THE DEVELOPMENT OF THE INGHAM COUNTY, MICHIGAN REHABILITATION PROGRAM FOR PHYSICAL REHABILITATION OF THE AGED

By

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A PROJECT REPORT

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Michigan State College
in Partial Fulfillment of the
Requirement for the Degree
of
MASTER OF SOCIAL WORK

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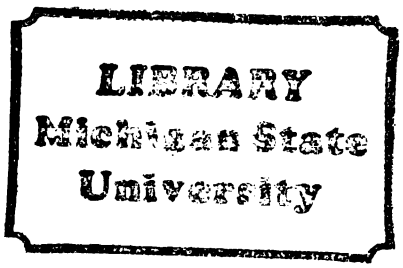
APPROVED

Head of Department

Chairman, Research Committee

THESIS



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To the author's wife, Helen, go thanks for her encouragement and helpfulness throughout the writing of this project.

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CHAPTER I

INTRODUCTION

For the past four years a few of the members of the Geriatrics Committee of the Ingham County Medical Society have felt the need for the development and organization of a rehabilitation program in this area.

The purpose of this study is to trace the development of the Ingham County Rehabilitation Center.

The Ingham County Rehabilitation Center has been organized as a service program for the greater Lansing community and is located in the Ingham County Hospital which is situated in the north west quarter of the county approximately six miles south and east of Lansing, Michigan and near the small community of Okemos.[1]

The Rehabilitation Center program is designed for the chronically ill, aged or chronically handicapped insufficiently recovered to return to their homes, and for those in the community who would profit by rehabilitation procedures. It is designed as a restitution service, a transitional hospitalization, and not for domiciliary care. The patient would be discharged to his own home, a boarding home, a nursing home or a hospital for the chronically ill in a more self-sufficient and independent status.[2]

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[1]Location Map of the Center on page 10

[2]From information prepared by the Ingham County Rehabilitation Center for distribution to interested persons.

Initially, the services are primarily for wards of the county, but after completion of a new addition to the county unit, facilities will be available for a limited number of private patients from the local hospitals or other community resources.

As can be seen from the organizational Chart Number 1, page 3, the proposed program is not in full operation at this time. The Center has been designed to be a part of the community, that is, it has been designed to be a useful addition to the communities resources and not as a separate entity unto itself. It is incorporated as a non-profit corporation.

Purpose and Scope of Study

This study will present an account of how the Ingham County Rehabilitation Center was conceived, its organization, the individuals involved in the program and their contribution to it. It will be of an exploratory nature and will be limited to a great extent by the lack of recorded material available at this time. In short it will be an historical study of the Center from its conception to the present. It will attempt to show the role of social work in the development of the rehabilitation program and the role that social work can play in the rehabilitation of the aged.

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[3] Ibid.

INGHAM COUNTY REHABILITATION CENTER

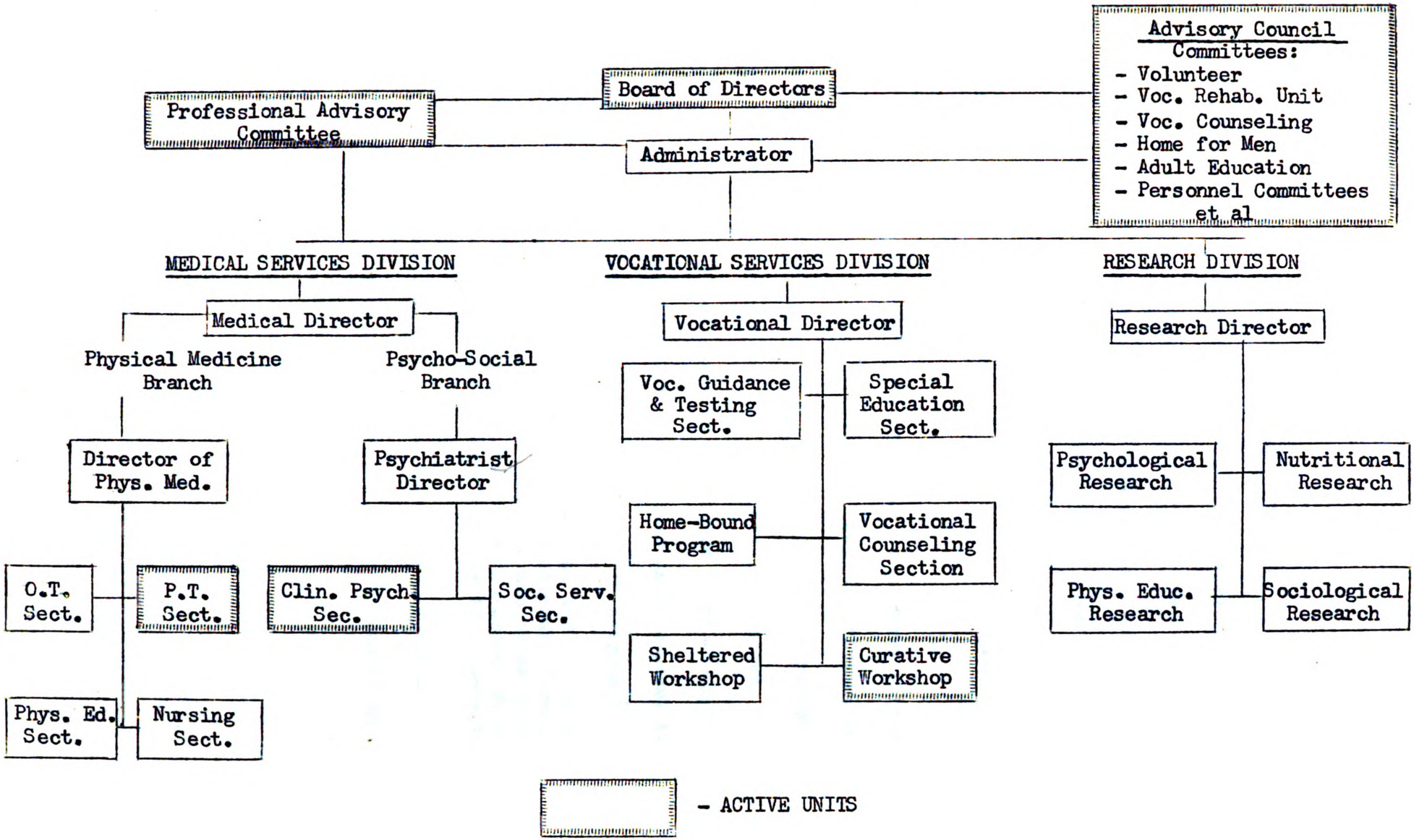

Chart I

It is believed that an historical study of the Center would be timely due to the general interest in rehabilitation and because of the nature of historical material. Since a great deal of the information applicable to the Ingham County Program is known only to those individuals who have been instrumental in its development, marshalling this material in a paper of an historical nature would prevent its loss through the passage of time and the disassociation from the program of its guiding personalities.

This is a descriptive study based on a survey of the existing literature, records of the infirmary, books, periodicals, newspapers and current data. It has also involved interviewing key persons in the program and field observation at the Rehabilitation Center.

As it has been adopted by the Ingham County Rehabilitation Center the definition of rehabilitation to be used in this paper will be that stated by R. W. Pomeroy, M. D. secretary of the program.[1]

> "Rehabilitation" has been defined as the use of physical medicine, psycho-social fields, and vocational retraining in an attempt to achieve the maximal function and adjustment of the individual, and to prepare him physically, mentally, socially and vocationally for the fullest possible life compatible with his handicap.

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[1]Letter sent to members of the Advisory Council on July 1, 1953.

CHAPTER II

Early History of the Ingham County Hospital

Rehabilitation in its modern concept is fairly new in its efforts to help return to society those individuals who would most advantageously benefit from such a program, the hospitalization or placement of the aged or infirm is not.

The history of legalized assistance for those individuals not able to help themselves dates back many years.

As is common with many institutions in the United States their early development is commonly traced back to the early history of England, and such is the case with laws pertaining to the relief of the poor.

The most famous of laws pertaining to care of the poor is the Elizabethan Poor Law of 1601, but this was not the first of such laws. Preceding this famous English law was one of the earliest, a proclamation called the Statute of Laborers, which was passed in 1349. This law was an attempt to regulate the beggars of England's early history.

Between the passage of the Statute of Laborers in 1349 and the English Poor Law in 1601 few changes were made. English social legislation slowly came to reflect the social and economic conditions in a period of English history when the life of the people was undergoing tremendous change.

Before the passage of the English Poor Law an Act for the "Relief of the Poor"was passed in 1597. This early law enacted in England was

for the necessary relief of the lame, impotent, aged, blind, and for apprenticing dependent children. Later in 1601 the English Poor Laws were revised and it is from these early laws that the majority of the present day concepts of social work have risen.

Since its beginning in 1805 Michigan has had some form of law pertaining to the care of the poor. These laws have for the most part been borrowed from some other state which in turn had borrowed its law from the English Poor Laws.

The first enactment for poor relief in this area which was passed while Michigan was still a territory, was passed in 1790. It provided for the annual appointment by justices of the peace of one or more overseers of the poor in each township to serve for a period of one year. The duties of this office being to report to the justice of the county those individuals likely to become dependent on the county for support, to be aware of all poor and distressed families and persons and to inquire regarding the circumstances of these people.[1]

At the same time that the early laws in Michigan were passed regarding poor relief, county poor farms were also established. These farms were managed by a superintendent and dependent for support on the appointed supervisors.

In Ingham County the first recorded action by the County Board of Supervisors regarding maintenance of the poor took place June 19, 1843.

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[1]Bruce and Eickhoff, The Michigan Poor Law (Chicago: University of Chicago Press), p. 10.

At this time fifty dollars was appropriated by the supervisors for the support of the poor. Within the next twenty years this amount was gradually increased and in 1861 $2165.07 was paid out to 99 families.[1] Originally the poor of Ingham County were taken care of at the county seat in Mason. In 1862 the present location was purchased and a wooden building erected for the use of the ppor. In contrast to present day construction costs this building was to be built at an expense not exceeding five hundred dollars.[2]

At this early date the institution was known as the county poor farm and it functioned as a home for the indigent of the county. Hospital care as such did not come until a later date, with the erection of the south wing of the present building in 1929.

Beginning records kept at the hospital show that in October 1915, the first year that a record was kept of the intake at the hospital, there were 74 patients. These patients were admitted for a variety of reasons ranging from senility to feeblemindness.

The south wing of the present building as shown in Figure 3, page 11 was erected in 1929. This building has not changed much over the years except for some face lifting when a large porch was removed from the front entrance.

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[1]Albert Cowles, Past and Present of the City of Lansing and Ingham County, Michigan (The Michigan Historical Publishing Association) p. 43

[2]Ibid.

Dr. D. W. Roberts was appointed as hospital physician in 1921, and served the county until 1949.[3] At the time he took over at the hospital he had 21 patients, both bed and ambulatory, most of these suffering from chronic diseases. These patients were treated on a medical basis. Some attempt was made to help them take care of themselves. Therapeutic efforts were attempted in the case of arthritic patients in an attempt to enable them to be more self sufficient in caring for themselves.

At the same time that Dr. Roberts began his duties at the hospital he induced Mr. and Mrs. Harris Hammond to take over the duties of Matron and Superintendent of the County Poor Farm, as it was then called. At this time the farm was governed by three supervisors of the poor. These three could each recommend and send to the poor farm those individuals whom they thought would benefit from the care they would receive.

Besides his duties at the poor farm Dr. Roberts, who lived in the nearby community of Okemos, carried on a private practice in Okemos and Lansing.

When the south wing was constructed in 1929 the name was changed to the Ingham County Infirmary. During this same year the third floor of the building was turned into a hospital ward devoted just to the care of those patients needing medical attention.

During the year that it took to construct the building 60 men patients then in the hospital were taken care of in the old Okemos school building. The women patients were cared for in a private home in East Lansing. The staff in 1929 consisted of Dr. Roberts, two nurses, and the

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[3]The following material is from Mr. and Mrs. Harris Hammond in a personal interview.

matron and superintendent. It has been about twelve years since the board of supervisors changed the name from the Ingham County Infirmary to the Ingham County Hospital.

After Dr. Roberts' death in 1949 Dr. Edward Reynolds was appointed to replace him. He held this position until he entered military service in 1953. Dr. Reynolds was particularly interested in attempting rehabilitation of the patients and in trying to return these people to their homes to a more useful life in society.

There were 109 residents at the County Hospital as of December 31, 1952, including 71 men and 38 women. An age classification shows that 43 of the 109 residents were between the ages of 21 and 65, while 66 were over 65 years of age.[1]

Total expenditures for 1952 were $118,671.03 as compared with the $2165.07 that was paid out to the 99 families in 1861.[2]

In March of 1952 Mr. and Mrs. Lloyd Butcher began their employment as Matron and Superintendent of the County Hospital relieving the Hammonds after 31 years of service.

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[1]Thirteenth Annual Report of the Ingham County Board of Social Welfare for the calendar year ending December 31, 1952.

[2]Albert Cowles, Past and Present of the City of Lansing and Ingham County, Michigan (The Michigan Historical Publishing Association) p. 43.

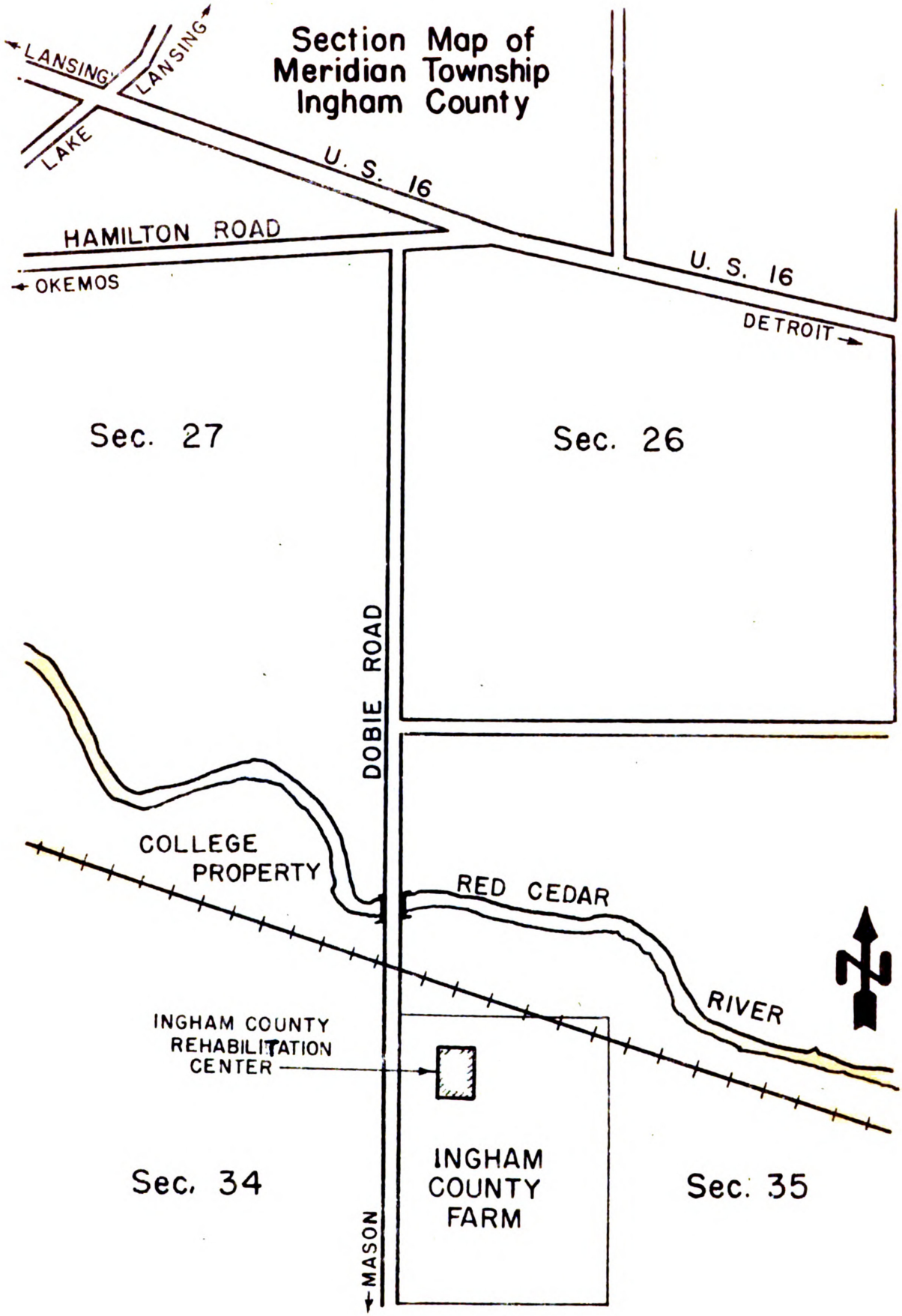
Section Map of
Meridian Township
Ingham County
LANSING
LANSING
LAKE
U. S. 16
HAMILTON ROAD
OKEMOS
U. S. 16
DETROIT
Sec. 27
Sec. 26
DOBIE ROAD
COLLEGE
PROPERTY
RED CEDAR
RIVER
INGHAM COUNTY
REHABILITATION
CENTER
INGHAM
COUNTY
FARM
Sec. 34
Sec. 35
MASON

Plate I

Ingham County Hospital and Rehabilitation Center

Fig. 1

Fig. 3

Fig. 2

CHAPTER III

The Development of the Center

Requiring a greater emphasis on rehabilitation following World War II was the veteran returning to civilian life. In many instances this returning veteran had some type of handicap that would be a disabling factor in his social adjustment to a world at pease. The rehabilitation of the ex-service man therefore became a topic of much discussion among medical and lay circles throughout the country.

