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Rehabilitation and employment of physically handicapped workers in Massachusetts

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BOSTON UNIVERSITY
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THESIS

REHABILITATION AND EMPLOYMENT
OF PHYSICALLY HANDICAPPED WORKERS IN MASSACHUSETTS

By

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To Mr. Albert Roy and all of the members
of his staff in the library of the College of Business
Administration at Boston University who, so graciously,
assisted me in the preparation of this paper.

TABLE OF CONTENTS

	Page
INTRODUCTION	5
Chapter	
I. SOME LEGAL ASPECTS OF REHABILITATION AND EMPLOYMENT	
A. Workmen's Compensation Acts	11
B. Second Injury Funds	14
C. Federal Vocational Rehabilitation Amendments of 1954	16
D. Massachusetts Rehabilitation Commission. .	23
II. REHABILITATION OF HANDICAPPED WORKERS	
A. Historical Background	26
B. Rehabilitation Today	32
1. Massachusetts Division of Vocational Rehabilitation	34
C. Rehabilitation Centers	38
1. Boston Dispensary Rehabilitation Institute	44
2. Bay State Medical Rehabilitation Clinic.	46
3. Liberty Mutual Rehabilitation Center .	48
4. Haynes Memorial Neurosurgical and Rehabilitation Department	51
5. American Mutual Liability Insurance Company Rehabilitation Clinic	53

TABLE OF CONTENTS
(continued)

Chapter	Page
III. EMPLOYMENT OF THE HANDICAPPED	
A. The Problem	55
B. Work of Various Agencies	62
1. The President's Committee on Employment of the Physically Handicapped	62
2. Governor's Interagency Committee for Employment of the Physically Handicapped	63
3. Massachusetts Division of Employment Security	65
4. Just One Break Program of the Bay State Society for the Crippled and Handicapped, Incorporated	67
C. Employment Policies and Practices	70
1. Morgan Memorial Goodwill Industries	74
2. Community Work Shops, Incorporated.	76
3. Ace Electronics Associates, Incorporated	77
4. Sears, Roebuck and Company.	78
5. Raytheon Manufacturing Company.	79
SUMMARY AND CONCLUSIONS	80
BIBLIOGRAPHY.	85

INTRODUCTION

Medical science has made considerable progress in the 20th century in the treatment and prevention of diseases, sicknesses and accidents. This increase in medical knowledge, while contributing to the knowledge of rehabilitation techniques, has also caused an increase in the number of people to be rehabilitated and thereby aggravated the problems to be discussed here. Few experts in the 1920's, for example, foresaw that paraplegics could be taught to walk and to work again, that a boy with no arms could play the piano, or that a girl with a broken neck could support her family. Each of these advances has made a further dent in those physical disabilities once considered as hopeless for rehabilitation.

By saving the lives of many who would formerly have died of diseases or disabilities such as poliomyelitis, diabetes and paraplegia, however, medical science has swelled the ranks of those who must learn to live with a disability. Lengthening of the average life span to 69 years has increased the number of older people who need rehabilitation as an aid to adjusting their lives to the limitations of advanced age.

This problem of the physically handicapped has been receiving growing recognition and attention during the present generation. It is not the intention of this

writer to take up the technical and scientific aspects of rehabilitation, but rather, to present a discussion of what has been done, what is being done, and what can be done in this area to ease the impact of this situation.

For the purpose of this thesis, the term "physically handicapped" will refer to those individuals who have a physical disability or defect, both obvious or hidden, due to disease, injury, or birth; and which limits their physical capacity to work or causes an unfavorable social climate.

These physical defects can be either static or dynamic.* Loss of a finger or foot, short stature, or missing teeth are static defects which are not expected to become worse; and may usually be corrected, so that a person's working ability will not be seriously affected. Heart trouble, tuberculosis, and diabetes are examples of dynamic or progressive defects. These defects may become worse and may affect the whole body, and thereby reduce productivity. Persons in this latter group present a more difficult problem to employers and the community at large. The problem of rehabilitation is important to both of these groups. Much more work has been done with the static group, however, with the result that there is more information available, both as to the attempts made for rehabilitation and the

* 20, p.1

successes or failures encountered in these cases. For that reason this study will place its emphasis upon the rehabilitation of the static group.

There are many good definitions of the term "rehabilitation" as applied to this thesis. One of the best is that of Henry H. Kessler, the founder of the Kessler Institute For Rehabilitation:

"It is a creative process, in which the remaining physical capacities of the handicapped are utilized and developed to their highest efficiency. It is an organized and systematic method by which the physical, mental, and vocational powers of the individual are improved to the point where he can compete, with equal opportunity, with the so-called non-handicapped."*

The importance of rehabilitation of the physically handicapped cannot be overemphasized. Prior to World War II, there were 23 million handicapped persons in the United States.** In a government survey in 1948, a total of 28 million physically handicapped was reported, with an additional 250,000 disabled every year through various causes.*** Today, the number of physically handicapped is about 30 million. It is generally agreed that at least two million of these could become employable if provided with adequate rehabilitation services. With our country operating at a peak economy there is a great need for additional workers; and large numbers of these

* 3, p.15

** 7, p.4

*** 34, p.282

workers can come from the ranks of the physically handicapped.

The economic value of providing services to those physically handicapped persons who are capable of rehabilitation to the extent of employment has been graphically demonstrated. In 1952, 64,000 such persons who were rehabilitated through the State-Federal Program added 12,500,000 man-days annually to our national productivity, and their earnings the following year added \$115,000,000 in income to our national economic wealth.*

Of added significance is that a large number of these persons were on public assistance rolls prior to their rehabilitation. In a study of 66,000 persons rehabilitated to employment under the State-Federal Program in 1951, 8,000 were found to have been on public assistance prior to their rehabilitation, at a cost of \$5,700,000 annually in assistance payments. This same group of persons, after rehabilitation, were earning at the rate of \$14,000,000 a year, and, instead of being "tax consumers", they became "taxpayers".**

World War II focused more attention upon the problem of the disabled and the handicapped. During this period

* 38, p.222

** 38, p.222

the demand upon existing manpower was accentuated. The armed forces realized that with proper medical care and training many wounded men could be returned to combat. Essential also, was the realization, that when peace came these wounded should be adjusted to as near normal a life as possible. It was for this twofold purpose that the rehabilitation programs of the armed forces and the Veterans' Administration were established. Since the end of the Second World War, the few private and public agencies that had operated for this type of work were augmented by many other agencies, both large and small. Their work has been very beneficial, and a discussion of it will be given in this thesis.

Employment is probably the most important phase of rehabilitation since it is the final step in rehabilitation. All the work, all the energy, all the effort of the various rehabilitation programs is directed at one final goal, the placing of the physically handicapped worker in a job that he can perform as an equal working member of society. Since this is a vital aspect of the problem under discussion, a portion of this thesis will be devoted to the experiences of these workers in industry. The accomplishments of these workers, their problems, the programs developed for their employment, the work of industry and union leaders, and the work of the various governmental agencies will all be considered.

This thesis will place its emphasis upon rehabilitation and employment of physically handicapped workers in Massachusetts as representative of the nation-wide situation. Wherever possible, reference will be given to conditions in other localities, states, and countries.

CHAPTER I

SOME LEGAL ASPECTS OF REHABILITATION AND EMPLOYMENT

A. Workmen's Compensation Acts

A thorough analysis or discussion of workmen's compensation acts would provide enough material for a thesis in itself since the provisions, laws, and rules have been added to and changed many times, and are subject to constant revisions both by legislative amendments and judicial interpretations. It is the intention of the writer, therefore, to present only a general discussion of the provisions of these laws as they apply to this study.

In July, 1912, Massachusetts became the first state to provide such insurance protection to workers and, at the present time, it is one of the most liberal states in its benefits to injured workers. Today, many foreign countries and all of the states in this country provide some form of workmen's compensation. The purpose of workmen's compensation is to establish a system of money payments to workers based upon the loss of wages. These payments are made, by insurance companies or employers who are self-insurers, to injured workers or to the dependents of workers who are injured either while at work, or as a result of their work.

All provisions of the Massachusetts Act in this section refer to Chapter 152 of the General Laws of the Commonwealth of Massachusetts.

The Massachusetts act provides that during the first two weeks after an injury, and in cases requiring specialized or surgical treatment for periods longer than two weeks, the insurer must furnish, without cost to the injured worker, adequate and reasonable medical and hospital services and medicines.

Another provision of this act makes it mandatory for those insurance companies, which provide this compensation, to offer rehabilitation services by a competent facility, or by a physician who is qualified to render such rehabilitation services. While the insurance companies are required to provide these services, the injured worker may refuse such aid. In such a case, he obtains help wherever and however he can, and he still receives his compensation payments until he is able to resume employment. Some insurance companies have set up their own rehabilitation facilities, while others have relied upon existing facilities. These various facilities will be discussed later in this thesis.

