

Editor: Irving Kenneth Zola

Managing Editor: Joanne Seiden

Special Co-Editor for this issue: Nora Groce, PhD (World Hunger Program, Brown Univ.)

DEAR READER,

This Summer issue of DSQ focuses on **Research in Disability Cross-Culturally**. We have attempted to draw together as much information as possible about research, programs, publications, etc. in disability, not only in North America and Western Europe but also from the Developing World. It is hoped that this issue will serve as a resource, allowing scholars from many fields and various parts of the world to learn of each other's existence and interests. Because of the size and diversity of the topic, many things that deserve mention have not been included here. However, we hope that this topic will become a regular feature of DSQ and we invite readers to submit any relevant ideas as well as corrections, additions, announcements, and up-dates of their work. Please contact: Nora Groce, World Hunger Program, Brown University, Providence, RI 02912; 401/863-2700; 617/749-3803.

The Fall 1987 (deadline Sept. 1) DSQ with David Pfeiffer as a co-editor will feature materials relevant to "Teaching Disability Studies." The Winter 1988 (deadline Dec. 1) will be a generic one and the Spring 1988 (deadline March 1) will focus on "Independent Living and Advocacy." Future topics are up to you, so please keep the suggestions coming.

THE EDITORS

FOCUS

Cross-Cultural Research, Current Strengths, Future Needs

by Nora Groce (World Hunger Program, Brown University and Boston Children's Hospital/Harvard)

During this, the United Nations International Decade of Disabled Persons, social scientists are playing an increasingly important role in identifying, explaining and, at times, redefining the social implications of disability. This issue of DSQ is on current research and resources in the cross-cultural research of disability. As co-editor, it has been rewarding to pull this together, and it has allowed me some time to reflect on

the future directions of cross-cultural research. There is a great deal of very important research being conducted, but perhaps because it reflects my own research interests, I would like to call the attention of my colleagues to one area I believe will particularly benefit by our participation in coming years: research on disability in the Developing World.

The small but growing number of researchers who are now working on disability in non-Western countries find that many of the issues that need to be addressed are significantly different from the topics traditionally dealt with in the West. High tech, hospital-based, rehabilitative approaches to care, urban-based educational facilities, and even support groups, do little to reach the majority of the Developing World's disabled people, the vast majority of whom are poor and an estimated 80% of whom live in rural areas. Research on disability in non-Western countries will require that many researchers broaden their perspective and master a knowledge of many fields to which they now are rarely exposed, such as public health, nutrition, international development and small-scale technological innovation. Poverty and malnutrition are rarely addressed in the Western literature on disability, yet by conservative estimates, they may be the underlying cause for as much as 60% of all disability in the Developing World. It is sobering to note, for example, that the leading causes of disability in Africa are all easily preventable: polio, measles, tuberculosis, trachoma, river blindness, malaria, and leprosy.

For those whose disability may not be preventable, there is often little more promise. Existing provisions for early intervention, education, rehabilitation, employment and civil rights are spotty at best. Services, based on Western models, traditionally have been urban-based, expensive and reach only a small percentage of those in need. A 1981 survey from Zimbabwe, for example, found that out of the estimated quarter of a million disabled people in rural areas, only 600 were reached by rehabilitative services at any one time. In such a world, potentially preventable disabilities become real and real disabilities worsen due to an absence of early intervention education and rehabilitation.

During this International Decade of Disabled Persons, a new initiative has begun in many countries to more effectively reach this staggeringly large and underserved population. Millions of dollars and hundreds of thousands of work-hours are being poured into programs for disabled persons. There are many promising attempts to deliver care and services to disabled populations never reached before. Yet, in many cases, Western-trained experts continue to take our ethnocentric ideas on disability as universals and design programs that mirror Western ones, rather than design new and innovative, low-cost, low-tech programs that are appropriate for the societies into which they will be introduced.

Social scientists can make a major contribution here. Not only can cross-cultural studies reveal new and interesting theoretical approaches to disability, but equally, indeed to my mind, even more importantly, social scientists can have a

significant input into this major new initiative to improve the lives of disabled people world-wide. We can encourage programs for disabled persons that are founded on an accurate assessment of how disabled persons have traditionally been and currently are incorporated into particular societies; we can insist that new programs build on existing social and cultural strengths, and we can play a leading role in defining and adapting programs to successfully reach as many as possible. At stake are the lives of a significant portion of the world's population, whose needs are immediate and whose potential is unlimited. It is estimated that at least 500 million people today have some form of disability, 90% of whom live in the Developing World; by the year 2000 it is believed that this number will rise to 1 billion. Certainly much research needs to continue in the West, but it is also imperative that we, as social scientists, do more and encourage our students to do more, to identify and serve the needs of disabled people in the Developing World.

COMING EVENTS

A. July 5-8, 1987, "Counseling Disabled People and their Families," Third International Consultation, Vienna, Austria, Organized by International Round Table for the Advancement of Counseling, under the auspices of Rehabilitation International. Topics: counseling parents of pre-school age disabled children, peer counseling, including counseling skills as part of teacher training, counseling disabled people with reference to marriage and family, etc. Contact: IRTAC, 44 Onslow Square, London SW7 3NX, U.K.

B. July 10-12, 1987, "Visual Fieldwork: Methods and Results," International Visual Sociology Association, Univ. of Nebraska-Omaha. Contact: Wayne Wheeler, Soc., Univ. of Nebraska, Omaha, NE 68182; 404/554-3374.

C. July 11-13, 1987, International Conference on Data Bases in the Humanities and Social

Sciences, Auburn Univ., Montgomery, AL. Contact: ICDBHSS '87 Coord., AUM Library Administration, Auburn Univ., Montgomery, AL 36193-0401.

D. July 20-28, 1987, "One World, One Responsibility," the 10th Congress of the World Federation of the Deaf, Helsinki, Finland, will feature the deaf as a minority group, bilingualism and the deaf, organizations in developing countries, integration and the deaf child, genetics and deafness, multihandicapped deaf persons, early diagnosis and assessment, status of cochlear implants, emerging technology, national legislation, and definitions of the deaf person in various countries. Satellite symposia planned are an ecumenical seminar on deafness (Turku, Finland, July 29-August 8) and the 4th international symposium on sign language research (Lappeenranta, Finland, July 15-19). Contact: Congress Secretariat, P.O. Box 189, SF-00171, Helsinki, Finland.

E. July 22-25, 1987, "Capitalizing on the Future," 10th National Conference of the Association on Handicapped Student Services Programs in Post-Secondary Education, Mayflower Hotel, Washington, DC. Focus: legislative process, understanding policy and legislation, latest technology and techniques in the field as presented by vendors and applied on campus, transition strategies, learning disabilities and computerization. AHSSPPE is a non-profit professional organization committed to promoting full participation of individuals with disabilities. Contact: Jane Jarrow, P.O. Box 21192, Columbus, OH 43221; 614/488-4972 (Voice/TDD).

F. July 31-August 5, 1987, "Law/Social Welfare/Social Development", International Council on Social Welfare 24th International Conference, Berlin, W. Germany. Contact: Hans F. Zacher, MaxPlanck Institut fur Auslandsches, Und Internationales Sozialrecht, Leopoldstrasse 24, D-8000 Munchen 40, W. Germany.

G. August 12-14, 1987, "Health and Health Care in an Aging World," International Sociological Association Research Committee on Aging Inter-Congress Meeting, Univ. of Manitoba, Winnipeg, Canada. Contact: Centre on Aging, 338 Isbister Bldg., Univ. of Manitoba, Winnipeg, Manitoba, Canada R3T 2N2; 204/474-8754.

H. August 14-17, 1987, "Health, Health Policy, and Health Services," Annual

meeting of the Society for the Study of Social Problems, Bismarck Hotel, Chicago, IL. Of special interest: August 14--Colloquium on Health Personnel (Session 15); Sociology of Medicine (Session 21); August 15--Recent Changes in State Health Policy (Session 31); Medicine and Social Control in the Workplace: Medical Screening (Session 38); August 16--Social Aspects of Reproductive Technology (Session 61); Work Issues and papers on Breast Self Exam (Session 77); Aids Awareness and Intervention (Session 52). Contact: Eleanor Lurie, Exec. Direc., SSSP, N-531, Univ. of California, SF, San Francisco, CA 94143-0646; 415/476-8022.

I. August 16-21, 1987, International Association for Cross-Cultural Psychology, First North American Regional Conference, Kingston, Ontario, Canada. Focus: Research and practice with immigrants, refugees, native people, sojourners, and ethnic groups. Contact: IACCP Ethnic Psych. Conf., Psych. Dept., Queen's Univ., Kingston, Ontario, Canada K7L 3N6.

J. August 17-21, 1987, "Cross-National Research in Sociology", American Sociological Association 82nd Annual Meeting, Palmer House and Towers, Chicago, IL. Of special interest: August 18--Utilization and Delivery of Health Services (Session 67); Social Etiology of Illness (Session 75); The Treatment Context (Session 96, Refereed Roundtable); August 19--Comparative Health Systems (Session 135); Age Relationships and Family

Caregiving (RT Session 108); Explaining the Changing Social Status of Doctors (RT Session 120); August 20--Issues in Reproduction (RT Session 179); The Organization of Services (RT Session 189); Sociology of Disability (RT Session 199), with 5 papers on work, support systems, rehab in Israel, the effects of language, & the development of community. Contact: ASA, 1722 N Street NW, Washington, DC 20036; 202/833-3410.

K. August 19-22, 1987, International Society for the Study of Human Ideas on Ultimate Reality and Meaning, 4th Biennial Meeting, Med. Sci. Bldg., Univ. of Toronto, Ontario, Canada. Contact: Insts. for URAM, Regis C, 15 St. Mary St., Toronto, Ontario, Canada M4Y 2R5; 416/922-2476 or 416/922-5474 (messages).

L. August 21-25, 1987, "Key Issues in Mental Retardation Research," 8th International Congress of IASSMD, Dublin, Ireland. Contact: John O'Gorman, 8th World Congress Chair, IASSMD, 12 Pembroke Park, Dublin 4, Ireland.

M. August 28-31, 1987, International Psychogeriatric Association Third Congress, Palmer House, Chicago, IL. Contact: Congress Coord., Northwestern Memorial Hospital, Institute of Psychiatry, Older Adult Program, 259 East Erie, #448, Chicago, IL 60611; 312/908-1248.

N. August 28-Sept. 2, 1987, "Participation for All in Health," 13th World Congress on Health Education, Houston, TX.

Contact: Judith Ottoson, Exec. Dir., US Host Committee for the 13th World Conf. on Hlth Educ., P.O. Box 20186, 1200 Herman Pressler Dr., W-902 RAS Bldg, Houston, TX 77225.

O. Sept. 1-4, 1987, "Bridging the Medical-Psychosocial Gap," 8th Forum for the Behavioral Sciences in Family Medicine, Westin Hotel, Chicago, IL. Highlighted: issues related to fuller integration and implementation of the biopsychosocial model. Contact: Secretary to the Forum, 135 North Oak St., Hinsdale, IL 60521; 312/887-2927.

P. Sept. 10, 1987, "MS and Aging," meeting of the Persons with Multiple Sclerosis International (Standing Committee of the Executive Board of International Federation Multiple Sclerosis Societies), 8:30 am - noon, Ballroom, Sheraton Grand Hotel, Washington, DC. This is the first time MS will be addressed in the context of aging. An international panel will discuss processes of aging with MS, including issues related to stress, fatigue and the maintenance of vitality, current findings in psychoneuroimmunology, neuroendocrinological changes, and MS and menopause. Contacts: IFMSS Secretariat, 3/9 Heddon St., London, W1R 7LE, England; or PsMSI organizer, Barbara Kerewsky-Halpern, Anthropology, Univ. of Mass. Amherst, Amherst, MA 01003; 413/549-0309.

Q. Sept. 14-16, 1987, "Family and Young People,"

International Sociological Assoc. Committee on Family Research XXII International Congress, Freising, W. Germany. Contact: Hans Bertram, German Youth Institute, Freibadstrasse 30, D-8000 Munich, West Germany.

R. Sept. 21-25, 1987, "Mass Media and Disabled People", Warsaw, Poland. Focus: the place of mass media in the contemporary world and culture, the function of the mass media in the rehabilitation and integration of disabled people (incl. press, books, radio, TV, film, the arts) and the perception of mass media by people with disabilities. Contact: Polish Society for Rehabilitation of the Disabled, Ul. Partyzantow 4m 10, 00-629 Warsaw, Poland.

S. Sept. 21-25, 1987, Third International Symposium on Design for All People 1987, supporting integration for Persons with Disabilities; Congress and Exhibition Center Nowea, Dusseldorf, W. Germany. Contact: Sekretariat: INSTITUT T.L.P., Postfach 470, D-5580 Traben-Trarback, W. Germany.

T. Sept. 23-25, 1987, International Conference on Rehabilitation in Youth, Holiday Inn, Hamilton, Ontario, Canada. Via symposia, it will provide overviews of important areas of development for clinicians and scientists. Contact: Programme in Continuing Medical Educ., McMaster Univ. Hlth Sciences Ctr., Rm. 1M7, 1200 Main St. West, Hamilton, Ont., Canada L8N 3Z5.

U. Oct. 8-9, 1987, "Risk-

Based Payments for Health Care Under Public Programs: Toward a Core of Knowledge for Expanded Choices," Williamsburg, VA, to highlight research on alternative financing and delivery systems for Medicare, Medicaid, and other public programs. Sponsored by the Medical College of Virginia. Contact: Dept. of Health Admin., Medical College of Virginia, Virginia Commonwealth Univ., P.O. Box 203, Richmond, VA 23298-0001.

V. Oct. 8-11, 1987, Assoc. for Consumer Research Annual Conference, Cambridge Hyatt Hotel, Cambridge, MA. Contact: Michael J. Houston, Dept. of Marketing, Carlson Sch. of Mgmt., Univ. of Minnesota, 271 19th Ave. S., Minneapolis, MN 55455.

