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Dear Readers,

This issue focuses on Work and Related Disability Policies. Looking ahead and seeing what has come across our desks, we envision the upcoming Fall issue (deadline--Sept. 1) as a generic one. Since we cannot currently afford to publish more than a 28 page edition, Winter 1986 may also be a general one. This will enable us to continue our relatively quick turn-around time for new books, research, etc. The flow of materials indicates possibly a Spring issue (deadline--March 1) on Media Depictions and a Summer one (deadline--June 1) on Mental Health and Related Rights Issues--e.g., informed consent. In the future, too, are Gender and Sexuality; and International, Cross-cultural, Comparative Work. Please keep the information and suggestions coming.

The Editors

FOCUS

Economics of Work Disability

by William G. Johnson, PhD (The Maxwell Sch, Economics, Syracuse Univ)

Economists study work disability using a model which represents work activity of an individual as the outcome of economic incentives (wages vs. non-wage income), personal preferences (preference for time off vs. material goods acquired with wage income), and a set of personal and environmental characteristics that determine individual choice between work and other alternatives. In the context of the labor supply model, health is one of the variables that define the scope of one's choice. Before 1969 studies of the effect of health on work activity were limited to counting the proportion of labor force eligibles who reported that they were limited or unable to work because of ill health. The only implications of this naive model of work disability was that persons who became too ill to work did not work and that improvements in health would create proportionate increases in labor force activity.

Early attempts to study work disability by adding a measure of health to the labor supply model were by William G. Bowen and Thomas A. Finnegan (1969) and Joseph Newhouse (1970). In 1971 Johnson estimated the first model which used functional measures of health, incorporating Saad Nagi's (1969) concept of functional limitation and impairment as a more appropriate measure of health than mortality rates or medical condition codes. Since 1971 economists have increased their interest and research on work disability to include the effect of ill health on retirement, the disincentive effects of public programs for disabled persons, the influence of ill health on the labor force participation of women, and most recently the impact of labor market discrimination against disabled persons. The studies characteristically concentrate on the economic influences on labor supply, treating health as a constraint and, by necessity, ignoring the influence of labor demand. Although work on life cycle (panel) data has begun, published research is limited

to cross section data which do not permit a true picture of the relationship between aging, health, and work.

The major contribution of this research is the empirical demonstration that, except in cases of extreme severity, health is only one of the influences on whether or not a person works. The studies show that work disability can be created by overly generous disability benefits (Parsons, 1980; Haveman and Wolfe, 1984); that disabled persons are subjected to discrimination when they work because of misinformation and prejudice (Johnson and Lambrinos, 1985); that a disability impairment in one job does not affect productivity in a different one or that the effect of health on work differs across age groups and between races and sexes (Haber, 1970; Monroe Berkowitz and William G. Johnson, 1974; Luft, 1975; Monroe Berkowitz, William Johnson, and Edward Murphy, 1976); that ill health via its effect on work disability is an important contributor to poverty (Harold Luft, 1978); and that flexibility in work schedules and tasks often compensates for the limitations associated with impairments (Yelin et al, 1980). Pathbreaking research on work disability among women is being done by Nancy Mudrick (Social Work, Syracuse Univ.). A research group at Oxford University is producing a variety of studies based on data from the U.K. (e.g., Fenn, 1981).

The next part of the work disability puzzle is the analysis of the "demand side" influences on the work and wages of disabled persons. Discrimination studies are a start. What is lacking is a good analysis of the influence of variations in the demand for labor on the probability that disabled persons will work or, alternatively, that they will be counted as work disabled. It is well known that the employment of disabled persons increases sharply during periods of labor shortages, reacting to shortages in the same manner as the demand for Blacks and (historically) women. There are, to my knowledge, no studies of how opportunities for work and employers' willingness to modify job requirements respond to variations in their demand for labor. Another aspect of the demand side is the effect of displacement, such as plant closings, on the incidence of work disability. There are some interesting suggestions that plant closings create impairment and that mental illness is induced by the stress of unemployment (Harvey Brenner, 1973). A more thorough investigation of the importance of dislocation from the job on subsequent health and work disability would be an important contribution to the field.

