ruff, Chairman, % Sister Kenney Institute, 1800 Chicago Avenue, Minneapolis, Minnesota 55404.

Materials on Creative Arts (Arts, Crafts, Dance, Drama and Music) for Persons with Handicapping Conditions. An analysis of program and research literature, resource persons, and related associations. 104 pages. $3.50 from AAHPER Publications-Sales, 1201 16th St., N.W., Washington, DC 20036.

We're pleased that you are interested in making the arts accessible to everyone. Free pamphlet listing resource organizations and materials available from: ARTS, Box 2040, Grand Central Station, New York, New York 10017.

Art Therapy In Theory and Practice. By Elinor Ulman and Penny Dachinger. This fascinating collection of articles from *The American Journal of Art Therapy,* originally entitled *The Bulletin of Art Therapy,* traces the development of this form of therapy over the past 30 years. The 488-page book includes information on existing programs, as well as the development of new techniques. Published in January, 1976, the book is available from Schocken Books, 200 Madison Avenue, New York, New York 10016. Price: $15.

Attendants

The Federal Minimum Wage became applicable to household workers in 1974. As of January 1, 1977, household workers are entitled to a minimum wage of $2.30 per hour.

The National Committee of Household Employment (NCHE) includes the following in its code of standards for household workers:

Sick leave: Employees should receive at least one day of paid sick

leave a year for each day per week worked.

Vacations: Full-time workers should receive two weeks of paid vacation for one year of service. Part-time employees should receive at least two days of paid vacation a year for each day per week worked. For longer service there should be an increase in paid vacation time.

Holidays: Live-in workers should receive a minimum of eight legal holidays with pay per year. Full-time live-out employees should receive the equivalent of six legal holidays with pay a year. A day worker should receive at least one legal holiday a year.

Attitudinal Barriers/Publicity

English TV Programme for Disabled. LINK, the first continuous nationwide series for disabled people, deals with all disabled people —physical and mental, old and young, deaf and blind. Aimed at raising awareness, it is divided into two sections—an information section dealing with aids, income, and services and a discussion section reassessing traditional attitudes toward disability. ATV House, 17 Great Cumberland Place, London W1A 1AG.

Course for Able-bodied Students on the problems and assets of the disabled person was sponsored by Project Outreach and Disabled Student Services, 2211 Michigan Union, University of Michigan, Ann Arbor, Michigan 48109.

Publicity Tips, a series of guides to media coverage for small organizations. Free from President's Committee on Employment of the Handicapped, Washington, DC 20210

Weekly Radio Program—The Disabled—Rights and Wrongs. Hosted by Bob Moss, founder of Paralyzed Veterans of America and the National Paraplegia Foundation, the program is heard on Wednesdays at 3:30 PM over WNYE-FM, NY. 91.5. The program is available to other stations on request. It is being carried by WNDU in South Bend, Indiana, and WLRN-FM in Miami, Florida. Bob Moss, 56 Carriage Lane, Roslyn Heights, New York 11577.

The Gray Panthers, an activist group of 7000 old and young striving to break the barriers of agism. The group shares many problems with the disabled, particularly in the areas of housing and transportation, and members have joined with disabled groups in many areas. $2 includes membership and a newsletter, *The Network.*

Blind

A monthly braille information service for blind psychologists and their employers is free to blind persons in the UK, USA, and Canada. The pilot plan of braille abstracts is offered in cooperation with the American Psychiatric Association and Warwick Research Unit for the Blind, University of Warwick, Coventry CV4, England.

Toll-free information service. The National Blindness Information Center, Suite 212, 1346 Connecticut Avenue, NW, Washington, DC 20036, will answer questions by phone (800-424-9770) or by letter. Callers will be put in touch with local agencies or receive general information.

Free braille calendars, cassettes of Catholic periodicals, and taped books are available to any person who is blind or partially sighted in U.S. and Canada through the Xavier Society for the Blind in New York. Write: Sight, Catholic Golden Age, Scranton Life Building, Scranton, Pennsylvania 18503.

Banking for the blind. The American National Bank, 6639 S. Kingshighway, St. Louis, Missouri 63109, offers services for the visually handicapped that include a check-writing guide and braille statements.

Device to enable blind persons to use electronic calculators and other business machines. Brother Gabriel Kane of Manhattan College, Manhattan College Parkway, Riverdale, Bronx, New York 10471, has devised "a tactile numeric display device" and a companion "translator." The blind person can thus sense a specific digit. The final result is a series of digits with a readout in electrified braille.

Cats and Dogs

Catnip Mice. Every Christmas the cats of the *Gazette* receive a present of irresistable catnip mice from Dr. Donald W. Hey, a wheelchaired veterinarian. Our cats recommend the catnip enthusiastically! 4 for $1 from RR3, Box 450, Webster, Massachusetts 01570.

Handi-Dogs. An obedience class for the dogs of disabled and elderly persons teaches useful skills such as picking up dropped objects, barking on command, and fetching a newspaper. Natalie Carlton, Handi-Dogs, 5332 East Rosewood, Tucson, Arizona 85711.

Hearing-Ear Dogs. Using the techniques for training seeing-eye dogs, a non-profit group is training hearing-ear dogs to bark in response to a ringing telephone, a doorbell, an oven timer, a crying baby, or whatever a deaf individual wants. Douglas E. Wachs, Public Relations Department, 3M Company, P.O. Box 33600, St. Paul, Minnesota 55133.

Children

Integration of Handicapped Children in Society. By James Loring. About $6.50 from U.S. The Spastic Society's Bookshop, 12 Park Crescent, London W1N 4EQ, England.

Clothing

Convenience Clothing and Closures. An attractive and useful booklet filled with ideas for using zippers and Velcro to make dressing easier for everyone. Free from Talon Educational Service, 1777 Boston Post Road, Milford, Connecticut 06460.

A trio of ladies have formed a business to make clothing for the wheelchaired and incontinent. The basic styles are wrap skirts with Velcro closings and pants with drop seats. Brochure from PTL Designs, P.O. Box 364, Stillwater, Oklahoma 74074.

Clothing and Dressing for Adults. A revised edition of one of the informative series of booklets published by Equipment for the Disabled, 2 Foredown Drive, Portslade, Sussex, BN4 2BB, England. Price: £1.50, plus postage. ($3).

Deaf

The September 1976 issue of *Performance*, free publication of The President's Committee on Employment of the Handicapped, Washington, DC 20210, has several items of special interest to those who are deaf. The PCEH now has a TTY number: (202) 653-5337.

MCM (Manual Communications Module), weighs only 3 lbs. and is completely portable. Information from: Micon Industries, 252 Oak Street, Oakland, California 94607.

Congressman Tom Harkin (D-Iowa) is vitally interested in the rights of the deaf since he has a brother who is deaf. He urges the deaf to be assertive and to write to their Congressmen and Senators and express their needs. Congressman Harkin's address: U.S. House of Representatives, 514 Cannon House Office Building, Washington, DC 20515.

Education

First Ponder, Then Dare. Illustrated brochure of 14 accessible colleges and universities. 1975. Free from The President's Committee on Employment of the Handicapped, Washington, DC 20210.

Correspondence Course in Judaism. A free catalog lists 13 courses and a fascinating list of relevant books. About 600 persons in 36 states and abroad are taking courses. Each of the students is assigned an individual instructor in Jewish studies at various colleges. Write: The Academy for Jewish Studies Without Walls, 165 East 56 Street, New York, New York 10022.

College in a Hospital. Texas Jaycee Campus of Victoria College offers college classes on the grounds of the Texas Rehabilitation Hospital. About 30 hospital residents are working toward associate of arts degrees. Attendant care, room, board, and therapy are provided. Details from the college, Box 58, Gonzales, Texas 78629.

Employment

Comprehensive Vocational Rehabilitation for Severely Disabled Persons. Report of a conference December 3-5, sponsored by Job Development Laboratory, George Washington University Medical Center, 2300 Eye Street NW, 420, Washington, DC 20037.

Be Informed on Finding a Job. Hints on opportunities, want ads, applications, and interviews. 75¢ from New Readers Press, Box 131, Syracuse, New York 13210.

Out of Work. Information on unemployment insurance, welfare, unions, veterans' benefits, voc. rehab., and job training. $1.50 from New Readers Press, Box 131, Syracuse, New York 13210.

The Industry-Labor Council of the White House Conference on Handicapped Individuals has named the well-known expert on handicapped persons, William P. McCahill, as executive director. Bill was executive secretary of the President's Committee on Employment of the Handicapped from 1947 to 1973. The co-chairmen of the Council are John R. Opel, president of IBM, and George Meany, president of AFL-CIO. For information about the Council's plans for the four regional meetings of management and labor, write to: 1111 20th Street, NW, Room 636, Washington, DC 20036.

The Response lists hundreds of organizations in the U.S. and around the world that are seeking volunteer lay persons to work with Catholic missionary priests and religious. Most missions furnish room and board and pay $50 or so a month. The booklet is $2 from International Liaison, 39 Lackawanna Place, Bloomfield, New Jersey 07003.