In Massachusetts, the Industrial Accident Board administers the rules and provisions of the act. It is this board that decides eligibility and duration of payments and what services are to be made available to injured workers. This board consists of eleven members who are appointed, by the governor, for staggered five-year terms.

When an employee receives an injury, both he and his employer notify the Industrial Accident Board, and also the insurance company with which the employer has placed his workmen's compensation insurance. As a general rule, the insurance company will provide whatever payments or services are called for in the particular situation. If there is any question as to just what should be done, the Industrial Accident Board makes the final decision (usually in the employee's favor). This board handles all such disputes that may arise among employees, employers, and insurance companies.

One of the reasons advanced by employers for their reluctance to hire handicapped workers is, that such a practice will force these employers to pay higher rates for their workmen's compensation insurance. But, according to the Association of Casualty & Surety Companies, in states which have a second injury fund[#], there are no provisions in workmen's compensation policies or rates which penalize an employer for hiring handicapped workers. These compensation rates are determined by two factors only: relative hazards in the company's work and its accident experience. The formulae used do not consider the type of personnel hired.

[#] Discussed in next section.

B. Second Injury Funds

Workmen's compensation laws commonly provide that, if a worker suffers an injury that results in complete disability, his employer is responsible for an additional payment for this complete disability. This provision has led many employers to refuse to hire people with one arm or one leg, for fear that a possible loss of the remaining limb would result in this increased payment and a consequent increase in the employer's rates. To alleviate this situation, most state workmen's compensation laws now have a "second injury" provision which limits the employer's liability for a subsequent injury to the extent of disability resulting directly from that injury.

Under this provision, all insurers in the state contribute to a second injury fund. When a handicapped worker suffers an accident which renders him totally disabled, the majority of the expense is paid from this fund. Thus, if a person with only one arm loses his other arm in an industrial accident, his employer will be directly responsible, under compensation laws, for the loss of but one arm. The increased expense resulting from the loss of the other arm, and the consequent increased disability is provided for by this second injury fund.

In Massachusetts, one method of maintaining this fund is the provision in the Workmen's Compensation Act which stipulates that, for every case of personal injury resulting in death when there are no dependents, the insurer has to pay five hundred dollars into the treasury of the Commonwealth. This fund is administered by the Treasurer of the Commonwealth who makes payments according to provisions of the act.

C. Federal Vocational Rehabilitation
Amendments of 1954

The work of the Federal Government in the field of Vocational Rehabilitation is carried out through the Office of Vocational Rehabilitation of the U. S. Department of Health, Education, and Welfare. This office gives no direct services to disabled persons. Under existing laws, the Federal Government works through state and local agencies. It is the exclusive responsibility of these agencies to deal directly with disabled people and provide all the help that is needed to rehabilitate them. The Federal Government provides national guidance and technical assistance to the state agencies, sets standards, and provides money to the states for their programs.*

This State-Federal Program, which was started in 1920, was amended in 1943 and again in 1954. That there was need of revision of this earlier program is evident from the following statistics: From 1920 to the end of 1955, 852,000 handicapped people had been restored to useful occupations and better living---642,000 of them since 1943.** Thus, prior to the changes made in 1943 only about 200,000 people had been rehabilitated in the intervening 23 years.

*29, p. 4

**20, p. 5

As stated earlier, there are about 250,000 persons disabled each year through various causes. Yet only 60,000 people per year were being rehabilitated under the State-Federal Vocational Rehabilitation Program at the time of the enactment of Public Law 565, containing the most recent amendments.* A principal aim of these amendments was to launch a planned expansion program to help close this gap. Since the enactment of this law, the number of people rehabilitated per year has increased to close to 70,000, with greater increases expected in the near future.

These amendments provide increased financial aid to the states and improved administration for the State-Federal Program. The law gives impetus to expansion of rehabilitation facilities, authorizes training programs to meet the existing shortage of professionally qualified rehabilitation workers, and makes it possible for the states to bring better rehabilitation services to more disabled people. It also makes Federal financial aid available for the first time to non-profit voluntary organizations participating in this State-Federal Program. #

* 30, p.5

This information, and the following provisions of the 1954 amendments, refer to Public Law 1954--83d Congress, Chapter 655--2d Session s.2759

In addition, these changes of 1954 continue all, and expand some, of the basic services which had been provided under the State-Federal Program. This can be noted from the following provisions of the act as now amended:

- "a. Medical diagnosis to learn the nature and degree of disability and to help determine eligibility for services.
- b. Medical, surgical, psychiatric, and hospital services to remove or reduce the disability.
- c. Artificial limbs and other prosthetic appliances.
- d. Individual counseling and guidance to help select and attain a vocational objective.
- e. Room and board and transportation during treatment, training, or any other phase of rehabilitation.
- f. Tools, equipment, licenses or initial stocks and supplies, if these are necessary, to give the rehabilitated individual a fair start.
- g. Placement in a job suited to the individual's physical and mental capacities.
- h. Follow-up to ensure that the rehabilitated person is successful and that both he and his employer are satisfied."

The services lettered a, d, g, and h, are furnished without cost to the individual. Training is generally provided without cost. Public funds are used for providing the other listed services to the extent that the disabled person is not able to pay for them. In addition to the services listed above, this law also provides that a state agency may establish a small business for a qualified, severely handicapped worker. The state may purchase equipment as well as initial stocks and supplies, and maintains supervision over the business, although its operation rests with the individual.

This act also establishes a three-part grant structure, making funds available for (1) support of basic state vocational rehabilitation programs (2) extension and improvement of rehabilitation services and (3) support of special projects.

The funds awarded for support of the basic rehabilitation services, on a matching basis by the states, constitute the greatest bulk of total Federal funds appropriated by Congress for vocational rehabilitation purposes. In fiscal year 1955, for example, \$24,000,000 of the total of \$28,750,000 available to the Federal Office of Vocational Rehabilitation for all purposes were awarded for basic support programs. The states matched this \$24,000,000 with \$14,600,000 of their own funds.*

The extension and improvement grants are made to the states for projects designed to extend or improve rehabilitation services to disabled persons. The Federal Government may pay up to 75 per cent of the cost of such a project, with the maximum period for such payments for any one project not to exceed three years.

The special project grants fall into two general categories:

- "a. Grants to state and public and other non-profit organizations and agencies for research, demonstration, training, and traineeships, and projects for the establishment of special facilities and services, which, in the judgment of the Secretary of Health, Education, and Welfare, hold promise of making a substantial contribution to the solution of vocational rehabilitation problems, common to all or several states.
- b. Grants to these same agencies for planning, preparing, and initiating a substantial expansion of vocational rehabilitation programs."

One of the most serious rehabilitation problems today is the shortage of trained personnel to work with the disabled. Public Law 565 authorizes the Federal Government to take a leading role in the effort to solve this pressing problem. It provides for the awarding of both teaching and training grants.

Teaching grants are made available to universities and other educational institutions, to help meet the cost of establishing, expanding or improving professional curricula in fields which bear upon vocational rehabilitation work.

Training grants are awarded for scholarships to enable selected students to train in such shortage fields as occupational and physical therapy, guidance work, social service, physical medicine, and nursing. Research fellowships are awarded for the purpose of developing competent research workers in the various fields concerned with the rehabilitation of handicapped individuals.

Public Law 565 is also designed to give increased authority to the various states in carrying out their programs. This law relaxes a previous requirement that state boards of education must bear the administrative responsibility for such programs. Previous thinking had held to the belief that since the work of vocational rehabilitation involved training and education, nothing could be more obvious than to put this work under the control of these boards, which by their very nature are concerned with training and education. Many of these boards are so overworked and understaffed, however, that they lack enough facilities and personnel to carry out satisfactory rehabilitation work.

Under this new law, the states may, at their option, either continue their rehabilitation programs under boards of education, or place them under separate agencies concerned primarily with vocational rehabilitation. With this encouragement from the Federal Government, the Commonwealth of Massachusetts has created just such an agency called the "Massachusetts Rehabilitation Commission". #

Discussed in next section.

D. Massachusetts Rehabilitation Commission[#]

The law setting up this Commission was passed by the 1956 session of the Massachusetts Legislature. At the time of writing the Commission has been in existence for only several months; thus, it is too soon to evaluate any of its work. The writer believes it important, however, to set forth the composition of this Commission; its purposes and functions. A later portion of this study will discuss the work of the Division of Vocational Rehabilitation of the Department of Education, which has been the state agency dealing with vocational rehabilitation.

Vocational rehabilitation is now removed from the jurisdiction of the Department of Education and transferred to this new Commission, a separate agency, serving under and accountable to, the Governor and the Executive Council. The Commission is composed of a Commissioner and an Advisory Council of eleven members.

The Commissioner, with the advice of the Advisory Council, has the sole charge of the supervision and administration of the Commission, and of the vocational rehabilitation of all handicapped persons in the state, except the blind. (The blind are provided for by a separate state agency).

[#]All information in this section refers to Chapter 602 of the 1956 Acts and Resolves of the Commonwealth of Massachusetts.