W. Oct. 15-16, 1987, Conference on Hispanic Health Care Approaches in New York: A Focus on Dominicans, Columbia Univ., New York. Contact: Katherine F. Darabi, Ctr. for Population and Family Health, 60 Haven Ave. B-3, New York, NY 10032; 202/305-6960.

X. Oct. 15-17, 1987, Third Annual International Conference, "Computer Technology/Special Education/Rehabilitation," California State Univ., Northridge. Contact: Dr. Harry J. Murphy, CSUN Office of Disabled Student Services, 18111 Nordhoff St., Northridge, CA 91330; 818/885-2578.

Y. Oct. 15-17, 1987, "Creating Non-Handicapping Environments-Renewal of Inner Cities", 2nd International Council for Building Research Studies and Documentation CIB/W84 Seminar,

Palace of Culture, Prague, Czechoslovakia. The seminar will bring together experts in architecture, physical planning, economics, transportation, consumer and civil rights, sociology, social geography, social psychology and social welfare. Contact: CIB/W 84 Office of the Coordinator, Dept. of Building Function Analysis, Royal Institute of Technology, S-100 44 Stockholm, Sweden.

Z. Oct. 18-22, 1987, "Health Care: For People or for Profit," 115th Annual Mtg. of the American Public Health Assoc., New Orleans, LA. Contact: APHA, 1015 15th St. NW, Washington, Dc 20005.

AA. Oct. 18-22, 1987, Association for the Social Sciences in Health Sessions, New Orleans, LA (in conjunction with the American Public Health Assoc. 115th meeting). Contact: Linda A. Siegenthaler, National Ctr. for Health Services Research, Rm. 18A-19, 5600 Fishers Lane, Rockville, MD 20857.

BB. Oct. 18-22, 1987, "The Many Worlds of Mental Health," World Congress of the World Federation for Mental Health, Cairo Marriott Hotel, Egypt. Contact: 1987 Cairo Cong. on Mental Hlth., P.O. Box 8180 Nasr City, Cairo, Egypt, or WFMH Secretariat, 1021 Prince St., Alexandria, VA 22314-2971; 703/684-7722.

CC. Oct. 21-23, 1987, "Confronting the Complexities of Aging: Cooperation and Coordination Among Professionals," NY State Assoc. of Gerontological Education's 15th Annual

Conference, Nevele Country Club, Ellenville, NY. Contact: Gloria D. Heinemann, Western NY Geriatric Education Ctr., Beck Hall, State Univ. of New York, Buffalo, NY 14214; 716/831-3176.

DD. Oct. 22-23, 1987, "Interface - '87", 11th Annual Humanities and Technology Conference, Northwest Atlanta Hilton Hotel, Marietta, GA. Contact: Joan McCoy or Rex Recoulley, Dept. of Humanities and Soc. Scis., Southern C. of Technology, Marietta, GA 30060.

EE. Oct. 26-30, 1987, Xth International Conference on the Social Sciences and Medicine, Hotel Terramar, Sitges, Spain. Contact: Peter J.M. McEwan, Glengarden, Ballater, Aberdeenshire AB3 5UB, Scotland, U.K.

FF. Oct. 29-31, 1987. "Mental Health and the Postsecondary Deaf Student: A Training Institute for Mental Health Professionals," sponsored by Gallaudet Univ., New Orleans, LA. Contact: Dr. Howard R. Busby, Director, The Natl. Academy of Gallaudet Univ., Washington, DC 20002; 202/651-5096 (Voice/TDD) or 1-800/672-6720, Ext. 5096.

GG. Oct. 29-Nov. 1, 1987, Society for the History of Technology 1987 Annual Meeting, Raleigh, NC. Contact: Pamela E. Mack, History, Clemson Univ., Clemson, SC 29634-1507.

HH. Nov. 18-22, 1987, "Disability Research in Anthropology: Ethnography and Theory Development", a panel to be presented at the American Anthropological Assoc. 86th

Annual Meetings, Chicago Marriot, Chicago, IL. Contact: Carol Goldin, Div. of Contin. Ed., Rutgers Univ., Clifton Ave., New Brunswick, NJ 08903; or Joseph Kaufert, Soc. & Prev. Med., Univ. of Manitoba, 750 Bannatyne Ave., Winnipeg, Man., Canada R3E 0W3.

RETROSPECTIVES

A. In 1986, agreement for the scientific cooperation between the Institute of Philosophy and Sociology, Polish Academy of Sciences in Warsaw and the Fachbereich Geisteswissenschaften" of a young (established 1970) University of Siegen, Federal Republic of Germany, was signed. It is the first agreement of its kind between the Polish and W. German academic institutions in the area of social sciences. The 5-year agreement specifies 3 domains for the joint research: 1) social aspects of disability; 2) social differentiation; 3) social institutions. For each of them, the Polish and the W. German coordinators have been appointed. For the first area, the corresponding people are Professor Magdalena Sokolowska and Professor Rolf Depner.

The first meeting of that group took place in Poland (Nieborow, 30 March - 2 April). It was entitled, "Disabled in the Society" and was attended by 8 professors from Siegen, representing sociology, education, psychology, political science, and social law; and 16 Poles, representing sociology, psychology, medicine, law, economics, social work and policy; as well as the

parents' organizations.

The Seminar was devoted to the exchange of some theoretical, empirical, and practical issues related to the lives of people with disabilities in the Polish and German societies; to the official social policies; to the societal attitudes, and to the rehabilitation practices. In all topics discussed, one tried to have a corresponding paper presented by both a German and a Polish author to ensure the comparative and interdisciplinary perspective. There were 26 presentations, followed by vivid discussions on: concepts of disability; social attitudes toward disabled people; legal aspects of disability; families of people with disabilities; professional and non-professional problems of helping people with disabilities; possibilities and special methods of vocational rehabilitation. The Seminar's report will be published in both countries. (reported by Magdalena Sokolowska, Institute of Philosophy and Sociology, Polish Academy of Sciences, Warsaw)

B. The 47th Annual Meeting of the Society for Applied Anthropology, Oaxaca, Mexico, April 12-18, 1987, included a multi-disciplinary session on Disability and the Disadvantaged in a Cross-Cultural Setting. Organized by M. Louise Duval (Albert Einstein College of Medicine), the 2-section session focused on the implications of cultural definitions of disability for social integration, social interaction and self identity, and the contribution of social scientists to the design of services for

disabled people in developing countries.

Section A, Disabilities, included papers on: a sign language program for a deaf community in Uruguay (Carol Erting, Gallaudet Univ.); a curriculum to teach visual concepts to blind children in Spain (Paul Bach-y-Rita, Univ. of Wisconsin); the impact of formal schooling on the identity formation of deaf Hispanic American children (Adrian T. Bennett, The Lexington Center); the influence of ethnicity on the definition and management of disability in Malaysia (M. Jocelyn Armstrong, Univ. of Illinois); and the social integration of disabled persons in African societies (Cheryl Mwarira, Hofstra Univ.). 3 papers looked beyond particular sociocultural settings to discuss specific roles for social scientists in the design of socially and culturally sensitive programs for disabled people in the developing world (Nora Groce, Brown Univ.); the value of anthropology's perspectives and skills in macrolevel studies of blindness (Eve Friedlander, American Federation for the Blind); and the changing meaning of disability across time in the West (Joseph Stubbins, Rehab Psychologist, Sebastopol, CA).

Section B, Community Responses, papers included: links between deinstitutionalization and homelessness among mentally disabled persons in a North American setting (Zev Kalifon, Northwestern Univ.); contrasts in public responses to polio-disabled persons and persons with AIDS in North America (Joseph M. Kaufert,

Univ. of Manitoba); the impact of traditional patterns of stigma on modern drug therapy for persons with leprosy in India (V.S. Upadhyay, Ranchi Univ.); and variation in community responses to the physically disabled according to levels of disability in the developing country setting of Mali in Africa (Thomas W. Findley, U.S.E.D., Institut du Sahel). (M. Jocelyn Armstrong, Anthropology, Univ. of Illinois)

C. The International Agency for the Prevention of Blindness (IAPB) held its Third General Assembly in New Delhi, India from Dec. 6-12, 1986. The meeting was a major event, sponsored by the Indian National Society for the Prevention of Blindness and the Times (of India) Eye Research Foundation. Most of the 400 attendees were ophthalmologists, with a small scattering of social scientists, other eye care professionals, public health specialists, and representatives of private voluntary organizations, international development and government agencies. Most sessions reflected a heavy medical orientation.

In his keynote address, Prime Minister Rajiv Gandhi stated that blindness is not considered a handicap in India; rather, moral blindness is viewed as a far greater disability than physical blindness. In contrast to his strongly positive note, however, the conference's overarching tone and subject matter emphasized the disastrous effects of blindness and the critical nature of

prevention. Considerable attention was paid to outpatient cataract surgery and especially the cataract camps for which India is so well known, although some of the problems these have encountered were not addressed. Some of the more controversial, yet critical, social, and political issues such as occupational and environmental health policies were also not raised.

For the first time, the issue of rehabilitation was officially included, with one special session out of four workshops and 4 symposia on the complementary relationship of prevention and rehabilitation, although the precise nature of the often antagonistic relationship between these fields remained unexplored. Given the impetus underway for a worldwide prevention of blindness campaign, it is hoped that serious attention will be given to developing a strategy that will emphasize the strengths and rehabilitation potential of blind and visually impaired persons and need for equalization of opportunity.

For this observer, the most interesting part of the conference was the ongoing, usually indirect and implicit, critique of programs brought to the presentations by professionals from radically different social and cultural backgrounds. This constant exchange brought home the critical need for systematic social science input for such issues as appropriate technology, the use of cultural symbols, popular participation and mobilization, indigenous health care and political economy, if efforts for

prevention and rehabilitation are to be successful. (Eve Friedlander, Senior Research Assoc., The American Federation for the Blind)

SOLICITATIONS

A. Katherine C. Donahue (Clinical Genetics and Child Dev. Ctr. Dartmouth-Hitchcock Med. Ctr., Hanover, NH 03756; 802/436-2448) seeks information on various types of craniofacial deformation (reshaping previously normal structures of the face and cranium during infancy), often catalogued in the HRAF files under "mutilation." Examples: use of cradle boards and application of cranial boards and wrappings, as well as simple manipulation of the skull during infancy.

B. The Council on Nutritional Anthropology is developing a resource file of syllabi and other course materials concerned with nutrition and food (Though not restricted to nutrition and food specifically, course materials can include items on medical, symbolic and applied anthropology.) Both graduate and undergraduate course syllabi are welcome for a series of model courses and modules on nutritional anthropology. Send to: Carol Laderman, 760 West End Ave., New York, NY 10025.

C. Edwin Eames (Anthro., Baruch CUNY) and Toni Ann Gardiner (Rehab. Counselor, Kings Park Psychiatric Center) will be doing research during the next academic year on ethnic attitudes toward blindness and the adaptation of

blind members of ethnic groups in Fresno, CA. They would be interested in corresponding with anyone interested in this topic. Contact: Edwin Eames, Box 511, Baruch College, 17 Lexington Ave., New York, NY 10010; 212/505-5985.

D. Submissions for inclusion on a panel on disability are sought for the July 24-31, 1988 12th ICAES meeting, "World Anthropology: Education Research and Application," Zagreb, Yugoslavia. Contact: Louise L. Duval, 97 Summers St., Oyster Bay, NY 11771.

CALL FOR PAPERS

A. The International Journal of Sociology and Social Policy seeks papers (35 pgs. completed), abstracts, or proposals for a special issue on the service economy. Deadline: August 1, 1987. Contact: Joel I. Nelson, Soc., 1135 Social Science Bldg., 267 - 19th Ave. South, Minneapolis, MN 55455.

B. Health Education Quarterly invites papers for a special issue on "Ecological Approaches to Health Promotion", particularly those on changes in the physical and social environment, outcomes, and intervention strategies. Deadline: August 1, 1987. Contact: Guest Editor: Kenneth R. McLeroy, Public Health Education, Rm. 349, Curry Bldg., Univ. of North Carolina, Greensboro, NC 27412; 919/334-5528.

C. "The Impact of the Reagan Years: A Sociological Assessment" will be the focus of the

1988 volume of The Wisconsin Sociologist. Essays areas: 1) "Political Systems, Political Processes, and Civic Culture" due Sept. 1, 1987 to: Marlynn May, Soc., Boloit College, Boloit, WI 53511; 608/365-3391, ext. 271; 2) "Social and Economic Institutions and the Environment" due Jan. 1, 1988 to Jerry Lembcke, Soc., Lawrence Univ., Appleton, WI 54912; 414/735-6686; 3) "International Relations, Defense, and Peace" due May 1, 1988 to: Richard Coon, Soc., Carroll College, Waukesha, WI 53186; 414/547-1211, ext. 166.

D. Abstracts of completed research abstracts (or ongoing if prelim. findings expected by April 1988) which examine the relationship between stress, coping and health outcomes in a variety of client populations are sought for the Univ. of Rochester Sch. of Nursing and Epsilon XI Chpt. of Sigma Theta Tau's National Conference, "Stress, Coping Processes and Health Outcomes: Future Directions for Theory Development and Research", April 14-15, 1987, Rochester, NY. Pertinent themes: short and long-term outcomes of coping; personal factors influencing coping responses; situational determinants of coping; measurement of coping processes and outcomes; effectiveness of interventions to facilitate coping. Deadline: Oct. 1, 1987. Contact: Ruth A. O'Brien, Sch. of Nursing, Univ. of Rochester, 601 Elmwood Ave., Rochester, NY 14642; 716/271-0500.

E. Family Relations: Journal of Applied Family and Child

Studies seeks papers for a special issue on "The Contemporary Family: Consequences of Change." See Jan. 1987 issue of journal. Deadline: Dec. 15, 1987. Send 3 copies and \$15 to: Jay Mancini, Family and Child Dev., Virginia Polytechnic Institute and State Univ., Blacksburg, VA 24061; 703/961-6110; and 1 copy to: Dennis K. Orthner, Child and Family Dev., Univ. of Georgia, Athens, GA 30602; 404/542-4905.