Films

I Am Not What You See. 16 mm color; 27:50 minutes. An interview with Sondra Diamond of Philadelphia, who is quadriplegic because of cerebral palsy. Now a practicing psychologist, working on her PhD, she tells of her struggles and of her internal feeling, "I am not a disabled person. I am not what you see visually. I am a woman." Available from *CBC Educational Films, P.O. Box 500, Terminal 'A', Toronto, Ontario M5W 1E6, Canada.*

Walk Awhile In My Shoes. 16 mm color; 27:05 minutes. The film, produced for the Transportation Development Agency, underlines the problems faced by the disabled because of transportation systems, inaccessible buildings, and public attitudes. Available from *The National Film Board, Box 6100, Montreal, Quebec H3C 385, Canada.*

Ability—Not Disability. Series of twelve 15-minute films on housekeeping with a variety of disabilities. Write: Visual Aids Library of the Agricultural Extension Service, University of Minnesota, St. Paul, Minnesota 55108.

Water Free. A film on swimming for the disabled, presented by the Association of Swimming Therapy, illustrates progressive teaching stages and activities. For rent or for sale from: Town and Country Productions, Ltd., 21 Cheyne Row, Chelsea, London SW3, England.

General

Federal Assistance for Programs Serving the Handicapped. DHEW Pub. No. (OHD) 76-22001. 1975. Department of Health, Education, and Welfare, Office of the Assistant Secretary for Human Development, Office for Handicapped Individuals, Washington, DC 20201. Free.

Help: The Useful Almanac, 1976-77. A 410-page guide to buying wisely and living economically. The variety of information ranges from how to qualify for food stamps to how to reduce electric bills and how to avoid high-cost funerals. $4.95 paperback from Consumer News, Inc., 813 National Press Building, Washington, DC 20045.

Free Mail Privileges. According to *Amicus*, March 1976, you *may* be able to send and receive specified types of material without charge. (Handwritten letters are not mailable free of charge.) In addition to the blind, other disabilities which prevent normal reading such as paralysis or lack of coordination or confinement to iron lungs or other mechanical devices are included in the free mailing privileges. Certification of disability, such as CP, MS, MD, polio, SCI, etc. must be

obtained from a professional authority. Apply to your local office for information on Part 138 of the Post Office Manual. Additional information from: General Manager, Domestic Mail Classification Division, Office of Mail Classification, United States Postal Service, Washington, DC 20260. (Let us know your experiences; we'll pass them on to others in the next issue. We hope to see many "Free Matter for the Blind and Handicapped" stamped on envelopes instead of postage stamps.)

Excerpts from the article, *Images, Words, & Identity,* by Eric A. Gentile and Judy K. Taylor, Handicapper Programs, W 409 Library Building, M.S.U., East Lansing, Michigan 48824. "Identity is quite often shaped by the language we use. . . . To build positive identities in relation to persons experiencing handicaps we must begin to positize the American Language. . . . Today, 'dis' as a prefix has a totally negative meaning. 'Disability' is defined as: 'inability; lack of ability; a legal disqualification or incapacity.' On the other hand, the modern definition of 'handicapper' has a positive meaning. A modern 'handicapper' is 'one who determines the direction for and extent of his/her own potential and destiny regardless of physical characteristics. One who does not accept the arbitrary or inactive role in life usually associated with certain physical characteristics.'"

Free copies of the full article complete with graphics are available on request from the authors and they welcome reader reactions.

How to Get the Computer to . . . . (For those who don't know the first thing about computers). By Arthur S. Tabachneck. Free from Research and Training Center, West Virginia Rehabilitation Center, Institute, West Virginia 25112.

The National Center for Disease Control warns that a massive outbreak of polio could occur unless about 5 million children are vaccinated. Both middle class and ghetto children are among those not immunized.

A Survey of the Severely Disabled in Iowa: Client and Counselor Perceptions of Vocational Deterrents and Rehabilitation Needs. May-June 1975. This study of 650 disabled individuals was supported by an Innovation and Expansion Grant from HEW. Available from Easter Seal Society for Crippled Children & Adults of Iowa, Inc., P.O. Box 4002, Des Moines, Iowa 50333.

The annual Sickroom Service seminars in October in Milwaukee attract about 700 medical professionals from across the country. The workshops and exhibits cover the entire range of health care. Write to Joy Lewis, 2534 S. Kinnickinnic Avenue, Milwaukee, Wisconsin 53207.

A Fund Raising Primer. Guide to writing proposals. Bibliography on funding sources and direct mail solicitation. $3.40 from Together, Inc., Human Resources Consultants, P.O. Box 52528, Tulsa, Oklahoma 74152.

How to Provide for Their Future. Suggestions for Parents Concerned with Providing Lifetime Protection for a Retarded Son or Daughter. This informative pamphlet is useful to all disabled. It includes SSI, Medicaid, Medicare, etc. Available from National Association for Retarded Citizens, 2709 Avenue E East, P.O. Box 6109, Arlington, Texas 76011.

Sexism and the Disabled Woman. Do disabled women constitute a "double-disadvantaged" minority? What is the impact of sexism in our society on the options and opportunities of the disabled woman? To what extent do cultural and religious factors delineate her role in society? Bette Knapp, a political scientist specializing in international affairs and a quad resulting from juvenile rheumatoid arthritis, is engaged in preliminary research on this issue. She would like to hear from anyone interested in the subject, as well as from disabled women who would be interested in forming a worldwide network to explore the issue and to exchange information. Write: R. E. Knapp, chairperson, MAINSTREAM, 560 Riverside Drive, Apt 9G, New York, New York 10027.

Independent Living

U.S. Department of Agriculture. For information on programs designed to help learn domestic skills and live independently, contact: (1) County Extension Agent; (2) Home Economics, State Land-Grant University; (3) Extension Service Liaison-Handicapped, USDA, Washington, DC 20250.

Living Fully: A Guide for Young People with a Handicap, Their Parents, Their Teachers, and Professionals. By Sol Gordon. John Day Co., 666 Fifth Avenue, New York, New York 10019. $8.95.

The Institute for Consumer Ergonomics, University of Technology, Loughborough, Leicestershire LE11 3TU, England, has been commissioned by the Department of Health and Social Security to evaluate eating, drinking, and personal hygiene aids. For further information, contact Margaret Robinson, Research Associate.

How I Live With ALS. By Robert G. Dicus. Free from Amyotrophic Lateral Sclerosis Society of America, 12011 San Vicente Boulevard, Los Angeles, California 90049.

Skills in Living . . . Toward A Richer Tomorrow. For Adults and Teenagers with Cerebral Palsy. By Edythe L. Heaton. United Cerebral Palsy Associations, Inc., 66 East 34th Street, New York, New York 10016.

Illinois "Hotline for Handicapped Citizens." Individuals with problems may call collect: 312-793-5000. The service is sponsored by the Governor's Committee on the Handicapped.

MS Home Care Course has been developed in conjunction with the American National Red Cross. Information on the course, which is geared to training relatives and friends, is available from local MS chapters.

Aids to the Handicapped. Booklet on homemaking and grooming. 35¢ from Extension Publications, 318

Ricks Hall, North Carolina State University at Raleigh, North Carolina 27607.

View of Life. A booklet written by a talented young writer, Henry Henscheid, who is wheelchaired by CP. 25¢ from Easter Seal Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago, Illinois 60612.

The best bargain in self-help booklets for every type of disability is only $1.25 for 124 pages from the Arthritis Foundation, 1212 Avenue of the Americas, New York, New York 10036. Every phase of living is covered. The hundreds of aids included are relatively inexpensive and easily available. Request the booklet, *Self-Help Manual for Arthritis Patients.*

On Your Own. This very helpful newsletter has bound its 1975 copies into a booklet for $1 from Office of Independent Study, Division of Continuing Education, P.O. Box 2967, The University of Alabama, University, Alabama 35486.

Dr. John Knowles, president of the Rockefeller Foundation, says ". . . . the next major advance in the health of the American people will result only from that which the individual is willing to do for himself."

Information Services

Call for Action (CFA) offers confidential telephone assistance in 42 cities. Staffed by 2500 volunteers, CFA assisted 300,000 in 1975 via the radio and television stations that participate in the program. Calls for assistance are not broadcast. CFA volunteers record the information, which is kept confidential, and refer the caller to the proper agency. Two weeks later, CFA makes a follow-up call for a progress check. Volunteers usually work Monday through Friday, from 11 a.m. to 1 p.m.

CFA volunteers have directories of public and private agencies and organizations which furnish information on legal services, pensions, workmen's compensation, utility shut-offs, and various forms of bureautic red tape and programmatic failures.

In addition to suggesting that the information services would be helpful to readers we think that organizations of the disabled should notify their local CFA of their availability to assist other disabled with problems.

Watch for Call for Action ad by one of your stations. Otherwise, call them all and see which one has the service.

International

National Health Systems in Eight Countries. By J. G. Simanis, Social Security Administration. 1975. U.S. Government Printing Office, Washington, DC 20402. $1.80.

Survey of Institutions for the Handicapped in India. Edited by Mrs. Kamala V. Nimbkar under the auspices of the Indian Society for Rehabilitation of the Handicapped. 1975. A comprehensive and well organized compilation of information on 589 institutions by states in the categories of mentally retarded, orthopedically handicapped, deaf, and 195 associations. $1 or Rs. 5/— from N.R.T., The Amerind, 15th Road, Khar, Bombay 400 052, India.

Rehabilitation Index. A booklet listing the projects of 60 agencies concerned with rehabilitation. United Nations Secretariat, United Nations, New York, New York 10017.

Proceedings of the European Conference on Integration of the Severely Disabled into the Community, which met in September 1974 in Portugal, are available for $15 from the Assistant Secretary General of the European Conference, Center for Medical Rehabilitation, Alcoitae-Estoril, Portugal.