In Ingham County, as elsewhere, this interest in rehabilitation was stimulated greatly in the years immediately following World War II. Several members of the Geriatrics Committee of the Ingham County Medical Society became concerned and this problem developed into the main interest of the committee. As a result the committee spent considerable time on research in the subject. They collected pamphlets and books and in addition several members of the committee visited a number of the more prominent rehabilitation centers in the country.

During 1951 periodic meetings of the Geriatrics Committee of the County Medical Society were held to draw together the thinking of the group on rehabilitation and to formulate the beginnings of the rehabilitation center.

Beginning in January of 1952, and continuing through to the first part of June, a three-hour meeting was held every two weeks at the Ingham County Hospital.

From the beginning it was apparent that the problem of rehabilitation would take into consideration many more areas of competence than could be supplied by the original medical group which began the undertaking. Early in 1952 contacts were made with Michigan State College and its Departments of Psychology, Sociology, Social Service, Nutrition and Dietetics, Nursing, Physical Education and Speech and Hearing. These departments were most generous in giving of their time and services in helping the committee solve some of the early problems.

Also contributing from the beginning of the committees plans for a rehabilitation center has been the County Board of Social Welfare. The Board of Social Welfare and the County Board of Supervisors were in complete accord and gave their full support to the program. At a meeting of the Preliminary Advisory Committee held on November 12, 1952, Mr. David Beatty of the Ingham County Board of Social Welfare said that the program had the hearty approval of the Board of Social Welfare. He also indicated that rehabilitation would be welcome at the County Hospital not only from the standpoint of the individual, but also to save taxation in the community. It was indicated by Mr. Beatty that they would cooperate and go along as permitted by laws.[1]

Mr. Daryl V. Minnis, Director-Supervisor, also of the County Board of Social Welfare, was most cooperative. As well as supply the physical plant that would house the rehabilitation center, the county also provided

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[1]Minutes of Meeting of the Preliminary Advisory Committee Ingham County Rehabilitation Hospital, November 12, 1952.

a man who was able to carry out some physio-therapeutic measures under the guidance of the members of the committee.

A pilot study was started in the beginning of 1952 using 10 patients selected from the hospital census. Complete histories and physical examinations were made out for these patients and activities of daily living charts were also filled out. This initial effort was conducted by volunteers within the Geriatrics Committee. A room was set aside in the hospital as a physiotherapy room. A photographic record of the patient's condition was also made by one of the doctors to be utilized at a later date as a comparison to see what progress had occurred.

In the 1953 report of the Geriatrics Committee to the Ingham County Medical Society, Dr. Frederick C. Swartz reported that the experience with the pilot study of 1952 convinced the Committee that the project was a feasible one and that the objectives were within reach.[1]

In any undertaking of this proposed magnitude, one of the greatest obstacles to be surmounted would be the financing of such a program.

In an effort to acquire funds to support the program, the Geriatrics Committee in conjunction with the various departments of Michigan State College and the Ingham County Board of Social Welfare wrote the Russell Sage Foundation located in New York City hoping to enlist their aid in support of the program. A detailed report was prepared and sent to the

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[1] A copy of the correspondence and the report as sent to the Russell Sage Foundation are to be found in Appendix II.

Foundation at this time asking for a sum of $300,000 to support the program for a five year period. This financial assistance failed to materialize however, and in the summer of 1952 it became evident that another method of attack would have to be discovered.[1]

In the fall of 1952 the Preliminary Advisory Committee in conjunction and cooperation with a number of departments of Michigan State College decided that it might be best to present the plans to some of the business men of the Lansing community to see whether it was a community project and whether it ought to have community support. The Michigan National Bank provided a dinner meeting at which twenty representatives of industry and the community attended. The whole project was presented and was enthusiastically received.

At this time a complete report, as suggested by the members of the business men's group, was made to the Community Service Council, a Red Feather Organization, to get their reaction to the project both from the standpoint of approval of the efforts of the organization and also to see whether any financial support might be obtained in this direction.

In attendance at this dinner meeting were the following individuals:[2]

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[1]A copy of the correspondence and the report as sent to the Russell Sage Foundation are to be found in Appendix II.

[2]Material from Minutes of the Preliminary Advisory Committee, Personal files of Dr. Swartz.

Frederick C. Swartz, M.D.	Chairman
Albert Ehinger	Ehinger Realty
Andrew Langenbacker	Duplex Truck
Bart C. Tenny	Insurance
Clarence Morris	Lundberg Screw
Frederick Marin	Bank of Lansing
Elton Tubbs	CIO-Local 652
Charles Larson	State Journal
Daryl V. Minnis	Ingham Co. Board Social Welfare
David Beatty	Ingham Co. Board Social Welfare
James Anderson	Simon Iron and Steel
F. H. Thoman	Realty
Barney Cox	Melling Forge
Edward Warner	Oldsmobile
Gerald Byrnes	Reo Motors
Mervin Cotes	Motor Wheel
Harold H. Anderson Ph.D.	Dept. of Psychology, MSC
Edward Reynolds, M.D.	
Richard W. Pomeroy, M.D.	
Richard Hicks	Community Chest

In December of 1952, Dr. Swartz, Dr. Pomeroy and Mr. Minnis presented to the Executive Committee of the Community Service Council the plans and program of the rehabilitation project in an effort to gain financial support for the project. They were informed that the matter would be taken under advisement.

The Executive Committee passed the matter on to the Council's Health Division for action.

A special committee was appointed by Mr. Paul Miller, Chairman of the Health Division, to study the program and make recommendations and the following were named to be members of this committee: Mr. Fred Freeman, Chairman; Dr. O. B. McGillicuddy, Mrs. John Seaman, Mr. Lewis Dail, and Mr. Elton Tubbs.

At a later date in December of 1952, the material gathered by the special committee of the Health Division of the Community Service Council

was reviewed and it was decided that due to the nature and circumstances of the patients being treated by the rehabilitation program it would be advisable that the Chest not become involved in the financing of the project at this time, but recommended that the support of the Department of Social Welfare be enlisted. It was indicated however, that the program receive their full support and cooperation. It was indicated that if the function of the Rehabilitation Center were to change at a later date to care for others not being cared for by the county that they would be willing to reconsider the possibility of contributing to the financial support of the project.[1]

On February 4th 1953, at the same time efforts to gain financial assistance from the Community Chest failed, the County took over this problem assuring the Rehabilitation Center of a working funds with which to carry on their work. This money was to come from the general fund of the county, being transferred into the welfare fund. It was to be $25,000/per year for a three-year period.

During the November 12th meeting in the fall of 1952 at which time the suggestion was made to contact the Community Chest it was also suggested by the business men's group that the Rehabilitation Center be incorporated as a non-profit institution and from that point set up the organization as planned.

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[1]Records of the Health Division of the Community Service Council.

On February 11, 1953 the first meeting of the organizers of the Ingham County Rehabilitation Center was held in the Olds Tower Building, Lansing, Michigan for the purpose of organization.[1] With the help of legal assistance this was accomplished on the 18th of February 1953 and the Rehabilitation Center became a fact.[2]

After the Rehabilitation Center had been incorporated a Board of Directors was elected. This Board consisted of the following members: J. F. Anderton, Daryl V. Minnis, Andrew Langenbacher, Barney C. Cox, Edward Warner, David Beatty, Albert Ehinger, Mark Brower, Harold Anderson, Mrs. Harold Good, Mrs. Russell Smith and Drs. F. C. Swartz and R. W. Pomeroy.

Officers for the coming year were elected from this group. They were Dr. F. C. Swartz, President; Mr. J. F. Anderton, Vice President; Mr. Daryl Minnis, Treasurer; and Dr. R. W. Pomeroy, Secretary.

To represent the community a council consisting of approximately one hundred members was next formed consisting of individuals who are interested in all phases of rehabilitation.[3] From this group a number of working committees was formed for the investigating and accumulating of data pertaining to the different phases of rehabilitation.

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[1] A copy of the Articles of Incorporation can be found in Appendix III. Material was secured from the files of Dr. Swartz, President of the Corporation.

[2] A copy of the minutes of the first meeting and of the Waiver and consent of first meeting of the organizers of the Ingham County Rehabilitation Center are to be found in Appendix III.

[3] Members of the Advisory Council are listed in Appendix IV.

On the 8th of June 1953 the first Annual Meeting of the Advisory Council of the Ingham County Rehabilitation Center was held at the Ingham County Hospital at Okemos. Fifty three were in attendance at the meeting.

Following the formal organization of the Rehabilitation Center two full time employees were secured: Mr. Leonard Face, Physiotherapist and Dr. Howard Fink, Clinical Psychologist. These two were to act as the basic personnel to start working with patients. Both Dr. Fink and Mr. Face were sent on orientation tours to other rehabilitation centers in the country. Mr. Face's visits to other centers included Bellevue Medical Center, Kesslers Rehabilitation Institute and Coldwater Hospital in New York; also Woodville and Mayview outside of Pittsburgh, representing the Allegheny County Hospital. Dr. Fink visited Cleveland and New York including the Institute for Crippled and Disabled, the Institute of Physical Medicine and Rehabilitation at Bellevue, the New York Hospital and the Payne-Whitney Clinic, Yorkville-Kips Bay Gerontological Clinic, the Montifare Home for the Aged, Coldwater Hospital, and the Byrd S. Kohler Hospital.

As a method of transmitting information and thoughts regarding the organiation and function of the center a discussion was held at the February 27th meeting of the Advisory Committee of the Center. The discussion was around the possibilities of informative letters to be sent periodically to the Board and Council members. The idea was accepted and the first letter was sent on July 1, 1953.[1] Others followed.

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[1]Copy of letter is in Appendix V.

During the course of the year a professional advisory committee was formed which consisted of the members of the Geriatrics Committee plus representatives from 8 or 10 departments at Michigan State College. It has been this group which has directed the active work of the Center until such time as the services of a full time specialist in physical medicine could be obtained.

The complete program from the standpoint of planning and financial support and actual patient load was from Ingham County Department of Social Welfare. It is the aim and hope that eventually the Center will be able to offer more active service to all members of the metropolitan community.

CHAPTER IV

The Structure and Function of the Ingham County Rehabilitation Center[1]

The Ingham County Rehabilitation Center has been organized as a service program for Ingham County. All existing facilities and organizations in the county to the limit of their capacity are being utilized and worked into the program. The Center is incorporated as a non-profit corporation.

As the Rehabilitation Center program has been set up, it is designed for the chronically ill, aged or chronically handicapped insufficiently recovered to return to their homes, and for those in the community who would profit by rehabilitation procedures. The patient who had benefited from the rehabilitation program would be discharged to his home, a boarding home, a nursing home or a hospital for the chronically ill in a more self-sufficient and independent status.

In this formative period of the Rehabilitation Center the services are primarily for wards of the county, but after completion of the new county unit, facilities will be available for a limited number of private patients from the community or the local hospitals.

The entire program of the Center is under the guidance and administration of a Board of Directors consisting of 15 members, both lay and

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[1]The major portion of the information for this chapter was gathered from oral communications with Dr. Pomeroy, Dr. Swartz and other personnel of the Center.

medical. This Board is elected from and by the Advisory Council, which is the basic unit of the corporation. The Board has as sources of advice a Professional Advisory Committee and the Advisory Council.

In this first year of existence the following people have been elected to the Board of Directors.

James F. Anderson
Daryl V. Minnis
Fredrik Marin
Mervin F. Cotes
Andrew Langenbacher
Mrs. Russell A. Smith
Barney C. Cox
Richard W. Pomeroy, M.D.
Edward L. Warner, Jr.
David Beatty
Albert Ehinger
Harold H. Anderson, Ph.D.
Mark Brower
Mrs. Harold Good
Frederick C. Swartz, M.D.

The Advisory Council - (see Appendix IV) is the mainspring of the corporation. It is composed of representatives of business, large and small, fraternal organizations, churches, unions, medical and other professional societies, service clubs, Sparrow and St. Lawrence Hospitals, social service agencies, Michigan State College, and community-minded individuals interested in the problem of rehabilitation. From this group have been appointed the committees with representation on the Board, for proper coordination, to aid in the Rehabilitation Hospital program and to investigate allied problems of rehabilitation.[1]

These committees include the Volunteer Committee, the Vocational Rehabilitation Unit Committee, the committee on Vocational Counseling, the committee on Home for Men, Special Education Committee, Physiotherapy and other Personnel Committees such as the Social Service Committee and a Research Committee.

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[1]The program as described by the Board of Directors in material sent to members of the Advisory Council.

The program has three service divisions and each of these have their various sections as indicated in the organizational Chart in Chapter I. A fourth division is in the process of being added and is shown in the revised Chart in Appendix VI.

The Medical Service Division will deal with the immediate rehabilitation problem. The Vocational Service Division handles vocational guidance problems, education and specific vocational training programs. This division looks to the future of the individual in relation to the present and aids in planning the individual rehabilitation program. The research division supervises and finances research problems as they arise in relation to the problem of rehabilitation of the chronically ill, aged or chronically handicapped in the other divisions. From experience gained during the past year a fourth division has been added to the program, to be called the Housing Division. Its development has been the direct result of the experience gained from problems arising from attempts to find homes for the single men.

Of the fifteen committees set up in the organization of the Center, the majority have been fairly active, others are more or less non-existent at this time.

The Executive Committee as would be expected has been one of the more active of the present committees. It has been their function to act as coordinators for the other committees.

The Finance Committee. This four-member committee has not been active to date.

Public Relations Committee. This one-member committee has been fairly active. Duties completed have been numerous newspaper articles and other publicity material pertaining to the Center. This committee was responsible for much favorable material in the Lansing newspaper at the time Dr. H. A. Rusk visited the Center on October 20, 1953. Dr. Rusk, an authority on rehabilitation, is Professor of Rehabilitation and Physical Medicine and Chairman of the Department at the New York College of Medicine. He is also connected with the Institute of Physical Medicine and Rehabilitation in New York. Dr. Swartz reported that he was very favorably impressed with the program and the facilities at the County Hospital.