F. The University of Delaware Press announces a new \$1,000 award for the best book-length manuscript submitted in the field of gerontology (incl. any social and/or biological topics related to aging in society). Deadline: Dec. 31, 1987. Contact: Gerontology Manuscript Competition, Univ. of Delaware Press, 326 Hullihen Hall, Newark, DE 19716; 302/451-1149.

G. Homeless in the United States, a forthcoming book to be published by Greenwood Press, seeks chapter length manuscripts on socioeconomic, demographic, and family background characteristics of the homeless population in different states (or groups of states). Public policy papers on the national level are also welcome. Contact: J.A. Momeni, Editor, Soc. and Anthro., Howard Univ., Washington, DC 20059; 202/636-6840 or 703/644-2874.

H. Values and Ethics, a thematic series of books by Loyola University Press, seeks submissions. Contact: Gerald Gutek, Chair, Editorial Board, Univ. Press Series, Loyola Univ. of Chicago, Grad. Sch.,

Lewis Towers 401, 820 N. Michigan Ave., Chicago, IL 60611.

I. A new journal appearing in Spring 1987, International Journal of Comparative Psychology invites submissions for its quarterly which studies the evolution and development of behavior in all species, animal and human. It investigates the relationships of people to animals and of scientific research and theory to fundamental concepts about the history and nature of humanity. Contact: Ethel Tobach, Editor, IJCP, c/o Dept. of Mammalogy, American Museum of Natural History, Central Park West at 79th St., New York, NY 10024-5192.

J. Dale J. Jaffe seeks completed manuscripts or brief proposals for anticipated work in the area of elderly shared housing for an edited book. Papers may be theoretical or based on empirical investigations and may focus on the individuals involved, the programs that create homesharing matches, and/or the community/service context of this phenomenon. Contact him at: Soc. Univ. of Wisconsin, Milwaukee WI 53201; 414/963-4388.

K. Comparative Studies in Health Systems and Medical Care seeks to publish original monographs profiling therapeutic traditions in the context of health settings and systems, utilizing a comparative perspective that is worldwide, contemporary and historical. 16 volumes have appeared since 1977; publications cover a wide

variety of disciplinary approaches in anthropology, cultural psychiatry, epidemiology, history, public health and sociology, and other areas related to health and medical care. Contact: John M. Janzen, Editor, CSHSMC, Anthro., Univ. of Kansas, Lawrence, KS 66045.

L. SUNY Press announces a new book series, edited by Setha Low of the Univ. of Pennsylvania, on general studies of health, illness and disease, which emphasizes the biocultural processes. Sought are book-length manuscripts which offer theoretical and methodological contributions and innovations, critiques of the field and its objects of study, and applications of medical anthropological findings and conclusions. Topics: women's health and reproduction, human growth and development, middle age and aging, health planning and policy formation, cross-cultural symptomatology, comparative studies of medical systems, sociopolitical and cultural critiques of health care, healers and healing processes, health and illness behavior, and mental health and retardation. Send inquiries to: Rosalie M. Robertson, Ed., SUNY Press, State U. Plaza, Albany, NY 12246.

**OPPORTUNITIES: FUNDING,
RESOURCES, PROGRAMS**

A. Funding for field studies on folk medicine is available to researchers who are willing to use volunteers and apply 1 year in advance. Contact: Fdn. for Field Res., 787 S. Grade Rd., Alpine, CA 92001-0380;

619/445-9264. Applications are due 12 months before research begins.

B. Senior International Fellowships are awarded to outstanding mid-career biomedical, behavioral, or health scientists nominated by non-federal U.S. biomedical research and graduate-level educational institutions for 3-12 months of participation in on-going research and study at a foreign institution. Contact: Silvia Mandes, International Research and Awards Branch, Fogarty International Center-NIH, Bldg. 38A, Rm. 613, NIH, Bethesda, MD 20892; 301/496-1653.

C. Fellowships are available through the International Exchange of Experts and Information in Rehabilitation project (World Rehabilitation Fund, Inc.) for mid-career level individuals who are known in the U.S. rehabilitation community through publications and professional involvement. Candidates can request applications for 3-5 week study-visits abroad. Deadlines: March 15, June 1, Oct. 15. The topic should fit an NIHR priority or identifiable knowledge gap in the U.S. Information obtained abroad should be applicable in the U.S. Contact: Diane E. Woods, Project Director, World Rehabilitation Fund, Inc., 400 East 34th St., New York, NY 10016.

D. The Eastern Paralyzed Veterans Association is soliciting proposals to examine factors that influence staff attrition in spinal cord injury centers at 3 VA Medical

Centers: the Bronx, East Orange, and Castle Point. It intends to enter into a contract agreement for a 1-year period with the contractor to complete the study. The funding level allocated is \$125,000. Proposal deadline: Oct. 1, 1987. Contact: Vivian Beyda, DrPH, Director of Research & Education, Eastern Paralyzed Veterans Assoc., 432 Park Ave. South, New York, NY 10016.

E. The Electronic Industries Foundation Rehabilitation Engineering Center (EIF/REC) announces the availability of a resource document, Revolving Loans Fund: Expanding Equipment Credit Financing Opportunities for Persons with Disabilities. Intended for planners and administrators of organizations that serve persons with disabilities, this manual explores planning and implementation of revolving funds used to help clients finance assistive aids and devices. Such financial services are already being offered by innovative programs around the country. These programs' experiences are studied, synthesized and documented for wider benefit. A limited number of copies are available free. Address requests: Librarian, Electronic Industries Foundation, 1901 Pennsylvania Ave., NW, Suite 700, Washington, DC 20006.

F. The Dept. of Rehab Counseling, Boston Univ. Sargent College of Allied Health Professions, and the International Center for Industry, Labor and Rehab, Dublin, OH, offer an Institute

for Disability Management in Industry, August 3-7, 1987, George Sherman Boston University Union, Boston, MA. Effective strategies for reducing the personal and economic impact of compensable injuries, such as low back injury, work site stress, arthritis, and other disabling conditions resulting in significant work disruption, performance problems, and lost time will be presented. Also addressed: the impact of occupational disease in the workplace and issues related to the older worker and disability. Application deadline: July 15, 1987. Contact: Ken Paruti, Dept. of Rehab Counseling, Boston Univ., Sargent College of Allied Hlth Professions, 1 University Road, Boston, MA 02215; 617/353-2725.

CURRENT RESEARCH

A. In 1985-86 Norman Acton conducted a study of "The Impact of International Exchanges of Information on Innovative Responses to Disability". His objective: to examine and evaluate the role of international information exchange in connection with the dissemination of the concepts and practice of access, independent living and normalization. Responses were received from 175 people in 47 countries, 91 being from the U.S. Some general findings: 1) Respondents in general have attached importance to forms of cooperation that involve face-to-face contact and direct observation. U.S. respondents assign low priority to information materials from abroad; 2)

The data supplemented by interviews support the view that the interplay among colleges through research, meetings and organizations is more important for international cooperation than any single one of these activities. Great importance is attached to patterns of international activity that generate and maintain sustained personal contacts; 3) Directly relevant to the speed and impact of information flow: existence of a recognized need or gap in understanding disability; the information is understandable, relevant, and produces results; organizations and people persist in promoting the exchange; and a widely recognized image is created. More information is available from Norman Acton, Kenea Landing, SR Box 10B, Miles, VA 23114.

B. M. Jocelyn Armstrong, a social anthropologist recently appointed to the Institute for Research on Human Development and the Div. of Rehab Education Services, Univ. of Illinois at Urbana-Champaign, is beginning work on ethnicity and disability in Malaysia, conducting independent studies of ethnicity as a principle of urban social organization, and participating in multidisciplinary team research of ethnicity as a factor in cancer and related health concerns. Her interest in disability centers on how ethnicity relates to the definition of disability and the organization of rehabilitation services. Preliminary inquiries specific to physical disability indicate that the links include: 1) ethnic emphases in the design and

accessibility of services, 2) ethnic patterns in the composition of providers, 3) ethnic patterns in the composition of users, 4) ethnically specific beliefs and attitudes about disability and how to handle it socially, 5) ethnic variation in the attitudes of non-disabled persons about the social integration of persons with physical disabilities. Armstrong hopes to develop comparative research in this area, building on her previous research of ethnicity as a principle of social organization in New Zealand and Hawaii as well as Malaysia.

C. A doctoral dissertation, "Illness as Stigma: A Case Study of the 'Stumbling Disease' Among Azorean-Portuguese," (Anthropology, Univ. of California, Berkeley, 1987) by Marie I. Boutte was based on her 15 months of fieldwork in the Azores Islands, Portugal, and in the U.S., exploring the nature of stigma associated with a dominantly inherited, neurological disorder found primarily among persons of Azorean-Portuguese descent. Her study suggests that the "stumbling disease" (Machado-Joseph disease) carried an especially heavy stigma in the 2 contrasting sociocultural contexts because it is perceived as cross-cutting the stigma of "abomination of the body", "blemish of individual character", and "transmission and contamination of all members in the social categorization". The specific sociocultural context, however, is important for the specific labels that inform the "stumbling disease" with stigmatized

meanings, as well as for modes of containment and confinement and for strategies of stigma management. In the large, relatively anonymous setting of the U.S., for example, the stigma of "blemish of individual character" arises because the physical manifestations are interpreted as behavior culturally linked with drunks and users of illicit drugs. In the face-to-face society of the Azores, this interpretation does not arise because drunken behavior does not generally fall within a stigmatized category and the symptoms are interpreted as disease-related in the popular explanatory model. In the Azores, however, the stigma of "blemish of individual character" is associated with the labels of hypersexuality and promiscuous behavior and this is symbolically linked with the popular beliefs of syphilis and incest as etiology. The social structure of the island also creates culturally induced tensions that cause conflict over scarce resources. This results in an ideology of the appropriateness of eugenics directed toward victims and families with the "stumbling disease".

D. "Dependent Disabled Persons and their Informal Caregivers in Wellington, New Zealand" was the subject of a study undertaken by Avery Jack (Reader in Social Administration, Victoria University of Wellington, New Zealand). A postal questionnaire sent to a random sample of 11,655 households yielded an 82% response and interviews of 2024 physically disabled persons,

establishing a prevalence rate for disability of 87.3 per 1000 population over the age of 5 years. Of the adult disabled persons interviewed, 320 stated that as a result of their disability, they were considerably dependent on another person. A follow-up six years later found that 43% had died, 5% were no longer dependent, and 10% had moved from the district or could not be traced. Of the remaining 133 dependent disabled persons were interviewed, 24 had been admitted to institutions. Interviews were also carried out with 121 of their principal caregivers.

Some conclusions: families do not easily give up care of their dependent relatives; admission to an institution is most often brought about by a serious deterioration in the health of the disabled person so that a much higher level of care is required; care by a spouse appears to be rather more successful than other caring situations. Formal social services were shown to give minimal help and even with massive expansion, could not replace the informal care currently given to disabled persons. However, the introduction of some flexibility into health and other social services could give greater relief to informal caregivers than is currently the case.

E. Dr. Esko A. Kalimo (Research Institute for Social Security, The Social Insurance Institution, P.O. Box 78 SF-00381, Helsinki, Finland) reports that Finland's Social Insurance Institution has 2

research institutes carrying out research and planning work: the Research Institute for Social Security in Helsinki and the Rehabilitation Research Center in Turku. The task of the former is the guidance and development of national health and pension plans as well as preventive care and rehabilitation. Its work can be divided into research in social welfare, economics, and medicine. Research into methodology, publication of Institute materials and securing international cooperation (e.g., WHO, ISSA) are also part of their work.

F. Laura Krefting (Faculty of Rehabilitation Medicine, 308 Corbett Hall, Univ. of Alberta, Edmonton, Alberta Canada T6G 2G4) reports on a proposed community based rehabilitation intervention program in Central Java. Of Indonesia's over 160 million people, an estimated 2.4% or 3.8 million are disabled. Their rehabilitation needs are now served by 3 rehab centers and a few small departments in hospitals in a handful of major cities (85% of the total population, however, are rural based and have little access to existing urban facilities.). There are no new rehab facilities planned in the immediate future.

The CBR intervention program, for which funding is being sought, will build on a successful disability detection program for children which has been in existence for a decade. The program hopes to train village workers to utilize village resources to maximize the contribution of their disabled citizens, incorporat-

ing the attitudes and goals of the community. To establish the program within the community and to minimize costs, it will be designed as an integral part of the existing community health care system, using a Non Government Organization (NGO) that had been established to dispense basic health care information in Central Javanese villages. The unique feature of the proposed program is the coupling of a cultural analysis of the communities where the program will be implemented with current rehabilitation technology to ensure that the designed CBR system is compatible with community definitions of disability. Funding suggestions are welcome.

G. Susan Plann (Dept. of Spanish and Portuguese, University of California, Los Angeles) is researching a book on the history of the education of deaf people in Spain. Her research thus far has taken her from the mid-16th century, when a Benedictine monk, Pedro Ponce de Leon, first taught deaf children of the Spanish nobility, to the opening of an official school for the deaf in 1805 where Jose Miguel Alea taught students by means of methodical sign, to the adoption of oralism in the 20th century. In 1932 the government closed the national school for the deaf and it was not until 1950 that it was reopened. However, Spanish Sign Language has yet to be recognized as a language: administrators and teachers (who must be hearing themselves) are never required to learn SSL, considering it impoverished and

inadequate for communication.

H. Dr. Nicola Robinson (Lecturer in Community Medicine, Dept. of Community Medicine, Charing Cross and Westminster Medical School, 17 Horseferry Rd., London SW1P 2AR, England) reports on several recent research endeavors:

Analysis of the prevalence of depression in diabetics and its relationship with severe life events:

Studies in non-diabetic populations indicate that severe life events may act as provoking agents for the onset of depression. The relationship of severe life events to the presence of depression was studied in 130 Caucasian and West Indian, insulin and non insulin-dependent diabetics (34-59 years) together with a non diabetic comparison group. Results suggest that diabetics suffer from a similar amount of depression to non diabetics and that diabetics with psychiatric symptoms may experience a higher percentage of severe life events and difficulties compared with non diabetics.