Mobility International. For the past four years The Central Bureau for Educational Visits and Exchanges, 44 Baker Street, London W1M 2HJ, England, has been developing programs to give opportunities to young disabled. More than 80 projects have been developed through its committees, Disabled International Visits and Exchanges (DIVE) and the Committee for Hearing Impaired Visits and Exchanges (CHIVE). For details, subscribe to the Bureau's publication, *Intercom* at £1.

Home-to-Home Exchanges. Mrs. Kay Duncalfe, a member of DIVE, is building a register of families who will host a young disabled visitor. Details: Kay Duncalfe, New Forest Continental Youth Centre, Corner Cottage, Hangersley, Ringwood, Hampshire, England.

Superacion. Boletin informativo de la Asociacion de Lisiados de Jalisco, A.C., Escorza No. 442, S. J. Guadalajara, Jalisco, Mexico. Director/gerente: J. Hugo Monroy P. Circulacion: 1,000 ejemplares. (ED: Congratulations, ALJAC, on the excellence of your newsletter and best wishes for the continued growth of your organization!)

Germany has a quota system that requires an employer to have a minimum of 6% of his employees classified as disabled or pay a fine. The fines are used for vocational rehabilitation and sheltered workshops.

New Dimensions in Rehabilitation. Planned for release in 1977, this book will include a selection of papers presented during the 13th World Congress. In English; 420 pages. Prepublication price, $15. Order from: Israel Society for Rehabilitation of the Disabled, 10 Ibn Gvirol Street, Tel Aviv, Israel.

Legal Rights

A Handbook on the Legal Rights of Handicapped People. This excellent summary covers the fundamental rights of disabled individuals in the District of Columbia, Maryland, and Virginia. All states should have similar handbooks! Available from The President's Committee on Employment of the Handicapped, Washington, DC 20210.

Rights Handbook of Ohio's Physically Handicapped. $2 from Ohio Easter Seal Society, P.O. Box 6728, Columbus, Ohio 43209.

Consumer Rights for Disabled Citizens. A comprehensive outline of the problems of citizens with disabilities in the market place, and with transportation, SSI, Medicare, housing, etc. The appendix includes sources of service. $2 from Department of Consumer Affairs,

City of New York, 80 Lafayette Street, New York, New York 10013.

Handbook of Advocacy Strategies. A summary of short-term demonstration grants in Massachusetts, Alabama, Kentucky, Ohio, New York, and Michigan. Available from the National Easter Seal Society for Crippled Children and Adults, Inc., 2023 West Ogden Avenue, Chicago, Illinois 60612.

"Crips" Unite to Enforce Symbolic Laws: Legal Aid for the Disabled: An Overview. By Jack Achtenberg. An excellent summary of significant information regarding the disabled, the article maps out the areas in which lawsuits seem most appropriate. The article appeared in Vol. 4, No. 2, Fall 1975 of the *University of San Fernando Valley Law Re-Review.* The issue may be purchased for $6 from: Law Review, U of San Fernando Valley, 8353 Sepulveda Boulevard, Sepulveda, California 91343.

Legislation

Advocates for the Handicapped, 77 West Washington, Chicago, Illinois 60602. This group of 22 volunteer lawyers and law students is concentrating on legal action against all types of discrimination. They are particularly interested in precedent-setting issues. A major goal is to develop a log of court decisions concerning the disabled for the use of all lawyers. The board is a mixture of disabled and nondisabled and professionals and nonprofessionals that meets monthly.

A report on the effectiveness of the Architectural Barriers Act of 1968 (P.L. 90-480) has been published by the House Public Works and Transportation Committee. Copies are available from The President's Committee on Employment of the Handicapped, Washington, DC 20210.

Guidebook to state and federal legislation and court cases pertaining to the physically handicapped will be published in early 1977 by Mick Joyce, Midwest Information Center for Equality of the Handicapped, CA 106, Southwest State University, Marshall, Minnesota 56258.

Suggested Changes in Proposed Regulations of Section 503 of the Rehabilitation Act of 1973. Compiled from a meeting of disabled individuals at Brookings Institution in the Fall of 1975. President's Committee on Employment of the Handicapped, Washington, DC 20210.

Congress and Health. A guide to the legislative process and the major health committees. $2.50.

Congressional Staff Aides for Health Legislation. Directory of the health-oriented staff members of senators and congressmen. $1.25.

Private Health Organizations' Government Relations Directory. Guide to the Washington representatives for major private health groups and organizations. $1.50.

The three publications are available from National Health Council, 1740 Broadway, New York, New York 10019.

Government Report. $15 from National Association for Retarded Citizens, 2709 Avenue E East, Arlington, Texas 76011.

Tax Exemption Legislation for 501(c)3 organizations which permits lobbying up to 20% of annual expenditures was passed in September, 1976, as part of the Tax Reform Act, HR 10612. Copies of HR Report No. 94-1210 are available through your member of the U.S. House of Representatives.

HR 6691 "Attendant care bill" would amend the Social Security Act Title XX to provide that employable persons unable to care for their personal needs could be eligible for home health aide services. Introduced in May, 1975, it was sent to the Committee on Interstate & Foreign Commerce.

Recreation

Playgrounds and Playspaces for the Handicapped. By R. L. Austin and G. A. Hayes. 1974. U. of Waterloo Bookstore, Waterloo N2L 3G1, Ontario, Canada. $3.

One-Arm Dove Hunt Association, Box 582, Olney, Texas 76374. Designed for arm or hand amputees, the annual hunt is held in September. In addition to the dove hunt, the day's activities include a dove dinner and Texas-type events.

The Architectural and Transportation Barriers Compliance Board held a national hearing on recreation in Boston in October, 1976. The information will be used to formulate recommendations for meeting the recreation needs of the disabled. To request a copy of the hearing, write to the Board at Washington, DC 20201.

$10,000 design competition to develop a playground where disabled and nondisabled children can play together was announced by the co-sponsors, Eastern RVA and New York City Parks Department and the City Planning Commission in the fall of 1976.

Sport for the Disabled. By Sir Ludwig Guttmann. A comprehensive guide. This was mentioned in the *Newsletter* of the Spinal Injuries Association, 21 Cedar Close, Patchway, Bristol BS12 5HD, England. We have not received any further information. We would like to have the price, etc.

Sex

Sexuality and the Handicapped. #34021X in the Human Sexuality Series of audio cassettes. Individuals with paraplegia, polio, cerebral palsy, etc. discuss their sexual abilities and concerns. $14 postpaid. Jeffrey Norton Publishers, Inc., 145 East 49th Street, New York, New York 10017.

Sex Education for the Developmentally Disabled. By H. L. Fischer, University Park Press, Chamber of Commerce Building, Baltimore, Maryland 21202. $4.75. A guide to help parents, teachers, and professionals explain concepts of sexual development.

Sex Education for Disabled Persons. By Irving R. Dickman. The booklet includes parents' and teachers' roles. 35¢ from Public Affairs Committee, Inc., 381 Park Avenue South, New York, New York 10016.

Entitled to Love. The Sexual and Emotional Needs of the Handicapped. By Wendy Greengross, a London GP, marriage counselor, journalist, and

broadcaster. 128 pages. Paperback only. £1.95 and 21p packing ($4.25). Published in April 1976 by Malaby Press (J. M. Dent) in association with National Fund for Research into Crippling Diseases, Vincent House, 1a Springfield Road, Horsham, Sussex, England.

The Sensuous Wheeler. By Barry J. Rabin, PhD. Available from: Multi Media Resource Center, 1525 Franklin Street, San Francisco, California 94109.

Spinal Cord Injury

So You're Paralyzed. Guide for paras, guides, and their families is available from Spinal Injuries Association, 24 Nutford Place, London W1H 6AN, England. £1.30 to members, £2.30 to nonmembers. (About $2.60 and $4.60).

Responsibility for Decubiti. The *Newsletter* of the Spinal Injuries Association in England reports in its July 1976 issue that pressure sores are not a normal part of paralysis. . . . "Their prevention has been established beyond doubt in the case of Mrs. Bliss v. Lewisham Group Hospital Management Committee. Any person developing sores in hospital should consider legal action against those responsible for bad nursing care."

New England Resource Directory 1976. This 146-page guide to programs and services for SCI is free from The Spinal Injury Foundation, 369 Elliot Street, Newton Upper Falls, Massachusetts 02164. Another recent publication, *Standards and Criteria of Care,* is also available.

California Regional Spinal Cord Injury Care System Home Care Manual. This is a splendid guide to self-care and to the teaching of other people to take care of one's needs. Available from Health Services Coordinator, 751 South Bascom Avenue, San Jose, California 95128.

Nursing Care of the Spinal Injured. Edited by Susan Purdy, RN, and Alan Dahart, RN. Comprehensive overview of care of both acute and chronic SCI's. $5 from National Paraplegia Foundation, 333 North Michigan Avenue, Chicago, Illinois 60601.

Cost-Effectiveness of Spinal Cord Injury Center Treatment. By David R. Matlack. Cost analysis. Selected bibliography. $5 from National Paraplegia Foundation, 333 North Michigan Avenue, Chicago, Illinois 60601.

A National Spinal Cord Injury Data Research Center has been established at Good Samaritan Hospital in Phoenix, Arizona. The 10 regional spinal cord centers funded by RSA will feed data on status before injury, cause of injury, treatment, and rehabilitation. All centers and hospitals treating SCI will be invited to participate.

Investigation of Methods Suitable to Village Conditions for the Rehabilitation of Paraplegics and Quadriplegics. By Dr. Mary Verghese, formerly of C.M.C. Hospital in Vellore. Presently of Malankara Mission Hospital, Kolencherry P.O., Ernakulam Dt., Kerala, South India.