The Advisory Council consists of the Commissioner of Public Welfare, the Commissioner of Public Health, the Commissioner of Education, the Commissioner of Mental Health, the Director of Employment Security, the Chairman of the Industrial Accident Board, and five persons, qualified by training, experience, or demonstrated interest in the vocational rehabilitation of handicapped persons. These five persons are to be appointed by the Governor with the advice and consent of the other members of the Advisory Council.

"The Commission is to provide vocational rehabilitation services directly or through public or private rehabilitation facilities to any handicapped person who is a resident of the state, or who is eligible under the terms of an agreement with any department of the Commonwealth of Massachusetts, with another state, or with the Federal Government."

The Commission has the following duties:

- "a. To study the problems of vocational rehabilitation; to make investigations, demonstrations, and reports; and to establish and maintain contact with physicians and other persons and facilities that are available to render competent vocational rehabilitation services.

- b. To enter into reciprocal agreements with other states, in order to provide for vocational rehabilitation of residents of those states who may be residing in this state.
- c. To establish and operate rehabilitation facilities and workshops, and to make grants to public agencies, and also contracts with private, non-profit organizations for such purposes.
- d. To supervise the operation of small business enterprises established for handicapped persons.
- e. To maintain records of all persons who are determined by the Commission to be eligible for vocational rehabilitation and to make an annual report to the Legislature."

This Commission, which has an operating budget of \$1,000,000 for the current fiscal year, is to work with any and all state and Federal agencies concerned with disabled workers. In this connection, it is to co-operate with the U. S. Department of Health, Education, and Welfare in the administration of Vocational Rehabilitation and to receive and use Federal funds available for this purpose.

CHAPTER II.

REHABILITATION OF HANDICAPPED WORKERS

A. Historical Background

The history of social attitudes toward the disabled is harsh and brutal. The cripple was, in primitive times, regarded as a sign of evil, or identified with malignancy and sin. In the tribal period of ancient civilizations, quick movement was an essential part of living, particularly during periods of attack by hostile tribes or wild animals. It was a period of survival of the fittest; those who could not keep up the struggle were a distinct liability to the rest of the tribe, and they were frequently killed outright or simply abandoned.

The advent of Christianity changed this attitude toward the disabled. Destruction of life was declared to be sinful, and sympathy began to be shown such persons. It was not until centuries later, however, that organized social interest in the disabled became active. In the 18th century, this interest was directed primarily toward confining them in homes or institutions in order to get them off the streets. By the early 19th century, the Industrial Revolution had made itself felt in many countries, and, as a result of unfamiliarity with machines, many workers met with industrial accidents, and thus were added to the large number of physically disabled persons in society.

The problem of injured people was recognized in Germany, in 1834, when a school for crippled children was established by the philanthropist Kurz, in order to help the children find employment when they were physically and vocationally ready for it. This idea gained favor slowly, and in 1861 a similar school was established in the United States.* By the latter part of the century there was a more world-wide awareness of the problem of the physically handicapped.

But it has remained for the 20th century to show the way to a more useful life for the disabled. Not only is every effort made to remove disability through orthopedic surgery and physical therapy, but the disabled, whose disabilities cannot be removed, are enabled to become self-sufficient and useful members of society.

Much of the pioneer work in rehabilitation has been done by non-governmental groups; and private agencies still continue to do most of the work in research and experimentation. Experiments with sheltered workshops, in which the handicapped are employed under conditions suited to their disabilities, began early in this century in such institutions as Goodwill Industries in Boston, and Altro Workshops in New York.**

* 26, p.80
 **19, p.771

Expansion of rehabilitation services has been aided by the work of private industry in demonstrating the effective use of compensating abilities developed by many handicapped workers. Since 1920 both Goodyear and Firestone have used deaf men in jobs requiring great concentration. For about the same length of time, the Ford Motor Company has secured about 10% of its workers from among the ranks of the disabled.*

Rehabilitation experts agree that many of the most successful methods of rehabilitating the severely injured have developed out of the military and veterans' programs. Vocational Rehabilitation for veterans began during World War I, under the Federal Board for Vocational Education, to inaugurate a plan to give vocational training to disabled veterans, and to help place them in gainful employment. In 1921 this service was transferred to the Veterans Bureau until the program was completed in 1928. It was renewed in 1943 to care for the wounded of World War II and later supplemented to cover Korean War veterans.**

The purpose of the program was to restore disabled men, as far as possible, for return to normal vocational life. Many veterans had lost their vocations because of their injury, and had to be retrained for some employment for which they could qualify. Many of the

* 19, p.771

**16, p. 20

younger men had never had a skilled or semi-skilled vocation. All kinds of vocational training were made available through existing schools and agencies. The Second World War produced several times more disabled men than World War I, but this previous valuable experience made it possible to effectively care for them.

In 1930 the Veterans' Administration was established as an independent office, to consolidate and coordinate all hospitals and agencies charged with administering laws relative to relief, pensions, education, insurance, and other benefits and medical treatments provided by law for veterans. Present services of the Veterans' Administration include a program of physical medicine # and rehabilitation for patients in Veterans' Administration hospitals, provision of prosthetic appliances and other services through out-patient clinics, and a broad vocational counseling and training program. Vocational and out-patient services are limited to those veterans with service-connected disabilities. There are special centers, where emphasis is on remedial treatment as well as custodial care, for paraplegics, the blind, rheumatic fever victims, the tubercular and the psychiatric patient. By June 1952,

Refers to body conditioning of the remaining unaffected muscles and involves such treatments as surgery and physical therapy. It is exclusively a medical phase of treatment, whereas rehabilitation is a much more complex and comprehensive phase of treatment.

over 556,000 veterans had received vocational rehabilitation. The number of veterans in training between July 1952 and June 1953 varied from about 22,000 to 34,000. The total cost of rehabilitation benefits under this program during 1952 was \$98,391,000.*

Vocational rehabilitation for adult civilians was generally limited to medical services until World War I. The work with veterans was so successful that in 1920 Congress established a similar plan for civilians. The Division of Vocational Rehabilitation was set up under the Federal Board for Vocational Education, and national aid was offered to the states to co-operate in this work by setting up state programs for vocational rehabilitation. The role of the Federal Government was limited to disbursement of small grants-in-aid, and the setting of minimum standards of programs for those states which accepted the condition of the grants. In time, a division for vocational rehabilitation was set up in every state.

Appropriations, at the beginning, were very small and the program severely limited, so that during its first 15 years of operation, an average of only 5,000 persons were rehabilitated annually. After 1935, when vocational rehabilitation was included in the Social Security Act and

some additional funds became available, the number of rehabilitated people increased. The program has been enlarging through such amendments as those passed in 1943 and in 1954.# For the fiscal year ending June 30, 1956, the sum of \$30,000,000 was appropriated by the Federal Government. For the fiscal year 1957, \$45,000,000 are to be appropriated and for the fiscal year 1958 the sum of \$65,000,000 has been authorized.*

Previously discussed in Chapter I
* 35, p.1

B. Rehabilitation Today

It is an accepted principle in the field of rehabilitation that no matter how badly disabled a person may be, the right job for him can be found when his disability has been properly treated, and his best abilities have been discovered and developed. Records of thousands of physically handicapped persons in wartime and peacetime have proved this. That is why vocational rehabilitation people say: "It is not what a man has lost but what he has left that is important."*

Many types of physical handicaps can be removed through vocational rehabilitation services. Other disabilities can be reduced, so that they do not interfere with the work to be done on a job in which the disabled person uses his best abilities. The increased knowledge of orthopedic surgery acquired in two wars, the remarkable and versatile prosthetic appliances now available, and the development of rehabilitation centers, have demonstrated that the techniques are available for complete or substantial rehabilitation and productive re-employment of injured workers. Authorities agree that in about 90% of the cases the disabled person can be taught to do gainful work.

*24, p.8

The problem of rehabilitation is how best to apply the techniques of surgery, medicine, psychology, and guidance to assist the desire for self-sufficiency and self-reliance among the disabled. The field of rehabilitation is divided into four main categories: hospitalization, functional re-education, vocational guidance and training, and follow-up.*

- a. During the hospital phase the disabled individual undergoes medical treatment which has for its main purpose the removal of disability wherever possible. Surgery, physical therapy, and amputation are all available for use at this stage.
- b. Restoration of function is attempted by physical therapy, occupational therapy, massage, heat treatments, exercise, braces, artificial limbs, and crutches.
- c. During the re-education process, the rehabilitation counselor tries to learn what the disabled person would like to do for a living, and what he is able to do, both vocationally and physically. The counselor must become acquainted with the disabled person's background, his present abilities, his aptitudes, his hobbies, his previous work and his education.

- d. Close check is kept upon the person after completion of his rehabilitation. His physical progress, his work progress, his social and economic progress are all considered. How well he adjusts to his new way of life is a good indication of the results of his rehabilitation progress.