Volunteer Committee. This has been the most active of the committees since its organization. It is not an organized group but is under the leadership of one individual who coordinates the activities and gains the support of volunteer organizations and individuals in the community. It has been instrumental in obtaining the services of the Red Cross at the Center. It has served as an orientation committee for all volunteers coming to the Center in preparing them for their work and acquainting them with the conditions to be found there. This has been most helpful for those volunteers who have not had the experience of working in a hospital setting. The Volunteer Committee has also worked with the Junior League at the Center. This volunteer group has been working with the patients on one or two projects which have proved beneficial both to the rehabilitation of the patients, to the hospital and to other institutions of the community such as the Ingham County Tuberculosis Sanatorium located in Lansing.

The Vocational Rehabilitation Unit Committee. This committee has been another of the active committees at the Center. It has visited different sheltered workshops throughout the state and has recommended the introduction of the Goodwill Industries into the community as part of the overall rehabilitation program. Through the efforts of this committee a workshop has been instituted at the Center and several small projects have been started. These include the loading of fire extinguishers, the making of plastic molds and the construction of bird house kits to be used by the Board of Education in their summer program.[1]

The Committee on Vocational Counseling. This committee is not functioning at this time.

The Committee on Home for Men. This committee is also not functioning at this time, however, previous work around the placing of the single men who would benefit from the program has led to the addition of the fourth division in the organization. This is the housing division previously mentioned.

The Special Education Committee. This group has had a few meetings. Mainly it has been instrumental in working with the Board of Education in setting up a vocational counseling program for handicapped children, the objectives being to help the handicapped child prepare himself for a position after leaving school. Nothing definite has been done regarding this program, it now being in the planning stage. The committee has also been instrumental in setting up a swimming program for the handicapped child at the Y.W.C.A. and the Walnut Street School, both in Lansing.

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[1]See Appendix VII for example.

The Physiotherapy Committee. The function of this committee of four members is the immediate supervision of the Physiotherapy Department of the Rehabilitation Center. At this time it is strictly an advisory committee to the Physiotherapy section which has one of the paid personnel at the Center who is on a full time basis. Mr. Face, the physiotherapist has as his primary responsibility the physical rehabilitation of the patient. It has been an attempt to put the patient on a more self sufficient basis. He has been working with bed patients around the problems of feeding and personal hygiene. He also works with the ambulatory patients, helping them to use walkers, crutches, and cains. His work has also involved help in manual dexterity, that is, hand and eye coordination. In short, the duties have been to restore the patients to their fullest possible physical capability.

The Clinical Psychology Committee. This committee functions similarly to the Physhiotherapy Committee, that is, it acts in an advisory capacity to the second of the trained personnel at the Center. The clinical psychologist at this time is Dr. H. Fink, who received his training at Michigan State College. Dr. Fink offers personal and vocational counseling to the patients. His work involves consultation with the other services at the Center. He has supervision of the student workers who do volunteer work at the Center. He keeps progress reports on all patients on the program. He has general charge of the rehabilitation program at the Center.

The Social Service Committee. At the present time this is a one-member committee.

"At the March 11, 1953 meeting of the Board of the Ingham County Rehabilitation Center Mr. Minnis, the Treasurer, raised the question and asked the chairman for his interpretation of the work of the Clinical Psychologist as differentiated from the Medical Social Worker. Dr. Swartz discussed his philosophy of this briefly, enumerating the primary work of the Clinical Psychologist to be (1) motivation of the patients under the program; (2) motivation and stimulation of the personnel working on the program at the Hospital and all other personnel at the Hospital whether working on this program or not; (3) to improve the outlook of the relatives of the patients and prepare them for possibly taking the patient home. He stressed the necessity of close cooperation between the Medical Social Worker and the Clinical Psychologist."[1]

The activities of the Social Service section have been on a voluntary basis. Mrs. Gladys Spaulding, Executive Secretary of the Lansing Family Service Agency and a highly trained social worker, volunteered her services to the Center. This work has been done in consultation with Dr. Fink. To assist her in her attempts at the Center, Mrs. Spaulding had the services of Mrs. D. Norton, a case worker at the Family Service, and Mrs. Irwin McKnight, a member of the Advisory Council. A face sheet was set up and social histories taken on some of the patients receiving care under the Rehabilitation Program. There is no professional case work being done at the Center at this time. Currently, undergraduate students in social work at Michigan State College are assisting in some of the social services at the Center. These two undergraduate seniors in the

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[1]Records of the Rehabilitation Center. - Dr. Pomeroy, Secretary.

Department of Social Work are under the supervision of Dr. Fink, Psychologist, and Dr. Lucille Barber of the Department of Social Work at the College.

The Rehabilitation Nursing Committee. The function of this committee has been educational. There have been monthly meetings for nurses and others concerned with the convalescent or boarding care homes of the community. The work of this committee has been well received and all meetings have been well attended.

The Occupational Therapy Committee has been another active committee at the Center. It has been instrumental in the guidance and organization of the occupational therapy program at the Hospital. Currently it is working in conjunction with the Curative Workshop, a Red Feather Agency, in Lansing. It is the third section of the Center employing a trained person. This occupational therapist devides her time between the Curative Workshop and the Rehabilitation Center.

The Professional Advisory Committee meets once a month to discuss the activities of the Center and the progress of the patients. This committee is advisory from a professional point of view, both to the board and the staff of the Center.

The Research Committee. This committee is composed of six members representing the medical profession and the staff of various departments at Michigan State College. During the six months since its formation it has met on several occasions with the following results:

1. The committee agreed to function:
   a. In an advisory capacity to the center on matters of research and record keeping.
   b. As an advisory and initial clearance committee for individual research projects (as for example, Masters theses).

c. Engage in or promote research at the Center in a single discipline or, where interests are similar, in cross disciplinary research.

2. Discussed Library facilities and the purchasing of journals and other reference materials that bear upon rehabilitation, aging and their many ramifications.

3. A procedure was decided upon for administering requests for use of the Center for collecting data for master's or doctor's theses.

   At present four such projects have been approved by the committee:

   a. "An Evaluation of Selected Horticultural Skills as Therapeutic Measures" by Genevieve J. Jonas, Department of Horticulture.
   b. "History of the Ingham County Rehabilitation Center" by Mr. Donald C. Griffin, Department of Social Work.
   c. "Study of Ingham County Rehabilitation Center as a Social System" by Robert C. Vanderham, Department of Sociology and Anthropology.
   d. "Evaluation of the Nutritional Status of Patients of a Rehabilitation Center" by Mary E. Furnivall, Department of Foods and Nutrition.

4. At the request of the committee, Dr. Fink secured descriptive statistics on the patient population of the Center.[1]

At present there are eleven patients at the Hospital receiving the services of the Rehabilitation Center. One year ago in February when the program officially began there were eight patients. To date one patient has been discharged to a nursing home. This patient was a woman in the upper age bracket, suffering from an arthritic condition. According to Dr. Pomeroy her discharge from the Hospital was a direct result of the attention she received under the Rehabilitation program.

The advent of the rehabilitation program has proved beneficial not only to the patients in the program but to the entire patient load of the hospital. More interest is being shown by these individuals in their own welfare and it has been a great morale builder for all concerned.

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[1]First Annual Report of the Research Committee, May 3, 1954 supplied by Henry J. Montoye, Chairman, Research Committee.

According to Mr. Minnis the Ingham County Rehabilitation Center is the only known program of its kind in the country to be organized at the county level.

CHAPTER V

SUMMARY AND CONCLUSIONS

This paper has been of an exploratory nature. The paper has been severely limited by the scarcity of written material regarding the Center and the newness of the program. Within these limits this has been an attempt to trace the development of a rehabilitation program for the aged in Ingham County. In this there has been an effort to observe the contribution of social work.

Approximately one year has passed since the formal organization of the Ingham County Rehabilitation Center. Within that year a great deal of the efforts of the Center have been directed toward the organizational aspects of the program. A need originally felt by a few men of the County Medical Association has been transmitted to many lay and professional people in the community.

In the beginning stages the problem was undertaken entirely from the medical standpoint. The need at this point was invisioned by a few doctors in the Medical Association of the County. As the program began to develop this original group determined that it was a problem that could not be solved by their effort alone and the decision to enlist the aid of others was made. At this point the source of support was from a select group of people from several departments of Michigan State College, who with their body of knowledge around the social, physical and economic aspects of the sociological and psychological field of human dynamics were best suited to help in the solution of the problem.

With the concerted efforts of this second group the focus of the program was more clearly outlined and efforts were made to draw into its functioning other persons from the immediate community and from other points in the county. Efforts to obtain financial and moral support for the program met with varying degrees of success. Financially the support was forthcoming from the local community while others were generous with words and deeds of encouragement.

With this backing a partial solution to the formation of the rehabilitation program in the county became a reality and the Ingham County Rehabilitation Center became a functioning unit of the community's resources. It has become the only known rehabilitation center at the county level in the country.

The role of the social worker has not been substantial in the formation of the program.

The second request for financial support was directed to a social work agency. The Community Service Council, a Red Feather agency of Lansing and under the direction of two trained social workers in the field of community organization reviewed the program as it was presented to them. Due to the nature of the program and the setting in which it is placed this agency did not feel that it could offer financial support. They did give helpful suggestions and moral support. If the opportunity had presented itself, the Community Service Council, employing the process of community organization could have played a more active role in the organization of the Center and in helping the community to meet this need.

Although not in a social work institution the Center is being financed by public social welfare at the county level. This is perhaps the most direct relationship of social work to the program.

In setting up the program at the Center the volunteer services of trained social workers were utilized to some extent. The one to one relationship of patient and social worker could well be used in the rehabilitation of the aged at the Center. The taking of case histories as done by the trained worker in a volunteer position was one role of the social worker in the program. This service could be of much greater advantage if a trained social worker were employed on a full time basis. What part social work played in the rehabilitation of the one patient who has been discharged from the Hospital is not known. However, one of the areas of function for the social worker in rehabilitation is the help that can be given toward understanding between doctor and patient and between patient and the society to which he will return. This could well be one problem that would be alleviated by the addition of a Medical Social Worker to the program.

Because of the short time that the Center has been in operation it is difficult at this time to determine the effectiveness of such a venture. From the reception that it has received from the community and the groups that have been working with it, and the change in the attitudes of the patients as reported by staff members, the Ingham County Rehabilitation Center is a worthwhile addition to the institutions that go to make up a successful and growing community.

APPENDICES

APPENDIX I

Frederick C. Swartz, M.D., F.A.C.P.
215 North Walnut Street
Lansing 15, Michigan

COPY

January 21, 1954

Mr. Donald C. Griffin
813 B Birch
East Lansing, Michigan

Dear Sir:

This is to certify that Mr. Donald C. Griffin of Michigan State College has consulted me regarding a research problem at the Rehabilitation Center. This problem has the approval of Dr. Aldridge of the Social Service Department and under whom this work is being done.

This project has my approval if it receives the approbation of the Scientific Committee headed by Dr. Montoye which is really the chain of command which has authority over these research matters.

Respectfully submitted,

Frederick C. Swartz, M.D.

FCS/mc

MICHIGAN STATE COLLEGE
East Lansing

COPY

Department of Physical Education
Health And Recreation For Men
Jenison Gymnasium And Field House

February 1, 1954

Mr. Donald C. Griffin
813 B Birch Road
East Lansing, Michigan

Dear Mr. Griffin:

The Research Committee of the Ingham County Rehabilitation Center has no objection to the historical research, which you are planning. Dr. Fink, at the Center, has in his possession some data which I think will be of interest to you. Also, I have the proceedings of two meetings of the Research Committee, which you may wish to consult. The Research Committee felt that your history of the Center would be a worthwhile project and although consultation with some of the patients at the Center may be necessary, the members of the Committee felt that you work would in no way interfere with the service of the Center.

The committee also suggested that you prepare a brief outline of your project under the headings of, "Statement of Problem" and "Methods", and this brief outline be sent to me. At the completion of your research, the committee would like to have a copy of your thesis to be placed on file at the Center for the use of others, who might be interested. Also, would you kindly send me a copy of the abstract of your thesis when it is completed.

If I can be of any further service, please do not hesitate to call. I hope you enjoy your research at the Center.

Cordially yours,

Henry J. Montoye
Chairman, Research Committee
Ingham County Rehabilitation
Center

HJM/cs

APPENDIX II

MICHIGAN STATE COLLEGE

COPY

Department of Psychology

Dr. Leonard S. Cottrell, Jr.
The Russell Sage Foundation
505 Park Avenue
New York 22, New York

Dear Dr. Cottrell:

Enclosed is a statement of a research project "A Multi-discipline Approach to Aging, Handicapped, and Rehabilitation." I am authorized by Michigan State College to request of the Russell Sage Foundation the sum of $300,000 to support this program over a period of five years.

Since my recent discussion of this proposal with you in New York, sub-groups of our larger committee have been meeting in almost continuous session to reduce our cooperative venture to a compact statement. Even this week the County Board of Social Welfare made public announcement that they are planning to erect the new hospital wing this spring.

The medical representatives have expressed the keenest hope that they may have the research collaboration of the Social Sciences and other disciplines from Michigan State College. They have said, however, that they are proceeding with plans for an expanded and improved service program whether or not the Russell Sage Foundation can support the Social Science part of the research. They have even proposed with our concurrence that if the research budget, which we have jointly prepared, is too large for the current resources of the Foundation, that Item 1 of the budget for $20,000 for research medical personnel be deferred for the first year in order that research collaboration with Michigan State College not be delayed. If it will facilitate action by the Foundation to delete this Item 1, the local physicians and our entire committee will undertake to secure these funds from some other source.

I am authorized to say that the President of Michigan State College is much interested in this proposal and that its financing has been approved by the Comptroller. Dean Lloyd C. Emmons, Dean of the School of Science and Arts, who has agreed to serve as Coordinator and Administrator of the Program has the cordial and complete confidence of all persons involved. He goes on retirement leave on July 1 next, but will continue to have university responsibilities and would intend to give the program more than routine administrative attention.

Sincerely yours,

Harold H. Anderson, Head
Department of Psychology

INGHAM COUNTY REHABILITATION HOSPITAL

A Multi-discipline Approach to Rehabilitation of the Handicapped and Aging

REHABILITATION

The goal of rehabilitation is to achieve the maximal function and adjustment of the individual and to prepare him physically, mentally, socially, and vocationally for the fullest possible life compatible with his abilities and disabilities. — Baruch Committee

THE NEED - Country Wide Considerations

There is great need for a community rehabilitation service and center program to provide the necessary care and rehabilitation for the estimated 23,000,000 persons in the United States who are handicapped because of disease, injury, maladjustment, or from former wars.

The following examples graphically point out such need for rehabilitation:

a. In 1940 there were six and one-half million disabled males between the ages of 15 and 64 years in the United States. When demobilization is completed and the disabled veteran returns to his community, it will mean a total of approximately eight million males of working age who are disabled to the point of requiring physical or vocational rehabilitation or special placement aids, if they are to be successfully employed. This represents one person in sixteen in our general population, and one in seven in our male working population.

b. In World War II there were approximately 17,000 amputations in the Army. During the same period there were 120,000 major amputations from disease and accidents in our civilian population.

c. The Office of Vocational Rehabilitation has demonstrated how rehabilitation pays off economically. Of the 43,997 persons who received vocational or physical rehabilitation under this agency in 1944, 22 per cent, or more than 10,000 had never been gainfully employed and nearly 90 per cent, or nearly forty thousand, were not employed at the time they started their rehabilitation. The average annual wage of the entire group prior to rehabilitation was $148. After rehabilitation, the average annual wage of the group increased to $1,768. The total earnings of the entire group rose from $6,510,556 to $77,786,696. Prior to rehabilitation the majority of these persons relied on general public assistance not only for the disabled individual but also for his family. The annual cost of this assistance to the taxpayer was from $300 to $500 per case,

but the total cost of their rehabilitation averaged only $300 per case.