The National Paraplegia Foundation, L. W. Freeman Chapter, with the assistance of the Ostomy Association, presented a Visitation Training Seminar in October, 1976, in Indianapolis, Indiana. The professions represented on the program were: an attorney who handles malpractice cases, a former executive director of Goodwill Industries, a professor of anatomy, a physiatrist, a social worker, a professor of neurology, a nurse, a physical therapist, an occupational therapist, a rehabilitation counselor, the visitation chairman of a county agency, and the Director of Chaplain Services at Indiana University Medical Center.

As a result of the seminar, the following visitation recommendations have been implemented: (1) visitations will be made only by members who have completed a training program and have been certified; (2) each visit will be recorded and kept on file for follow-up; and (3) additional training through bi-weekly sessions in role playing using psychological techniques of paraphrasing will be required.

The all-day seminar was professionally recorded with financial assistance from the Lilly Endowment, Inc. These tapes will be transcribed and will be available to National Paraplegia Foundation chapter members at cost and to others for a nominal fee.

Contact: James K. Pauley, 1808 North Moreland, Indianapolis, Indiana 46222.

Psychological, Sexual, Social and Vocational Aspects of Spinal Cord Injury: A Selected Bibliography. Nearly 700 references are included. $2.95 from Gary T. Athelstan, PhD, Project Director, University of Minnesota, Department of Physical Medicine and Rehabilitation, Medical School, 860 Mayo Memorial Building, Box 297, Minneapolis, Minnesota 55455. Its usefulness is not limited to the spinal cord injured. An up-dated supplement will be available.

Selective Index of the Paraplegia News from July 1946 through December 1975. The 32-page index is available for $1.50 from PN Index, 935 Coastline Drive, Seal Beach, California 90740. *Paraplegia News* is of value to all disabled, as well as to paraplegics and quadriplegics. Published monthly, the yearly subscription rate is $4. A good buy!

Another publication that is a good buy for all disabled is the quarterly, *Accent on Living.* $3.50 from P.O. Box 700, Gillum Road & High Drive, Bloomington, Illinois 61701.

And still another is *Achievement,* a great bargain at $2 a year for this Lamposian monthly from 925 N.E. 122nd Street, North Miami, Florida 33161.

Housing Alternatives for Individuals with Spinal Cord Injury. By Fred Fay, PhD. Limited copies of the paper are available for $2 from Fred at Box 337, 171 Harrison Avenue, Boston, Massachusetts 02111.

Practical Management of Spinal Injuries. By Alan G. Hardy, FRCS, and Reginald Elson, FRCS. For the medical profession, not the average disabled individual. £3.95. Churchill Livingstone, Medical Division of Longman Group Limited, 23 Ravelston Terrace, Edinburgh EH4 3TL, Scotland.

Tetraplegia and Paraplegia. A Guide for Physiotherapists. By Ida Bromley, MCSP. £4.00. Churchill Livingstone, Medical Division of Longman Group Limited, 23 Ravelston Terrace, Edinburgh EH4 3TL, Scotland.

Spina bifida papers by Betty Pieper are available for $2 a set from Joyce Graves, 112 Hudson Street, South Glens Falls, New York 12801. The dozen papers include the following topics: Advocacy, shunts, urological care, skin care, sexuality, bowel management, financial aid, lobbying, and right to treatment.

Biofeedback In Neuromuscular Re-Education—History, Uses, Procedures. By Owen, Toomim, and Taylor. An introductory book written for both professional and lay persons who are interested in the applications of biofeedback methods to muscle re-education. A practical guide to the various applications of biofeedback techniques. $5.50 ($4.50 to disabled). Biofeedback Research Institute, 6325 Wilshire Boulevard, Los Angeles, California 90048.

Statement of Needs

A Statement of Shared Needs and Goals and Governor Dan Walker's Response to These Needs and Goals. Final Report of the Illinois Conference of Handicapped Citizens, Nov. 8-9, 1975. Free from Governor's Committee on the Handicapped, 160 North LaSalle Street, Room 318, Chicago, Illinois 60601.

Statistics

Key Facts on the Handicapped. By E. R. Klebe, Education and Public Welfare Division, Library of Congress. 1975. Free from Congressional Research Service, The Library of Congress, Washington, DC 20540.

Transportation, Public

Handbook on Transportation for UCP Affiliates. By I. R. Dickman. 1975. United Cerebral Palsy Associations, Inc., 66 East 34th Street, New York, New York 10016. $1.

The Disabled and the Elderly: Equal Access to Public Transportation. By James J. Raggio, Public Interest Law Center of Philadelphia, 1315 Walnut St., 16th Floor, Philadelphia, Pennsylvania. 1975. Free from The President's Committee on Employment of the Handicapped, Washington, DC 20210.

The details of a program to train bus operators to recognize the special needs of disabled and elderly passengers are available from Moss Rehabilitation Hospital, 12th Street & Tabor Road, Philadelphia, Pennsylvania 19141.

Organizations of disabled file lawsuit to force accessible mass transit. On June 17, 1976 twelve organizations of the disabled and seven individuals filed suit against the Department of Transportation and the Urban Mass Transportation Administration to force the federal government to require that all buses used in mass transit be accessible to the disabled and the elderly, including those in wheelchairs.

The organizations involved in the suit are: American Coalition of Citizens with Disabilities, Inc., Congress of Organizations of the Physically Handicapped, Inc., Disabled in Action of Pennsylvania, of Baltimore, of New Jersey, and of New York, National Capital Area Chapter of the National Paraplegia Foundation, Inc., National Caucus on the Black Aged, National Council of Senior Citizens, Inc., Pennsylvania Association of Older Persons, Inc., and the United Cerebral Palsy Association of Pennsylvania.

The combined membership of these organizations totals more than 5½ million people.

The cost of the lawsuit is partially supported by a grant to the Public Interest Law Center by The Max and Anna Levinson Foundation.

Sigi Shapiro, president of DIA of Pennsylvania, summarizes the feelings of the disabled and elderly, "Twenty years ago court action made it possible for blacks to sit anywhere in a bus—we want a court decision which will allow us to get on the bus."

On October 19, 1976 the California Department of Rehabilitation filed an action to join in the suit. The motion would authorize the State Department of Rehabilitation to appear in the action as *Amicus Curiae.* California's motion points up the fact that there are 3½ million chronically disabled in the state, of which about 750,000 are presently unable to use public transit.

MARTA Elderly and Handicapped Program. Summary of the Metropolitan Atlanta Rapid Transit Authority (MARTA) program is available free from MARTA, 1300 Equitable Building, 100 Peachtree Street, NW, Atlanta, Georgia 30303.

Equal Access to Public Transportation. This handbook was compiled by the Public Interest Law Center in Philadelphia. It analyzes the law's application to equal access and deals with ways of implementing the right through advocacy, litigation, legislation, and rule making. Available free from The President's Committee on Employment of the Handicapped, Washington, DC 20210.

The Taxi Project; Realistic Solutions. This 160-page book describes the taxis of the future which were exhibited at the Museum of Modern Art in mid-1976. $8.45 from Customer Sales Service, Museum of Modern Art, 11 West 53rd Street, New York, New York 10019. Some of the taxis include features to make them easily accessible to the elderly and the wheelchaired.

Travel

Rocking Bed Travel Problems. "My husband and I enjoy traveling but trying to sleep in a chest respirator takes all the fun out of a vacation. I checked on using a rocking bed in a hospital but you have to enter the hospital just like a patient and pay regular room rates. What about home-swapping with someone that uses a rocking bed?" Mrs. Betty Mielke, 115 Bischoff Street, Fond du Lac, Wisconsin 54935.

Using Iron Lungs in Great Britain's Hospitals. "I holidayed in England and Scotland with my sister, sleeping in hospitals in both countries and using their respirators. Everybody was most kind and helpful and I was quite a novelty to most of the staff who'd never seen an iron lung in use before." Ethna O'Dowd, Ward Seven, Cherry Orchard Hospital, Dublin 10, Eire.

English Students' Study Tour of Rome. England's Open University, which has over 1200 disabled students, arranged a study tour of Rome. Ten of the 21 tour members (ages ranging from 25 to 70) were wheelchaired by polio, multiple sclerosis, cerebral palsy, and an assortment of other disabilities. The details are delightfully told in a 144-page book edited by Rachel Bleackley. All royalties go to a trust set up to help future study tours. The tour organizer, Valerie Saunders, stresses: "We are a group of individuals, not just numbers in pages of bland statistics." Order from Educational Explorers Ltd., 40 Silver Street, Reading, Berkshire RG1 2SU, England. £1.65. Available in U.S. from Educational Solutions, Inc., 80 Fifth Avenue, New York, New York 10011.

List of Accessible Mexican Hotels. Seasoned traveler Barbara Carter, who is wheelchaired by polio, will share a mimeographed list of "sort-of-accessible hotels in picturesque Mexican towns." All hotels/motels listed are AAA-rated Good or Very Good. Send a stamped, self-addressed envelope to Barbara Carter, 10531 White Oak Avenue, Granada Hills, California 91344.

ACCESS WASHINGTON. A guide to Metropolitan Washington for the Physically Disabled is available free from Information Center for Handicapped Individuals, 1619 M Street, N.W., Washington, DC 20036.

State of Washington guide to accessible lodging and restaurants. Free from EMBER Project, Division of Vocational Rehabilitation, D.H.S. M/S 311, Olympia, Washington 98504.