1. Massachusetts Division of Vocational Rehabilitation

The following discussion concerns the work of the Massachusetts Division of Vocational Rehabilitation, and the Vocational Rehabilitation Divisions of many of the other states, operating under the provisions of the previously cited State-Federal Program for Vocational Rehabilitation. This program has been increasing in scope recently, and hence, it is taking on a more important aspect in the field of rehabilitation.

If a person in this state is disabled and desires assistance in rehabilitation and employment, he may apply to the Division of Vocational Rehabilitation of the Commonwealth of Massachusetts. The aim of this agency is to assist any resident of Massachusetts of employable age, who has a physical disability that is a substantial employment handicap, and who may be expected to be fitted for remunerative employment. The services to be provided will

be decided in line with the person's needs and abilities. The first steps in this procedure consist of medical examinations to determine the person's physical abilities, and also interviews and work tests to learn the person's work skills and interests. There is no charge for these services. On the basis of this preliminary work, the disabled person and the vocational rehabilitation counselor make a plan to help the disabled person to improve upon his skills and abilities, so that he can secure employment for which he will be best suited.

There are many services which may be needed to rehabilitate the individual. These services include:

- a. Medical help to restore or improve the person's ability to work. This may take the form of medical treatments or operations, if needed. This help is given in hospitals, homes, or offices, and the vocational agency pays all or part of the expenses according to the applicant's ability to pay.
- b. Physical aids such as braces, artificial limbs, and hearing devices. It is the job of the rehabilitation counselor to get the kind of aid the disabled person needs and to help him to get used to this aid.

- c. Advice to help the disabled man or woman to pick out the right kind of work, and to get ready for that work. A disabled person may have to learn to do different kinds of work, and it is the duty of the counselor to try to help him to choose his new vocation. After the new job or work has been chosen, the counselor helps the person get the right type of training. This training may be given on the job, in a trade school, or even at the individual's home.
- d. Board and room or transportation during rehabilitation. If the disabled person needs it, the agency may pay for his board and room while he is enrolled in this program. If he has to travel while getting into condition to work, this expense is also borne by the agency.
- e. Job finding, tools, license and help on the job. When the disabled person is ready to go to work, the counselor has the responsibility of trying to find him the right job. Such agencies as the State Employment Service, the United States Employment Service, and private agencies work with the counselor in this phase of the rehabilitation process. In addition, any tools or work licenses necessary for his job will be secured by the rehabilitation agency.

Once on the job, the person may need some help to solve certain problems or difficulties. The counselor tries to help him to overcome these troubles.

Some people might need all of these services while others require only two or three. These services are all available, however, and the counselor tries to help each disabled person to get whatever assistance he needs. All the information that the counselor obtains from the disabled person is kept confidential.

In this state, if a person of 16 or over is unable to work due to a physical disability or is forced to take a job that is harmful to him, he may obtain vocational rehabilitation to correct this situation. These services are provided for people with unseen handicaps as well as for obvious ones. Unseen handicaps include tuberculosis, deafness, mental illness, arthritis, rheumatism and heart disease. Obvious handicaps may include amputation, paralysis, palsy, and blindness. In addition, it does not matter whether the disability arises from an accident, disease or from birth. In short, any disability that keeps the person from using his best ability to earn a living, or that interferes with his making a living, would make him eligible for vocational rehabilitation.*

C. Rehabilitation Centers

Perhaps the most significant development in rehabilitation has been the rapid growth of agencies, facilities, services and programs commonly called rehabilitation centers. The great majority of those now in existence were started since 1940. The big impetus came from observation of the remarkable results obtained by military and veterans' hospitals. It was accelerated by the Baruch Report of 1946, which outlined a plan for a "Community Service and Center."*

These centers vary widely in capacity, financing, facilities, and services. Several are located in, and operated by, hospitals and medical schools. There are two centers in New York which carry on extensive teaching and research in addition to treatment, and have exercised decisive leadership throughout the whole field. These centers are: the Institute of Physical Medicine and Rehabilitation, which is a part of New-York University-Bellevue Medical Center; and the New York Institute for Crippled and Disabled, affiliated with Columbia-Presbyterian Medical Center.**

Another group comprises the community rehabilitation centers, which serve primarily the areas in which

* 10, p.247

**10, p.247

they are located. Most of these have facilities for out-patients only, and are supported by local philanthropic organizations. In addition, Workmen's Compensation agencies sponsor centers in four states---Rhode Island, Washington, Oregon, Ohio; and also in Puerto Rico.*

These centers combine within one organization, the processes of medical treatment, psychological counseling, and vocational training, for the purpose of moving the disabled person, as far as possible, along the road from hospital bed to productive employment.

The staff of a typical rehabilitation center consists of an administrator, counselors, medical consultants, social workers, physical therapists, and occupational therapists. Each case is unique. The problem is to find out what kind of work would be suitable to the handicapped person, advise and plan necessary training, secure employment after training, and continue to supervise until vocational rehabilitation is considered to be completed.

Frequently, the medical problems caused by industrial accidents, have been considered from purely the preventive aspect, without sufficient regard for rehabilitation. One of the most significant advances made in

*10, p.247

rehabilitation from industrial accidents occurred June 10, 1948, when President Truman dedicated the Washington Rehabilitation Center, established by the Division of Industrial Insurance of the Department of Labor and Industry of the State of Washington.*

As an example of the cases that receive treatment at this center was that of a 39 year old warehouse superintendent, who had been confined to a wheel chair for two years as a result of paralysis following a cerebral hemorrhage. Within less than four months he was walking with a cane, had regained considerable function in his paralyzed arm, and upon discharge, he was able to resume his duties with his former employer, for whom he had worked for 4 years.**

The Kessler Institute For Rehabilitation, located in West Orange, New Jersey, is a leading rehabilitation center, doing outstanding work in this field. One of its more serious cases concerned a young miner with a broken back and a spinal cord injury, causing a paraplegia.#

* 7, p.178

**7, p.179

Involves paralysis, caused by an injury to the spinal cord, of the lower extremities and also that portion of the body at or below the level of the injury to the spinal cord. A quadriplegia involves the same type of paralysis except that it involves all four extremities.

Extensive bed sores on his lower extremities had necessitated the amputation of both legs. However, he still had bed sores over the lower parts of the back and hips, and was also troubled with kidney stones. Two unsuccessful attempts were made to drain the stones, and he was left with a draining fistula# from the abdomen, through the bladder, to the outside. In that condition he was referred, as a seemingly hopeless case, to this center. Yet today, that man has had the stones removed and the fistula has healed. The bed sores are also healed, and he walks with artificial limbs and crutches, and he is operating his own restaurant in Virginia.*

To the World-famous, pioneering Institute of Physical Medicine and Rehabilitation at the New York University-Bellevue Medical Center, a girl who had been a commercial artist came for treatment. She had a broken neck, and was paralyzed in both arms and legs. Not being able to push, she could not use crutches. Also, she could not flex her fingers enough to hold a paint brush. However, at the end of seven months of rehabilitation she could raise her hands to her face. To enable her to paint again, the Institute designed a special glove made of soft leather, and made holes for the brush to fit through. She could

#An abnormal passage in a hollow organ of the body.
*10, p.236

paint almost as well as before she was hurt. Homework was secured for the girl with an interior decorator and a textile manufacturer. The girl with the broken neck and her father became the support of an impoverished family of five.*

Before the close of World War II, many communities recognized their responsibility toward returning wounded veterans. These communities used their facilities to organize local manufacturers, chambers of commerce, city hospital systems, American Legion, Red Cross, Veterans' Administration, Veterans of Foreign Wars, United States Employment Service, State Rehabilitation Offices, and other groups, into one organization prepared to give the necessary rehabilitation services. This was the beginning of the "Community Rehabilitation Center."**

An outstanding example of a community type rehabilitation center is the Curative Workshop of Milwaukee, which has been in operation since 1919, when the work of rehabilitation was in its formative stage. This facility is a non-profit, out-patient center, providing physical restoration and other rehabilitation services for patients regardless of age, race, sex, or economic status. It is governed by a corporate body of 37 members and a board of directors of 18 members, all representative citizens of greater Milwaukee and who serve without pay.

* 10, p.237

**18, p.2

The Curative Workshop accepts patients afflicted with both chronic conditions and/or acute# conditions. These may include bone, joint, neuro-muscular involvements, speech defects, and personality disorders. The facilities provided include physical, occupational, and speech therapy, psychological services, vocational counseling, placement, and follow-up. The fee schedule is based upon the cost of operation. The charge per treatment depends upon the services being rendered. Patients are expected to pay for services in full or in part, if they are financially able to do so. The Workshop also accepts patients whose costs are covered by other service agencies.

Patients are accepted for all rehabilitation services only upon the written prescription of the patient's attending physician. He is responsible for directing his patient's treatment program from admission to discharge.

He re-examines the person at appropriate intervals, prescribes changes in treatment, authorizes additional rehabilitation services and terminates rehabilitation services when maximum benefits have been realized.

A condition accompanied by severe symptoms, which speedily come to a crisis, followed by quick recovery, as opposed to a long-term or chronic condition.