The 43,997 persons rehabilitated under the Office of Vocational Rehabilitation program is by its own estimates but one-twentieth of the number who need such service.

d. During the war 83 per cent of our nation's industries employed handicapped workers. Those industries report that among the handicapped there was a much smaller labor turnover, less absenteeism, fewer accidents and equal or higher production rates. The industrial accident rate of eighty-seven of the great industrial plants in America, each having from fifty to 12,000 handicapped employees, has disproved the fallacy that many employers had of a fear of increased accident rates. Their reports show that 56 per cent found the accident rate of the handicapped lower than that of the able-bodied; 42 per cent found the rate the same as for the able-bodied, and only 2 per cent stated it was higher.

A statement of policy issued by the Association of Casualty and Surety Executives, composed of sixty-five major insurance and surety companies, states explicitly that no higher rate for workmen's compensation insurance is charged because of employment of disabled workers.

e. It has been estimated by experts in the field of rehabilitation and re-training that up to 97 per cent of all handicapped persons can be rehabilitated to the extent of gainful employment. Comprehensive rehabilitation is the third phase of medical care which, by an integrated program of physical rehabilitation, psycho-social treatment and adjustment, and vocational re-training, takes the man from the bed to the job.

THE NEED - Local Considerations

a. The Lansing, East Lansing trade center area has a population of 187,000 people with four acute hospitals, only one of which has provision for rehabilitation services in the person of one physiotherapist. The city of Lansing has forty-five physicians certified by national boards. As a special service center for these specialists the trade area would conservatively include all the counties touching Ingham county on all sides except the south where only a half a county is included. There are eleven acute hospitals in this area, none of which have any rehabilitation features incorporated in their hospital services. The total population of this special service area including Ingham county has a population of 366,000 people.

b. One of our problems for investigation is to find out how many disabled persons there are in this population center. Applying the ratio of disabled to well population as found in a study at New Haven, Connecticut, we would expect some 44,000 disabled individuals in this area, one-third of whom would be homebound and one-third of whom would be under twenty-

five years of age.

AIM

To give handicapped persons the advantage of our modern concept of rehabilitation; to further develop methods of rehabilitation; to further our understanding of the personality changes involved when people are chronically disabled; to lessen the load on the taxpayer; to further our knowledge of an aging population, and to explore and experiment with inter-disciplinary collaboration in research, training and service, is essentially the purpose of setting up this rehabilitation center.

LOCAL RESOURCES

The tangible resources at hand to cope with the local needs are:

1. a hospital building of approximately 150 bed capacity which is in a better state of physical repair than any of the acute hospitals in this area.

2. an enlightened Director of the Ingham County Hospital and Board of Supervisors who are in complete sympathy with the progress and efforts outlined.

3. a unique, active enthusiastic County Medical Society which has matched the enthusiasm of the Committee on Rehabilitation of the Society which has been responsible for initiating this program in this area.

4. a great university center, Michigan State College, from which we have drawn help from a number of various disciplines that touch on the problem and from which we expect to weave in others as the program grows. It might be mentioned here that the enthusiasm of the participating departments has been unbounded.

Although the program starts out as the county welfare level, our hopes for the future, after we have developed our techniques, are to have a place for all types and classes of patients that need rehabilitation. It is not a center for domiciliary care. The county has at the blue print stage further building development program for this type of patient. We expect to have a definite training program using all the disciplines available in this area to arrive at our objectives. The condition of the patients will be checked from time to time and when they have reached their maximal point of rehabilitation they will be discharged from the center in order to keep this program a living, growing thing rather than a static domiciliary one.

THE PROGRAM HAS ALREADY BEGUN

For several months a planning committee has held bi-weekly meetings at the hospital. Represented on this committee are:

The Medical Director of the Ingham County Hospital
The County Board of Supervisors
The Committee on Rehabilitation of the County Medical Society
County Social Agencies
Michigan State College
Departments of Speech; Sociology and Anthropology; Psychology; Psychological Clinic

Upon the request of the planning committee the County Board of Supervisors has recently employed a part-time psychologist and a full-time recreation leader to work under the supervision of a physiotherapist in a pilot study of the program.

From a sociologic viewpoint we must know more regarding the needs and possibilities of placement for the rehabilitated in industry and government and it would seem advisable to begin at an early date to prepare such information for the time when it will be needed.

PARTICIPATION OF THE SOCIAL SCIENCES FROM MICHIGAN STATE COLLEGE

1. Department of Sociology and Anthropology. The participation of sociologists in this rehabilitation program is largely in a research capacity. A major purpose is to provide significant social data on the community which therapists can use. First, the extent and location of the need must be assessed. It is suggested that a demographic analysis of the age composition of the area and of those needing rehabilitation be made on an ecological basis. Research is now under way which will divide Lansing into homogeneous ecological areas. Fortunately the area has large representations of socially heterogeneous groups. It has large numbers of ethnic, racial, religious, occupational and other groups.

Knowledge of social diversity of the area is needed for several purposes:
1) To provide data on the casualty rates of different groups.
2) To find the significance of aging among various groups.
3) To study low casualty groups to provide suggestions for rehabilitating higher casualty groups.
4) To assess the receptivity of diverse groups to preventative rehabilitation programs.

General community analysis of on-going programs, both formal and informal among such groups as management, labor, professional groups will also be made. Knowledge of this will fit into a program of prevention.

2. Department of Speech. The contribution of services that may be expected from the Department of Speech of Michigan State College is as follows:

1. Diagnostic
2. Therapeutic
3. Research

In the area of diagnosis an evaluation would be made of the speech ability and hearing acuity of a given patient.

Speech defects encountered largely are the aphasic patients, the laryngetomized patients, and hoarseness and harsh speech defects, not on a malignant basis.

Hearing difficulty characteristic of the aged is a loss of high frequency acuity. In addition to interfering with communication a hearing loss will alter the personality of an individual in that he tends to become depressed and suspicious as well as inattentive.

In the field of therapy effective results can generally be attained with aphasic, laryngectomized, and other kinds of speech difficulties. In hearing, a program of auditory training encompassing mental hygiene, amplified sound, and lip reading has considerable potential.

Within the area of speech and hearing research, new hypotheses can be presented in diagnosis and methodology; older theories can be subjected to the rigors of experimental investigation. The field of Gerontology is new; there is very little information of any kind in the literature.

3. Department of Psychology. Psychological research with aging persons and with handicapped is so new and so meager that the research will be exploratory and designed mainly to develop methods whose reliability and validity can be established.

One Ph.D. thesis by Alvis W. Caliman on "Personality Adjustment of Aging Women" was completed in 1951 at Michigan State College.

The psychological work at the Ingham County Hospital has already begun with diagnostic clinical studies of the handicapped patients at the hospital and with treatment programs designed to motivate them to greater cooperation in the total program.

An initial research project will be a study, and, in a therapeutic sense, the modification, of the self-concept of aging and handicapped persons with particular regard to the nature and degree of the handicap, age, sex, ethnic or social group, occupational status of the person and with regard to special abilities, skills, and other potentials of the subject.

Of longer duration is a study of changes in the aging person in:

a) needs: redefinitions of psychological inferences as to human needs.
b) physical and mental capacities and differences between functional levels and social adjustment levels of these capacities; rates of decline from one's estimated peak. Normative studies will be undertaken after the population survey has been completed.

A third project will be research in job placement of handicapped persons. This will involve the joint resources of the industrial psychologist and the industrial sociologist.

TRAINING

A training program will be set up at the Hospital and at Michigan State College with the objective to utilize to the utmost the research and service potentials of the program to train persons in all the disciplines represented for work with aging and handicapped persons. In the areas of the Social Sciences this training program would enrich the facilities now offered, for example, in the Department of Sociology and Anthropology, the Speech and Hearing Clinic and the Psychological Clinic at Michigan State College, by giving students a closer working relation on corrective problems with physicians, nurses, physiotherapists and others.

PUBLICATIONS

In addition to material included in systematic annual reports there should be a number of special publications. Some of the probable publications would be reports on medical research, survey of handicapped in the population of the Lansing area, manual of job placement of handicapped, special reports of research, training and service in the several disciplines.

BUDGET

Research budget requested of Russell Sage Foundation annually for a period of five years.

Resident research physician	$5,000.
Clinical Psychologists	6,000.
Graduate assistants, clinical psychology	6,000.
Speech and hearing therapists	6,000.
Sociologists	8,000.
Physiotherapist	5,000.
Social Service	3,000.
Nutritionist	3,000.
Dietitian	3,000.
Physical education	3,000.
Psychiatric consultant	3,000.
Nursing program	5,000.
Recreation leader	2,000.
Occupational therapist	5,000.
Equipment	2,000.
Overhead	_____

Additional expenses in staff and equipment will be borne by Ingham County, and by the County Medical Society. Additional services will be provided by collaborating staff or graduate students in training from Michigan State College.

Russell Sage Foundation
505 Park Avenue
New York 22, N. Y.

COPY

Leonard S. Cottrell, Jr.
Social Psychologist

May 9, 1952

Professor Harold H. Anderson
Department of Psychology
Michigan State College
East Lansing, Michigan

Dear Professor Anderson:

After careful consideration by our Staff of the two projects submitted by you under dates of April 17 and 19, we have regretfully come to the conclusion that the Foundation is not in a position to take favorable action on them at this time.

This decision should not be interpreted in any way as a comment on the merits of the proposed projects. Indeed we are impressed by the excellence of the quality of the proposals and would urge that you submit them to other foundations whose operating budgets are substantially larger than our own. You can see from a perusal of our financial statement in our Annual Report that the scale of projects we feel ourselves able to undertake is substantially smaller than those which you propose.

In addition to this very basic consideration as to what we can undertake, we find that for the immediate future we are already committed to the full extent of our resources. Thus even if your proposals were of magnitude which we could seriously consider, we should have to postpone bringing them to the attention of our Board until sometime next year.

In view of all these points, we would advise that you seek other sources of support.

With best wishes,

Sincerely,

/s/ Leonard S. Cottrell, Jr.

P. S. I am returning the extra copies of the project proposals and the materials you so kindly lent me, in case you need them for further efforts to uncover the necessary support. The project proposals are enclosed herewith and the pamphlet material is being sent under separate cover.

MICHIGAN STATE COLLEGE
East Lansing

COPY

Department of Psychology May 14, 1952

Dr. Leonard S. Cottrell, Jr.
Russell Sage Foundation
505 Park Avenue
New York 22, N. Y.

Dear Dr. Cottrell:

Thank you for the good words about our research project, contained in your letter of May 9. I wish to express for our entire collaborating group our gratefulness to you and to Dr. Young for the consideration which you have given these projects.

Very sincerely yours,

Harold H. Anderson
Head of the Department

HHA;RE
ccs: Dean L. C. Emmons
Dr. C. P. Loomis
Dr. F. C. Swartz
Mr. Daryl V. Minnis

APPENDIX III

(NON-PROFIT)

ARTICLES OF INCORPORATION

These Articles of Incorporation are signed and acknowledged by the incorporators for the purpose of forming a non-profit corporation under the provisions of Act No. 327 of the Public Acts of 1931, as amended, known as the Michigan General Corporation Act, as follows:

ARTICLE I.

The name of the corporation is Ingham County Rehabilitation Center.

ARTICLE II.

The purpose or purposes for which the corporation is formed are as follows:

The objects of this corporation are to establish and develop methods of rehabilitation of handicapped persons and to administer such treatment and perform such services necessary or required in the rehabilitation of such individuals; to do research on the problems of rehabilitation and geriatrics and to disseminate to the various public agencies the results thereof; to stimulate public interest in the rehabilitation of persons who are handicapped because of disease, injury, maladjustment or for any other cause and to promote efficiency and cooperation with all medical and welfare agencies of Ingham County in the furtherance of aid to the handicapped. The purposes of this corporation are entirely humanitarian and no pecuniary benefit or margin of

receipts above expenses shall accrue to any member or individual.

ARTICLE III.

The location of the registered office is: 215 North Walnut Street, Lansing, Ingham County, Michigan.

The postoffice address of the registered office is: 215 North Walnut Street, Lansing, Michigan.

ARTICLE IV.

The name of the first resident agent is Frederick C. Swartz.

ARTICLE V.

Said corporation is organized upon a non-stock basis.

(a) The amount of assets which said corporation possesses is:

Real estate	None
Personal property	None

(b) Said corporation is to be financed under the following general plan:

Voluntary contributions from its members, as well as from persons, firms, societies and corporations in sympathy with its purposes. Also revenues received for services performed in cases where those receiving such services are able to contribute.

ARTICLE VI.

The names and places of residence, or business, of each of the incorporators are as follows:

_____	_____
_____	_____
_____	_____

_____ _____

_____ _____

ARTICLE VII.

The names and places of residence, or business, of each of the first Board of Directors are as follows:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

ARTICLE VIII.

The term of the corporate existence is thirty (30) years.

ARTICLE IX.

In the event of dissolution or winding up of corporate affairs, the assets shall not be distributed among the members but shall be donated by the last Board of Directors to one or more non-profit organizations to carry out one or more of the purposes expressed in Article II.

WE, The Incorporators, sign our names this_____day of December, A. D. 1952.

(All parties appearing under Article VI are required to sign and acknowledge.)

_____

_____

_____

_____

_____

STATE OF MICHIGAN) ss.
COUNTY OF INGHAM)

On this_____day of December, A. D. 1952, before me personally appeared_____

_____

_____

to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

_____

Notary Public, Ingham County, Michigan,
My Commission expires:_____

BY-LAWS

OF

INGHAM COUNTY REHABILITATION CENTER

ARTICLE I

NAME

The name of this organization shall be Ingham County Rehabilitation Center.

ARTICLE II

OBJECTS

The objects of this corporation are to establish and develop methods of rehabilitation of handicapped persons and to administer such treatment and perform such services necessary or required in the rehabilitation of such individuals; to do research on the problems of rehabilitation and geriatrics and to disseminate to the various public agencies the results thereof; to stimulate public interest in the rehabilitation of persons who are handicapped because of disease, injury, maladjustment or for any other cause; and to promote efficiency and cooperation with all medical and welfare agencies of Ingham County, Michigan, in the furtherance of aid to the handicapped. The purposes of this corporation are entirely humanitarian and no pecuniary benefit or margin of receipts above expenses shall accrue to any member or individual.

ARTICLE III

MEMBERSHIP

Sec. 1. Any person residing in Ingham County, Michigan, interested in advancing the purposes of this corporation hereinbefore set forth shall be eligible to membership in the Council.

Sec. 2. Any person desiring to become a member shall make application to the Board of Directors of this corporation. If such application is favorably acted upon by the majority of the Board of Directors, such person shall be admitted to membership.

Sec. 3. No dues or assessments shall be levied or charged against any member.

Sec. 4. The Board of Directors shall have power to revoke any membership for just and proper cause within the Board of Directors' discretion, which cause, however, shall not be unreasonable or arbitrary.

ARTICLE IV

BOARD OF DIRECTORS

Sec. 1. The control and administration of the corporation shall reside in the Board of Directors, consisting of fifteen (15) members, each of whom are members in good standing of this corporation.

Sec. 2. There shall be ten (10) nominees for the office of Director taken from the membership, same to be submitted annually in April of each year by mail to the members and selected by a nominating committee of five (5) members to be named by the President. The five receiving the highest number of votes shall serve for three (3) years commencing the first Wednesday in June of the year of their election. Additional nominees for Directors may be placed on the ballot pursuant to petitions signed by any ten (10) members in good standing if received by the Secretary prior to April first of any year.

Sec. 3. At the organization meeting of this corporation five (5) Directors shall be elected to serve until June 1, 1953, five (5) Directors to serve until June 1, 1954, and five (5) Directors to serve until June 1, 1955.

Sec. 4. If there shall be any vacancy on the Board of Directors, the same shall be filled by the vote of the Board of Directors for the unexpired term.

ARTICLE V.

FUNCTIONS OF THE BOARD OF DIRECTORS

Section 1. The duties and powers of the Board of Directors:

(a) To manage the affairs of the corporation by the meetings of the membership.

(b) To adopt rules, regulations and by-laws necessary for the attainment of the purposes of this corporation.