International Bibliography of Guides. Free from Rehabilitation International Information Service, % Stiftung Rehabilitation, 6900 Heidelberg 1, P.O. Box 101 409, West Germany.

Hotel guide for Handicapped. In both English and Danish this very attractive and informative booklet is available for U.S. $4 from Society and Home for Disabled, 34 Esplanaden, DK-1263, Copenhagen K, Denmark.

Nationwide tours on accessible buses will begin operation in January, 1977. Judd Jacobson, a quad, has been granted an Interstate Commerce Commission tour broker's license. Details from Judd, Flying Wheels Tours, 143 Bridge Street, Box 383, Owatonna, Minnesota 55060. He can design a motorcoach tour for any group of 15 persons anywhere in the U.S. or individuals can be dovetailed into planned tours.

On-campus vacations at colleges and universities range from $2 to $13 a night, usually $7, with meals at college prices and many on-campus activities free. Further information may be found in *Guide to Low-Cost Vacations and Lodgings on College Campuses.* One edition covers international accommodations, the other U.S. and Canada. Either may be ordered from: CMG Publications, P.O. Box 630, Princeton, New Jersey 08540 ($3.75). Another book, *Where to Stay in the U.S.A. from 50 cents to $9 a Night,* by the Council on International Educational Exchange is available at local bookstores.

CB regulations. Write to the Superintendent of Documents, Government Printing Office, Washington, DC 20402, for a copy of Part 95 of the FCC Citizens Radio Service rules.

Access Travel—A Guide to the Accessibility of Airport Terminals. The Airport Operators Council International surveyed 118 terminals and listed their accessibility features. The guide is free from The Architectural and Transportation Barriers Compliance Board, Washington, DC 20201.

Britain: Information for the Disabled. Free Pamphlet. Available from British Tourist Authority, 680 Fifth Avenue, New York, New York 10019.

Guide to Public Toilets in Scotland Accessible to People in Wheelchairs. This loo guide lists 114 toilets in 80 cities, towns, and villages. 25p (50¢) from Scottish Council on Disability, 18/19 Claremont Crescent, Edinburgh EH7 4QD, Scotland.

TWA, 605 Third Avenue, New York, New York 10016, has published a brochure, "Consumer Information About Air Travel for the Handicapped."

Highway Rest Areas for Handicapped Travelers. More than 400 accessible rest stops in the U.S. are listed in this free booklet. Write: The President's Committee on Employment of the Handicapped, Washington, DC 20210.

Easy Wheelin' in Minnesota. Of the many guides to accessibility in the U.S. and abroad, this one has special personality. It was compiled by a quad, Robert R. Peters, One Timberglade Road, Bloomington, Minnesota 55437. It is available from Education Services Department, The Minneapolis Star, Minneapolis Tribune, 425 Portland Avenue, Minneapolis, Minnesota 55488.

Dialysis Worldwide for the Traveling Patient. Free pamphlet lists the facilities which have dialysis facilities. Write Leo Smerling, National Association of Patients on Hemodialysis and Transplantation, 505 Northern Boulevard, Great Neck, New York 11201.

Disabled Drivers. A report on the problems in about 25 countries. $2.50 from ICTA Information Centre, Fack S-161 25, Bromma 1, Sweden.

If you're in the Philadelphia area and want to enjoy a completely accessible nature center and trail, head for the Schuylkill Valley Nature Center at 520 East Willow Grove Avenue, Wyndmoor, Pennsylvania 19118. Its director, Dana W. Tobin, will welcome you warmly to the center and the trail. The 10' wide, hard-surfaced trail has a built-in self-guided tour with tape-recorded messages on cartridges.

France has a new organization to help disabled travelers: Association pour le transport et le tourism des malades et des handicapés (ATTMH), 19-21 rue Bertrand-de-Goth, 33000 Bordeaux.

Vacationlands New York State. Supplement for Handicapped and Senior Citizens. 1. Section on Hudson Valley. The first accessibility guide of eleven sections of New York State.

Free from Association for Crippled Children and Adults of New York State, The Easter Seal Society, 185 Madison Avenue, New York, New York 10016. *Vacationlands New York State* is free from New York State Department of Commerce, P.O. Box 490, Latham, New York 12110.

Rehabilitation Gazette on Tape. *Copies on either open reel or cassette are available to any blind or physically handicapped person requesting them. Call (312-332-6076) or write Johanna Bureau for the Blind and Visually Handicapped, Inc., 22 West Madison Street, Chicago, Illinois 60602.*

U.S. Periodicals and Newsletters for the Disabled

Periodicals By The Disabled

Accent on Living. P.O. Box 700, Gillum Road & High Drive, Bloomington, Illinois 61701. Quarterly. National. $3 year.

Achievement. 925 N.E. 122nd St., North Miami, Florida 33161. Monthly. National. $2 year.

COPH Bulletin. 7611 Oakland Ave., Minneapolis, Minnesota 55403. Quarterly. National. $2 year.

Handy-Cap Horizons. 3250 E. Loretta Dr., Indianapolis, Indiana 46227. Quarterly. International travel. $3 year disabled; $6 year nondisabled.

The Independent. 2539 Telegraph Ave., Berkeley, California 94704. Quarterly. National. $2 year. (Available on cassette.)

The MAP Newsletter. 17 Janet Circle, Shrewsbury, Massachusetts 01545. Monthly. Regional. $2 year.

The Mainstream. 861 6th Avenue, Suite 610, San Diego, California 92101. Monthly. $5 year.

National Hookup. 2635 Tungsten Court. Apt. #3, San Bernardino, California 92408. Monthly. National. $1.50 year.

New World. California Association for the Physically Handicapped, Inc., P.O. Box 229, Northridge, California 91324. Monthly. $5 year.

Paraplegia Life. National Paraplegia Foundation, 333 North Michigan Avenue, Chicago, Illinois 60601. Bimonthly. $4 year.

Paraplegia News. 935 Coastline Drive. Seal Beach, California 90740. Monthly. National. $4 year.

Rehabilitation Gazette. 4502 Maryland Avenue, St. Louis, Missouri 63108. Yearly. International. $3 disabled; $5 nondisabled.

Sports 'n Spokes. 6043 N. Ninth Avenue, Phoenix, Arizona 85013. Bimonthly. National. $4 year.

The Star Newsletter. 6219 Naper Avenue, Chicago, Illinois 60633. Bimonthly. Regional. $2 year.

Free Newsletters by Disability Groups

Amyotrophic Lateral Sclerosis Foundation, Inc., 2840 Adams Avenue, San Diego, California 92116.

Arthrogryposis Association, 106 Herkimer Street, North Bellmore, New York 11710.

Committee to Combat Huntington's Disease, 250 West 57th Street, New York, New York 10019.

Friedreich's Ataxia Group in America, Inc. Box 11116, Oakland, California 94611.

Little People of America, Inc., 1010 Hilltop Drive, E-1, Grapevine, Texas 76051.

Spina Bifida Association of America, 104 Festone Avenue, New Castle, Delaware 19720.

Stroke Clubs of America, 805-12th Street, Galveston, Texas 77550.

Free Periodicals for the Disabled

On Your Own. Division of Continuing Education, University of Alabama, P.O. Box 2967, University, Alabama 35486. Monthly.

Polling Magazine. United Cerebral Palsy of New York City, Inc., 122 East 23rd Street, New York, New York 10010. Quarterly. Devoted to developmental disabilities.

Amicus. National Center for Law and the Handicapped, Inc., 1235 North Eddy Street, South Bend, Indiana 46617. Bimonthly.

Free U.S. Government Newsletters

Closer Look. National Information Center for the Handicapped, Box 1492, Washington, DC 20013.

Informer. Office of Human Development, Rehabilitation Services Administration, Department of Health, Education, and Welfare, Washington, DC 20201.

Programs for the Handicapped. Office for Handicapped Individuals, Washington, DC 20201.

The President's Committee on Employment of the Handicapped, Washington, DC 20201: *Performance, Feedback, Newsletter Committee on Recreation & Leisure,* and *Legislative Memo.*

Canadian Quads in Hawaii

An Hawaiian holiday in March, 1976, for 14 severely disabled individuals from Aberhart Hospital in Edmonton, Alberta, was dreamed of and promoted by a respiratory polio quad, Gary McPherson. He began to plan in the summer of 1975, generating a tremendous amount of enthusiasm amongst the other patients. The whole thing seemed to catch fire. A sum of over $18,000 was raised in various ways, most of it by donations. The donations included $6000 from the Edmonton Civic Employees and other generous gifts from individuals and service clubs such as Rotary, Kiwanis, Legion, and Knights of Columbus. This meant that each disabled person was able to go for a very modest cost.

The Aberhart Hospital lent its wholehearted support to the project. According to Pierre Gariety, executive director of the Alberta Division, Canadian Paraplegic Association, "The fact that the patients had their own staff going over with them helped a good number of them to decide to go. Some of them had not been out of the hospital at all for a considerable period of time." The staff on the trip included a doctor, a respiratory therapist, two nurses, two certified nursing aides, one aide, five orderlies, and an electrician. Although the hospital paid their regular salaries, the staff members paid their own travel and other expenses for the trip. The staff helped feed and wash the patients, as well as lift wheelchairs up and down stairs. Each staff member had two or three days off during the two weeks in Hawaii.

The flight posed special problems to the airline, Wardair, since the group, most of them disabled by polio, included six who required respirators during the six to seven hour flight. This meant extensive mechanical changes to the plane's power supply, borrowing special equipment, and some rule-bending by airport authorities. Wardair borrowed three power converters from Boeing in Seattle and oxygen from the University Hospital.