A postal questionnaire study of employment problems in diabetics: In the current economic climate, diabetics may be more likely to have problems in obtaining employment and staying employed than non diabetics. A postal questionnaire study of employment problems in a random sample of 4,000 male/female, insulin and non insulin dependent diabetics aged 17-65 years and 8,000 non-diabetic age/sex matched controls is being carried out in 8 different centers in Great

Britain. It is hoped that this project will provide up-to-date information on employment for the BDA and other interested bodies which could be used to improve employment opportunities for diabetic patients. It may also make employers more aware of diabetics as employees with the aim of improving their conditions of employment.

I. Over the past year, Susan De Santis (Dept. of Language and Linguistics, Georgetown University) has been working on a project documenting Puerto Rican Sign Language and studying aspects of the island's Deaf community. This research will result in a dictionary compiled by 1988.

The situation of Puerto Rican Signing Deaf is a complex one. There is 1 main school run by Spanish nuns in San Juan; however, it is an oral institution where Sign is not encouraged (although it is used 'underground' by the students). There are a few very small programs run by Protestant groups from the U.S. that teach 'Simultaneous Communication' (using spoken and Signed English), with a very modified Spanish initialization. There seems to be no mainstreaming. The Deaf community itself has changed considerably in the past few generations. Today many young deaf are sent to continental U.S. schools for the Deaf. Most learn American Sign Language or Pidgin Sign English and these languages are brought back to the island. However, employment is hard to find and those who do find jobs are usually either paid sign-

nificantly less than their hearing counterparts and/or wind up being paid 'under the table', so they can retain Supplemental Security Income Benefits. Because of few educational/employment opportunities, many now migrate to the U.S. mainland for most of their working lives, only to return upon retirement. This movement back and forth is an important contributing factor in the apparent demise of an indigenous Puerto Rican Sign Language. A few elderly Deaf were located who incorporated a considerable amount of indigenous Puerto Rican Sign into their signing; however, young Deaf members now include significantly less of this Sign Language into their own speech. It is hoped that this project will document as much of this indigenous Sign as possible while native speakers are still alive, as well as more fully explicate the Puerto Rican Deaf Community.

J. Information on vision impairment and blindness among Native American populations is limited at best. Research has begun at the American Foundation for the Blind that will provide information for subsequent development of locally based program services. The primary concern is to assure that the research itself builds on and is integrated into the social and cultural conditions of the particular tribes. Various strategies are being used, but all aim at strongly involving the local population in both the design and implementation of the research. It is predicted on the assumptions that a)

practical problems faced in daily life by blind and visually impaired persons depend on environment, culture and social structure and b) that in any population there will be blind and visually impaired persons who are highly skilled and experts at coping. Their skills and expertise should be tapped and utilized in program development. The research serves not only an information gathering function but is a means of raising awareness around disability related issues and stimulating creative approaches to program development. Finally, the research process serves to train people in basic ethnographic field methods that can be usefully applied to other program areas. One research strategy involves developing culturally appropriate needs assessments that a) are heavily qualitative and ethnographic, b) focus not only on the impaired individual but on the social network of which he/she is a part, and c) seek to determine not only the deficits but the strengths of the social situation and the individuals involved so as to provide the basis for design of local services. (Eve Friedlander, Senior Research Assoc., American Federation for the Blind)

K. In 1981 the World Health Organization launched its program for Community Based Rehabilitation (CBR) as part of its Primary Health Care Model. During 2 years of field work, Benedicte Ingstad (Universitetet i Oslo, Institutt for Sosialmedisin, 0027, Oslo 1 Norway) studied the implica-

tions of disability in Botswana, gathering both basic knowledge about concepts of disability in Tswana culture and assessing the strengths and weaknesses of the current implementation of WHO's CBR program in the country.

In the Tswana culture the concept of disability is closely related to the concept of illness and general misfortune. Witchcraft is the most common explanation for physical disability, while the cause of mental retardation is usually believed to be a breaking of sexual taboos.

The main responsibility for a disabled person rests with the family, especially with those family members who belong to the same household. The mother is usually considered the primary caregiver. The disabled person is generally well accepted by the family and community, the only exceptions apparently being when the reason for a person's particular disability is considered to be a violation of sexual taboos.

Although the CRB program began in Botswana in 1980, it has yet to reach more than 10% of the disabled population, apparently because rehabilitation itself is a relatively new concept. Community participation has also been hard to achieve, a significant part of the problem being that many other social issues must be faced at the same time by this relatively poor Developing nation. The program's emphasis on a change in attitude towards disabled people has further complicated issues as this program assumes that attitudes towards disabled people in the

Developing World are similar to, or perhaps worse than, those felt towards disabled people in the West. In fact, Western concepts of disability do not fit well with the actual social perceptions of disability. For example, Botswana CRB trained officers tend to interpret difficulty in coping with the care of a disabled person as a reflection of poor attitudes towards disabled persons in general when often a lack of resources by a family or community is actually the determining factor.

L. A review of research on visual impairments carried out in India from 1944 to the present has been conducted by T.B. Singh and S.P. Kulshrestha. They classified the studies into 8 categories: education, psycho-educational assessment, guidance and counseling, vocational training and employment, community based services, technical aids and status of blind women. They concluded that: research is neither sufficient nor comprehensive; most articles are based on experience rather than empirical data; there is a need for more research on early intervention and training during preschool age and on deaf-blind persons; integrated education and associated activities need to be accelerated; psycho-educational assessment is lagging behind and needs to be developed and standardized; there is a lack of follow-up with employment and rehabilitation programs; more attention should be drawn to community based services, which although they are

becoming popular, require systematic and scientific guidelines; more attention should be given to technical aid development, especially in the areas of braille literature and aids for teaching science and math; and research in the area of blind women should be widened. The study was published in the July 1986 issue of the Research Newsletter of the NAB Louis Braille Memorial Research Center, Rustom Alpawalla Complex, 124 Cotton Depot, Cotton Green, Bombay 400 033 India.

M. The International Pilot Study of Severe Childhood Disability was completed at 10 sites in 9 developing countries: Bangladesh, Brazil, India, Malaysia, Nepal, Pakistan (Karachi and Lahore), the Philippines, Sri Lanka and Zambia. A collaborative effort between principal investigators and their teams at study sites and a number of other bodies (the Bishop Bekkers Foundation Workshops, the NY State Psychiatric Institute, the Sergievsky Center, Columbia Univ.) was supported by Rehabilitation International/UNICEF childhood disabilities programme and UNICEF field offices). The Pilot Study sought to determine whether it would be possible in developing countries to identify children with severe mental retardation and other disabling conditions by means of short questionnaires. This was accomplished by means of a house-to-house survey, which was followed by professional examinations of a) children who screened positive on the questionnaire, and b) a small random sample of children

who screened negative. The research also included a rehabilitation/intervention component for children who needed help. For the final complete report, contact: RI/UNICEF, UNICEF A-6M, 866 UN Plaza, New York, NY 10017.

N. To provide a basis for international discussion of ethical problems in medical genetics, Dorothy C. Wertz, PhD, John C. Fletcher, PhD, and John J. Mulvihill, M.D. (researchers from Public Health, Boston University; the Bioethics program, NIH; the Clinical Epidemiology Branch, NCI) studied the responses of medical geneticists in 18 nations to questionnaires about 14 clinical cases and 5 situations involving screening. Of 1053 geneticists asked to participate, 677 (64%) responded. There was greater than or equal to 75% consensus on 5 cases: disclosure (1) of conflicting diagnostic findings, (2) of ambiguous results, and (3) of controversial interpretations of results, (4) protection of mother's confidentiality in cases of false paternity, and (5) nondirective counseling about disorders with low burden (the XO Turner and XYY syndrome). A slight majority of respondents (51-60%) would disclose diagnosis to relatives at high risk for Huntington disease or hemophilia A against the patient's wishes, disclose which parent carries a translocation giving rise to Down syndrome, and disclose XY genotype in a female. As reproductive options for counselees with disorders not diagnosable prenatally, 84% would discuss

artificial insemination-donor, 66% would discuss in-vitro fertilization with donor egg, and 46% would discuss surrogate motherhood. 85% would do prenatal diagnosis (or would refer) for parents who refuse abortion, 73% for maternal anxiety and 42% for selection of fetal sex. 72% believed that workplace screening should be voluntary and that employers should have no access to results.

O. Cross-Cultural Patterns of Disability in Non-Western Societies, Vols. I and II, a study of the data on disability contained in the Human Relations Area Files, was completed by Sara Weiss through the Department of Anthropology at Rhode Island College. Contact: Sara Weiss, Peer Counselor, Handicapped Student Services, Ofc. of Student Life, Rhode Island College, Providence, RI)

FILM CLIPS

by Nora Groce (Brown University) and Gary Kiger (Utah State University)

MY SWEET LITTLE VILLAGE is set in a Czech village where everyone's life revolves around the State's farm cooperative. Otik, who is mentally retarded, and Pomarev are workmates and drive a truck for the socialist cooperative. Otik is a source of frustration and embarrassment for his workmate, and Pomarev, exasperated, informs the cooperative director that, following the harvest, Otik must work for Turek, a driver with a short temper and a penchant for violent, abusive outbursts.

MY SWEET LITTLE VILLAGE was probably the most liked film at this year's Telluride Film Festival. Following last year's festival which featured 3 films directly related to disability, this year's offerings were disappointing, except for MY SWEET LITTLE VILLAGE. Directed by Jere Menzel, the film presents a warm, sensitive, and altogether human view of how the villagers respond to a mentally handicapped neighbor. There are also insights into rural vs. urban lifestyles and disability accommodation, socialism and disability, and rethinking the "village idiot" motif in film.

There is a friendly magic about social relationships in the village. Otik, who has his own farmhouse, is looked in on by an older woman who cleans and cooks for him. While his workmate rails at Otik's ineptitude, Otik is the recipient of his workmate's protection (Pomarev punches out a bully who tries to pull a prank on Otik). When the cooperative director tries to have Otik transferred to Prague so that a government official can take over Otik's farmhouse as a vacation home, the villagers rise to Otik's defense. Prague would "eat Otik alive." The "village idiot" characterization is nowhere apparent in this film. Otik is the butt of some good natured joking (and of some cruel pranks) but then so are any number of others. The State has provided Otik with a job (for all his workmate's protestations), and he does it well enough.

This comedy is a reaffirmation of caring relationships.

The bad guys (the mean individual in the village and the mean officials in the government bureaucracy) are thwarted, and following the harvest, Otik remains with his workmate. Perhaps the most intriguing aspect of this film is that it is not overtly about disability. But it is one of the finest examples of public education I have seen in a long time. (Gary Kiger)

BOOK, ETC. NOTES

A. Association for Social Anthropology in Oceania Monograph No. 10. Aging and Its Transformations: Moving Toward Death in Pacific Societies, edited by Dorothy and David Counts, 1985.

Association for Social Anthropology in Oceania Monograph No. 11. Drugs in Western Pacific Societies: Relations of Substance, edited by Lamont Lindstrom, 1987.

The Association for Social Anthropology in Oceania has recently published 2 volumes which are of potential interest to those in disability studies. The collection of articles in this well-respected monograph series contain cross-cultural materials on the topics of aging, dependency and death, and substance abuse among Pacific Island populations. Although major issues surrounding chronic illness and disability are not addressed directly, provocative reflections on the categorization and treatment of the elderly and drug users in non-industrialized societies are contained within these far-ranging research articles by anthropo-

logists who work in the Pacific.

With regard to the volume on aging, some generalizations among the societies surveyed include: 1) most societies classify people as "old" before they lose certain functions or become disabled; 2) manipulation of social categories is common by elders in order to gain respect and access to resources; 3) aged persons are generally divided into 2 categories--a) partially dependent but able to meet own basic daily needs or b) totally dependent, very often referred to as "the already dead"; 4) disability, like aging and death, is subject to cultural interpretation; 5) the technological state of a society does not necessarily determine how an individual experiences the process of aging and dying. We might ask if this is also the case for disabled individuals?

Drugs in Western Pacific Societies is not directly concerned with "addiction" or public health issues surrounding substance abuse. Instead the articles address 2 major issues: the social functions of drug as substances of exchange between individuals and the cultural meanings of drugs within the various Pacific societies. The drugs discussed, both recently introduced and traditionally used, include alcohol, tobacco (Nicotiana tabaccum), marijuana (Cannabis), kava (Piper methysticum), and betel (Areca palm nut and Piper betle plant). Such issues as the effects of beer, a recently introduced substance, on interpersonal and political

relationships in Papua New Guinea; variations in drugged comportment among Trukese alcohol and marijuana users; and the relation of drug exchange, gender, and power in Pacific societies reflect the variety of topics analyzed in the 10 contributions. Marshall's overview article cogently describes the origin, history, distribution, physiological effects, implication in disease states, use, consumption, and other relevant material regarding the major drug substances used in the Pacific region.

Both of these collections of essays offer insights into themes common among all contemporary people: aging, dying, dependency, and exchange. Specific articles may be useful as companion readings for course work while the volumes as a whole may offer stimulating reading to the specialized scholar. These volumes are written to elucidate classic anthropological theory, but the ethnography also could be useful for those in search of the all too rare descriptions of disability related beliefs and practices in non-western cultures. (Judith Fitzpatrick, Ethnographic Institute, Berkeley, CA, with Devva Kasnitz, Eureka, CA)

B. Berkowitz, Monroe and Hill, M. Anne, (Eds.). Disability and the Labour Market. Ithaca, NY: ILR Press, 1986, 319 pp., no price given.

There is a paradox in the implementation of policy towards the work disabled in developed economies. On the one hand, sickness and dis-

ability are frequently viewed as being exogenously determined, a cross for us all to bear. On the other hand, compensation and rehabilitation programs are often governed by criteria which are 'economic' in the sense that they are the outcome of individuals' constrained choices. This volume attempts to confront this paradox against a background of recent legislative developments in the U.S. (with some limited comparative material from Sweden and the Netherlands).

The editors have provided a useful overview, particularly in relation to conceptual and definitional problems which consistently arise in this area. This is followed by 4 chapters concerned with aspects of disability compensation: factors affecting the behaviour of new and existing claimants, as well as their employers. Four further chapters examine rehabilitation and employment programs, focusing on their costs and benefits, both intended and unintended.