(c) To receive and dispose of funds and to accept and dispose of property.

(d) To employ and determine the compensation of whatever executive staff is deemed necessary for the successful operation of the corporation.

(e) To give at least once a year a full and complete report of all activities at a meeting of the membership.

ARTICLE VI

OFFICERS

Sec. 1. The officers of this corporation shall be elected by the Directors, and shall consist of a President, two Vice-presidents, a Secretary, and a Treasurer. Vacancy in any office shall be filled by the election of the Board of Directors.

Sec. 2. Officers shall hold office for one (1) year or until their successors have been duly elected and qualified.

Sec. 3. The President shall preside at all meetings. He shall appoint all committees, and be chairman of the executive committee and ex-officio member of all other committees.

Sec. 4. Vice-presidents in their order shall perform the duties of the President in his absence, his resignation, or in his inability to perform his duties.

Sec. 5. The Treasurer shall be charged with the custody of all funds, shall disburse the same upon the direction and warrant of the Board, and shall perform other duties incidental to his office as directed by the Board.

Sec. 6. The Secretary shall attend all meetings of the Directors and membership and of the Executive Committee, and shall preserve in books of the corporation true minutes of the proceedings of all such meetings. He shall perform such other duties as may be designated to him by the Directors or by the Executive Committee.

Sec. 7. An Executive Secretary may be employed by the Board of Directors and in such case shall perform such duties as may be designated to him by the Board of Directors.

Sec. 8. The Board of Directors may appoint such assistant officers as in its discretion are deemed necessary.

ARTICLE VII

MEETINGS

Sec. 1. The annual meeting of the membership shall be held on the first Wednesday in June in each year at such time and place as may from time to time be determined by the Board of Directors; and it shall be the duty of the Secretary to give at least three (3) days notice of the time and place thereof to each member.

Sec. 2. At this annual meeting, five (5) Directors shall be elected to serve for a period of three (3) years, or until his successor is duly elected and qualified, except as provided in Article IV, Sec. 3, of these by-laws.

Sec. 3. Meetings of the membership shall be held at any time that the President of the corporation shall determine it necessary, and it shall be the duty of the Secretary of the corporation to give at least three (3) days notice to each member, setting forth the purposes of the meeting.

Sec. 4. Meetings of the Board of Directors may be called at any time by the President, and it shall be the duty of the Secretary to notify the Directors of the time and place of such meeting and the purpose of same, giving at least three (3) days notice of such meeting.

ARTICLE VIII

COMMITTEES

Sec. 1. The Executive Committee shall consist of the officers, the immediate past President and three (3) other persons elected from the Board. The Committee shall have authority to conduct the business of the Board in intervals between meetings in accordance with the rules and regulations and subject to approval and ratification by the Board.

Sec. 2. On or before March 1 in each year, the President, with the approval of the Board, shall appoint a nominating committee of five (5) members. It shall be the duty of this nominating committee to select ten (10) nominees for the office of Director, taken from the membership. It shall be the duty of this committee in the selection of such nominees to keep in mind selection of such representatives in keeping with the interest of the community with respect to the obligations of this corporation.

ARTICLE IX

QUORUM

Sec. 1. A quorum of the membership at any meeting shall consist of at least ten (10%) per cent of the existing members in good standing.

Sec. 2. A quorum of the Board of Directors shall consist of a majority of the members of said Board.

Sec. 3. A majority of the Executive Committee shall constitute a quorum.

ARTICLE X

AMENDMENT

Sec. 1. These by-laws may be altered, amended or repealed at any meeting of the Board of Directors provided that notice in writing of the proposed change shall have been given to each Director at least five (5) days before such meeting. A majority vote of the Board members present shall be necessary for such alteration, amendment or repeal.

Sec. 2. These by-laws may also be altered, amended or repealed at any meeting of the membership, provided proper notice is given ten (10) days in advance.

WAIVER AND CONSENT OF FIRST MEETING OF ORGANIZERS OF INGHAM COUNTY REHABILITATION CENTER

COPY

Lansing, Michigan

February 11, 1953

We, the undersigned being all of the organizers of the Ingham County Rehabilitation Center, do hereby waive notice of the time and place and purpose of the first meeting of the organizers of said corporation. We also fix Wednesday, the 11th day of February, 1953 at 4:00 P. M. as the time, at 1108 Olds Tower Building, Lansing, Michigan.

We do hereby waive all requirements of the Statutes of Michigan of this meeting and the purposes therefor. We do consent further to the transaction of such business as may come before said meeting.

Fredrik Marin

Daryl V. Minnis

Richard W. Pomeroy, M.D.

James F. Anderton

Frederick C. Swartz, M.D.

MINUTES OF FIRST MEETING OF

ORGANIZERS

OF

INGHAM COUNTY REHABILITATION CENTER

COPY

Lansing, Michigan

February 11, 1953

The first meeting of the organizers of Ingham County Rehabilitation Center was held pursuant to waiver and consent signed by all the organizers on the 11th day of February, 1953 at 4:00 o'clock in the afternoon at 1108 Olds Tower Building, Lansing, Michigan, for the purpose of organization.

The following organizers were present:

Frederick C. Swartz, M.D.
James F. Anderton
Fredrik Marin
Richard W. Pomeroy, M.D.
Daryl V. Minnis

Mr. Marin called the meeting to order and was duly chosen chairman thereof. Mr. Pomeroy was chosen temporary secretary of the meeting.

The proposed Articles of Incorporation and Waiver and Condent of first meeting of organizers were presented and ordered to be placed on the records of this proposed corporation.

Upon motion duly made, seconded and unanimously carried it was moved that the organizers proceed to organize as a non-profit corporation under the provisions of Act 327 of Public Acts of 1931, better known as the Michigan General Corporation Act, and all acts supplemental thereto

and amendatory thereof.

The chairman presented a form of the by-laws for the regulation and government of the affairs of the corporation, which were read, article by article, and unanimously adopted and ordered spread on the records of this corporation.

Upon motion duly made, seconded and unanimously carried, it was moved that the meeting proceed to the election of a Board of Directors consisting of fiteen (15) as well as a President, Vice-President, Secretary and Treasurer, to hold office until the first annual meeting of the corporation and until their successors are duly elected and qualified. Five (5) of said Directors to serve until June 1, 1953 five (5) to serve until June 1, 1954, and five (5) to serve until June 1, 1955.

The following fifteen (15) individuals were nominated for the office of Director to serve for the term set opposite their respective names.

James F. Anderton . . . . . .June 1, 1953
Daryl V. Minnis . . . . . .June 1, 1955
Frederick C. Swartz . . . . . .June 1, 1955
Richard W. Pomeroy, M.D. . . . . June 1, 1953
Fredrik Marin . . . . . .June 1, 1953
Mervin Cotes . . . . . June 1, 1953
Andrew Langenbacher . . . . . June 1, 1955
Mrs. Russell A. Smith . . . . . .June 1, 1954
Edward L. Warner, Jr. . . . . .June 1, 1954
Barney C. Cox. . . . . June 1, 1955
David Beatty . . . . . June 1, 1954
Albert Ehinger. . . . . June 1, 1954
Harold H. Anderson . . . . . June 1, 1955
Mark Brouwer . . . . . June 1, 1953
Mrs. Harold Good. . . . . .June 1, 1954

There being no further nominations for the office of Director, on motion duly made, seconded and unanimously carried, it was moved that

the nominations be closed and the Secretary be instructed to cast the unanimous ballot for the election of those individuals nominated.

The chairman announced that the next order of business was that of electing a President, Vice-President, Secretary and Treasurer. The following named persons were nominated to the office set opposite their respective names.

Frederick C. Swartz, M.D.	President
James F. Anderton	Vice-President
Richard W. Pomeroy	Secretary
Daryl V. Minnis	Treasurer

Upon motion duly made, seconded and unanimously carried, it was moved that nominations be closed and the Secretary instructed to cast the unanimous ballot for the election of the persons to the offices set opposite their respective names.

Upon motion duly made, seconded and unanimously carried, it was moved that the Treasurer be authorized and directed to open a bank account for the corporation with the Bank of Lansing in the City of Lansing, Michigan and that therein shall be deposited from time to time all funds of the corporation. That said bank be, and is hereby authorized to honor checks, notes, drafts and other instruments signed by the President or Treasurer, so long as there is a balance in favor of the corporation, and that the corporate resolution of said Bank of Lansing be and hereby is passed in the form as submitted and the Secretary instructed to deliver a copy thereof to said Bank of Lansing.

Upon motion duly made, seconded and unanimously carried, it was moved that the Articles of Incorporation setting forth the main purpose of this corporation and other particulars required by law having been

approved by the incorporators, it is hereby ordered that the same be filed in triplicate with the Corporation and Securities Commission for the State of Michigan.

On motion duly made, seconded and unanimously carried, it was moved that Frederick C. Swartz, M.D. be appointed the Resident Agent of the Corporation with principal offices at 215 North Walnut Street, Lansing, Ingham County, Michigan.

There being no further business to come before the meeting, same was adjourned.

Richard W. Pomeroy, M.D.
Secretary

APPENDIX IV

ADVISORY COUNCIL
INGHAM COUNTY REHABILITATION CENTER

NAME	ASSOCIATION
Anderson, Harold, PHD	MSC, Department of Psychology
Anderton, James F.	Simon Iron & Steel
Aseltine, Lloyd	Ingham County Board of Supervisors
Aldridge, Gordon	MSC, Dept. Social Work
Beadle, Mrs. Maude	Beadle Nursing Home
Beatty, David	Ingham County Board of Social Welfare
Beekman, Marvin	Lansing Dpt. of Education
Bielinski, W. Walter	Michigan Farm Bureau
Boettcher, Arthur	Liebermann Trunk Company
Bogue, Mrs. LaVerna M.	Pres., Ingham Co. Convalescent Home Operators
Byrnes, Gerald	Reo Motors
Brown, Nelson	Ingham County News
Brouwer, Mark	State Journal
Butcher, Mr. & Mrs. Lloyd	Ingham County Hospital, Okemos
Cardwell, Miss Mildred	Dir. of Nursing, Ing. Cty. Health Dept.
Chamberlin, Mrs. Lewis	Housewife (R. O. T.)
Cheney, Edward, DDS	Dentist
Clark, George J.	Small's Men's Shop
Correvant, H. Earle	State Vocational Rehabilitation
Conway, Mrs. Mary	Volunteer Bureau
Cox, Barney-	Melling Forge
Cotes, Mervin F.	Motor Wheel
Cullen, Mrs. James R.	Ingham Co. Society C. C. and A.
Dean, Carleton, M. D.	Michigan Heart Association
DeKleine, William, M. D.	Medical Society
DeRose, Sam	Muscular Dystrophy Association
Doane, Mrs. Donald	Housewife
Dunn, F. Mansel, M. D.	Medical Society
Early, Jack	Office Supplies
Easelick, Miss Doris	Amer. Federation of Physically Handicapped
Ehinger, Albert	Ehinger Realty
Dietrich, Simeon	Dietrich-Schaberg Hardware
Ellsworth, Edward K.	Motor Wheel
Friedman, Rabbi Alfred L.	Clergy
Fryer, Douglas H., M. D.	Ingham County Health Department
Fitzpatrick, Gloria	Curative Workshop
Glass, Harold	Ingham County Drug Association
Good, Mrs. Harold	Housewife
Hawthorne, B. V.	Multiple Sclerosis
Harkin, Miss Mary Lou	Stenographer (R. O. T.)
Heath, Mrs. Gladys	Pres., Lansing P. N. Association
Hefron, Roscoe E. (Sr.)	American Legion
Herrmanns, Richard	John Herrmann Sons
Hicks, Richard	Community Chest
Hinchey, Irvin E.	Fisher Body
Holt, Jack	UAW-CIO
Hubbard, Harry	Attorney
Jarrad, Miss Doris	Medical Assistants Society
Johnson, Kenneth, M. D.	Medical Society
Kempf, Miss Florence	MSC Nursing Department
Ketchum, Mrs. Mina	Housewife (Arts & Skills, Ing. Cty. Hosp.)
Kleiver, Mrs. L. David	Director, P. N. Association
Krause, Jack C.	Insurance

Lake, Lester C.	Employment Security Comm.
Lamun, Virginia, M. D.	Medical Society
Langenbacher, Andrew	Duplex Truck
LaLonde, John	E. H. Rowley Company
Lubcke, M. L.	Physiotherapist
Magdalena, Sister Mary	Director, St. Lawrence Hospital
Marin, Fredrik	Bank of Lansing
McCloud, Mrs. William	Housewife (R. O. T.)
McDonald, Mrs. Ronald D.	Volunteer Group
McDonald, Wilson	Interclub Council
McKnight, Mrs. Irwin	Housewife (Social Welfare)
McNeil, Miss Mabel	Director of Nursing, Sparrow Hospital
Meade, Robert, M. D.	Medical Society
Miller, Miss Dorothy	Reo Motors
Miller, Laurence S.	AFL
Minnis, Daryl V.	Ingham County Board of Social Welfare
Morris, Clarence	Lundberg Screw
Manley, Mrs. Jesse G.	Housewife (R. O. T.)
Montoye, Henry J.	MSC, Dept. Physical Education
Muelder, Milton, PHD.	MSC, Dept. Arts and Science
Mueller, Dr. H. R.	Optometrist
Mull, Miss Ethel	Visiting Nurse Association
Munyon, Walter	Insurance
Nearing, James, M. D.	St. Lawrence Hospital
Nelson, Max	MSC, Dept. of Speech
Osgood, Mrs. Thomas H.	Housewife
Olson, Margaret, PHD	MSC, Dept. Nutrition and Dietetics
Pedrey, Charles	MSC, Dept. of Speech
Pomeroy, John	WILS
Pomeroy, Richard W., M. D.	Medical Society
Potts, Miss Jane	State Vocational Rehabilitation
Pulse, Mrs. James F.	Housewife (R. O. T.)
Roden, J. J.	Sears Roebuck
Rubin, Albert I.	MSC, Dept. of Psychology
Seaman, Mrs. John	Junior League
Schuiling, Mrs. Beth	Housewife (Red Cross Arts & Skills)
Schultz, Arthur L., M. D.	Medical Society
Shapiro, H. D., M. D.	Medical Society
Stillwell, George D., M. D.	Medical Society
Smith, Mrs. Russell A.	Junior League
Sorrow, Mrs. Willard	American Federation of Physically Handicapped
Sower, Christopher	MSC, Dept. Sociology
Slowey, Father John	Clergy
Stimson, Paul F., M. D.	Ingham County Mental Health Center
Swartz, Frederick C., M. D.	Medical Society
Thompson, Jane	Crippled Children's Commission
Tenney, C. Bart	Insurance
Tubbs, Elton	CIO - Local 652
Tefft, Rev. C. Brandt	Clergy
Waddell, Jessie	Crippled Children's Commission
Warner, Edward L., Jr.	Oldsmobile
Wolcott, Lester E., M. D.	Medical Society and Ingham County Hospital
Wylie, William	Editor

Assoc. Member

Eaton, Sterling	Arthritis and Rheumatism Foundation

APPENDIX V

INGHAM COUNTY REHABILITATION CENTER

Okemos, Michigan

Mail Address:
215 North Walnut Street
Lansing, Michigan

July 1, 1953

To Members of Advisory Council:

The Ingham County Rehabilitation Center is established. Part of the development and plans have taken place over Friday noon luncheons, part by evening meetings or midnight telephone. The by-laws have been created, we are incorporated, the first Board elected by the incorporators, and two paid personnel are actively playing their part in our program. We have had our first Annual Meeting.

At one of the organizational noontime meetings the problem was brought forth: What are we going to do about the general feeling expressed by many of our interested well-wishers - - "I am certainly glad to help you all I can, but really I know nothing about the business of rehabilitation." That is the way we all feel, and the further we delve into the problem the more we realize it. We are going to grow together.