"Wardair was more than cooperative," says Gary. "They couldn't do enough; there was no hesitation. When there was a problem, they didn't say no but said they would look into it—and they did. If they said they were going to do something they did it. They also gave us practically a whole section in the no-smoking area to ourselves so those who could not sit up could lie down. A Wardair engineer traveled with us in case there would be difficulties."

After they arrived in Hawaii they used an excellent privately owned wheelchair cab service. As a group, they used the cab service four times; individual members used it frequently for shopping and sight-seeing trips.

Although their hotel, the Sheraton Waikiki, had accessible facilities for wheelchairs, it was necessary to remove several of the doors to make room for respiratory equipment. The group spent time relaxing by the hotel pool. Besides taking in the sun, they also took in some of the night life. They went on an island tour and visited the Polynesian Cultural Center, Sea Life Park, and the state capitol. Several people went on the Pearl Harbor midnight cruise while several others took in the island supper cruise.

The trip had a noticeable therapeutic effect on the disabled. People who use oxygen used less in Hawaii. Skin problems were lessened. They were more active, more outgoing, more optimistic there and they continued to be more active when they returned. Dr. James Archibald, resident in pulmonary care, who accompanied the group, attributed their improvement to their mental outlook and high spirits during the trip. "I think one of the best things about the trip was it showed the patients that such trips are possible."

For more details, write to Gary McPherson, Room 7127, Aberhart Hospital, Edmonton, Alberta T6G 2J3, Canada.



Hawaiian holiday–organized by Gary McPherson, respiratory polio quad, for 14 severely disabled individuals from a Canadian hospital.

Hitch-Hiking Through Europe in a Wheelchair

by Solveig Kihlgren

Why is hitching only for able-bodied people? Why are youth hostels built with staircases? Last year I decided to discover Normandy in my wheelchair, getting around by hitch-hiking. After touring Normandy and visiting a friend in the lovely old town of Fecamp, I decided to cross to England and visit more friends by hitch-hiking.

My friends in London actually live far away from Central London so I had to go by train to Victoria. With the help of the friendly employees of British rails I managed a nice long staircase in the railway station. I often went around London by tube and I always found the employees of London transports ready to help me—unlike the employees of Paris transports who do not want to give me a hand.

I spent three wonderful weeks in London. I discovered plenty of things and plenty of nice people too. Thus I discovered the small Orthodox monastery in northern London, the Russian churches in Kensington, and a wonderful organ concert at Westminster Abbey. When I was at one museum I made a terrible mistake in the special bathroom for the disabled. Instead of pulling the chain, I pulled the alarm—and the guard came quickly. As I was leaving another museum I found I had a flat tyre and the security drove me home so my friends could fix it.

In England it is easy to hitch. You wait for five minutes and somebody picks you up. But when I came back through northern France it was hopeless. No one would stop.

This year I was supposed to go to Sweden—still and always hitch-hiking. I started my journey in Marseille. A nice lorry driver put me off in a small village near Geneva. By chance, some very nice nuns there put me up at their old folk's home. Then I went to Geneva to a Russian church with beautiful bells and that weekend celebrated the feast of all the Russian saints. Orthodox liturgy is heaven on earth.

Afterwards I went to the tunnel of Mont Blanc and found a lorry driver who put me off in Metz near the Luxembourg border. Then some friends in Belgium came and picked me up. After a visit, they put me on the road to Antwerp. After many hours I found a Dutch lorry driver. The Dutch people are like English people—very kind and very helpful. I found another Dutch driver who invited me to come and stay with his family in a small town on the German border. I had a marvelous time there with them and their friends.

Next a French family took me up to Hamburg. I do not like Germany. They thought I was crazy to be hitch-hiking. But I met some Red Cross people in Germany and they were nice. They were also very kind to me in Denmark. The custom people thought my travelling funny and they put me up for a night at a holiday camp for disabled children.

It is impossible to hitch-hike in Sweden. So my journey had a bad end. Never mind. It was a wonderful experience to discover Europe from a wheelchair. "Normal" people who think that my way of travelling is crazy do not know how happy you can be in your wheelchair.

Address: 1 Square de la Bresse, 75016 - Paris, France. Ω

A TRIP TO MONTANA

by Dr. Duncan A. Holbert

In the spring of 1972 my mother gave me a brand-new 16 foot International Step-Van and enough cash to build a recreational vehicle out of it. The basic problem was to make room for an Emerson Tank respirator, all of the respirator gear, a kitchen unit, a miniature furnace, air conditioner, a toilet, general storage space for food, clothing etc. and finally seating and bunk capacity for two other people. Jammed into odd corners was a 4000 watt Kohler generator plus a B & S 2500 watt backup generator, a radio telephone, oxygen tanks and two auxiliary breathing devices.

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 for refresher courses in allergy and dermatology.

Well, suffice to say, there were days spent in preliminary measuring, sketching, arguing and not a little plain cussing! From time to time there must have been at least a dozen individual people busy welding, sawing holes through the sides, hammering, fitting, tearing out and rebuilding, painting and forever trying to remember that every extra pound made it harder and more expensive to move.

We were all people with some other principal occupation to take up most of the day so that progress on the recreational vehicle moved ahead painfully but steadily. In a couple of months over a year, we were ready for the road—she wasn't finished but she was ready, and actually she isn't finished yet!

July in California usually brings a long series of warm clear sunny days but when we pulled out in the early morning the sky was dull and the air felt heavy. By the time we reached the Sacramento Valley

two hours later, a steady raw rain was falling and continued to fall as we made the long climb up the seaward side of the Sierras. The summit around Lake Tahoe was hidden by great drifts of rain-full clouds and hard sheets of rain streamed over the windshield. In the mud by the roadside we could see ahead of us the soaked figure of a young man thumbing for a ride. We slowed to a stop beside him—slid open the door and he hopped in beside me. Slipping out of his dripping coast he leaned over and started to say something, but instead, he sneezed a great big juicy sneeze right in my face!

Mike Hill, my good friend and driver, pulled him back out of the way and I could hear stern voices in the rear of the van. Well, it turned out that he had a bad cold and so we reluctantly drove on for a couple of miles until we reached Truckee where we let him out. The rain had stopped and there were places to get in and dry out, but it was too late for me, and two days later I came down with the most awful respiratory infection I had ever experienced. Of that, more later.

Donner Pass, named after the ill-fated Donner Party who lost their lives there in the 1850's, reaches somewhat over 7000 feet before it begins to descend on the Nevada side. I usually carry my relative pressure in the Emerson Tank at 16-CM of water. This was very comfortable up to about 6000 feet. Then I began to notice that I had to work a little on my own to get enough air. It's times like this when I get little plaguing thoughts like "I hope the hell we don't get a flat tire" or "When the devil did we get gas last?"

7000 feet quickly gave way to 6000 feet then 5000 feet etc. As dusk slowly hid the mountains and left the crashing storm behind we rolled into the biggest little city in the world—Reno, Nevada! I really don't know why, but none of us seemed to feel like stopping and trying our luck at the gambling tables. We asked Peg, my wife, who was following us in her car, if she wanted to try her luck, but she said, "No, let's go on." The rest of us cheerfully agreed and so we quickly left the sparkling lights of the casinos and struck out over the barren Nevada desert on route 80 E.

Overhead the stars were incredibly bright and clear in the black sky; the night air was warm and we hummed along toward Lovelock nearly 100 miles further on. Remembering the limitless, unpeopled spaces that make up most of the state of Nevada, again I had little cold shivers thinking about what might happen if we threw a rod or some secret essential system failed out there 50 or 60 miles away from anybody. However, I had a Thompson auxiliary breathing unit, Ambu bag, an oxygen tank and at least 50 gallons of gasoline for the generators. The lockers were full of food and we had 20 gallons of water plus fruit juices so I felt relatively secure. We also had a long-range radio-telephone communication set with which we could contact our Congressmen, if we had to! And I might as well give credit—the International Van performed flawlessly over 4000 miles of desert and mountain roads. She started without a cough every morning, cold or hot, and never failed us once even under the worst kind of conditions!

We stayed that night at a KOA camp in Lovelock, Nevada, way out in the sheep country. The stock cars rumbled and slammed all night, busily loading sheep and cattle. Sleep was short—the cold dawn filtered through the cottonwood trees and in no time Peg had the bacon and eggs sizzling on the butane stove. All the next long day and part of the day after we pushed on straight east. Luckily the days and nights were pleasantly cool.

Late that evening Wells appeared and we turned sharply north onto highway 95. Next day was endless plains, low rolling hills and gradually climbing higher on the way into Idaho. The countryside became more prosperous with mile-wide pastures, cultivated fields and livestock looking slick and well-fed. Twin Falls was an attractive small city in the midst of these purely agricultural surroundings. One of the most unusual features was the Snake River which lay along the eastern part of the city. Over eons of time this great river had cut its way vertically through at least 400 feet of solid volcanic rock and now lay in a narrow gorge far below us on its way south to its many forks. On the east side of the Snake River the terrain changed unbelievably—green watered fields gave way to barren volcanic craters. On either side the ground looked scorched and burned. There was practically nothing growing and we realized we were entering the Craters of the Moon!

For several hours we ground over the steep hard mountains and then descended to the edge of an enormous flat desert area without any sign of habitation or living thing. At the northern apex of this vast barren desert we rolled into the little all-nuclear town of Avco. Signs everywhere bragged about the "first nuclear city" powered by all atomic energy. I think we all felt a little sick and a little sorry, as though these luckless villagers had been abandoned in this distant desolation where some day perhaps, scientists will examine what happens when science abandons morality and we realize too late that Pandora's Box should never have been opened.