On the whole these contributions fit together quite well, although there is some slight confusion as to whether the volume represents a review of the 'state of the art' with respect to the economics of disability, or an evaluation of current policy initiatives. For those unfamiliar with the legislative background, it works better as the former. The chapters by Leonard, Worrall and Butler, Lambrinos and Appel, Smith and Johnson taken together represent a coherent and encouraging picture of the potential for economic analysis in what is a relatively

neglected corner of that well-tilled field. (Paul Fenn, Center for Socio-Legal Studies, Oxford University, England)

C. Deshen, Shlomo. Towards an Ethnography of Blindness: The Quest for Dignity, Discussion Paper No. 2-86. Tel-Aviv, Israel: The Pinhas Sapir Center for Development, Tel-Aviv Univ., Feb. 1986, 58 pp.; Aspects of the Private Life of the Blind, Discussion Paper No. 9-86. Tel-Aviv, Israel: The Pinhas Sapir Center for Development, Tel-Aviv Univ., July 1986, 95 pp.

These 2 volumes, written by an Israeli anthropologist, are an ethnography of the public and private spheres of life among blind adults in Israel. The population of sightless adults is viewed as a subculture within the wider culture of the country. While highly westernized, Israel has a pattern of available opportunities for disabled people which differs considerably from that found in the United States. As such, many of the descriptions here will be unfamiliar to the American practitioner. Towards an Ethnography concerns aspects of the public sphere of life: the limitation of employment opportunities to just 2 or 3 occupational niches; the nationalism of blind people, co-existing with their lack of real politicalization; and the struggle of contemporary blindness agencies to change the public image of blind people from one which portrays a population dependent upon charity to one depicting an active, independent population needing only minor environmen-

tal modifications for full participation. Much of this work concentrates on aspects of this move towards integration and the conditions which inhibit it. Aspects describes conditions of the private sphere of life: an analysis of formation and workings of intrafamily life with its problems and challenges for sighted and non-sighted members; a description of patterns of intimate and casual friendship which result from pressures toward segregation of blind people; and a description of cultural constraints on blind adults in using both their intact senses and the technological appliances available to them. The 2 volumes are working papers, and as such, are occasionally in need of a polishing they will no doubt get before publication in more accessible sources. (Shirley Kurz, Consultant, Far Rockaway, NY)

D. Elling, Ray. H. The Struggle for Workers' Health. Farmingdale, NY: Baywood Publishing Co., 1986, 500 pp., \$36.00.

Ray Elling, a leading sociological student of cross-national health care systems with extensive experience in worker and medical education on occupational safety and health, has written a lengthy book that can be read as a loosely coupled compilation of 3 interconnected short works.

First, for those interested principally in occupational safety and health in the United States, the book contains a Marxist introduction to that subject, with particular emphasis on the right to know

and linkages to primary health care. Elling hypothesizes that the strength of the workers' movement in industrial countries is the key determinant of the strength of their occupational safety and health protection and the quality of the links between occupational safety and health and primary care. To test this, he develops a methodology that allows him to compare 6 industrial nations on comparable dimensions, such as the quality of education given to physicians on the subject.

The second reading is an attempt to combine world-system theory and information gleaned on short trips into the first systematic cross-national comparison of occupational safety and health systems. Much of this information concerns the structure of public and private occupational safety and health programs and health care systems; there is disappointingly little information on how they affect the key outcomes of preventing work accidents and occupational diseases.

A third reading concentrates on case studies of Sweden, Finland, East and West Germany, the U.K. and the U.S. In the world-system mode, Elling presents lengthy discussions of each country's geography and history, with particular attention to the labor movement. Altogether, the book assembles much useful information unavailable elsewhere, although considerable repetition and extraneous material makes it difficult to read. However, it is a valuable mixture of case studies, methodology, and clear

sociological perspectives applied to a neglected policy area of considerable importance. As is true of many such American social policy excursions to the old world, comparisons with the far from perfect European models highlight weaknesses in our own country. It also provides numerous useful models for what should be done here, beginning with strengthening the labor movement. (Tony Bale, Consultant, Brooklyn, NY)

E. Jansen, Mary (Ed.). An International Perspective on Community Services and Rehabilitation for Persons with Chronic Mental Illness.

International Exchange of Experts and Information in Rehabilitation, Monograph No. 36. New York: World Rehabilitation Fund, 1987, 75 pp., \$4.00.

This slim monograph presents descriptions of community programs for persons with chronic mental illness in Great Britain, Australia, Sweden, and Canada. Shervert Frazier, Director of NIMH, prefaces the collection with a description of an ideal program of care that is consumer driven, rather than professionally or bureaucratically determined, adheres to a psychosocial approach, and comprises an integrated network of relevant service agencies in the local community. However, he warns that many barriers impede the realization of such an ideal, including societal resistance, persistently disproportionate funding for large hospitals, continued fragmentation of services, homelessness, and the emergence of hard-to-treat forms of mental illness. Given Fra-

zier's ideal and litany of obstacles, editor Jansen has assembled a set of reports from other nations where, she says, progress has been made in developing humane, community-based programs. The reports are intended as lessons from abroad to help us here in the U.S.

The reports are mixed in the insight they provide and the help they offer. Geoff Shepherd provides the most useful report. His description of a program in Cambridge, England is contained within a discussion that takes into account the political, economic, and professional interests in the community and the nation that have influenced its development. These interests not only determine the effectiveness of programs but the ways in which mental health problems are defined and solutions proposed in the aftermath of deinstitutionalization. Consumer interests are dictated by parliamentarians and professionals, psychosocial models of care are constrained by the requirements of dominant medical authorities, and service integration is hindered by funding battles. Difficulties notwithstanding, he shows how a workable and modestly effective program has been created in Cambridge.

The other chapters are less instructive. Maurice Sainsbury's task of describing a program in Australia is difficult because of the complexity of Australian federalism; there is no national policy since mental health concerns are left to the various states. Mental health is subject to diverse intra-state debates that are compli-

cated by non-mental health politics at the national level. Thus in a brief space allotted him, Sainsbury is unable to provide much of a lesson, providing instead a general overview of the nation and a brief description of one program in New South Wales.

Lars-Olof Ljungberg and Kathryn Church make rather more modest attempts. Ljungberg describes broad principles of equity, continuity, and comprehensiveness that, he asserts, guide Swedish programs. Church, speaking for the Canadian Mental Health Association, presents a detailed, but very abstract, program statement. Neither the Swedish principles nor the Canadian manifesto is accompanied by an analysis of the interests that underly it, the barriers it faces or the successes its proponents have had in its implementation.

In sum, this monograph presents ideas and observations from 4 national perspectives. However, the brief discussions contain too little information about national contexts to enable clear cross-cultural comparisons. We know before reading this volume that these nations have quite different approaches to health policy, but we do not learn here how each works to create specific community mental health programs. Thus it ultimately offers limited lessons from abroad. At most, this slim monograph offers a few suggestive glimpses and distant reflections on concerns we share in the U.S. (Jack A. Clark, American Institutes for Research, Cambridge, MA)

F. Levinson, Risha W. and Haynes, Karen S. (Eds.). Accessing Human Services--International Perspectives. Beverley Hills, CA: Sage, 1984, 320 pp., \$14.95.

This book, Vol. 7 of Social Service Delivery Systems, an International Annual, is no doubt of great value for professionals engaged in establishing and managing human service system. It is of only marginal interest to those who are concerned with how such systems enhance the effective delivery of services to certain categories of clients, such as disabled people.

Chapters by authoritative professionals describe systems following the model of the British Citizens Advice Bureaux in the U.K., New Zealand, Cyprus, and Israel, and those based on the American Information and Referral model in the U.S. and Canada. Systems with variations and modifications of the two basic models in Poland, Japan, and India are presented, and there is an excellent description of the fundamentals of the ombudsman concept.

With few exceptions, however, the focus is solely on the mechanics of the systems, and little is said about the problems they are designed to overcome or the people they are meant to serve. Little effort has been made to synthesize the varying experiences, evaluate their effectiveness or to derive from them generalizations about the future of this most important aspect of the human service field.

For comprehensive information about the structure and workings of the described

systems, however, this is an excellent reference book. (Norman Acton, Acton International, Miles, VA)

H. Light, Donald W. and Schuller, Alexander (Eds.). Political Values and Health Care: The German Experience. Cambridge, MA: MIT Press, 1986, 605 pp., \$50.00.

This is too important a book to review in 250 words--the limited faced here. It deserves an essay-length review. For the purpose of DSQ, it should be noted immediately that the book on East and West Germany contains little directly on disability or rehabilitation. An important chapter by von Kondratowitz on "Occupational Health and the Older Worker," is probably most relevant.

In general, though there is, if anything, a conservative, western bias in the book, the health system of E. Germany is here seen to be as effective and much more efficient than that of W. Germany. This comes through in the important study by Empkie on tuberculosis control which is based on empirical field studies in both Germanies (not true of the bulk of the other chapters which are exclusively by Western scholars and are based on documents, reports and literature). It comes through in many other ways, too. As Light says, "...the East German health-care system is considerably more efficient, producing similar figures of morbidity and life expectancy with about half as much of the GNP as the West German system uses" (p. 53). This does not mean everything in E. Germany is hunky-dory. The book brings out many

problems of an over centralized, not fully politicized or democratized "workers' state." But it also does not simply try to trash E. Germany's accomplishments in cold war terms.

The explanatory framework rests primarily on political values and philosophy or ideology (which is said to be more consistent in Communist countries--have the editors not heard of Gramsci's concept of cultural hegemony under capitalism and have they not heard of disputes within China or between a number of "Communist" countries?). A major shortcoming, then, from this reviewer's perspective is that the work underplays class struggle, differing strengths of the workers' movements and consequent structural differences. After all, as Light recognized in an otherwise excellent historical introduction, Bismarck introduced the first national health insurance system in the world in 1883 "to cut the legs off the socialist worker's movement." If this is not a form of class struggle, what is?

Nevertheless, the editors strive to be objective (even if all the contributors have not been as careful) and have succeeded in making an important contribution to the field of cross-national study of health systems. (Ray Elling, Univ. of Connecticut Hlth. Center)

H. Marfo, Kofi, Walker, Sylvia, and Charles, Bernard (Eds.). Childhood Disability in Developing Countries. Westport, NY: Praeger, 1986, 274 pp., \$35.95.

With the subtitle "Issues in Habilitation and Special Education", the volume presents 17 chapters on general background, research thinking, examples from field experience, and guidelines for work in some aspects of the problem. Among its important assets are an excellent introductory chapter by Kofi Marfo, one of the editors, in which he places the disability issue in the larger social and economic context of developing countries. He correctly identifies the need to place a higher priority on primary prevention of impairments but fails to recognize the greater imperative of using as a template for planning the concept of prevention, rehabilitation, and integration as parts of a functional continuum. Other important general chapters deal with the development and practice of behavior therapy in developing countries (Samuel Danguah) and attitudes in Africa (Sylvia Walker).

Guidelines that are useful in analysis and planning of programs are supplied by Tom Fryers of England on screening for developmental disabilities, by Marigold Thorburn of Jamaica and the late Allan Roeher of Canada on preparation of personnel, and by David Baine of Canada on curriculum design. Programs in Portugal, the Caribbean, Pakistan, Vietnam, Sri Lanka, Bangladesh, and Ghana are described.

This is a collection of mostly interesting articles by experienced and qualified people. It is an excellent beginning, but we need more. We need better analysis of the conceptual framework in which disability control and economic

and societal development should take place, and we need more systematic reporting about and evaluation of experience. (Norman Acton, Acton International, Miles, VA)

I. Mitchell, Peter. Report of a Comparative Study of People with Similar Disabilities in Thirteen European Countries. London: The Royal Association for Disability and Rehabilitation, 1985, 60 pp.

This study is based on a fascinating idea. The researcher, working under the auspices of the Social Commission of Rehabilitation International, sought to compare some of the benefits and services likely to be available to 6 hypothetical individuals with frequently encountered impairments in 13 European countries.

The result is an interesting panorama of a few of the ways social security and other systems seek to assist disabled people and their families in these countries. For example, one can learn in which type of school a 10-year-old who uses a wheelchair because of muscular dystrophy is likely to be educated, in what accommodation a 19-year-old orphan with moderate mental retardation is likely to be living, what education and employment assistance might be available for a young law student who broke his neck and became tetraplegic, what transportation assistance would be provided for a middle-aged woman with multiple sclerosis, and what benefits are likely to be available to an elderly widow who is blind and incapacitated by arthritis and diabetes.

As the author notes, generalizations from these pieces of information are dangerous. Too many variables are at work in the design of national programs. Peter Mitchell, working with limited resources on the basis of replies to a questionnaire, could not explore all of the historical, cultural, economic, and political influences that would put the situation in each country in context. Doing so would be a major research challenge and would do much to illuminate how these cultures have responded to disability. It would also produce a body of information fertile for cross-cultural analysis. (Norman Acton, Acton International, Miles, VA)

J. Raffel, Marshall W. (Ed.). Comparative Health Systems: Descriptive Analyses of Fourteen National Health Systems. University Park, PA: The Pennsylvania State Univ. Press, 1984, 600 pp., \$29.95.

Although it is reasonable to approach 600 pages with trepidation and yet another set of national vignettes with skepticism, Marshall Raffel has assembled a valuable collection. His authors write clearly and intelligently about countries every professional and student ought to know. By dipping in to see how other countries handle a problem, or by reading about how Japan or Belgium or New Zealand have organized their health care system, the book becomes interesting and manageable.

Raffel gave his contributors a common outline to follow, and most chapters also provide a set of tables

containing basic data about the health care system. Disability and chronic disease are not covered systematically; if anything, the theme is cost containment. Nevertheless, information is provided by a number of the contributors about how different industrialized countries address the increasing numbers of citizens who have disabilities or chronic diseases.