It was suggested that a series of short letters to those interested would be of value. Letters published periodically, in relation to one of our problems - or an answer to the problem that has arisen elsewhere; letters to be educational for all of us and yet to give each functioning committee or group an outlet to their specific problems; letters for all of us by all of us.

With this concept in mind, your secretary has been gathering thoughts and material from publications and from our own group. We will try to discuss various points and problems and express the philosophy, the aims and the methods of the Ingham County Rehabilitation Center.

My only contact with you is through you, so if you as individuals or committees have ideas or thoughts to spread to our whole Advisory Council, send me the word and I shall be glad to relay it in these letters.

The first letter is enclosed and may well be but a further "Introduction" for you to "Rehabilitation." We hope to see your interest grow with each succeeding letter.

Sincerely,

R. W. POMEROY, M. D.
Secretary

INGHAM COUNTY
REHABILITATION CENTER

Okemos, Michigan

Mail Address:
[illegible]

July 1, 1953

To Members of Advisory Council:

You have asked about Rehabilitation, what it means, the "why" of it, and how in a community such as ours of Ingham that we figure an organized program is not only needed but will work. It cannot be explained in a single letter, nor can its concept be absorbed in a single sitting without preliminary work. This is because it is a large field indeed, dealing with almost all aspects of the life of a specific individual--the handicapped. Perhaps from this and following letters will come your interpretation of what we mean. Perhaps I can introduce you, as we have been, to the problem and our attempt at a coordinated effort to face it.

The "why" is not difficult. It has long been recognized that an individual handicapped by a chronic disease (one which is not curable by present medicine and leaves permanent stigmata), a paralytic condition, or a physical traumatic condition, not only has lost all value to himself and the community, but gradually has lost all communication except that through some welfare agency. This burden on the individual, his family, and the community was long tolerated by society as a "necessary evil" until a few strong souls fifty or so years ago said, "No, they are not lost; if we reclaim ships and machines, why not men?"

John Galsworthy once said, "A niche of usefulness and self-respect exists for every man, however handicapped, but that niche must be found for him. To carry the process of restoration to a point short of this is to have the cathedral without a spire. To restore him, and with him the future of our countries, that is sacred work!"

But let us start with the beginning - definitions. It is unfortunate that workers frequently fail to differentiate between disability and handicap. With their own thoughts not clear, their aims are confused. Disability and crippled are static words indicating that an individual has some defect or impairment, and with a sense of permanency. Handicap is a dynamic term, one that carries with it the fact that this defect or impairment interferes with the individual reaching his maximum. As a teacher of mine said long ago, "Never call these people 'crippled' or 'disabled' - it is too permanent. They are 'handicapped', but not uncorrectible. We are all handicapped in some way, a few physically, but more of us mentally. In one manner or another we try to surmount it and reach our goal."

"Rehabilitation" has been defined as the use of physical medicine, phycho-social fields, and vocational retraining in an attempt to achieve the maximal function and adjustment of the individual, and to prepare him physically, mentally, socially and vocationally for the fullest possible life compatible with his handicap.

Maybe we are playing with words, but there is a concept here which you may appreciate as we progress.

Sincerely,

R. W. POMEROY, M. D.
Secretary

INGHAM COUNTY
REHABILITATION CENTER

Okemos, Michigan

July 11, 1953

To: Members of Advisory Council

Last week I mentioned that most of the handicapped were so because of a chronic disease, a paralytic condition or trauma. Let us look at this a moment.

Figures speak stronger than words and investigation has shown that one of every three disabling conditions is caused by a chronic disease. About 40% of a physician's time is given to the care of chronic illness, yet 16% of all persons with chronic disease are under 25 years of age. The most important chronic diseases are heart disease, arteriosclerosis, hypertension, rheumatism and kidney disease.

These are only chronic diseases. We have not analyzed the traumatic cases, such as amputees where annually we find 30,000 new ones in civilian life in contrast with the 20,500 resulting from World War II. Nor are we considering the increasing proportion of aged who are slowed by time and conditions.

With the increasing recognition of this problem, various hospitals, institutions and universities throughout the country have aimed programs at reclaiming or rehabilitating some of these people to a happier and more profitable life and one where they were not such a burden to themselves, their families or the community. They found many common problems and answers, with the result that comprehensive organizations have gradually evolved concerned with the detection, early diagnosis, hospital care, nursing and home care, rehabilitation and domicilliary care of these handicapped individuals.

1946 and 1947 saw the establishment of the Medical Specialty Board of Physical Medicine. 1948 found the American Medical Association changing its Physical Medicine committee to the "Council on Physical Medicine and Rehabilitation". The American Board in 1949 changed its name to "The American Board of Physical Medicine and Rehabilitation". And, too, in 1949 this A.M.A. "committee" became a permanent section. Doctors were recognizing Rehabilitation as the third phase of medicine, in addition to Diagnosis and Treatment.

Further development of these common factors resulted in the establishment in May 1949 of the National Commission on Chronic Illness by the joint action of the American Medical Association, The American Hospital Association, The American Public Health Association and The American Public Welfare Association. This is not a permanent nor a governmental organization, but is a temporary one making surveys and recommendations regarding the problems encountered in "chronic illness" which, as you

see, is but one phase of the big problem - chronic illness, the chronically handicapped and the aged.

Gradually, an all-inclusive concept has been appearing: That the Rehabilitation of an individual include not only his physical ailment but social (family and community) problems, psychological, vocational, educational - a complete program and not a specific unit. We had been unable to see the forest for the trees.

The National Commission on Chronic Illness, incidentally, publishes a newsy little periodical "Chronic Illness" which I am going to have sent to you.

But this is enough for now. It is but an introduction to the problem. The medical, psychological, social, educational and other facets we can discuss in the future.

Sincerely,

R. W. Pomeroy

R. W. Pomeroy, M. D.
Secretary

INGHAM COUNTY
REHABILITATION CENTER

Okemos, Michigan

Mail Address:
215 S. Walnut Street
Lansing, Michigan

July 18, 1953

To: Members of the Advisory Council:

In our approach to this problem of Rehabilitation, we have referred to "The Team" and you wonder what we mean.

The working team is composed of personnel trained in the fields of Physical Medicine, Physical Therapy (P.T.), Occupational Therapy (O.T.), Social Service (Medical), Psychology, Vocational Guidance or Job Counseling and perhaps Speech or Hearing Therapy and Physical Medicine, as well as the M. D.

This "team" actually working with the individual is aided by two advisory groups: one, a Lay Council, which helps keep the plan stable in relation to the community and practical values - and the other, a Professional Council of Doctors and Specialists in any of the above or correlated fields who are actively working elsewhere, such as private business or Michigan State College.

This team with its two advisory groups, available if necessary, analyzes the individual and his problems and outlines a program. As this is carried forward, re-evaluation is periodically done by members of this team to help determine when the maximum point of rehabilitation is reached or when further progress can be gained at home and perhaps with Out-patient assistance. This last means close cooperation with the Curative Workshop and their Out-patient services and a correlation of in-patient and out-patient activities and programs.

When this stage is reached the individual is advanced from the basic in-patient program to out-patient or home care - and the true fruits of any vocational work are seen.

Rehabilitation is a transitional phase, then, between acute hospital care and ultimate discharge and the working team is the guiding unit for the individual based on the old precept that two heads are better than one.

Enough for this chat. Next week let us consider the individual members of this team.

Sincerely,

R. W. Pomeroy

R. W. Pomeroy, M. D.
Secretary

INGHAM COUNTY
REHABILITATION CENTER

Okemos, Michigan

Mail Address
[illegible] North Walnut Street
Lansing, Michigan

July 25, 1953

To: Members of the Advisory Council

Last week we talked of "the team". Now let us look at one of the key members - the Physical Therapist.

Physical Therapy has been defined as the administering of heat, light, water, massage, exercise, electricity and other physical agents in the treatment of disease and injury. Treatment is prescribed by the physician, the quarterback of the team, and is under his supervision. In rehabilitation, great ingenuity is needed by both the Physical Therapist (P. T.) and the physician for each patient creates his own problems and demands individual care. The P.T. works with the patient in the physical sense and by one of the means at his service tries to get better function from the handicapped part as well as the person as a whole.

Physical Therapy is really of rather modern origin and has made tremendous strides in the past fifteen years. There are now 29 approved schools and more being developed annually. Yet it is estimated that expanding programs are demanding at least three times the number of trained P.T.s now available in this country.

After meeting the preliminary requirements, usually a B.S. degree or equivalent, the course, itself, is of one or two years. The student covers anatomy, physiology and physics for a better understanding and successful application of the physical agents in his hands. He, also, studies neurology, orthopedics, surgery and pathology to better understand the conditions he treats and the available medical methods of treatment. Psychology as applied to the handicapped, medical ethics and administration complete the in-class training. Of course, he has much practical clinical and hospital work.

So our physiotherapist must be a stable individual. His occupation looks glamorous but requires hard, concentrated work for success. He is in a rapidly expanding field and must keep abreast of changes. He must be well adjusted, yet flexible enough to function in varying situations. Good health, endurance and physical coordination are necessities.

So much for the P.T. He is a worker and is perhaps best known by the patient of all the workers. He is probably the first one you will meet as you actually see our program in action.

Sincerely,

R. W. Pomeroy, M. D.
Secretary

P. S. Dr. Sawyer, President of the Medical College of Virginia wrote a fine article which I have referred to here and will again for next week's letter.

INGHAM COUNTY
REHABILITATION CENTER

Okemos, Michigan

[illegible]
215 N. [illegible] Street
Lansing, Michigan

August 1, 1955

To: Members of the Advisory Council

Yes, there is a difference between the P.T. and the O.T. The Physical Therapist, or P.T., primarily works with certain physical means, such as exercise, massage, machines for hydrotherapy, or various forms of electrical therapy. The Occupational Therapist, or O.T., tries to attain a rehabilitative goal by occupational or creative means: Methods of using the arms or legs by creating objects, yet at the same time obtaining the physical exercise and mental stimulation desired.

O.T. may be Diversional or Therapeutic. Diversional is the form we ordinarily think of -- making doillies, belts or pocket books, just to pass the time. Yet the therapeutic form can be more important. A man with ankle of foot difficulty can, by using a sewing machine jig saw, create articles of woodwork and receive the mental stimulation from this at the same time he is exercising and strengthening his foot. A typist with burned and crippled fingers can sew or weave and be exercising her fingers at the same time she is creating.

The O.T. then tries to devise ways that our patient can make objects in which she is interested, and at the same time receive or be doing the exercises that the P.T. and Physician wish him (or her) to be actively doing.

When a patient is working on a loom, then, he is not only weaving a rug, but weaving his future by exercising the necessary muscles and at the same time and equally as important in geriatrics, he is being mentally stimulated.

There is a difference and when you see the two departments and think in these two veins, I believe it will clarify itself.

Sincerely,

R. W. Pomeroy, M. D.
Secretary

INGHAM COUNTY REHABILITATION CENTER

Okemos, Michigan

August 6, 1953

To: Members of the Advisory Council

Time for another three-minute session?

The Social Worker in answer to your question last week is perhaps the key person between our patient and the outside world. Here is the person representing our patients' arms, legs, thoughts, and hopes regarding what he may do in the future.

His contacts are initially with the patient and vice versa - the patient's initial contact with the program is with the Social Worker. Basic concepts and plans are laid by the Social Worker, in collaboration with the rest of the team, after an initial evaluation, and in the end the outside contacts are frequently found or created by the S. W.

The S. W. endeavors to help the patient and his family solve some of the social and emotional problems which interfere with his recovery or his adjustment to disability. He helps the patient to use to advantage all available resources in dealing with the social problems which have contributed to the illness or have grown out of it.

The S. W. may need special training in medical fields and need a keener understanding of Doctor-Patient relationships; of certain diseases and their physical and psychological stigmata; of methods of handling (physically and mentally) certain handicapped people. This specially trained S. W. is the Medical Social Worker. He is an outgrowth of our age of specialization. Our considerations at present are between these two allied groups and our Social Service Committee is investigating them.

When difficulties arise, the S. W. can turn to other members of the team for assistance and he does so frequently either to the Psychiatrist or the Physician. In a sense, the S. W. is a correlator of work and ideas because he works more with the patient in relation to his proposed future. He probably forms the keystone of the individual program more.

His job is most important for without adequate preparation and planning ahead any rehabilitative gains might be of no avail. In this future planning he may turn to the Vocational Counselor or Committee in our case.

But let's talk of Vocational work another time.

Sincerely,

R. W. Pomeroy, M. D.
Secretary

INGHAM COUNTY REHABILITATION CENTER

Okemos, Michigan

Mail Address:
215 North Walnut Street
Lansing, Michigan

August 22, 1953

To: Members of Advisory Council

Let us leave our program a moment and look in on the May Meeting of the National Society for Crippled Children and Adults - the Easter Seal campaigns. Their theme was "How To Do It".

A few quotes:

(1) The opening rehabilitation discussant commented, "Very important in planning any kind of community rehabilitation program is that you study your community and give all those concerned an adequate opportunity to participate in planning." We in Ingham County are trying to do this, yet it is most difficult not to leave somebody out. There is no intentional oversight on our part. If you as a member have contributing thoughts, let them be known for this is our community program. If you know anybody interested but not actively participating, let his name be known.

(2) The focal point of the Sheltered Workshop Panel was the idea that a "Sheltered Workshop is a business, but a business where the worker is more important than the work".

Mr. Alfred Severson from Chicago commented "Our job is to provide work in shops for handicapped people who get more out of the job than a weekly paycheck. One can not conceive of a sheltered workshop apart from the fundamental goal of rehabilitating handicapped people. Anything else put before that will modify the goal."

(3) One of the first people on the staff of a Sheltered Workshop, and one of the most important, is a social worker, preferably a medical social worker, who can interpret doctors' reports in relation to the various abilities of "cases".

These are a few points to think about in relation to our program.

Sincerely,

R. W. Pomeroy, M. D.

RWP/gb

INGHAM COUNTY REHABILITATION CENTER

Okemos, Michigan

Mail Address
215 North Walnut Street
Lansing, Michigan

August 29, 1953

To: Members of Advisory Council

The Clinical Psychologist is the "Bullback" of our rehabilitative team as mental stimulation or motivation is one of our basic problems.

While some of our handicapped may be eager to regain their former self-sufficiency, many others become markedly depressed. This is intensified in the aging when the family institutionalizes them and they believe it their last stop before death.

This depression may be based on exaggeration or ignorance in relation to their illness; loneliness and a sense of being lost in their new environment; or a gross sense of dependency perhaps because society expects nothing, so he gives nothing.

In the same sense, our patient's family - as trained by our society - may not only be aggravating the patients' dependency and handicap, but by their lack of understanding may be warping their own future lives. With the dogmatic attitude that the handicapped is but a nuisance and a burden and can not be tolerated, a vicious circle is created.

The Social Worker may appraise the problem and be of great assistance in untangling it, but the Clinical Psychologist is probably the one who can delve in the deepest, analyze the problem in the keenest sense and, if fortunate, come up with a workable answer.

This answer then is analyzed, torn apart and reconstructed by the team. The patient, the home, the vocation or work, the place of occupation--wherever the chain is weak is strengthened until the patient is not only rehabilitated to as independent a state as possible, but has a place to use and show his independency.

More later,

RWP/gb

R. W. Pomeroy, M. D.

INGHAM COUNTY REHABILITATION CENTER

Okemos, Michigan

September 5, 1953

Mail Address:
215 North Walnut Street
Lansing, Michigan

To: Members of Advisory Council

Vocational Counseling for the handicapped demands a man of many virtues. He must have a creative, progressive mind. He must have a tolerant understanding of individuals and society and the composure to deal smoothly yet eagerly with both. He must have the patience to spend with the handicapped individual to glean from him pointed thoughts regarding his likes and dislikes, his abilities and disabilities, and then help this individual balance these against the practicalities of society to weave a new way of life. He may work "hopes" into "hobbies" or "hobbies" into a profitable enterprise.