Beyond Avco we entered the real wilderness, following the course of the beautiful Salmon River. Grass once more appeared, flanking the mountains that rose abruptly from the river and the gorge, perhaps 8000 to 10,000 feet, hidden by the clouds. These magnificent peaks were the last homes of the rocky mountain goats and sheep. In the lower forested valleys were still elk and black bear. The flavor of the old West and of the mountain men lay faintly in the evening air, but the not uncommon portable aluminum modular home on jacked-up wheels suggested

certainly that the old ways were long gone and the ugliness of civilization was finally forever encroaching on the quiet, hidden, green, and lovely mountains and the sparkling waters.

On Lost Horse Pass we wound our way down through stands of trees so dense that late afternoon suddenly became evening and we felt lost in the land of Chief Joseph and Nez Perce. We could imagine them, struggling and starving, driven this way into Canada. At the bottom of the Pass, we once again skirted along the banks of the Salmon River and beyond it the Sapphire Range. An hour or two of daylight remained and we realized that our immediate destination, Hamilton, Montana, was less than 30 miles away.

The Bitterroot Valley and the forest-covered ranges fading in the evening light seemed to me like the last of the Frontier. This grandeur was the same as it was in the days of the Fur Trade when it drew James Ohio Pattee and his comrades to the rendezvous and the beaver streams. Hamilton is a small town so we found our friends easily and drove up just at supper time. Mike backed the van over the curb and up the front walk to the porch. My ramp spanned the few feet across the porch and we rolled right into the front room. Peg and I and the boys had a great supper of antelope shoulder, frontier biscuits, and home-canned fruit.

Ruth Brandborg, to whom half the credit goes, is a continual surprise. After years as an administrator in the Peninsula schools, here we found her equally at home among blueberry pies, mugs of cowboy coffee, and shelf after shelf of jellies, preserves, and canned fruit which she and Brandy had processed together. Our long-suffering host, Brandy, is in his middle eighties, a tall, rawboned ex-forester who is still fighting the good fight for the diminishing forests and for this last corner of original wilderness. The big lumber interests are stripping the mountain sides, the rains and snow wash away the soil and nothing will regrow. It is a sad story that is going on now and the bounty of nature that belongs to all of us is being turned into millions of dollars profit to individuals and outfits who have the right connections.

The next morning we awoke early to the smell of frying bacon and freshly-caught mountain trout—none smaller than two pounds. In spite of the temptations, I sadly realized that my nose was stopped up and my throat was raw and sore. In my mind's eye I could see again the drenched little hitchhiker and I cussed him royally for the worst cold I'd ever had. We had oxygen tanks bubbling, vaporizors steaming up the room, nurses twenty-four hours a day, and all the other equipment for intensive care. Our poor friends were almost squeezed out of their house—like the story of the camel and his master's tent!

Days were not so bad, and I enjoyed visiting with some of the research scientists from the Public Health Laboratories which have given Hamilton international renown. It was there that the cause of Rocky Mountain Spotted Fever was discovered. There are over 300 highly trained specialists in the laboratories, working on exotic diseases from all over the world.

By Friday of that week the flow of lung secretions had thinned out and I was able to get two to three hours of sleep at night. My son, Tam, who is a physician, flew in from California with some suction equipment and we loaded up, gave grateful thanks to our long-suffering friends, cried a little, said a silent prayer, and took off! That evening, amid a Wagnerian thunderstorm we turned west over the Lolo Pass, through more forests and rushing rivers—the Sweetwater into the Snake and finally to the broad slack water of the Columbia beyond the Nez Perce Reservation where Idaho meets the eastern border of Oregon.

On the road again at daybreak, we passed through the barren deserts of eastern Oregon and then through the verdant greenery from central Oregon on into Portland—probably the loveliest part of the trip. Portland suddenly emerged from the scenery streaming by and we stopped there long enough for a good big breakfast at lunch time. So far we were averaging 60 miles per hour, 10 miles per gallon of gas and a stop every 30 minutes for the troops to jam their arms through the portholes to help me cough up another hunk or two of lung! The whole performance began to seem so completely ridiculous that we began to laugh and clown like a bunch of idiots!

By late that afternoon all of Oregon was behind us plus Grants Pass and the northern segment of the Redwood Highway. The dreary KOA camp in Eureka was like a friendly beacon—Santa Cruz and home was now less than a day away and, with my hacking and my poor helpers climbing around in the cold dark, sleep was impossible. As the grey foggy dawn crept in over the edge of the beach we dabbed a little cold water over our faces and headed for the nearest sign of hot coffee and breakfast. The rest of the day was just eating up the road!

The great old Redwoods and finally the hills and vineyards of Sonoma County were all familiar as I had grown up in this country. By noontime the Golden Gate bridge slid by under us and the familiar fog separated long enough to reveal the fishing boats far beneath, hurrying home on the early afternoon tide. I think that we were all completely numb from the lack of rest and decent food, and we saw nothing and heard nothing but the faithful hum of the engines.

In an hour and a half we scraped into the driveway of the parking lot with the dogs barking a welcome. It was two weeks later and 4000 miles of some of the most spectacular and lovely parts of this great country of ours. Ω

GPB for High Level Quads

Glossopharyngeal breathing (GPB) is commonly known as "frog breathing" because of the similarity between this method of breathing and that employed by amphibia. Basically, the mechanism of GPB is the same as that of a pump: the tongue and the throat act as a piston, and the mouth, the soft palate, and the larynx act as valves. There results an expansion of the lungs as air is pumped into them.

GPB has been used inadvertently for centuries by swimmers to fill their lungs with reserve air just before diving and by individuals with breathing difficulties. During the polio epidemics of the fifties some of the patients accidentally taught themselves to use GPB. When physiological studies proved its value, GPB was taught in respiratory centers around the world.

The best GPB teachers were other polio patients. Most people learned quickly by imitation or from word cues. GPB has been used extensively for more than twenty years by respiratory polio quads to produce adequate respiratory ventilation without the use of mechanical equipment—a sort of self-operated respirator. Some use it only while being transferred from one type of respirator to another; others use it during their waking hours when not using a respirator; and some use it for regular chest stretching and coughing.

In the fifties, Rancho Los Amigos Hospital was the leading proponent of GPB for respiratory polios. According to the book, *Quadriplegia After Spinal Cord Injury; a Treatment Guide for Physical Therapists,* written by staff members of the physical therapy department at Rancho, they are now using it with equal success with traumatic quads: "Glossopharyngeal breathing (GPB) is taught to patients with lesions at C4 and C5 and these patients are encouraged to use it routinely for chest expansion and cough force. Patients with lower lesions are taught GPB to provide a more effective cough force if, after orientation to the advantages of GPB, they express a desire to learn."

For high-level quads and others with respiratory problems, who could benefit from learning GPB, here are some of the more successful word cues of respiratory polio quads:

"Take a large breath and hold it while practicing the stroke. Be sure to pull the back of the tongue far down the throat on each stroke."

"After five years of trying I thought I would never learn to frog breathe. Then, once when 'goofing off' I imitated, in an exaggerated way, my friends I had seen doing it. Suddenly, I found myself laughing very loud laughs—I was frogging too!"

"Don't get the air in your stomach. You have to close off your larynx. Don't move your Adam's apple, then you are swallowing. Leave your throat alone. Work with your tongue. The air goes down automatically."

"I close the back of my throat, just as one does when he pretends to have a cold in the nose."

"We used a hand bellows, the type used to pump up an air mattress. With this I was able to get the feel of air in my throat and enough pressure to close my larynx against."

"Try to scratch an itch on the back of your throat with your tongue so that you almost gag (SKIP the roof of your mouth)."

"Try to make believe you are blowing up a balloon, then follow through with the motion of dropping the throat muscles."

"On my imaginary straw I take a big swig of a yummy, thick, chocolate milkshake."

"I learned by continuously clucking my Adam's apple until I obtained a steady rhythm of taking in air."

"You have a big orange hanging in front of your mouth. Reach out with your lips and get it in your mouth, then move it around and then swallow it."

"As you gulp, hold your breath. It closes off the throat and keeps the air from escaping. Once you learn to do it the holding of your breath doesn't seem to come to mind."

"For a long time I have been trying to put down in words a simple way to explain GP breathing. Some of you may like to try the following: Put a straw in your mouth, then suck on it, using your mouth and tongue only to make the suction. Then after each time you draw in air, put the end of your tongue over the end of the straw to keep the air from escaping. Also, I've found that the front part or the tip of your tongue plays little part in GP breathing because I am able to hold my tongue between my teeth and, with my mouth closed, pump in air through my nose. This is a more advanced method, but it might give someone the clue."

"Anybody who has tried to learn 'Frog Breathing' will know that the main idea is to take a mouthful of air, seal it against your palate with your tongue and swallow it. I find that the more mouthfuls you take and the faster you take them, the better the lungful of

air. I usually take from four to six mouthfuls of air, hold it for a few seconds and then let it out. I have also found that if my top dentures are not very firmly in place, this can reduce the efficiency of my 'frogging.' So loose-fitting dentures are a definite drawback in learning to 'frog breathe'."

"After a while (when my neck had become stronger from sitting up in a wheelchair) I developed a method of using the accessory muscles of my neck to assist me in 'frogging.' While in the wheelchair, I could lift the very top part of my chest by throwing back my head and pulling very hard on my accessory muscles, at the same time gulping away as fast as possible."