1. The Boston Dispensary Rehabilitation
Institute at the New England Medical Center#

This medical rehabilitation clinic, which was the state's first licensed rehabilitation institute, was established in 1951 to co-ordinate the various therapeutic services, available at this center, for rehabilitation. At that time, the services provided consisted mainly of occupational and physical therapy. Since that time, medical evaluation, speech and diet therapy, prosthetic services, psychological and vocational guidance, social services, and a special amputee clinic were added.

Originally, this was an out-patient center, but the need for living-in facilities for patients from distant localities called for the establishment of in-patient services. Limited in-patient facilities are now available and in 1958, with the completion of the new rehabilitation building, services for 50 in-patients and over 100 daily out-patients will be available.

#The information presented in this section was obtained from three sources: a personal interview with Dr. Heinrich G. Brugsch, who was Physician-in-chief at the Institute at the time of the interview; personal observation of a weekly staff meeting; and a pamphlet which describes the work of the Institute.

This center emphasizes the team approach, in which all members of the rehabilitation staff consult with each other in the evaluation and treatment of every patient. At weekly conferences, the case histories of the various patients are discussed and a definite, planned program of therapy and treatment is decided upon. In this way, all the efforts of the staff are co-ordinated and directed toward the total medical rehabilitation of the individual.

Much importance is placed upon physical and occupational therapy. The physical therapy department has a completely equipped functional room containing parallel bars, crutches, exercise tables, ramps, stairs, and other such physical therapy apparatus. The occupational therapy department is equipped to provide extensive and varied work experiences. Such facilities as a printing press, photography supplies, power tools, and a wide range of carpentry equipment provide patients with many opportunities to develop vocational skills. There is also a kitchen, equipped with stove, sink, and cabinets, to provide realistic surroundings and training for disabled housewives.

2. The Bay State Medical Rehabilitation Clinic#

This center was established in 1951 and is financed by patient fees and by grants from the Bay State Society for the Crippled and Handicapped which also supports similar centers in Springfield and Worcester. Since its establishment, this clinic has provided rehabilitation services for over 1200 patients. Its current work load is approximately 125 persons per month. Physically disabled persons may be referred to the clinic by physicians, agencies, hospitals or other centers and are seen by appointment only. Such people are examined by a member of the medical staff and may be admitted for treatment if, in his opinion, they would benefit from the services provided by the clinic.

The clinic evaluates the patient's needs and, according to individual requirements, sets up a program that is carried out with the understanding of the patient's doctor. This center provides pre-vocational analysis and work tolerance programs to determine the aptitudes, interests, and ability of the patients to return to gainful work. Close proximity to the Massachusetts General Hospital permits the

The information presented in this section was obtained from personal observation of the facilities of the clinic; from a personal interview with Mrs. Grover, an occupational therapist at the clinic; and also from pamphlets distributed by this clinic.

clinic to take advantage, not only of the specialized facilities of a large hospital, but also provides in-patient services for those persons who must be hospitalized while receiving treatment.

One of the features of this center is the Work Therapy Program. In this program, many patients have been placed in various departments of the hospital, where they work for a short period of time in a realistic employment environment. This enables the patient to have an opportunity to use tools and equipment, and to be in a work situation that would be too expensive or even impossible to duplicate in the occupational therapy department of the clinic.

How all the different services are co-ordinated is illustrated by the case of a twenty-six year old mill worker, who suffered a severe crushing and burn injury while at work. After surgical treatment at a nearby hospital, he went to Bay State Medical Rehabilitation Clinic for treatment of severe scars and limitation of movement in the right hand. He received whirlpool treatment at the Massachusetts General Hospital. In the clinic's occupational therapy department his work tolerance was increased, and then developed even further in one of the hospital stock rooms. After five months of such treatment he was able to return to work with his former employer as stock clerk.

3. The Liberty Mutual Rehabilitation Center#

This center is one of the examples of the agencies set up by Workmen's Compensation Insurance Companies. One of the first such centers in operation at the time of its establishment in 1943, this facility is limited to employees of Liberty Mutual Insurance Company policy holders. Of the 3,083 persons who have undergone rehabilitation as of February 1, 1957, a total of 2,165 or 70.2 per cent returned to gainful employment.

The center is operated on an out-patient basis, but serious cases are housed nearby. Demands on the program grew to the point that, in 1951, a second center was opened in Chicago. In addition to these facilities, the company engages part-time services of leading physicians in more than twenty of the largest industrial cities of the United States. These physicians make thorough studies of serious disablement cases, and recommend specific rehabilitation services. Other insurance companies have been following the lead of this company, and are now purchasing such rehabilitation services, or providing their own facilities.

#The information presented in this section was obtained from a personal interview with Mrs. Harriet C. Lane, R.N., who was rehabilitation counselor at this center at the time of the interview; from personal observation of the center; and from pamphlets distributed by this center.

These centers have been established to provide rehabilitation therapy at the earliest time that medical judgment considers the patient ready for treatment. Referrals are made by the attending physician directly, or through representatives of Liberty Mutual Insurance Company. Each center has its own consulting staff of orthopedic physicians, who are experienced in the field of traumatic injury.# All cases are examined on admittance, in order that the exact condition of the injury may be known, and the rehabilitation therapy correctly prescribed. Physicians qualified in internal medicine, are also on the staff, and they give each patient a complete physical examination, including chest X-rays and laboratory studies.

The physical therapy program utilizes such methods of treatment as heat, exercise, and massage. Occupational therapy centers around a woodworking shop, in which the patient selects his own project and builds it with hand and foot operated tools. Work tolerances are carefully observed and developed, until actual work ability has been attained. All patients are kept on a full daily program which permits more rapid progress toward the desired end result of rehabilitation.

Any type of injury caused by an accident as distinguished from an injury caused by a disease.

The prosthetic service is directed by physicians experienced in the problems of the amputee. Under the guidance of these physicians, full-time trained prosthetists work closely with the amputee in his daily routine. Counseling also plays an important role in the patient's routine. After admittance, this counseling is used as a means of orientation to provide understanding and cooperation between the patient and the rehabilitation workers. The counseling program places emphasis upon preparing the patient for return to work, and it is keyed to the need of the medical profession for a post-surgical follow-up in cases involving industrial injury.

Illustrative of the cases receiving rehabilitation at this center is that of an engineer, on a ship in Boston Harbor, who suffered an accident which caused a compound fracture of both bones of the right forearm. Following discharge from the hospital, the patient was referred to the center for physical therapy, consisting of exercises for his fingers, and heat and massage to the right shoulder. He was kept busy on a full program with massage, whirlpool treatments, and flexion exercises for his fingers and wrist. Occupational therapy consisting of tying knots and typesetting was also begun. Further exercises were devised for him and eventually he was discharged. X-rays revealed that his fractures were well healed, and he returned to his former job.

This patient's stay at the center was 17 weeks, at a total cost of \$848. Without this rehabilitation program, this man might have been disabled for over a year. As a result of his rehabilitation, his disability was actually only 25 weeks, and there was no resulting permanent loss of arm or hand. Estimated saving in compensation and medical benefits by rehabilitation totaled \$5,000, and it may well have prevented a permanent total disability and resultant cost of some \$12,000.

4. Haynes Memorial Neurosurgical and
Rehabilitation Department#

An important division of the Liberty Mutual Insurance Company program deals with the most serious of all industrial injuries, those in which a fracture or dislocation of the spinal column has caused a severance of, or pressure upon the spinal cord, resulting in paraplegia or quadriplegia. Until World War II, most of such cases died within days or months of the injury from shock, bed sores, kidney malfunction, or other complications.

#The information presented in this section was obtained from several pamphlets distributed by Liberty Mutual Insurance Company.

Workmen's Compensation records revealed few such cases on a disability basis, as they were almost all early fatalities. Modern medical knowledge, surgical skill, and new techniques of treatment have now made it possible for most of these cases to survive the early critical phases, and to become long-term problems of medical rehabilitation.

These types of cases may require a life-time of hospital, special nursing, or attendant care unless significant methods of rehabilitation are utilized. To provide the increased services necessary in the complete treatment of these cases, the Liberty Mutual Insurance Company, in co-operation with the Massachusetts Memorial Hospitals and their affiliated Medical School, Boston University, has sponsored this rehabilitation department at the Haynes Memorial Hospital. This center is equipped with 26 beds, an operating room, facilities for X-rays and laboratory analysis, a lecture hall for teaching purposes, and physical therapy, ambulation and recreational rooms.

The Liberty Mutual Insurance Company provides experienced rehabilitation nurses, counselors, ambulation teachers, and physiotherapists for this program, which is the first such project in which a private insurance company has participated.

At this center, the patients receive specialized surgery, early bed exercise, and carefully supervised hospital care. The cases which show substantial progress are graduated to ambulatory training, then to training in self-care, and finally, after training in meeting the demands of daily living and working, they are discharged.