He must, also, have a keen practical sense of values from the viewpoint of the business man and be able to analyze not only the patient in view of what he can do, but a business in the light of what they can offer. Too often, this latter viewpoint is not seen. If any guiding personality in this program is the two-headed goddess, it is the Vocational Counselor.

His job is to create something out of nothing! It requires close cooperation with the patient and regard for his future. We are trying to look at three possible outlets for his problems - The Homebound program; The Sheltered Workshop, and private business and industry.

The Vocational Counselor must look at the problem not only with the eyes and heart of the patient but from the cold practical standpoint of life itself - "Is this patient best considered as a Homebound where transportation and ambulation are not a problem; Is he capable of limited traveling, but working under non-pressure conditions, such as the piecework of a Sheltered Workshop or Goodwill Industries; or is there a place in private enterprise for him that will not further handicap him nor the business." Where is his best niche of usefulness?

With youth, he must have the foresight to justly picture that handicapped child in a rugged adult society without the aid of "crippled children" groups. As kittens grow into cats, so children are eventually faced with the hard competitive life of adulthood. The V.C. must help them foresee this and prepare for it with a balanced philosophy.

It is a difficult field and one which demands an artist in human relations.

Think it over!

Sincerely,

R. W. Pomeroy

R. W. Pomeroy, M. D.

RWP/gb

INGHAM COUNTY REHABILITATION CENTER

Okemos, Michigan

Mail Address:
[illegible] South Walnut Street
Lansing, Michigan

September 12, 1953

To: Members of the Advisory Council

October 20, 1953, finds Ingham County guest to an important Rehabilitation personage. Howard A. Rusk, M.D., will be the guest speaker at an open dinner meeting of the Ingham County Medical Society. Doctor Rusk is director of the Institute of Physical Medicine and Rehabilitation of the New York University-Bellvue Medical Center.

It was during World War II that Doctor Rusk first gained attention, when as chief of the Army Air Forces Convalescent Services Division, he shortened hospitalization time and cut release 25% by instituting a rehabilitation program which started when the patient was able to do simple bed exercises and ended in competitive sports.

He recently was named 1952 winner of the $10,000 Dr. C.C. Criss Award established to honor outstanding contributions to the field of health and safety. The 1951 winners were Dr. E. C. Kendall, biochemist, and Dr. P.S. Hench, whose joint efforts led to the development and use of Cortisone for rheumatoid arthritis.

The evening promises to be not only a profitable one but entertaining for Doctor Rusk is well known for his versatility as a speaker. It should be informative to lay and medical and will undoubtedly be a milestone meeting for our Rehabilitation program and for the people of Ingham County.

Plans call for a dinner meeting in the Olds Hotel Ballroom at 6:30, October 20, 1953. The tickets available for our council and other volunteer and interested lay personnel are being sponsored by an enthusiastic group of local merchants who feel that the meeting is so important that finances should not be a problem. Tickets are limited with only 250 to be handled by the Rehabilitation Center so reservations must be made early. Please call Doctor Swartz, office phone 4-4453 now for your tickets as it is a case of "first come, first served".

Sincerely,

R. W. Pomeroy

RWP/gb

R. W. Pomeroy, M. D.

INGHAM COUNTY REHABILITATION CENTER

Okemos, Michigan

Mail Address:
215 North Walnut Street
Lansing, Michigan

October 29, 1953

To: Council Members

The October 20th Medical Society meeting which was open to the community as a joint Medical Society-Rehabilitation Center meeting will probably be regarded as a milestone for both organizations. The Doctors were pleased to be able to share such a keen speaker with the community and the Rehabilitation Center supporters were in many cases carried away by the dignified poise of Dr. Rusk and his most potent presentation. All I am sure were stimulated.

A few of us shudder at the nonchalance with which Dr. Swartz invited him back in three years to see our progress and the quickness with which he accepted. Dr. Rusk was serious, I know, for when later I bade him "good-bye" he said he hoped to see us again before "three years" from now. The gauntlet has been flung and the challenge accepted. It is our job to carry through.

The brief afternoon meeting between Dr. Rusk, the Executive Committee and some of the committee chairmen and Center participants had its own points of interest. He briefed us on the work they were doing with wards of the County at Goldwater in N.Y. and left the encouraging word that 20% of the first group worked with had been discharged. Furthermore, a sum of $70,000 was saved the County that year by discharge or replacement in cheaper and more efficient facilities. He, also, outlined his ideas on care and hospitalization. He pointed out that more and bigger buildings are not the answer. Instead, he suggested better personal placement of the individuals in a home, nursing home or hospital, depending upon their needs, and the rehabilitation work to return to society as many as possible in a position not so dependent upon government support.

The future is fascinating, yet awesome, when one considers how much has to be done. Details of our progress will be reported as we move along.

Sincerely,

R. W. Pomeroy, M. D.
Secretary

INGHAM COUNTY REHABILITATION CENTER

Okemos, Michigan

Mail Address:
215 North Walnut Street
Lansing, Michigan

November 9, 1953

TO: MEMBERS OF THE ADVISORY COUNCIL

With this letter another step forward has been made. All previous letters have been typed, mimeographed and mailed through volunteer help, but now this and all others will be handled completely at the Ingham County Hospital and Rehabilitation Center.

Miss Carolyn Sullivan is starting on the typing, Ray Abel and others will run the machine and "stuff" the envelopes for mailing. The Medical Assistants Society of Lansing through their volunteers will be supervising the mimeographing and guiding the work on this letter, the "Cheriodical" and other miscellaneous material they put out from time to time. I am sure they will all enjoy the work and we shall certainly appreciate having them do it.

Past letters have covered the general problem of Rehabilitation and Chronic Illness, the concept of the "Team" and brief discussions regarding the units of the team, such as Physical Therapy, Occupational Therapy, the Social Worker, the Clinical Psychologist and the Vocational Counselor. The next few will cover other team members including the nurses and special fields, such as speech and hearing after January 1. We are also going to give you more detailed reports of committee progress on Special Education, Sheltered Workshop, Vocational Counseling and others. Interspersed will be timely reports of talks or articles in relation to our problems.

Sincerely,

Richard W. Pomeroy

Richard W. Pomeroy
Secretary

RWP:cs

INGHAM COUNTY REHABILITATION CENTER

Okemos, Michigan

Mail Address:
215 North Walnut Street
Lansing, Michigan

November 25, 1953

To: Members of the Advisory Council:

The "committee" approach to departmental and sectional development of our organization seems to be confusing to many. Some feel that we are working backwards with "volunteer help" before we are ready for it.

Rehabilitation, we all agree, is a community problem for it encompasses many fields aside from the medical: The social, the educational, the emotional, the economic life in a community, business in various forms, job work, life in the home, life on the street, any place with other people in the community. This is the problem that rehabilitation tackles in relation to the handicapped: the physical, sociological and economic stabilization of an individual.

In trying to develop a rehabilitation program, we are attempting to do it as a community project, making the best use of community resources, individual . To tie individuals and representatives of organizations into committees whose function is to organize and develop the various departments or to investigate and recommend in relation to the various facets of a program is not new. It may be new in this field on as large a scale as we are attempting it but not as individual projects. When organized and functioning and the human element of volunteer time is no longer feasible to maintain a "going" program, hired personnel will replace the committee and they will fall back to an advisory capacity. The committees will function in the investigation, organization and early growth but later will be purely advisory.

The letters to follow after the first of the year will cover the program progress to date of the various committees, so our whole council will be informed as the program grows.

Enclosed with this letter is a brief speech speech recently given by Dr. Douglas Fryer, Director of the Ingham County Health Department. It was given to the "Journal Club", a local group of doctors, at their September meeting as a part of a general discussion on rehabilitation. It should be of interest to you.

Sincerely,

R. W. Pomeroy

R. W. Pomeroy, M. D.

RWP:cs

REHABILITATION

A PUBLIC HEALTH PROGRAM

Douglas H. Fryer, M. D.

***

Rehabilitation means different things to different people. To the nutritionist, it means the restoration of health through supplementation of an inadequate diet; to the vocational teacher, it means training the handicapped person for employment; to the brace maker, it means the fitting of a prosthetic appliance. To us (as medical men) as it does to an increasing number of workers in the health field, it means the physical, mental, social and whenever possible, vocational adjustment of an individual who has been disabled by illness or injury.

***

It has been stated that a health program becomes one of public interest when it can no longer be solved by the unassisted efforts of the individual and the uncoordinated resources of the community. A rehabilitation program obviously requires community action and should, therefore, be a matter of concern to all. Furthermore, the disabled person usually has had a long illness. His resources have been exhausted and the long slow road back was an expensive journey. Thus, rehabilitation becomes essentially a community function requiring the combined efforts of all available facilities and personnel.

***

The exact number of people who could immediately benefit from rehabilitation services is unknown and only recently have we begun to realize how much disability exists. We do know, however, that the spectacular medical and public health successes of the recent past have made possible the survival of many people with disabilities of varying degree.

***

Our hospital beds throughout the country are being increasingly filled with chronically ill patients. This constitutes one reason why the number of beds available for the acutely ill is inadequate. Seventy-five years ago, chronic diseases caused 1/15th of all deaths, whereas they are now responsible for as many as 3/4ths. Statistics alone tell only a part of the story. The long term toll of chronic illness and suffering and disrupted homes constitutes the real tragedy of the situation. In addition, the staggering cost of chronic diseases to the community and the nation depletes our resources of man power and money and the loss of earning power by the incapacitated increases the total cost to billions of dollars annually.

***

Many of these handicapped individuals have residual capacities that can be developed or lost functions for which substitutions can be made through retraining or prosthetic appliances. Many can be taught to appreciate their remaining abilities and to live within them. Many can be brought to the level of self-help and even self-support.

***

The general principles of rehabilitation may be applied to each age group. It is true that the detailed techniques will vary greatly in their applications to various ages and to different conditions and varied social groups. Each person is a special problem, although the method of approach is the same in all.

***

The patient must understand what is being planned. Without his full cooperation, the program will not be effective. The average patient will not cooperate fully unless he understands what lies before him and what is being planned for him. For this reason, group training has great value, since one patient encourages the other.

***

One must begin with simple things. The patient must first learn to live with himself. He may be almost completely disabled, to turn over in bed without aid is supremely important. It is his first lesson. Rusk has analyzed the multiple activities of daily living, resulting in a chart of over one hundred items, such as brushing the teeth, washing the face, combing the hair, getting out of bed, going to the toilet, dressing oneself, feeding without aid, getting up and down stairs, et cetera. Each test is checked off as the skill is acquired. The triumphof achievement of a paraplegic who has been a helpless invalid for years and learns to do each and everyone of these things is one of the greatest of all human satisfactions. In some cases this is the limit of rehabilitation, yet the gain is evident.

***

Many people play a part sometimes directly and sometimes indirectly in helping the disabled back toward normalcy. A friendly nurse visiting a bedridden arthritic person in the home actually is promoting restoration by her cheerfulness andoptimism. A nurse or social worker whose knowledge of community resources permits her to bring needed medical services to a chronically ill welfare patient is doing much to restore function. The private physician who prescribes limited exercises for his cardiac patient is an important member of the team.

***

But this is the provision of the restorative services in a disorganized and unsystemized fashion. Each service is beneficial in itself, but much more is required. Community organization is necessary. A type of community organization that enlists and uses every service of every agency and every person who can contribute to the maximum development in the disabled of their residual capacities for more satisfying living.

***

There are seven major phases in the provision of a total rehabilitation in a community, all of which follow well established patterns. The first phase in the restorationeof function is case finding. Instead of limiting the search to those suffering from scarlet fever, diptheria, poliomyelitis, and rhumatic fever, attention must be directed as well to arthritics and cardiacs, the blind, the deaf, the paralyzed and the deformed.

***

The second phase is the provisionof diagnostic facilities to determine the nature and extent of lost physical and mental function and to evaluate potential residual abilities. The diagnosis must be translated into terms of impaired function and the ability of the patient to adapt himself to his limitations, his emotional reactions to his disability, his past employment and his hopes for the future must be determined.

*** The third phase is the writing of the rehabilitation prescription, the plan of services to be provided. It should include the regime of physiotherapy, occupational therapy; psychotherapy, diet, rest and exercise required for the restoration of specific functions that have been lost or the development of others toreplace them. Social and vocational needs must be considered as wella as the physical and mental. This plan of action can only be outlined by a teamin the indicated fields under the supervision of a clinician, trained in rehabilitation.

*** The fourth phase involves the filling of the prescription. This is filled by physicians, therapists, social workers, nurses, nutritionists, counselors, vocational teachers.

***

The fifth phase, vocational training, involves the sharpening of existing occupationl skills or the development of new ones, taking into consideration the abilities and previous experiences of a patient so that training may be directed into proper channels. This training can be started advantageously if the hospital and continued in the home, convalescent institutions, the sheltered workshop or on the job, itself, depending upon the degree of work tolerance which has been developed. Such a program demands the ability of many community resources whic at present are too frequently inadequate.

***

The sixth phase-- job placement is the ultimate aim of a vocational rehabilitation program. However, there can be no great success in this area unless employers, personnel managers, industrial physicians and labor unions are ready and willing to provide jobs for the handicapped. It has been convincingly demonstrated that rehabilitated people make safe, steady and productive workers.

*** The seventh phase is case follow-up. This involves the maintenance of a health record for each rehabilitation patient, the provision of continuous medical supervision and most important, continuous encouragement in order to help him to remain at the peak of his level on improvement. The patient, himself, has to work hard at it but he needs all the support he can get.

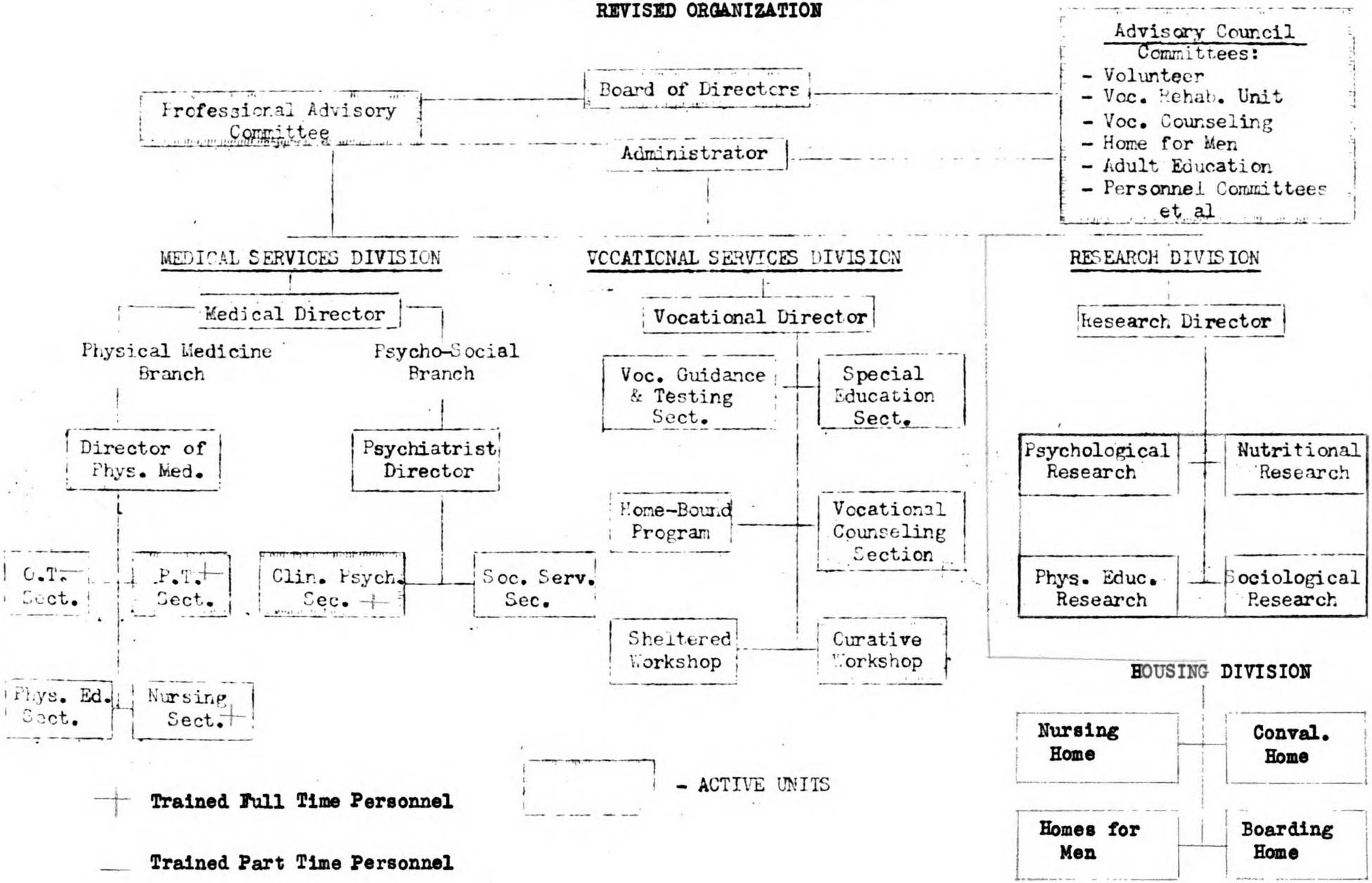
***

Aside from the humanitarian results, the benefits to the community and decreased dependency of the disabled must be stressed. The experience of the Federal and State Vocational Rehabilitation programs has shown that even disabled persons in the older age groups can become independent wage earners if they are given the proper services. In 1951, these agencies gave services to 12,409, ages 45 to 64 and 931 over 65. Prior to rehabilitation, two-thirds of this group were unemployed. After rehabilitation, the average weekly earnings of the 45 to 64 age group were about $35.00 and over the 65 group about $26.00. From past experience for every dollar spent by the Federal Government on his rehabilitation, the average disabled person will pay $10.00 in Federal Income Taxes. Without rehabilitation, a disabled person frequently becomes a public liability at an annual cost of between $350.00 and $600.00, whereas each successful rehabilitation case costs approximately $460.00 in a one-time expenditure. (This average figure may be low.)