"'Frog breathing' can be learned by practicing the following sequential steps: Inflate your lungs, normally, to your maximum inhale and hold your breath; close internal nasal passages; with mouth slightly open, pull tongue and larynx down to bring air into your mouth; close your mouth, think inhale, and press your tongue upward to compress the air trapped in your mouth. Air will pass into your lungs. Hold it! and repeat the last two steps several times before exhaling."

"Four suggestions: (1) If difficulty is experienced in closing the nasal passages, this can be learned by placing a mirror and light in a position which allows you to observe the movement of the soft palate at the back of the roof of your mouth. Experiment with moving your soft palate up and down. You can feel your nose become blocked when your palate is pressed upward, constricting the passage leading from the back of your throat into your nose. After you learn to 'frog' this becomes automatic. (2) It is not necessary to inhale normally before you 'frog' (Step 1, above). But, while you are learning, the first breaths you obtain will probably be of low volume, and if your lungs are filled to their accustomed amount before you 'frog,' you are more apt to notice the increase in pressure. (3) You will discover that by pushing your lower jaw forward in the mouth-open phase, and drawing it back in the mouth-closed phase, a greater volume of air will be inhaled. (4) Contrary to appearance, this is not swallowing air! If you swallow while holding air under pressure in your mouth, you will obtain a bloated stomach rather than inflated lungs."

"If you have the problem of losing air through the nasal passages, it is usually due to incoordination. Try the following method of closing the nose: First, with the nose clip on, practice GPB until it is performed easily. Second, if you have a quiet stroke, change it to a very loud and noisy one. Retain your tongue roll, but say 'up' at the same time you pull the tongue back. It will be a guttural sound. At first this may be difficult. Some persons say they can't do it, but have always succeeded in the end. Keep this up until you can make a loud sound while stroking and still take in air. Next, practice cutting each stroke off in a staccato manner. Caution: Make sure you are filling your chest with air easily on each step before trying to proceed to the next one.

"Repeat the loud stroke and practice chopping it off until you can do it with ease and are obtaining enough air on each stroke to fill up readily. This may require from one to three weeks. Be sure you are putting effort into the stroke. Work at it as if you meant business. When this has been accomplished you may take off the nose clip and there should be no leaking. You can test with a mirror or feather."

"To my mind the only real problem is keeping the air out of the stomach and having it go and stay in the lungs. I think that if these possibilities are explained to the patient he will learn. You can feel where the air goes if it goes into the stomach and have him pretend to inhale as he forces the air out of the mouth. Niceties, such as taking the air in through the nostrils while the mouth is closed, can be learned later."

"The therapist would tell me to open my mouth, close it, and force the air back with my tongue several times in quick succession. . . . You can't just open and close your mouth and expect to start frog-breathing. You have to put some force into it and get the tongue in the habit of working in conjunction with the opening and closing of your mouth." Ω

References

Dail, C. W., Glossopharyngeal Breathing: Medical Management. *Poliomyelitis.* Papers and Discussions Presented at the Fourth International Poliomyelitis Conference. Philadelphia, J. B. Lippincott. 461-464, 1958.

Dail, C. W., Affeldt, J. E., and Collier, C. R., Clinical aspects of glossopharyngeal breathing; report of its use by one hundred post-poliomyelitic patients. *Journal of the American Medical Association,* 158:445-449, 1955.

Dail, C. W., Zumwalt, M., and Adkins, H., *A Manual of Instruction for Glossopharyngeal Breathing.* New York, National Foundation for Infantile Paralysis, 1955.

Duttarer, J. and Edberg, E., *Quadriplegia After Spinal Cord Injury.* A Treatment Guide for Physical Therapists. Thorofare, New Jersey, Charles B. Slack, Inc., 1972.

Feigelson, C. I., Dickinson, D. G., and Talner, N. S., Glossopharyngeal Breathing as an Aid to the Coughing Mechanism in the Patient with Chronic Poliomyelitis in a Respirator. *New England Journal of Medicine,* 254:611-613, 1956.

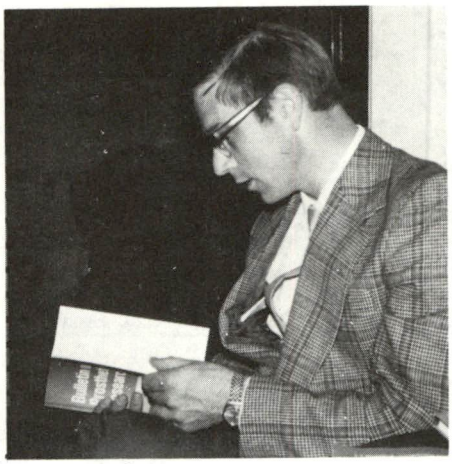
Murphy, A. J., Talner, N. S., and Dickinson, D. G. Glossopharyngeal Breathing in the Management of Chronic Poliomyelitic Respirator Patients. *Archives of Physical Medicine,* 37:631-636, 1956.

'76 St. Louis Photos

Staff volunteers, "Quadland" neighbors, Board Members of the St. Louis Chapter of the National Paraplegia Foundation, and out-of-town guests at 4502 Maryland Avenue, the Laurie's home and the Rehabilitation Gazette office.



Nandini Nimbkar Rajvanshi



Roger M. Jefcoate



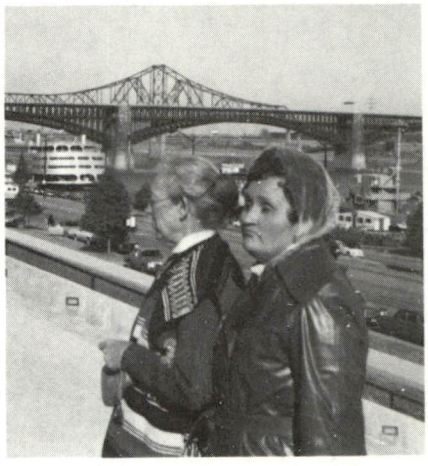
Jill Kinmont Boothe

Out-of-town guests,

at parties and sightseeing



Vivian Naylor



Gini and Eunice Fiorito

Nandini Nimbkar Rajvanshi, granddaughter of Mrs. Kamala V. Nimbkar, of India

Roger M. Jefcoate, electronic expert, from England

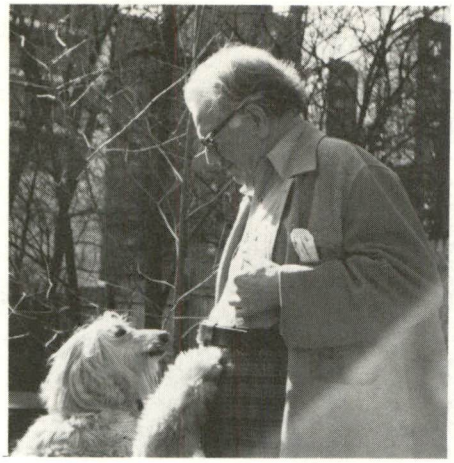
Jill Kinmont Boothe, former ski champion, from California

Vivian Naylor, Churchill Fellow, from England

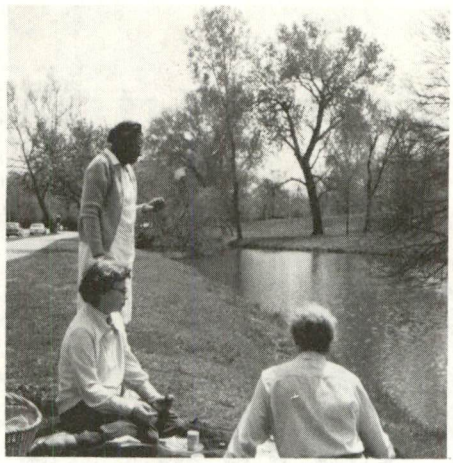
Gini and Eunice Fiorito, president, American Council of the Blind of New York State

Staff

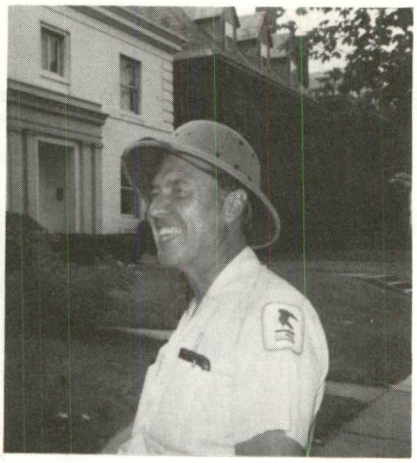
Shiva and Joe Laurie



Lunching in the park–Dorothy Davis, associate editor, Frances Knox, super-cleaner, and Gini Laurie



Frank Engel, the Gazette's *postman*



Guests at a luncheon in honour of Lady Ramsbotham, wife of the British Ambassador to the United States and mother of a quad.



Colleen Starkloff, Frank Block, and Lady Ramsbotham



Willie Bjorkman, associate editor, and Nancy Quigley



Sister Helen Marie Holzum



Ted Smith, graphics designer, and Max Starkloff



Doris Jones, treasurer



Dick Goodwin



Tanner and Penny Chrisler and Betty Torno



Jack Quigley and Speed Davis



Jim Tuscher and Nat Chrisler

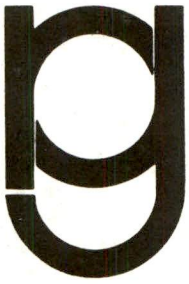


Dr. Elizabeth Stoddard

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