5. American Mutual Liability Insurance
Company Rehabilitation Clinic#

This clinic is maintained for the injured employees of American Mutual Liability Insurance Company policyholders and is limited to first-aid and minor surgical treatment. The more complex and detailed rehabilitation services are purchased from other rehabilitation centers, such as Bay State Medical Rehabilitation Clinic and the Boston Dispensary Rehabilitation Institute.

The rehabilitation program of this company is based upon the fact that rehabilitation is mainly a medical responsibility, which is confined not only to care after an accident happens, but also includes accident prevention in the plant. This company sets up a personalized plan for each injured person and then co-ordinates

The information in this section was obtained from a personal interview with Miss Viola Jones, Rehabilitation Specialist at American Mutual Liability Insurance Company, and also from publications of this company.

the activities of the various rehabilitation phases of this plan. Close contact is maintained with the patient, his family, his employer, and the members of his rehabilitation "team". This rehabilitation program is supervised by specially-trained company representatives and is continued until the patient is returned to gainful employment.

CHAPTER III

EMPLOYMENT OF THE HANDICAPPED

A. The Problem

A handicapped worker wants to be a contributing member of his community, his town, and his country. He wants to have a sense of self-reliance and self-respect. The opportunity to show what he can do, to prove that he can be productive---these are the basic desires of the handicapped.

In most instances, the problem of the handicapped person is an economic one---he must find some way of making a livelihood. The solution to this problem is frequently complicated by the attitude of the employer, who for various reasons, may be averse to hiring a handicapped person. Since the goal of all rehabilitation activities is the successful placement of the physically handicapped worker in remunerative employment, this lack of industrial acceptance of the rehabilitated disabled worker nullifies the efforts of rehabilitation.

Fortunately, because of educational efforts of various agencies, the general public is beginning to learn that a handicap does not necessarily disqualify a person for all occupations.

Much of the resistance to hiring physically handicapped persons comes from a lack of concrete standards of "physical fitness", and the generally accepted concept that there is a strong relationship between physical fitness and ability to work. This situation was illustrated by the experiences of some five million men who were rejected for service in World War II on the grounds that they were physically unfit. Relegated to factories with women and older workers, they achieved the highest productivity rates in history. Although they had been classified as substandard for military service, they were obviously physically fit for employment.*

Traditionally, employers have attempted to take care of the man who is injured on the job. If he suffers a temporary disability and is unable to meet the requirements of his regular job, he may be given other suitable work. If he is unable to return to his former job, a transfer to another department or job position is arranged. But the real problem of the handicapped worker is most likely to occur with individuals who are seeking employment with a different employer.

This employer resistance to hiring the handicapped is largely based on three things: 1) lack of employer understanding, 2) lack of accurate information, and 3) the prevalence of much misinformation and prejudice.

* 7, p.195

The President's Committee on Employment of the Physically Handicapped conducted a survey in 1955 on "Employer Resistance To Hiring The Physically Handicapped." The results are most enlightening and some of these findings are presented below.

- "a. Disabilities which present the most difficulty in placement and listed in order are: Heart, Epilepsy, Vision, Arm or leg amputation, and Tuberculosis.
- b. Almost without exceptions, reports indicated that it is the large employer in the local labor market which has the high rigid physical requirements, policies against hiring handicapped formulated in a home office elsewhere, or labor-management agreements that all new hires will start at the bottom--usually with jobs requiring hard physical work.
- c. More than 80 per cent of the reports cited fear by employers that Workmen's Compensation rates will go up if handicapped are hired.
- d. More than two-thirds of the states surveyed reported that employers hesitate to hire handicapped persons because of the feeling that the worker will not be flexible in case of necessary transfer.
- e. The reports frequently cited the employer's conviction that work in his establishment is not suited

to employing handicapped because it is too strenuous or too fast.

- f. Other objections included: resistance by fellow employees; high training costs; lower productivity; accident proneness."

The majority of these objections can be answered by the results of another survey conducted by this same organization. In this survey the records of 109 plants employing disabled workers were studied. During the survey, a period of nearly two years, the performance of 11,000 disabled workers was compared with that of 18,000 non-disabled workers subjected to the same job incentives and exposed to the same job hazards.

The comparative performances of the handicapped workers and the non-handicapped workers matched with them are as follows:

- "a. Handicapped workers as a group were as productive and efficient as non-handicapped.
- b. The absenteeism rate of the two groups was substantially the same.
- c. The handicapped workers were not prone to suffer minor work injuries. Non-disabling frequency rates for the two groups were identical. The record for disabling injuries was better for the handicapped than for the non-handicapped.

- d. Disabled workers did not constitute a hazard to fellow workers."

The results of this survey indicate that workers with physical handicaps, when placed in a position in which they can show what they can do, rather than what they cannot do, are just as valuable as non-handicapped workers. The important point to note is that the handicap in itself does not make the handicapped person a poorer worker.

It would be wrong to assume that the employing of the handicapped, however, automatically produces highly favorable results. This can be illustrated by the fact that those industries that have successfully employed handicapped workers, have dealt with them on equal terms, hiring them on the basis of their ability to do the job and not out of sympathy for them. The employer who hires disabled people simply because he feels sorry for them is not likely to obtain the benefits he may feel that his generosity deserves.

A further observation of the results of this survey concerns the matter of the difficulty of obtaining placement of handicapped workers in large concerns. This situation does not exist in all industries or plants, however, but it does present a definite problem. Some of these larger concerns, because they are able to obtain

large numbers of non-handicapped workers, may overlook this source of skilled manpower. There are many companies, however, that have discovered and utilized these workers.# But even if this problem remains it should not be overlooked that although the great industrial concerns have thousands of potential jobs for handicapped persons, they actually hire only 10% of all workers. It is to small industry, commerce, and the service trades which the great majority of the disabled must turn for employment.*

Many employers shun their responsibilities toward the handicapped, saying that no jobs exist in their plants for persons with physical disabilities. Experience, however, hardly bears out this argument, for it has been found that almost every job can be performed by some handicapped person. The Federal Office of Vocational Rehabilitation has reported hundreds of amputees who are employed as stock clerks, accountants, and machine operators; former tuberculars who are working as stenographers, instrument repairmen, and laboratory technicians; and epileptics who are employed as draftsmen, electricians, and carpenters.**

It should be pointed out that handicapped workers are somewhat more limited than non-handicapped workers in job assignment. This means that they cannot be transferred from job to job quite as readily as the

See pages 28, 72, 73, 77, 78, 79

* 7, p.141

* 7, p.189

non-handicapped, but this limitation is one of degree and depends entirely upon the nature and extent of the handicap and the requirements of the job. In a given plant, there may be countless jobs that a person with a handicap can perform and he can be transferred among them as readily as any non-handicapped worker.

The results of numerous other surveys and reports can be summed up by the following quotation by Mr. Clem Johnson, President of the United States Chamber of Commerce. "The competence of physically handicapped workers, when given proper job placement, is becoming more recognized by employers throughout the nation. The experience of both large and small companies with these workers has demonstrated that their job performance records compare favorably with those of the able-bodied, with respect to productive efficiency, accident rates, and absenteeism."

B. Work of Various Agencies

The work of various agencies in securing employment for handicapped workers can be broken down into two broad categories, education of employers and the public, and actual placement of the worker. There are many obstacles that must be overcome if physically handicapped workers are to obtain employment. These barriers include lack of knowledge on the part of employers as to capabilities of the workers, and also a lack of knowledge as to where to obtain these workers. The activities of the following agencies are intended to overcome these problems.

1. The President's Committee on Employment of the Physically Handicapped

This agency, which has been functioning since September 1947, operates a year-round program of public information and education on employment of the handicapped. It is composed of over 250 groups, fraternal organizations, veterans' groups, and professional associations. Through these groups and other interested individuals, this agency spreads its publicity and information. The committee members, which include a full-time chairman and various assistants, serve without pay. The only appropriations received by this committee total \$75,000 per year to cover

such administrative expenses as supplies, office help, and telephone and electric bills.*

This committee was authorized by an act of Congress to further the observance of the first full week in October as "National Employ the Physically Handicapped Week" and to provide for a year-round program of public information and education for the employment of handicapped persons. The "National Employ the Physically Handicapped Week" began in 1946 and is a week devoted to acquainting employers and the general public with the capabilities of the handicapped worker. Such devices as employer institutes, demonstrations, and publicity through newspapers, radio, and television are used by those dealing with rehabilitation and employment of the handicapped, to point out to leaders of industry that the handicapped person is a safe, efficient, and reliable worker.