This brief discussion is hardly a complete review of the economics of work disability. Readers might want to begin with those books referred to in this article (by author's full name and date of publication) and with the following economic journals: Industrial and Labor Relations Review, The Journal of Human Resources, and Industrial Relations.

References

(limited to journal articles mentioned in article)

- Berkowitz, Monroe, and Johnson, William G. "Health and Labor Force Participation," Journal of Human Resources. 9:1 (Winter 1974), 117-128.
- Fenn, Paul. "Sickness Duration, Residual Disability, and Income Replacement: An Empirical Analysis," The Economic Journal. 91 (March 1981), 158-173.
- Haber, Lawrence D. "Age and Capacity Devaluation," Journal of Health and Social Behavior. 11:3 (September 1970), 167-182.
- Haveman, Robert, and Wolfe, Barbara. "Comment on the Declining Labor Force Participation of Older Men," Journal of Political Economy. 92:3, 1984.
- Johnson, William G. and Lambrinos, James. "Wage Discrimination Against Handicapped Men and Women," Journal of Human Resources (Spring

1985).

Luft, Harold S. "The Impact of Poor Health on Earnings," Review of Economics and Statistics. 57:1 (February 1975), 43-57.

Parsons, Donald O. "The Decline in Male Labor Force Participation," Journal of Political Economy. 88:1 (February 1980), 117-134.

Yelin, Edward, Nevitt, Michael, and Epstein, Wallace. "Toward an Epidemiology of Work Disability," Milbank Memorial Fund Quarterly. 58:3, 1980, pp. 386-415.

COMING EVENTS

A. **Target 2000, First Joint Caribbean Conference on Disability**, San Juan, Puerto Rico, August 1985 (write for specific dates). Sponsored by the Caribbean Associations on Mental Retardation and other Developmental Disabilities (CAMRODD), Rehabilitation Therapists (CART), and Rehabilitation of the Disabled (CARD). Contact: Target 2000 Conference Secretariat, P.O. Box 334, Hato Rey, Puerto Rico, 00919.

B. **Society for the Study of Symbolic Interaction**, Washington, DC, August 22-28, 1985. Includes sessions on identity and self-concept, gender and ethnicity, applied research, health care and aging, and new empirical research. Contact: Ruth Horowitz, Dept. of Sociology, Univ. of Delaware, Newark, DE 19716; 302/451-1563.

C. **Society for the Study of Social Problems**, 35th Annual Meeting, Shoreham Hotel, Washington, DC, August 24-26, 1985 will have several sessions of special interest: **Occupational Health and Illness**, August 24, 8:30-10:15 a.m., includes papers on Disability and Return to Work, Stress at Work, and Chemical Consciousness; **Intersections of Health and Technology**, August 24, 1:30-3:15 p.m., with papers on transplants, birth defects, and genetic counseling; **Disabilities and Abilities Through the Life Course**, one of 6 simultaneous colloquia on August 25, 3:30-5:15 p.m. with papers ranging from defective newborn to rural elderly; **The Social Experience of Health and Illness**, August 26, 8:30-10:45 a.m., with papers on preventive behaviors, self-reports of stress and workload, familial response to chronic illness, social history of Alzheimer's Disease; and on August 26, **Access of Poor to Health Care**, 2:30-4:15 p.m. and **Health Promotion in the Workplace**, 4:30-6:15 p.m.

D. **80th Annual Meeting of the American Sociological Association**, Washington Hilton and Towers, Washington, DC, August 26-30, 1985. Of special interest are the following sessions. August 28, 8:30 a.m. **Work and Health**: "Priestly vs. Fowler and the Conflict over Work and Health (Carl Gersuny); "High Risk Workers or High-Risk Work?" (Elaine Draper); "The Norwegian Work Environment Act" (C.M. Otten); "An Empirical Study of Workers' Coops" (Leon Grunberg), organized by Bennett M. Judkins (Soc., Belmont Abbey College). August 29, 8:30 a.m. **Roundtable Politics of Disability Rights**: "Coalition-Building: Problems and Prospects for the Disability Rights Movement" (Adrienne Asch); "Issues in the Politics of Disability Rights" (Alan Gartner); "Disability Rights Advocacy and the State" (Richard K. Scotch), organized by Nancy DiTomaso (Soc., Rutgers) and Paul Luebke (Soc., Univ. of N. Carolina). August 30, 8:30 a.m. **Disability and Chronic Disease: Implications for Health Policy**: "Tardive Dyskinesia" (Phil Brown, Steven C. Funk); "Treatment of Alzheimer's Disease" (Karen A. Lyman); "Black or Blind: A Comparison of Federal Policies Toward Minority and Disabled Groups" (Sharon N. Barnartt, Katherine Seelman); "Can Home and Community-Based Services Provide Lower Cost Alternatives to Nursing Homes?" (Pamela Doty); "The Theory of