The Netherlands, for example, has created the Exceptional Medical Expenses Act (AWBZ) which picks up where normal insurance there leaves off, after 365 days in the hospital. It also covers care from the first day in nursing homes, special institutions for different disabilities, the Village Arnhem (about which Irv Zola has written so vividly), and day center for handicapped persons. Implicit in this list of coverage is years of attending to the problem of people with chronic problems and establishing programs to address their needs. The Dutch have also created a network of "cross organizations" such as home help programs, health advisory services, and day nursing--all of which are paid for by the AWBZ as well. According to the chapter in Raffel, the AWBZ determines who is eligible and also contracts directly for services so that it can keep control of treatment. These services cost nearly as much as all inpatient care.

This book sparks the imagination to think afresh about what Americans consider serious dilemmas of care. What comes to mind, for example, when one reads about a society

in which primary care refers to ambulatory services, secondary care to hospitals, and tertiary care to social services for the chronically ill and elderly rather than to organ transplants? With capitation and prepaid insurance, perhaps that is where we are heading. (Donald Light, Sociology, Rutgers Univ.)

K. Risse, Guenter, B. Hospital Life in Enlightenment Scotland. New York: Cambridge University Press, 1986, 430 pp., \$49.50.

Popular medical history all too often abounds in unfounded assumptions and sweeping generalizations with scant attention to what was actually happening to patients. This splendid volume is significantly superior and is highly recommended. It concerns a civic institution which held a vital position in the life of Edinburgh during the Enlightenment, that period of glittering intellectual and cultural flowering which succeeded upon the 1707 Union of Scottish and English parliaments.

When the Edinburgh Royal Infirmary was founded in 1729, it was the only institution of its kind, outside London. It was soon recognized as one of the leading European establishments. The intention was to make proper, charitable provision for the sick poor, but its philanthropic supporters were also concerned to maintain a healthy workforce. Soon the hospital had become a model in its provision of clinical care and systematic bedside teaching.

What makes this account remarkable is the nature of its

source materials. Risse has used the medical students' notes, which have surprisingly survived. He has presented the essence of 808 clinical histories of individual patients of the infirmary, between 1771 and 1799. They are supplemented by 3047 randomly selected entries from the hospital's patient register for the same year.

The resulting analysis is quite unique and extremely interesting. The author has produced a skillful and realistic account of episodes of hospitalization, breaking down the handwritten data in terms of the patients' diagnoses, according to the concepts and categories of the day and also according to age, sex and occupation. So we can look at the epidemiology and the treatment regimes of the 18th century.

Out of many important conclusions, one stands out. Here is clear evidence of the admirable moderation and restraint of those Edinburgh physicians. They definitely did not favor the "heroic medicine", then practiced in the United States and which was bringing both the doctors and hospitals into disrepute. (Una Maclean, Community Medicine, Univ. of Edinburgh, Scotland)

L. Serpell, Robert. Mobilizing Local Resources in Africa for Persons with Learning Difficulties or Mental Handicap: Report on a Workshop held in Nairobi, Nov. 1982. Oslo: Norwegian Assoc. for Mentally Retarded, 1983.

Distributed by the International Leagues of

Societies for Persons with Mental Handicaps, Brussels, Belgium. This is a report of a 3-day workshop which brought together parents, professionals, and government officials from 10 African countries to discuss policies and services for the mentally retarded in their countries. The workshop was sponsored by the Norwegian Society for the Mentally Retarded, and much of the report is comprised of papers presented by the Norwegian participants in the workshop concerning the Norwegian situation. The report presents relatively little concrete information about PLD in Africa, as distinct from information about the workshop itself. Services for PLD are in their infancy in Africa, and they often suffer from lack of coordination between departments of health and education. Organizations for the parents and families of PLD are as yet lacking in the African countries, and many participants resolved to work toward the formation of such an organization in their home country. (Patricia K. Townsend, medical anthropologist, Amherst, NY)

M. Soave, Luciana. The Adaptation and Social Integration Problems of Handicapped People Belonging to Different Cultural Communities, Third Edition. Association Multi-Ethnique pour l'Integration des Personnes Handicapees du Quebec, 1986, 119 pp., no price.

This English translated publication reports the results of a 1983-84 study of the adaptation problems faced by

handicapped children of immigrant families in Quebec. The study's primary objective was to investigate the extent to which diversity in ethnic background and language spoken in the home may pose additional problems for the disabled person who faces an already difficult process of integration. Obstacles to overcome are identified, solutions discussed and recommendations offered. Additional information is appended about a conference at which findings were presented, along with examples of media coverage. The intended audience includes the public, professionals and government agencies. The report was written with the hope that it could sensitize these groups to the special needs of disabled people belonging to different cultural communities and ultimately encourage the implementation of its recommendations.

The findings presented are based upon interviews with: organizations which deal with and/or are composed of disabled people (e.g., rehabilitation centers); parents of disabled children and disabled adults who belong to various cultural communities (e.g., Italian, Greek, Spanish, Haitian). While the methodology is not very rigorous, the findings reveal that cultural differences and language barriers are indeed obstacles to integration for these families. Apparently, this is particularly true for mothers in immigrant families who provide child care but are unlikely to master either French or English. This obviously interferes with

effective communication with educational, health, and social service organizations.

The report ends on a positive note. It is acknowledged that "there is still a great deal of work to be done"; however, there is also optimism that a concrete action plan can be developed to help immigrant families in Quebec with disabled children "achieve a more harmonious integration into society." (Alexander Segall, National Health Scholar, Sociology, Univ. of Manitoba, Canada)

N. Torres-Gill, Fernando M. Politics of Aging Among Elder Hispanics. Washington, DC: University Press of America, 1982, 211 pp. with appendix, \$12.50.

Torres-Gill asserts that in recent years Hispanic politics have not specifically encouraged the participation of elderly Hispanics. Answers to questions such as "What is the political participation of the [Hispanic] elderly compared to the White elderly and Hispanics in general?"; "What are the older Hispanics' attitudes toward Hispanic politics and senior citizen activities?"; and "What is the older Hispanics' extent of participation in activities related to age?" are sought in this brief, exploratory descriptive book that examines the extent and nature of political participation among elderly Mexican Americans. It includes: 1) a literature review related to political science and gerontology that specifically includes an overview of Hispanic politics, politics of aging, political sociology and

psychology, and a description of the conceptual issues pertinent to a study of political behavior; and 2) a description of the actual study, the methodologies, findings, discussion, and conclusion.

The sample, drawn from elders living in San Jose, California, was assessed for personal experiences that affected political behavior, the objectives being to determine levels of political activity, attitudes, and the sources of variation in political participation. Once measured, the author was able to analyze the specific characteristics, such as age, income and education, that relate to political activity.

This effort is an initial step in understanding the dimensions and implications of Hispanic political and aging issues. The confluence of these issues is clearly stated and described and, in spite of a somewhat repetitive format, the book itself is quite useful for one gathering information pertaining to these topics or other research interests in this domain. (Rachel Spector, Sch. of Nursing, Boston College)

O. Werner, David. The Disabled Village Child. Hyperian Foundation (Box 1692, Palo Alto, CA 94302), 1987, 672 pp., \$9.00 ordered directly, \$11.50 through bookstores.

This is the latest in a series of instructional books for village level health workers in the Developing World which includes such classics as Where There Is No Doctor. This new volume is directed specifi-

cally at providing information, ideas, and low-cost, easily implementable technological aids that health workers and family members can make for disabled children (and adults) to meet the needs of poor people in the Third World. Written clearly, illustrated by simple, yet informative drawings, and pulling together a wealth of materials on an enormous variety of medical, rehabilitative, social and educational issues that pertain to disabled people, this book is bound to be a classic. It should be a required reference book for all who deal with issues of disability in the Developing World as it underscores the need for devising workable plans for reaching all disabled persons who need services, not simply those who have access to high-tech, urban health centers. Available in English, to be translated into Spanish in 1988, this--as do all Hesperian Foundation volumes--admirably begins by advising the reader that any part or illustration in the book can be copied and used for non-profit instructional purposes. Werner and the Hesperian Foundation are to be commended again for making an important contribution to health education for those who need it most. (Nora Groce, World Hunger Program, Brown University)

CLASSICS REVISITED

by Norman Acton, Acton International, Miles, VA.

The subject is how we can best support the development of

services related to disability in countries in early stages of economic and social development. Although a revolution has taken place in our thinking, the classic literature on that subject has not yet been written. Consequently, this essay will "revisit" 3 documents that, together with the events they report, have been seminal in the evolution of our thinking during the past 20 years. When the classics are written, their authors inevitably will draw from these 3 and supplement their work with details from the many other documents and reports about the experience that are appearing.

In 1968 Rehabilitation International conducted a worldwide survey that produced the estimate of 450 million disabled people in the world. The data also suggested that at least 300 million of them needed assistance they could not get for the simple reason that the requires services did not exist where they lived. This and other indications of the deficit in the human response to the real dimensions of the disablement problem led RI to organize a small meeting in Killarney, Ireland in 1969 on Assessment of Levels of Service Related to Available Resources. People with experience in Developing countries, representatives of the main international rehabilitation organizations and professionals examined the realities of the situation and concluded that traditional concepts and methods, especially in the deployment of personnel, could not meet the problem.

The group sought to

combine the requirements of the various professions with the realities of the remote villages where most of the disabled people lived. They developed ideas for the deployment of auxiliaries to provide basic therapy, teaching and other services. They recognized the importance of local training for community level workers. They sought to define "primary" services in each of the educational, medical, social and vocational spheres and to suggest how they could be planned and carried out. Special attention was given to the training and use of auxiliary therapists and prosthetics technicians. Their findings were published as The Development of Rehabilitation Services in Relation to Available Resources (Rehabilitation International, New York, 1969, 26 pp., out-of-print). Reread today, the report seems relatively conservative, but in 1969 it was new thinking and, for the first time, the main international bodies and the key professional groups had agreed that alternative approaches were not only possible but were essential.

The next major move on the international stage came from the World Health Organization which during the 1970s was in the process of refining its thinking about the role of primary health care. As one manifestation of a new direction, WHO formulated concepts of "community based rehabilitation." In a technical report on Disability Prevention and Rehabilitation (WHO, Geneva, A29/INF.DOC/1, 1976, 69 pp.); presented to the 29th World Health Assembly in 1976, the

WHO Secretariat carried the Killarney conclusions far along the road towards implementation. After defining a hierarchy of impairment, disability and handicap, and relating them to the first, second and third level prevention measures, the report demonstrates how each can be dealt with using the resources likely to be available in the least developed areas. It also examines extensively the economic, social, political and motivational factors influencing the response to disability.

Approved by the World Health Assembly, the community based rehabilitation concept has been the basis of WHO work for 11 years. A series of training manuals, "Training the Disabled in the Community," is now being developed and projects are being operated in a number of countries, with technical assistance from WHO and other sources. A review of the first 10-years' experience was recently carried out in Sri Lanka by a group of experienced individuals, and the findings will be published as "Partnership in Rehabilitation."

Rehabilitation International presented the Killarney ideas to the Executive Board of UNICEF, and in 1978 UNICEF contracted with RI to conduct a study of the situation of children with disabilities and of measures to assist them. The RI study, Childhood Disability: Its Prevention and Rehabilitation: Report of RI to the Executive Board of UNICEF (UNICEF, New York, E/ICEF/L.1410, 1980, 31 pp.), was received with acclamation by the Executive Board of the Children's Fund in 1980. Based

on extensive field investigations, it reported a widespread absence of information about disability and its prevention and treatment, programs serving only a small proportion of the children in need, lack of attention to the normal elements in disabled children's lives, and severe consequences for children and families when, as it usually does, disability accompanies poverty.

The recommendations in the study link the requirements of disabled children to the improvement of all human services and to the child development process. It concludes that giving basic information and primary training about disability prevention and rehabilitation to families and communities will help them meet the needs of most children threatened with impairments. The study suggests as a fundamental guideline that whatever is done should be designed to make the development process of each child as normal as possible. Since 1980, the UNICEF strategy is based on these and other recommendations in the study.

The full chronicle of these 20 years, and of the revolution they have seen in our thinking about assistance to developing countries, will give reason for amazement that we were so slow to recognize simple and obvious realities. It will disclose a great resistance to change on the part of people and institutions. But, happily, it will also record those who have had the inspiration and the courage for innovation and the determination to carry it through. And the perceptive chronicler

will find in the experience with developing countries much of practical relevance to the areas said to be in the more advanced stages of development.

RESOURCES - SECTION A

NOTE: Several of the items in Section A were excerpted from recent issues of International Rehabilitation Review.

A. The faculty and staff of the Women, Health and Healing Program have developed 3 volumes of curricular material in women's health:

Minority Women, Health and Healing in the U.S.: Selected Bibliography and Resources (\$7), a new bibliography on health issues of minority women (black, Hispanic, Native American, Asian), includes: overviews, history, health status, health beliefs and behavior, utilization, policy, reproduction, sexuality, maternal and child health, mental health, minority women as providers of health care and comparative and reference works.

Syllabi Set on Women, Health and Healing: 14 Courses (\$10) emphasizes social science perspectives on women's health and includes lower and upper division introductions and graduate instruction in health education, history, health policy, cross-cultural issues, social theory, poverty and women's health policy, quantitative research methods, older women's health, minority women's health and life cycle perspectives.

Teaching Materials on Women, Health and Healing (\$7) is a

series of short articles on developing courses for varied institutions, integrating minority women's health issues into diverse curricula, teaching sensitive policy issues and pedagogical materials.

Available from authors, Virginia Olesen, Sheryl Ruzek and Adele Clarke at Univ. of California, San Francisco, Women, Health and Healing, Rm. N-631-4, San Francisco, CA 94143-0612. Checks payable to Women, Health and Healing for individual amounts or \$20 for all 3 sets.

B. International Perspectives in Rehabilitation: A Catalog, Revised Edition, edited by Jean A. Hudder, Dec. 1984. Available from: National Clearinghouse of Rehabilitation Training Materials, 115 Old USDA Bldg., Oklahoma State Univ., Stillwater, OK 74078. This 62-page booklet offers publications from 30 countries on rehabilitation topics ranging from medico/psycho-social aspects of disabilities to job placement and service delivery systems. The heart of this collection of abstracts are reports underwritten and published by the World Rehabilitation Fund. The papers are coded by country and by topic and each abstract includes price and length. The booklet concludes with a listing of names, addresses, and publishers of about 75 journals, periodicals, and newsletters.