2. Governor's Interagency Committee on
Employment of the Physically Handicapped

This committee was established as a state counterpart of the President's Committee on Employment of the Physically Handicapped. It consists of fourteen members, including the Governor, a Governor's secretary, and representatives of: the Division of Vocational Rehabilitation;

* 34, p.285

the Division of the Blind; the Division of Employment Security; the Commissioner of Veterans' Services; the United States Veterans' Employment Service; the Veterans' Administration; and the Federal Civil Service Commission.*

The main duty of this committee is to increase the employment of the physically handicapped through such media described above for the national committee. This agency also acts as a central facility for the coordination of the various state agencies concerned with the employment of the handicapped. In both of these activities, this committee cooperates with the President's Committee on Employment of the Physically Handicapped in its year-round programs and the "National Employ the Physically Handicapped Week".**

An example of the work of this committee was the day-long conference which the writer attended on October 4, 1956 in Worcester. In the morning session the Vice Chairman of the President's Committee on Employment of the Physically Handicapped outlined the activities of his committee and explained the purposes of the "National Employ the Physically Handicapped Week". Representatives from the press and the radio industry discussed methods used to get the facts before the public. In the afternoon session various panels composed of personnel men from

* 36, p.72

**36, p.72

several companies discussed the abilities of handicapped workers and how these abilities can be utilized with the proper employment procedures.

These two agencies, the President's Committee on Employment of the Physically Handicapped and the Governor's Interagency Committee for Employment of the Physically Handicapped, are strictly advisory in nature and by themselves carry on no placement programs as such. The following two agencies, while they may also act as advisory bodies at times, are actually concerned with the placement of handicapped workers.

3. Massachusetts Division of Employment Security

The Wagner-Peyser Act of 1933 created the U. S. Employment Service and provided substantial grants-in-aid to states maintaining public employment offices under Federally approved state plans. Public Law 565 amended this act to provide that these state agencies should include programs for the development of employment opportunities for the handicapped. Cooperation between the state vocational rehabilitation agency must also be provided under terms of this amendment. A Federal grant of 100 per cent of approved costs is made to the states to finance this job placement of the physically handicapped. The Massachusetts Division of Employment Security was set up and operates on the basis of these provisions.

This agency, which was established in 1935, serves in the Massachusetts Department of Labor and Industries and is headed by a Director who is appointed by the Governor for a term of five years. This agency operates 42 local employment offices throughout the State, and in each of these offices the following specialized services are available for physically handicapped persons:

- "a.) Selective placement to assure the placement of the handicapped person in a job suitable to his physical capacities and other qualifications, by recognition of the impairment through appraisal of the individual's remaining capacities, analysis of job requirements with stress on the physical demands, and the selective matching of the physical capacities of the handicapped person with the physical requirements of the job.
- b.) Employment counseling and referral to other agencies where there is need to improve the physical capacities or to otherwise enhance employability.
- c.) Pre-employment interview preparation of the applicant so that he can best present his qualifications for the job, and/or pre-employment interview of the employer so that he will be able to recognize and evaluate the applicant's qualifications without prejudice.

- d.) Job modification through suggestions to employers that job changes be made to make possible the applicant's best performance on the job.
- e.) Follow-up to assure that the applicant can efficiently and safely perform on the job, and to assure his satisfactory adjustment to the job."*

For the fiscal year 1955, this agency had new applications from 6,832 handicapped persons. During this same period placements totaled 7,926 and counseling interviews totaled 8,378. Placements exceed new applications because many applicants are placed more than once in a period of 12 months, and there is always an overlapping of applicants taken in one year and placed in another. In a similar way, one applicant may have more than one counseling interview.**

4. Just One Break Program of the Bay State Society for the Crippled and Handicapped, Incorporated#

This is the only private agency of its kind in Massachusetts. It was founded in 1954 in order to find placement for the most severely disabled rehabilitated

* 36, p.66

**36, p.66

The information presented in this section was obtained from personal interviews with Mr. John Kennedy and Mr. David Bull, vocational counselors with this agency; and from its pamphlets.

people. Its program is to evaluate the problems of such placement, to improve the acceptability of such individuals by industry, and to try to improve the placement procedures of other agencies.

This program is based upon modern methods of selective placement in which the physical capacities, technical abilities, and personal stability of the applicants are carefully measured and compared with the physical, technical, and emotional requirements of the jobs which they might perform. "J.O.B." as it is commonly called, requires that every applicant shall be able to work an eight hour, five day week, and be able to transport himself to and from his job. This agency believes that the earlier that rehabilitation starts for a patient, the quicker will be his adjustment of his new vocation. To this end, the agency works closely with the medical team so that the medical treatments can be coordinated with the vocational aims of the person.

This facility does vocational evaluation at the Boston Dispensary Rehabilitation Institute, the Boston City Hospital, and the Massachusetts Heart Association. People may also come directly to "J.O.B.", but they must have a medical referral with them. The services to these above-named institutions are on a contractual basis while there is no charge to individual patients or to the business concerns with whom these workers are placed. From June 1954 to December 30, 1955, "J.O.B." placed 171 of 273 applicants.

An important part of the "J.O.B." Program involves its services to industry. At the request of a company and with no charge to it, "J.O.B." will go into the plant or place of business and make analyses and surveys of the requirements of the various jobs. With this information available, the agency is able to draw up descriptions and specifications of the jobs in this company. When an applicant has been evaluated, it is then possible to match him with the proper specification. In this way, only those workers who are qualified by aptitude, skill and/or education are referred to the companies seeking this help.

This agency has concentrated its placement activities in the Boston area but its consultation services have extended to all parts of the state. With the continued support of industry, it is planned to make this program available in other major industrial areas of this state.

C. Employment Policies and Practices

The biggest step in finding a place for a handicapped worker is to adopt a positive company viewpoint. All too frequently, employers dwell on the shortcomings of such people. Rather than appraise a man and find out what he can do, these employers look for what he cannot do. Once these companies can be convinced of the desirability of these workers, to formulate a definite policy of hiring such qualified workers, then an effective plan of placement of the handicapped can be put into operation.

Physical disabilities need not be a work handicap. Successful employment of disabled persons can be accomplished by analyzing the requirements of jobs and matching them for the greatest possible efficiency. There are three major factors to be considered here:

- a. The worker should be able to meet the physical demands of the job.
- b. He should not be a safety hazard to himself or to his fellow workers.
- c. The job should not aggravate the disability of the worker.*

* 1, p.5

The safe and productive placement of handicapped workers is possible through the regular procedures of any well organized personnel program. Detailed knowledge of jobs and job requirements is necessary. Matching specific abilities with actual job requirements should be carried out with all workers for maximum efficiency and personal safety. Adoption of a plant personnel program is, therefore, the first step in an organized plan for insuring proper placement for handicapped workers.

Experience has demonstrated that certain definite procedures must be followed if the handicapped workers are to be successfully placed. These are:

- a. A survey of the job requirements.
- b. Pre-employment medical examinations relating to any physical restrictions of the applicant.
- c. Testing for special aptitudes and abilities.
- d. Placement of workers on jobs based on the information obtained in the above steps.
- e. Follow-up to ensure that the worker is retained on jobs for which he is best suited.*

The job survey requires a detailed investigation and analysis of the physical requirements of operation. This analysis should consider all of the physical activities

demanding of the individual to reach his work station as well as the actual duties of his job. Such factors as the amount of walking necessary, the availability of stairs, the accessibility of exits and washrooms facilities must all be considered.

The pre-employment medical examinations are necessary in order to determine the applicant's physical capabilities. The efficiency and safety of the worker is dependent on his being placed at a job corresponding to his physical capacity. The testing for special aptitudes and abilities is also intended to determine which job is best for the individual worker. Both of these steps, therefore, have as their ultimate goal, the selective placement of the handicapped worker.

After placement of the worker on a job based upon the information obtained in these steps, it is important to follow-up these procedures to be certain that the worker is doing the required work and also that he is not transferred to a job that is not suited to him.

Many business organizations have recognized the abilities of physically handicapped workers. Eastern Air Lines has a definite policy for employment of these people throughout its organization. The Joseph Bulova School of Watchmaking at Woodside, Long Island was developed primarily

for training of disabled veterans. It has graduated over 400 watch repairmen.*

At the River Rouge Plant in Michigan, the Ford Motor Company employs more than 4,000 physically handicapped workers. These include 40 one-armed workers, four who have lost both arms, 62 leg amputees, three double leg amputees and other such conditions as spine injuries, deafness, diabetes, epilepsy, and heart ailments.**

Physically handicapped people have not been content to sit back and wait for handouts or sympathy or hesitant employers who find it difficult to provide jobs. An outstanding example of this determination and perseverance is the Paraplegics Manufacturing Company of Franklin Park, Illinois. Founded in 1951 by two paraplegics it is designed for handicapped people. There are ramps instead of stairs, wide doorways, and high work benches. It is an electronics sub-assembly plant employing 70 paraplegics, amputees, heart cases, and arrested tuberculars.***

The A.F.L. also recognizes the potential of these handicapped workers. This labor organization co-operates with employers in formulating and implementing policies and practices for employing physically handicapped workers.