*** All of this requires infinite patience, understanding, skilled personnel, adequate facilities and financial support. Rehabilitation is expensive but the results secured represents a very profitable community investment. It is the best example we have of the value of coordinating all of our efforts. The patient, himself, his nurse, and his physician, labor organizations, industry, insurance companies, official and voluntary health agencies all contribute to making the program a success.

INGHAM COUNTY REHABILITATION CENTER

REVISED ORGANIZATION



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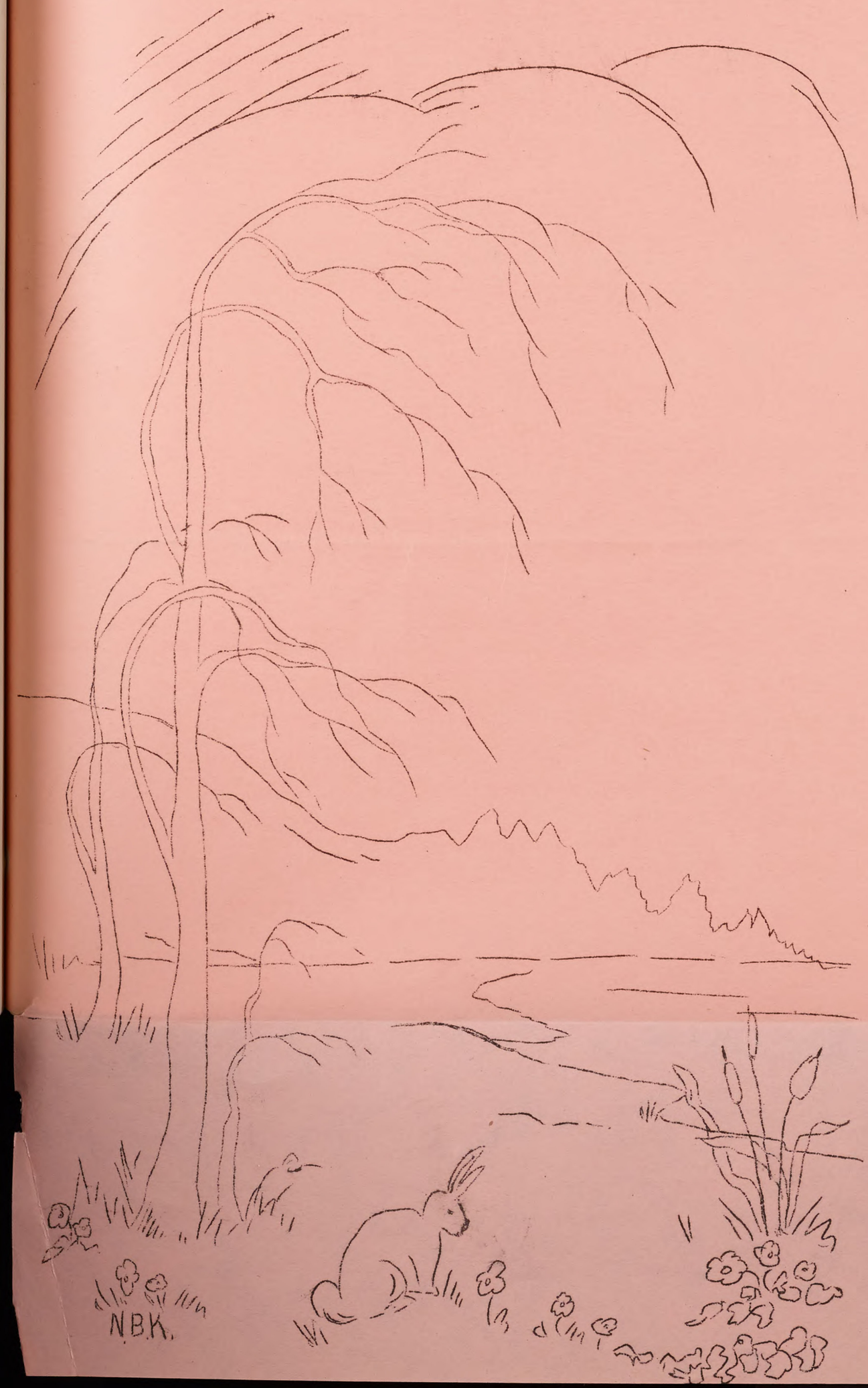

INGHAM COUNTY HOSPITAL

OZENOS

C H E E R I O D I C A L

APRIL, 1954

Manager: Beth Bates, R. N. Asst. Ed: Carolyn Sullivan
Editor: Edna Peckham Art Ed: Nina Ketchum

"If seeds in the black earth can come forth such beautiful roses, what might not the heart of man become in its long journey toward the stars?"

****

Birthday greetings to April's celebrants: Martin McAleer, Julia Maurer, Raynor Noxon, Joe Douglas, John Traver, Hiram Shafer, Ignace Vig and Lyman Jenks.

****

Salutations to Fern Kessler of our staff and to Bob Butcher VERY SPECIAL WISHES on a guy's SIXTEENTH birthday. Many, many more of 'em Bob---happy ones!

****

The BIG EVENT of the MONTH was PECK'S DAY! April 15, 1954 will be a day long remembered by Peck and by us. Peck was honored with a party sponsored by the Michigan Medical Assistants' Society as a tribute to her unfailing faithfulness and help and encouragement to fellow patients throughout her fifteen years sojourn here. The Ingham County Volunteer Bureau conferred on her an Honor Certificate and "V" pin which were presented by Mrs. James Conway of the Organization. She was also presented a beautiful gift by the Michigan Medical Assistants' girls and many personal gifts from them and from friends who know and love her. Our "Peck" had a huge sign over her bed proclaiming "PECK'S DAY". She wore a silver crown on her pretty red head and a lovely corsage of roses and carnations from Emily and Bob Ridenour. Two beautiful boquets were in evidence. Women patients were guests and refreshments were served. No one ever deserved such tribute more!

M. M. A. S. girls of the party committee were Elvie Tretheway, Nora Peterson, Doris Jarrad, Dorr Claffin, Arlene Penner, Jerry Whitford, Thelma Dow and Ruth Warren.

****

It is just a year since Nina Ketchum came to be our Occupational Therapist and cheer us with her infectious personality. As a kind of reminiscent memorial we have asked her to be Guest Editor with her:

"Evolution of a Quilt"

A year ago in March 1953, I began work at Ingham County Hospital and well I remember that first morning. I first made rounds with Supervisor Bates and was instructed by her and Dr. Reynolds to interest the patients in handiwork and take their minds off themselves. So, it was with a prayer in my heart and determined to do my best, though quaking with fear that I began. All I found to work with was much of nothing. Then Nurse Cynthia Smith contributed a quilttop. Mrs. Bates found cotton. Mrs. Butcher gave up a sheet for lining and we were on our way. The work room yielded [illegible] clamps, the store room four pieces of lumber. The first women were dubious but willing, so, Julia Maurer, Irene Jenkins, Margaret Tarka and Eva Samson began. Thr room filled with kibitizers and we visited like mad. Peck was recommended to me for information, she having been here for a number of years. Through her I learned the patient's names and their capabilities. We tied the quilt! Peck bound it and believe it or not we sold it! This was the first money we had in our O. T. fund . From this grew the means of purchasing needed materials until the Rehabilitation Program began in the Fall. Looking over that year I believe we have carved a niche in the road of occupational and diversional therapy. We have been grateful for gifts of thread, looms figurines from Organizations and individuals.. From our humble beginnings the patients are now daily painting, embroidering, doing leather tooling, making belts and bill olds, copper placques, loop holders, bath mats, aprons, toys of all kinds, shopping bags, almost everything in the handicraft line. For some We have the faithful Medical Assistants, the Red Cross, The Junior League, Miss Zimmerman, Mr. Face and Doctor Fink all doing fine theraputic work.

We welcome to our official family Nurses, Marjorie Conroy, Thelma Love, Marjorie Sargeant, Norma Detzler, Lucille Forman and C. T. Claire Fiserman.

****

We all had our pictures "took" one sunny day recently, that is, pictures of our "friends" when the "Kay Kobine Unit from the "Sun" was out our way.

****

Apropos of the Easter Season, we repeat for you one of our very favorite poems:

"I WONDER IF CHRIST HAD A LITTLE BLACK DOG?"

I wonder if Christ had a little black dog
All wooly and curly like mine,
With two silken ears and nose round and wet,
Two eyes, brown and tender that shine.

I'm sure if He had that that little black dog
Knew right from the first He was God.
He needed no proof that Christ was divine,
But just worshipped the ground where He trod.

But I fear that He hadn't because I have read
How He wept in the Garden alone
Whence all of His friends and disciples had fled,
Even Peter, the one called a "stone".

And, oh, I am sure that that little black dog
With true heart so tender and warm
Would never have left Him to suffer alone
But creeping right under His arm
Would have licked those dear fingers in agony clasped
And counting all favors but loss
Would have trotted behind when they took Him away
And followed Him right to the cross.

Elizabeth Reynolds

****

Johnnie Kleister has started his fourth woven rug and his arthritic fingers do a beautiful job.

****

"Mostof the shadows of this life are caused by standing in our own sunshine."

Eva Samson, with Nina Ketchum as "chauffer" was the first wheel-chair patient to visit the new building via the ramp.

****

What's in a name Dept:

[illegible]

In an apartment building in Brooklyn a landlord named Cash had Penny, Nickle and Dollar families as tenants.

In Ft. Worth Texas, Mrs. Jeanne Bacon dropped two dozen eggs and they splashed on Miss Frances Hamm.

****

New patients on third floor include Frank Vavrisk, Albert Elliott and Frank Walker.

****

Clara Woolhouse's son, Jim came all the way from Traverse City, bearing fruit, flowers, candy and a big smile. The visit was a surprise to "Mom".

****

We had a flying and all too brief visit from our old nurse Cynthia Smith, who has gone back to her home in Lake Odessa.

****

Four infintestimal balls of fur, three grey and one tri-colored kittens are trotting about in the yard worrying beautiful Laddie who is "dogged" if he knows the meaning of all the small weird noises that come from their tiny mouths.

****

Mable Hooper of Lansing has come to live in the west ward on second floor.

****

Nurse Martha McComb was a proud and happy mother on Saturday, April 17, when her lovely dark-eyed daughter Emma Jean spoke her marriage vows to Eddie Smith in a beautiful candle light ceremony at the Valley Farms Baptist Church. And dainty, blonde, Marcia Lee, the bride's small sister was an adorable ring-bearer.

****

Al Austin's big smile is as ready and cheerful as ever.

****

Mamie Manville's new permanent got admiring approval from her daughter Margaret and Dr. Brake who drove up from Detroit for a pre-Easter visit.

****

Nancy Trower had Easter company too, her sister, neice and her nephew from Terre Haute, Indiana, motored here to visit her.

****

Having given you Elizabeth Reynold's touching and beautiful poem, we now go from the sublime to the ridiculous and present a wacky number we heard read over W. J. I. M.:

"ART"

The hen remarked to the mooley cow
As she cackled her daily lay,
(That is the hen cackled) "It's funny how
I'm good for an egg a day.
I'm a fool to do it, for what do I get?
My food and my lodging. My!
But the poodle gets that--he's the household pet
And he never has laid a single egg yet-----
Not even when eggs were high."

The mooley cow remarked to the hen,
As she masticated her cud,
(That is, the cow did), "Well, what then?
You quit and your name is mud.
I'm good for eight gallons of milk a day,
And I'm given my stable and grub:
But the parrot gets that much, anyway----
All she can gobble---and what does she pa y?
Not a dribble of milk, the dub!

But the hired man remarked to the pair,
"You get all that's coming to you.
The poodle does tricks and the parrot can swear
Which is better than you can do.
You're necessary, but what's the use?
Of bewailing your daily part?
You're bourgeois--work's your only excuse;
What them fellers does is ART!"
Anonymous.

****

Mrs. Louise Brown and Miss Ruby Doyle of Flint drove over Easter Sunda y to visit Carolyn Sullivan.

****

Belle Hall and Addie Radford were recipients of lovely Easter Lily plants from Central Methodist Church of Lansing.

****

Troop 24 of the East Lansing Girl Scouts brought us the cutest Easter Eggs painted with engaging faces and togged in bits of finery (the eggs, we mean). The artistic work was done by the girls and each gave them to us with her own smile, so-----thanks to Susan Whitehead, Beth Burmeister, Carol Skelton, Mary Lou Gillengarten, Nancy Davis, Karen Knoblach, Beverly Schmidt, Kay Roberts, Bonnie Erwin, Mary Wagonforth, Patty Satterbee, Mary Stetson, Cathie Finley, Marilyn Luce, Pam Ramsay and Scout Leader Mrs. Ingersoll. We enjoyed the singing too and the beautiful Scout Pledge.

****

The menfolk have painted and are setting up on our spacious, beautiful grounds, the benches, so now, we can sit outdoors and sniff and look and enjoy this "great, wide, wonderful, beautiful world."

****

Our Spiritual Thought for the month is from Rev. Frank Hawthorne of St Paul Episcopal Church of Lansing:

"Jesus said "Let not your heart be troubled," but it is difficult not to let ourselves be troubled sometimes. W eknow, in a way how much we fail each of us and it often seems that Fate has struck us a hard blow. Richard Wright says, "Whatever adversity we suffer for Christ's sake gives us a chance to draw closer to Him who knows suffering intimately. We draw closer to Him by offering our pain to Him. It may be mental pain. It may be physical pain. "This suffering offer to Him. True love is compassionate. We can suffer not only with Him but all His children who know suffering. God has caused a new light to shine in our hearts, in spite of trials and troubles. He has given us the mystery of the Word made flesh, Jesus Cnrist the Son of the Father. A great English writer puts it this way:

"Increase my courage, Lord:
I'll bear the cross, endure the pain,
Supported by Thy word."

****

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