C. The World Health Organization has published a 113-page paperback supplement to their catalog of publications. Grouped by subject, it in-

cludes: accidents, air pollution, blindness, cancer, chronic diseases, drug abuse and alcoholism, handicaps and disabilities, health of the elderly, nursing and midwifery, nutrition, sexually transmitted diseases, and smoking. Also periodicals, official publications, and regional publications. Available from: World Health Organization, Regional Office for the Americas/Pan America Sanitary Bureau, 525 23rd St., NW, Washington, DC 20037.

D. Three compendia by and available from Dr. J.M. Gill, Research Unit for the Blind, Brunel University, Uxbridge, Middlesex UB8 3PH, England: International Survey of Aids for the Visually Disabled (10 pounds/\$20 U.S.) lists over 300 aids from over 120 manufacturers, including addresses and telephone numbers, brief description of aid, and price. International Directory of Agencies for the Visually Disabled (5 pounds/\$10) contains information about the main organizations of and for the visually disabled in 135 countries. International Register of Research on Visual Disability (5 pounds/\$10) contains information about current non-medical research on visual disability; a second section contains information about journals which include articles on research on visual disability.

E. The third edition of a United Kingdom Directory of Non-Medical Research Relating to Handicapped People is available for 10 pounds or \$20

from: Handicapped Persons Research Unit, Newcastle Polytechnic, No. 1 Coach Lane, Newcastle upon Tyne NE7 7TW, U.K.

F. Medical Sociology in Britain, edited by David Field and Steven Platt, is a directory of people, publications, research, research centers and postgraduate teaching in medical sociology in Britain. Available from: Steven Platt, MRC Unit, Royal Edinburgh Hospital, Morningside Park, Edinburgh EH105HF U.K. Send payment of 5 pounds or \$10 to BSA Medical Sociology Group with request.

G. Terminology of Special Education, Revised Edition, 1983, is a 167-page glossary of terms in English, French, Spanish and Russian prepared by the UNESCO Secretariat and consulting editors. Included: introduction covering basic concepts such as special education, rehab, integration, abnormality, exceptionality, deficiency, handicap and language and speech; term clusters; and glossaries. Available from Special Education Program, UNESCO, 7 place de Fontenoy, 75700 Paris, France.

H. Disabled in India, edited by Dr. S.N. Gajendragadkar, (Hon. Secretary, Research and Documentation Center in Social Welfare, Bombay) 1983, is a 126-page collection of articles by Indian scholars, providing the most current and well-researched overviews of the situation of India's disabled population. The major articles concern: mentally retardation;

visual impairment; rehabilitation medicine; leprosy; deafness and speech impairments; cancer; arthritis; old age; and voluntary organizations. Available for 55 Indian rupees from Somaiya Publications Pvt. Ltd., 172 Mumbai Marathi, Granthasangrahalaya Marg Dadar, Bombay 400 014 India.

I. Disabled Persons: Some Data about their Situation in Hungary, edited by Csongor Kovacs, 1981, and published by the National Association of Blind and Partially Sighted People and the Department of Public Education of the Ministry for Cultural Affairs, Budapest, is a 98-page book covering incidence and causes of the main disabilities and providing an overview of services.

J. Social Functioning Ability, Proceedings of an International Seminar, an activity of Rehabilitation International Social Commission, University of Tampere, Finland, June 6-9, 1983. Contains 20 papers presented by disability experts from 6 countries, discussing how the social functioning ability of people with disabilities can be defined, assessed and improved; and analyzing some national systems and services. Available for 52 Finnish Marks plus shipping and handling from the University Book Store, Kalevantie 4, SF-33100 Tampere 10 Finland.

K. The National Council for International Health offers 3 new publications: Alternative Health Delivery Systems: Can

They Serve the Public Interest in Third World Settings? is based on the 1983 NCIH and Cooperative League of the U.S.A. workshop, "The Application of Cooperative Concepts in Health Delivery: An International Perspective" and recent papers; International Health and Family Planning: Controversy and Consensus--Selected Papers from the 1984 NCIH International Health Conference covers a broad spectrum of topics representing experience in almost every world region: program management and implementation, policy issues and planning, integrating health and family planning, evaluation, financing, training, and health education; Pharmaceuticals and Developing Countries: A Dialogue for Constructive Action includes papers presented at an open 1983 NCIH forum, the purpose of which was to identify forces and interests coalescing around the issue of use of pharmaceuticals in developing countries and the possibilities for a mutually beneficial resolution. Contact: NCIH, 2100 Pennsylvania Ave., NW, Washington, DC 20037.

L. The World Rehabilitation Fund sponsors an International Exchange of Experts and Information in Rehabilitation (see OPPORTUNITIES, C) which, in turn, makes available at low cost books and monographs by experts from several countries. Example: "Policy Issues and Program Realities: the View from Greece", a 38-page overview of legislation, government programs and policies and actual benefits for disabled people in Greece written by Aliko Coudroglon, a

native Greek who is a social work professional in the U.S. Others include: "The More We Do Together: Adapting the Environment for Children with Disabilities" by the Nordic Committee on Disability (Sweden); "Bridges from School to Working Life for Handicapped Youth: The View from Australia"; "Life Transitions of Learning Disabled Adults" Perspectives from Several Countries"; "A Study of Career Education and Job Placement Programs for the Deaf and Partially Hearing in England"; and others. For a list of available monographs and to receive the Exchange's newsletter, contact: Diane Woods, Project Director, World Rehabilitation Fund, 400 E. 34th St., New York, NY 10016.

M. Rehabilitation International describes itself as "a federation of 125 national and international organizations in 80 countries working to improve the lives of people with physical, mental or sensory disabilities. It is an open forum for the exchange of experience and information on research and practice around the world; an active network of more than 1000 disability specialists; an advocate for policies and legislation to address the rights and needs of disabled people; and a deliberative body which maintains professional commissions on the major aspects of the disability prevention and rehabilitation fields." Its periodicals include: the Newsletter, providing brief announcements about events, projects, meetings and people; the International Rehabilitation

Review; International Journal of Rehabilitation Research; Rehabilitacion; and One in Ten (See Section B below for elaboration of publications). Contact: Rehabilitation International, 432 Park Avenue South, New York, NY 10016; 212/679-6520.

N. Rehabilitation International, U.S.A. is a private, non-profit organization dedicated to disability prevention and rehabilitation. Under its umbrella are: Rehabilitation/WORLD, a quarterly aimed primarily at providing information on international developments in rehab. to the U.S. rehab community; the Rehabfilm Rental Library which reviews and selects films on disability from around the world and makes the best available in North America; The Rehabfilm Newsletter, a quarterly dedicated entirely to review of audiovisual materials related to disability and relevant news from motion pictures and TV; the International Rehabilitation Film Festival, an annual competition of films and other AV materials relating to disability and rehabilitation, culminating in an extensive 3-day exhibition of recommended materials; the International Directory of Access Guides, an annotated bibliography of available access guides printed worldwide, updated annual and free to assist elderly or disabled travellers; Host Directory, a listing of agencies that are willing to host domestic and foreign rehabilitation professionals interested in exemplary practices and innovative

program developments; Access To the Skies, a program dedicated to making commercial airline travel available to elderly and disabled travellers. Contact: RIUSA, 1123 Broadway, New York, NY 10010; 212/620-4040.

O. The World Federation for Mental Health has several projects planned: development of a Charter 2000, a set of declarations on the rights of mentally ill people and the promotion of mental health; establishment of a group to study the impact of new reproductive technologies on the human rights of women, including ethical issues; a series of working meetings with the Cuban Ministry of Public Health to develop training modules for health personnel on mental health issues; its next World Congress in late 1987 in Cairo, Egypt; and the 1989 World Congress in Auckland, New Zealand. Contact: WFMH Secretary General Eugene B. Brody, M.D., Psychiatry, Univ. of Maryland Sch. of Medicine, Rm. 102E, 660 W. Redwood St., Baltimore, MD 21201.

P. The Commonwealth Association for Mental Handicap and Developmental Disabilities was founded in 1983 for the "prevention and amelioration of mental handicap and related developmental disabilities in developing Commonwealth countries." Contact: Commonwealth Association for Mental Handicaps and Developmental Disabilities, Ryegate Ctr., Children's Hospital, Sheffield, S105DD, U.K.

Q. The Center for Health and the Social Sciences has been

established within the Social Science Research Institute of the Univ. of Hawaii. With the geographic foci of Oceania and Southeast Asia, it is a forum for bringing together university and community social scientists interested in health, health sciences, and policy research. Of particular interest are health services issues of indigenous Pacific Islanders and in the developing nations of Southeast Asia. Contact: Co-Director Albert B. Robillard, Univ. of Hawaii at Manoa, Porteus Hall 794, 2424 Maile Way, Honolulu, HI 96822.

R. The European Health Policy Forum (EHPF) has been established to expose European health policy makers to relevant developments in both health care policy and in health services research. It aims to close the communication gap which exists at the national level between those shaping health policy by drawing attention to seminal research and its implications for health policy. Contact: EHPF, Mrs. Christine Dekeyser, Vital Decosterstraat 102-3000 Leuven, Belgium.

S. A Foundation for the Handicapped was created by the Organization of American States to: identify employment opportunities for disabled people and to provide skills training and support services, to provide physically and mentally disabled people of the hemisphere with a better understanding of available opportunities and to ensure the regular participation of existing facilities in the hemisphere in improving the

quality of life of disabled persons. Contact: Organization of American States, General Secretary, Washington, DC 20006.

T. The African Rehabilitation Institute, a project developed by the Organization for African Unity in cooperation with the International Labor Organization, begins operation in 1987. Headquartered in Harare, Zimbabwe, with regional branches in Brazzaville and Cairo, it is under the Directorship of Mr. Joseph Lemro Balambanzi and currently includes 11 African States. Contact: African Rehabilitation Institute, P.O. Box 4056, Harare, Zimbabwe.

U. The United Nations Statistical Office, in cooperation with the UN Center for Social Development and Humanitarian Affairs, has developed a databank on disability statistics. The project's focus: establishment of a baseline to measure development of the situation related to disabled persons; periodic evaluation of progress; and selection of appropriate indicators for evaluation. The database will be used to develop case studies on disability statistics and to prepare a report for use by the UN in monitoring its Decade of Disabled Persons. Statistical topics developed: presence of impairments; presence of disability; causes of impairment; social, economic and environmental characteristics (includes environmental obstacles and accessibility); and distribution and use of services and support. Contact: Dr. Mary Chamie, United Nations

Plaza DC-II, Rm. 1586, Demographics and Social Statistics, UN Statistical Office, United Nations, New York, NY 10017.

V. AIDS and the Third World is the first report from the Panos Institute, a new London-based research group. Published in association with the Norwegian Red Cross, it presents a global review of the AIDS crisis up to Dec. 1986. Contact: Panos Dossier 1, Panos Institute, 8 Alfred Place, London WC1E 7EB, U.K.

W. Simple Orthopaedic Aids, Appropriate Designs for a Developing Country by Chris Dartness, is a 46-page book of "practical information on setting up a small workshop with full details and simple drawings on producing orthopaedic aids for the rehabilitation of the handicapped, using locally available materials and appropriate technology appropriate to the circumstances." Based on experiences at the Khartoum Cheshire Home in the Sudan, it presents alternative designs to Western high technology in producing aids such as calipers, clogs, shoes, walking frames, a basic pylon, splints and wheelchairs. Contact: Leonard Cheshire Foundation International, Leonard Cheshire House, 26-29 Mausell St., London SW1P 2ON England. 2.50 pounds each plus postage and packing 30p per copy; overseas postage is 2.00 pounds per copy.

RESEARCH - SECTION B

The following list of journals and newsletters deals with issues of disability cross-

culturally, regionally, or nationally. Particular emphasis is placed on including publications not readily available so that readers interested in specific areas might be aware of their existence. Examination copies are usually available upon request.

A. Abilities, quarterly magazine; published by the Zambia Council for the Handicapped, P.O. Box 50073, Lusaka, Zambia.

B. The African Rehabilitation Journal, published by the Zimbabwe National Association of Societies for the Care of the Handicapped (NASCOH). Though the focus is primarily on Africa, it includes relevant articles on disability in other developing nations. Contact: NASCOH, P.O. Box 1977, Harare, Zimbabwe.

C. Aids for Living, newsletter of Appropriate Health Resources and Technologies Action Group, Ltd. (AHRTAG); contact: Circulation Manager, AHRTAG, 85 Marylebone High St., London, W1N 8AB, England.

D. ...by the year 1990, quarterly English newsletter supporting immunization; fee of 1 pound per year. Address: Disability Studies Unit, Wildhanger, Amberley, Arundel West Sussex, BN18 9NR, England.

E. Bulletin of the Caribbean Association on Mental Retardation may be requested from: CAMR Secretariat, P.O. Box 792, San German, Puerto Rico 00753.

F. The Canadian Journal of

Rehabilitation, a project of the Canadian Association for Research, will focus on interdisciplinary research of a theoretical, empirical and applied nature. Contact: Dr. J. Vego, Editor in Chief, Canadian Journal of Rehabilitation, 13325 St. Albert Trail, Edmonton, Alberta T5L 4R3 Canada.

G. Carehab, newsletter; write Caribbean Association for Rehabilitation of the Disabled, P.O. Box N 7542, Nassau, Bahamas.

H. Child-to-Child programme, newsletter addressing needs of siblings of disabled children; contact Institute of Child Health, 30 Guilford St., London, WC1N 1EH, U.K.

I. Co-Action, newsletter of UNESCO, describes special education projects in developing countries; in French and English; write: UNESCO Cooperative Action Program, OPI, 7 Place de Fontenoy, 75700 Paris, France.

J. Communicating Together, quarterly publication about non-verbal communication; CAN \$20 or U.S. \$15 per year. Order from Blissymbolics Communication Institute, 350 Rumsey Rd., Toronto, Ontario, Canada M4G 1R8.