* 31, p.16

** 31, p.21

***24, p.7

In this connection the A.F.L. has a definite, stated program. The major points are:

- "a. Every practical means shall be used to ensure equal opportunity in employment for all physically handicapped workers.
- b. The A.F.L. will strive to increase employment opportunities for these people through collective bargaining agreements and union-management policy.
- c. This organization will work for the extension of rehabilitation services through existing facilities and also the creation of new facilities where needed.
- d. The A.F.L. recognizes the need of active participation in community programs for the physically handicapped and will encourage its local units and officers to take active part in state and local agencies dealing with handicapped workers."*

1. Morgan Memorial Goodwill Industries#

The Goodwill Industries, of which the Boston Morgan Memorial branch was the first, are located in 93 cities, 35 states, Canada, and Washington, D.C. This

*31, p.28

#The information presented in this section was obtained from a personal interview with Mr. Edward J. Beyor, Personnel Director at this agency; a personal tour of the agency; and from pamphlets distributed by this agency.

organization was originally established as a philanthropic and religious movement to assist handicapped persons to "attain the fullest physical, mental, moral, emotional, social, cultural, spiritual, vocational and economic development of which they are capable." To attain these goals this organization provides programs to enable people to enjoy normal social groups, recreational activities, and religious opportunities.

The Boston branch is the largest private agency in New England to employ handicapped workers and at the same time to train them for work in private industry. This agency provides work for about 325 employees at one time, and during an average year approximately 900 persons will have had employment experience. These handicapped people are usually recommended by hospitals and other institutions. They are put through a two week training program, if this is necessary, and then they are put to work in one of the shops of this agency. These shops include woodworking, upholstery, painting, and textile work.

The people who are employed here are usually those handicapped workers who have been unable to find employment elsewhere, due to either their lack of training or the lack of demands of their particular skills. The Morgan Memorial Goodwill Industries try to train these people and to give them employment until they are able to find work in some

industry in the Boston area. There are also limited facilities for sleeping quarters for those workers who have no homes of their own.

2. Community Workshops, Incorporated#

Greater Boston's only Red Feather vocational rehabilitation center, this agency was established in 1877 to prepare handicapped men and women for employment. It trains these people in its own workshop so that they will be experienced workers, and capable of employment later in the open labor market.

A ten day program of evaluation is available to determine the potential of handicapped persons. Guidance and counseling services are provided through the Social Services Department. All vocational training and employment is provided through actual orders contracted through the agency's sales department with industries in this area.

Training is provided in garment manufacturing, office procedures, woodworking, and mechanical assembly to people in the Boston area between the ages of 16 and 55. A tuition fee of \$3.00 is usually charged, principally to

#The information presented in this section was obtained through a personal interview with Miss Esther Walther, Executive Director of the agency, and from pamphlets distributed by the agency.

the state Division of Vocational Rehabilitation, the Veterans' Administration, and local insurance companies. In addition to the programs of vocational training, the Community Workshops operate a small sheltered workshop for those people who are so seriously handicapped that opportunities for industrial employment are unlikely.

3. Ace Electronics Associates, Incorporated#

This company, which is located in Somerville, has a one-story plant and employs about 125 people. This company is so well satisfied with the work and dependability of handicapped individuals that it employs about 90 such people. This company believes it is important to take the time to find the right job for such workers and to properly train them for their work.

One of the employees who illustrates what can be done with handicapped people is a person afflicted with epilepsy. This condition is characterized by fits occurring at intervals and accompanied by violent series of contractions of muscles. This type of case is one of the most difficult to place due to the unpredictability of the occurrence of these fits. This particular person had had unpleasant experiences in previous jobs and was so discouraged that he was close to committing suicide. At this

#The information presented in this section was obtained from a personal interview with Mr. Aaron Solomon, the President of this company, and from personal observation of this company's facilities.

particular company he was put in charge of the lunchroom. This show of confidence in him restored his feeling of self-respect. He has been one of the most dependable workers. He has an excellent attendance record and is the first one to report in the morning, getting there even before he has to. This person adjusted so well and became so confident that he even asked for a raise---which was granted.

4. Sears, Roebuck and Company#

This company has a definite policy and practice for employment of the physically handicapped. There are more jobs available in the mail order department than in the retail department due to the nature of the operations in these two departments. Both the mail order division and the retail division, however, make it a practice to hire qualified handicapped workers. The types of jobs available for these workers include repair work on small articles, motor repair work, telephone solicitation, and employment in the credit department. These workers receive a medical examination to determine their physical capacities. They are expected to work 40 hours a week but may start on part-time work. These employees are eligible for all benefits that are provided to all full-time workers.

#The information presented in this section was obtained from a personal interview with Mr. Donald H. Gareis, Personnel Director of the retail division, and also from the personnel office manual setting forth the company's program.

5. Raytheon Manufacturing Company

This company is also well known for its policy of hiring handicapped workers who are qualified for particular types of jobs. All physically handicapped applicants are referred to one person in the personnel office whose duty it is to interview them, test them, and otherwise evaluate them and find the right job for them. This company is very successful in its operations and wants qualified people. It will not act as nursemaids to these handicapped workers, however, and expects them to be able to provide their own transportation to work, to maintain good attendance, and in general, become efficient, dependable workers.

SUMMARY AND CONCLUSIONS

Rehabilitation of physically handicapped workers has been shown to be both economically and socially worthwhile. Whenever an injured worker is rehabilitated and returned to productive employment everyone gains. The earnings of the worker are restored, production is increased, and workmen's compensation insurance rates are decreased. To the country as a whole, the conservation of manpower and working skills is vital to our national strength. It is the people on the job, not the people on compensation pensions, who help support their community, state, and nation.

There are hundreds of thousands of handicapped men and women who, given the chance, could become active, self-supporting individuals. These people are needed. It is a simple matter of economics. They are needed as productive workers, as contributing members of society, as taxpayers. It is a shameful waste of human resources to neglect this potential working force.

The goal of rehabilitation is the restoration of the whole man to useful function in society. The whole basis of rehabilitation is to show a handicapped person how to live the best life he can with what he has. Recognition of the potentialities of the physically

handicapped, the early correction of physical defects, and complete physical restoration are not enough. The remaining physical and mental powers of the person must be developed to the maximum.

The disabled have not become so of their own volition. They are human beings with the same motivations of all humanity, that is, a desire to make something of themselves, to be recognized as useful, industrious citizens. These motivations form the key to all rehabilitation and employment programs. Motivations differ with each person. Some people need to be encouraged, to have incentives; others have such strong desires that they need only be pointed in the right direction. It is important to remember that rehabilitation and employment cannot be forced upon a person. The confidence and understanding of an individual must be obtained as a prerequisite to an effective program of assistance. When the rehabilitant takes an active role in the planning and carrying out of his program, then that program has an excellent chance of success.

Probably the greatest single obstacle to more rapid development of all types of rehabilitation services is the shortage of trained personnel. Public Law 565 has started to relieve this situation. In the first year of operation of this law 91 grants were made to universities and colleges to set up courses for the training of

professional rehabilitation workers. More than 1,000 training grants went to students in such fields as medicine, physical and occupational therapy, rehabilitation counseling, and psychology. Even more impressive than these figures is the fact that in 1956, 66,273 persons were rehabilitated into productive employment, a 14% increase over 1955.*

The effectiveness of programs to fit the disabled for productive work depends in part upon elimination of the prejudice against disabled persons that is frequently displayed by employers. Despite the evidence of careful studies showing that properly placed disabled persons do as good work as the non-disabled, many employers are reluctant to hire such workers.

The handicapped person should be considered not in terms of his handicap, but as a whole person. Plans should be made with and for the handicapped person on the basis of abilities not disabilities, of capabilities not limitations. The opportunity to demonstrate his ability has been the most difficult hurdle for the handicapped person. Focusing all the attention upon the disability has operated as a bar to employment.

In all kinds of occupations, in all kinds of

industry, handicapped workers are showing their ability to hold their own in competition with non-handicapped workers. Properly placed, the disabled worker has shown that he can meet and often surpass normal standards of performance.

The reasons for hiring handicapped workers can all be summed up in three main statements:

- a. In our country, a fair opportunity belongs to everyone. An employee should be chosen on the basis of the work that he can do rather than on what he cannot do.
- b. Handicapped workers produce. Surveys show that their production rates are equal to those of non-handicapped workers. They are just as safe, reliable, and steady as other workers.
- c. If handicapped workers are denied the opportunity to be self-supporting, they will be forced to apply for public assistance for themselves and their families. This would impose severe hardships upon the disabled, would lower the nation's productivity, and would increase the tax burdens of all the people.

The answer to the problem of finding work for the handicapped does not rest in legislation providing special employment privileges, but rather in the opportunity for such persons to compete on an equal basis with normal workers. Such opportunities can come only through

increasing facilities for rehabilitation and retraining of the handicapped. There must also be an enlightened viewpoint by industry that the rehabilitated handicapped worker, when given a chance through selective placement, is as safe, efficient, and reliable as his able-bodied co-workers.

The framework for such opportunities has been created through Federal and State legislation, the public and private organizations, their programs and plans, and the work of industry and labor discussed here. With concerted action, the problem of physically handicapped workers can and will be solved. Someday soon, all handicapped people will be able to hold up their heads and say, "I am holding my own with the next fellow. I am a useful citizen."

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