Social Supports: Morality Rates--A Case for Policy" (Eugene Litwak), organized by Irving Kenneth Zola (Soc., Brandeis Univ.). August 30, 12:30 p.m. Roundtable **Research in Chronic Disease and Disabilities** (Caroline Kaufmann)

E. **The Double Bind: Female and Disabled**, a panel of the meetings of the Sociologists for Women in Society (SWS), Washington Hilton, Washington, DC, August 29, 1985, 12:30-2:30. Presentations include: "Social Adaptation to Rheumatoid Arthritis--A Comparison of Female and Male Resources and Constraints" by Caroline Kaufmann (Univ. of South Florida); "Variations in Living Arrangements and Sources of Help Available to Disabled Women and Disabled Men" by Nancy Kutner (Emory Univ.); "Disabled Women and the Rehabilitation Process" by Corrine Kirchner (Amer. Founda. for the Blind); "Has the Social Status of Disabled Women Improved? A Comparison of 1972-1978" by Barbara Altman (Univ. of Maryland); and "Women with Disabilities and the Women's Movement" by Adrienne Asch (NY State Div. of Human Rts.). Discussant leader and contact: Dr. Sharon Barnardt, Dept. of Soc., Gallaudet College, Kendall Green, Washington, DC 20002; 202/651-5342. Another session of interest is "Sociology of Health: Women and Breast Cancer" by Rita Braito (Univ. of Denver), August 24, 3:30-5:15.

F. **2nd World Congress of Disabled People's International**, Bahamas, September 1985 (write for specific dates). Contact: Disabled People's International, Box 36033, S-10071, Sweden.

G. **5th World Congress, International Rehabilitation Medicine Association**, Sydney, Australia, Sept. or Oct. 1985 (write for information). Contact: Prof. GG Burninston, Australian Assoc. Phys. Rehab. Medicine, Prince Henry Hospital, Little Bay, 2036 Australia.

H. **Health for All--Meeting the Challenge**, 12th World Conference on Health Education, Dublin, Ireland, Sept. 1-6, 1985. Contact: Mary D'Ardis, Health Education Bureau, 34 Upper Mount St., Dublin, Ireland.

I. **The Changing Rehabilitation World**, International Conference, New York, New York, Sept. 3-6, 1985. Contact: International Conference, United Cerebral Palsy of NYC, 122 East 23rd St., New York, NY 10010.

J. **8th Annual Conference on Patient Education in the Primary Care Setting**, Westin Crown Center Hotel, Kansas City, Missouri, Sept. 8-10, 1985. Contact: Donna Price, S.S.M. Family Medicine Center, 2900 Baltimore, Suite 400, Kansas City, Missouri 64108; 1-800/821-6671 or 816/756-0455.

K. Combined meeting of **The American Academy of Physical Medicine and Rehabilitation and the American Congress of Rehabilitation Medicine**, Kansas City, Missouri, Sept. 28-Oct. 4, 1985. Of particular interest is the Sept. 28 symposium (8:30-noon) **Family Facts and Fiction: Current Research on Families and Rehabilitation**. Contact symposium moderator: Duane Bishop, M.D., Clinical Director, Butler Hospital, 345 Blackstone Blvd., Providence, RI 02906; 401/456-3708.

L. **3rd International Congress of Traditional and Folk Medicine**, Mexico, Oct. 7-12, 1985. Topics will include history of medicine and philosophy of traditional and folk therapeutic practices; ethnobotany; ethnology and transcultural psychiatry in traditional and folk treatment; homeopathy; the future of traditional and folk medicine in social

medicine; archeopathology; sociolinguistics; ethnomusic therapy; traditional and folk medicine in the arts; ecology and health; and the importance of diet in health and illness. Contact: Oscar Hutterer Ariza, Director of the Organizing Committee, Third International Congress of Traditional and Folk Medicine, Salazar 215-A, Cuernavaca, Mor, Mexico; 91/7314-1240.