K. Comparative Health Systems Newsletter, edited by Ray Elling and co-edited by Donna Denelli-Hess, is available by writing them at: Dept. of Community Medicine, Sch. of Medicine, The Univ. of Connecticut Health Center, Farmington, CT 06032.

L. Development Communication Report, quarterly publication available free to persons in developing countries; \$10 fee to persons in industrialized nations. Published by the Clearinghouse on Development Communication, 1414 22nd St., NW, Washington, DC 20037.

M. Disabled Persons Bulletin, UN publication, available from the UN Center for Social Development and Humanitarian Affairs/Vienna, P.O. Box 600, A-1400 Vienna, Austria.

N. Education Especial, special education publication, may be ordered from the Dirreccion de Educacion Especial, Ministerio de Educacion, Esquina de Salas, Piso 12, Caracas 1010, Venezuela.

O. Future: Development Perspectives on Children, quarterly journal published by UNICEF Regional Office for South Central Asia; \$6 (surface) or \$13 (air); Address: UNICEF House, 73 Lodi Estate, New Delhi 110003, India.

P. GPMH Newsletter reports mental health practices in 25 countries; request from the GPMH Project, 67 Kentish Town Rd., London MW1 8NY, England.

Q. HAI News, quarterly newsletter describes the international use of fine arts as therapy for persons excluded from societal mainstream. Contact: Hospital Audiences, Inc., 1540 Broadway, New York, NY 10036.

R. HKI Report, a quarterly,

available from Helen Keller International, 22 West 17th St., New York, NY 10011.

S. IAPB News, newspaper of the International Agency for the Prevention of Blindness; order from IAPB, Commonwealth House, Haywards Heath, West Sussex RH16 3AZ, U.K.

T. ICPS News, newsletter of the International Cerebral Palsy Society; write: ICPS, 5a Netherhall Gardens, London NW3 5RN, England.

U. ILRU Insights, national newsletter regarding independent living issues; \$18 U.S. per year; write: ILRU Project, P.O. Box 20095, Houston, TX 77225.

V. Improving Communication about People with Disabilities details ways to depict disabilities to elicit positive responses; free. Write: Paula Refolo, Div. for Economic and Social Information, Dept. of Public Information, United Nations, Room 1016, New York, NY 10017.

W. International Information Center on Self-Help and Health, quarterly newsletter, disseminates information about activities, publications and policy concerning self-help groups throughout Europe. Published by the Div. for Medical Sociology of the Catholieke Universiteit Leuven in collaboration with WHO. Contact: International Information Center on Self-Help and Health, E. van Evenstraat 2c, B-3000 Leuven, Belgium.

X. International Journal of

Rehabilitation Research, quarterly journal published in English/French/German; in Spanish sans summaries. Cost \$28 U.S. for individual, \$38 U.S. or DM 64 for institution. In U.S. contact: Rehabilitation International, 25 East 21st St., New York, NY 10010; elsewhere, write G. Schindele Verlag, Hugo-Stotz Strass 14, D-6900 Heidelberg 1, Federal Republic of Germany.

Y. International Journal of Technology Assessment in Health Care, interdisciplinary quarterly journal focusing on comparative experiences of different countries in their encounters with health care technology; interaction between people and technology; technology as a force in social and organizational change, origins, production costs; application of technologies. Contact: Cambridge Univ. Press, 32 E. 57th St., New York, NY 10022.

Z. International Rehabilitation Medicine, quarterly publication of IRM Association; available from Switzerland, SW FR 81 (surface) or SW FR 95 (air); write: EULAR Publishers, P.O. Box 146, CH-4011 Basel, Switzerland.

AA. International Rehabilitation Review, quarterly newspaper; \$20 U.S. to: Rehabilitation International, 25 East 21st St., New York, NY 10010.

BB. International Software/-Hardware Registry, a computerized system listing available software/hardware by categories, descriptions, costs, sources. Write: Trace Research and Development Ctr.

for the Severely Communicatively Handicapped, Univ. of Wisconsin-Madison, 314 Waisman Ctr., 1500 Highland Ave., Madison, WI 53706.

CC. Itinerary (The), a magazine published 6 times a year, featuring information for travellers with physical disabilities; \$6 per year (U.S.); \$7 U.S. (Canada); \$10 U.S. (other nations). Order from: Whole Person Tours, 137 West 32nd St., Bayonne, NJ 07002.

DD. Journal de Readaptation Medicale, published 6 times a year; in France, 210 FF, 105 FF for students; \$62.00 U.S. elsewhere. Write: Masson, 120 Boulevard St. Germain, 75006 Paris, France.

EE. Journal of Rehabilitation in Asia, quarterly periodical of the Indian Society for Rehabilitation of Handicapped, c/o Mayur, First Floor, 377 VP Rd., Bombay 400 001, India.

FF. Journal of Rehabilitation Research and Development, new publication replacing Bulletin of Prosthetics Research. Write: Veterans Administration, Dept. of Medicine and Surgery, Washington, DC 20420.

GG. Mental Peace, journal in Arabic and English, published by the World Islamic Association. Contact: WIAMH, P.O. Box 8180, Nasr City, Cairo, Egypt.

HH. Minusvalidos CC.00: Boletin Informativo, Spanish newsletter from the Commission of the Disabled of the Union of Madrid. Write: Comision de Minusvalidos de la Union de

Madrid de CC.00, Fernandez de la HO3, 12 Madrid 4, Spain.

II. NASCOH News, quarterly newsletter detailing activities on disabilities in Zimbabwe. Request from: National Association of Societies for the Care of the Handicapped, P.O. Box US504, Union Ave., Harare, Zimbabwe.

JJ. NASEOH News, quarterly journal of the National Society for Equal Opportunities for the Handicapped. Order from: Mrs. Nama V. Bhat, Exec. Secretary, National Centre for the Handicapped, Chhatrapati Shivaji Maharaj Market Bldg., First Floor, Palton Rd., Bombay 400 001, India.

KK. Newsletter, quarterly publication in English, French, and Spanish; request from: World Council for the Welfare of the Blind, 58 Avenue Bosquet, 75007 Paris, France.

LL. One-in-Ten, quarterly newsletter on the prevention of childhood disabilities and simple methods to assist disabled children in developing countries. Printed in English, French, and Spanish by Rehabilitation International/UNICEF Technical Support Program; free. Write: Rehabilitation International, 25 East 21st St., New York, NY 10010.

MM. Path-81, a newsletter of Partners Appropriate Technology for the Handicapped (Jamaica Project) on the development of technology for disabled persons in the Caribbean region. Request from: PATH-81-Jamaica Project, 94C Old Hope Rd., Kingston 6, Jamaica.

NN. Pediatric Mental Health, a bimonthly newsletter of Pediatric Projects, Inc., reports psychosocial programs affecting children in different nations. \$24 U.S. (U.S./Canada); \$28 U.S. (outside North America via air); \$30 U.S. (library rate). Write: Pediatric Mental Health, P.O. Box 1880, Santa Monica, CA 90406.

OO. Phoenix, quarterly publication of the Association for Independent Disabled Self Sufficiency; 2 pounds in U.K., 4.50 pounds in other countries. Write: The Editor, Mrs. P.J. Boal, 4 Westfield Way, Charlton Heights, Wantage, Oxfordshire OX12 7EW, U.K.

PP. Polio News, a newsletter on the long-term effects of polio. Write Roosevelt Warm Springs Institute for Rehabilitation, P.O. Box 1000, Warm Springs, GA 31830-02668.

QQ. Positif, newsletter promoting the arts for people who are disabled or disadvantaged. Examination copy reported projects in more than 15 countries. Write Interlink, 358 Strand, London WC2R OHS, U.K.

RR. Prosthetics and Orthotics International, a journal for medical professionals, published 3 times a year; \$42 U.S. per year from International Society for Prosthetics and Orthotics, Borgavaenget 5, 2100 Copenhagen, Denmark.

SS. Rehabaid, a newsletter in English and Chinese about technical aids; write Hong Kong Society for Rehabilitation,

Science Museum Rd., Tsim Sha Tsui, Kowloon, Hong Kong.

TT. Rehabilitacion, Prevencion y Integracion, Spanish language periodical published twice a year, reports mainly about Latin America. Collaborative effort of Rehabilitation International and the Institute for Social Services of Spain (INSERSO). Free. In Europe, write INSERSO, Maria de Guzman 52, Madrid 3, Spain. Elsewhere, Rehabilitation International, 25 East 21st St., New York, NY 10010.

UU. Rehabilitation Digest, Summer 1986, presents research abstracts of Canadian projects on psycho-social research, vocational issues, gerontology, rehabilitation engineering, children, medical research and spinal cord injury. Contact: Canadian Rehabilitation Council for the Disabled, Suite 2110, One Yonge St., Toronto, Ontario, M5E 1E5 Canada.

OO. Review of Rehabilitation Work in Indonesia, published 3 times a year by the Professor Dr. Soeharso Rehabilitation Center, Solo, Indonesia.

VV. Self-Help and The Patient, Directory of National Organizations concerned with various diseases and disabilities; 2.95 pounds, 115 pp., 1987. Write: The Patients Association, Rm. 33, 18 Charing Cross Rd., London WC2H OHR, England.

WW. Social Welfare News-Sheet, a monthly newsletter on relief operations and international societal needs; write League of Red Cross and Red Crescent Societies, Case Postale 276, 17 Chemin des

Crets, CH-1211 Geneva 19, Switzerland.

XX. Solidarite, a French language journal of information on disabled people in Africa, published by the West African Federation for the Advancement of the Handicapped, P.O. Box 3370, Dakar, Senegal.

YY. Summary of Technical Information, issued twice a year, on disabled persons in Asia and the Pacific region. Write the National Commission Concerning Disabled Persons, Second Floor, Philsucom Annex, North Avenue, Diliman, Quezon City, P.O. Box 2493, Manila, Philippines.

ZZ. Tactical Mapping, quarterly newsletter describes developments in Australia and throughout the world regarding maps for visually impaired persons; free; write: Tactical Mapping Working Group, Australian Institute of Cartographers, GPO Box 1292, Canberra, ACT 2601, Australia.

aa. World Council for the Welfare of the Blind Quarterly Newsletter, published in English, French, and Spanish for members of the international council (primarily national agencies). Membership by nomination and delegate dues are quoted in a WCWB brochure available from World Council for the Welfare of the Blind, 58, Avenue Bosquet, 76007 Paris, France.

bb. You-n-Me, a new magazine, features first person views on living with a disability. 6 issues a year for: \$9 CAN (in Canada and the U.S.); \$10 CAN

(elsewhere). Write: You-n-Me Magazine, 200 Scarborough Rd., Toronto, Ontario, Canada M4L 3M9.

END NOTE

Disability Policy in Great Britain: Is the Grass Greener?

by Richard Scotch, Sociology and Political Economy, The Univ. of Texas at Dallas

For 5 weeks in the spring of 1986, I visited Great Britain under the sponsorship of the World Rehabilitation Fund's International Exchange of Experts in Rehabilitation. The purpose of my visit was to learn more about British disability policy and the political context within which it has developed in the past 2 decades.

The most important element in British disability policy is its system of cash benefits. Access to some benefits is available to virtually everyone with a work disability, yet the system of providing benefits is administratively complex and full of inconsistencies. Depending on the source of disability, payments for identical impairments vary by several hundred percent, and housing, attendant assistance, and available adaptations and equipment also vary for beneficiaries in generally similar circumstances. Benefits may also be affected by the ability to perform life functions, and by the need for special services.

A disabled Briton might be eligible for a few programs, or for many. Some individuals

receive enough assistance to live not appreciably worse than many nondisabled people in Great Britain, while others are caught in the inconsistencies and uncertainties of this complex nonsystem.

Beyond the provision of cash benefits, British law contains a number of statutes promoting disabled people's right to participate in society. On the whole, such measures promise far more than they deliver and in practice are dependent on the voluntary compliance of employers and government officials. Most Britons concerned with disability compare the U.K. unfavorably with the U.S. in terms of legal protections and entitlements, which is consistent with more general national differences concerning individual rights.

At the end of the Second World War, a mandatory hiring quota for disabled workers was established, but this has had little impact since the immediate post-war period. While there is currently a number of voluntary employment programs in operation, some with apparently high rates of success, they affect only a small proportion of disabled Britons.

The single most important British law promoting the rights of disabled people have been the Chronically Sick and Disabled Persons Act, enacted by Parliament in 1970. Among the purposes of the bill were providing better access to schooling, housing, and public facilities, ensuring participation by disabled people on policy-making bodies, and improving the quality of services in institutions and in

the community.

However, according to most observers, the British statute has had a very limited impact on practices in government and the private sector. Most of the Act's provisions are not mandatory but rather are in effect "in so far as it is in the circumstances both practicable and reasonable." While there is a parallel here with the American regulatory concept of reasonable accommodation, in practical terms, British employers and government authorities have been given license to avoid making any changes which might prove to be costly, disruptive, or controversial. Nevertheless, some claim that the British Act has had an important political impact, both by redefining disability issues and by raising the expectations of British disabled people about participation and access.

The establishment of a symbolic right to access without substantive guarantees is also found in the schools. The Education (Handicapped Children) Act of 1970 charged local school authorities with responsibility for the education of all disabled children. Integration of disabled children was further promoted in an essentially symbolic sense under the Education Act 1976, which required the accommodation of disabled children into ordinary schools except where "impracticable or incompatible with the provision of efficient instruction in the schools" or where it would involve "unreasonable public expenditure," or where it would be against the best interests of the child. The British

government, however, has never implemented this section.

Great Britain has emphasized the provision of a minimum set of economic and social benefits, universally provided, to all British subjects including income, health care, housing, and basic education, but not formally established universal rights of access and participation. Thus, it could be said that disabled people in Great Britain are both better and worse off than their American counterparts.

NOTE: A more complete discussion is available in my fellowship report, "Disability Policies and Disability Politics: A Perspective from Great Britain", available from the World Rehabilitation Fund, 400 E. 34th St., New York, NY 10016.

Brandeis University
Department of Sociology
Waltham, MA 02254 USA

DISABILITY STUDIES QUARTERLY
Irving Kenneth Zola, Editor