M. **People with Mental Handicaps--What Will Be Their Life Tomorrow?** European Congress of International League of Societies for Persons with Mental Handicap, Hamburg, Federal Republic of Germany, Oct. 13-18, 1985. Contact: ILSMH, 13, rue Forestiere, B-1050 Brussels, Belgium.

N. **Caucus of Folklorists Interested in the Disabled**, The American Folklore Society Annual Meeting, Netherland Plaza Hotel, Cincinnati, Ohio, Oct. 16-20, 1985. Interested scholars will share knowledge of work done and work to be done in this area; obtain a measure of interest in disabled people among folklorists; and create a communications network to enable effective exchange of ideas. Contact: Dr. Jerrold Hirsch, Tennessee Community Heritage Project, Memphis State Univ., Memphis, TN 38152 or Dr. Karen Hirsch, Director, Wesley Care Preschool, 620 Mosby St., Memphis, TN 38105.

O. **9th Annual Conference on the Interface of the Humanities and Technology**, Marietta, Georgia, Oct. 17-18, 1985. Topics include: relationship between the humanities, science & technology (s & t) as perceived by business and industry; ramifications of tech. on professional, societal, or governmental ethics; history & philosophy of s & t and architecture; public policy toward the humanities, s & t; curricular design for the humanities, s & t; role and effects of tech. in science fiction, American studies, world history, and popular culture; responses of literature, aesthetics, and the arts to tech.; or international tech. transfer. Contact: Virginia Hein or Bob Wess, Dept. of English and History, Southern Technical Inst., Marietta, GA 30060; 404/424-7202.

P. **Computer Technology and Persons with Disabilities**, University Student Union, California State Univ., Northridge, Oct. 17-18, 1985. Presentations include hardware, software, adaptive devices and training programs for children and adults with disabilities, their families, teachers, and service providers. Contact: Dr. Harry J. Murphy, Coordinator, Disabled Student Services, California State Univ., Northridge, 1811 Nordhoff St., Northridge, CA 91330; 818/885-2578.

Q. **5th Annual Meeting of the National Academy of Neuropsychologists**, Sheraton University City Hotel, Philadelphia, Pennsylvania, Oct. 17-19, 1985. Contact: Dr. Robert Elliott, 629 27th St., Manhattan Beach, CA 90266 or Dr. Judith Groves, Children's Hospital/Psychology, 700 Children's Drive, Columbus, OH 43205.

R. **9th World Congress of the International League of Societies for Persons with Mental Handicap**, Rio de Janeiro, Brazil, Oct. 19-25, 1985. Contact: ILSMH Secretariat, 13 rue Forestiere, B-1050, Brussels, Belgium.

S. **2nd International Conference on Rural Rehabilitation Technologies**, University of North Dakota, Grand Forks, North Dakota, Oct. 22-24, 1985. Organized by the UND Engineering Experiment Station and the UND Medical Center Rehab Hospital, it will focus on technology that can assist the rural disabled in farming, independent living, recreation, etc. Contact:

Deb Haley, ICRRT Headquarters, Engineering Experiment Station, Box 8103 University Station, Grand Forks, North Dakota 58202; 701/777-3120.

T. **2nd European Conference on Research in Rehabilitation**, organized by the Fed. Rep. of Germany Society for Rehabilitation of the Disabled and U.K. Society for Research in Rehabilitation, Dusseldorf, Federal Republic of Germany, Nov. 18-19, 1985. Contact: Deutsche Vereinigung für die Rehabilitation, Behinderter, Friedrich-Ebert-Anlage 9, 6900 Heidelberg 1, Federal Republic of Germany.

RETROSPECTIVES

A. **"Lay Health Beliefs in Britain Today"**, a meeting of the British Medical Anthropology Society (BMAS) held in Wales in January 1984, brought together social scientists researching lay health beliefs in Britain and health professionals concerned with their practical implications. They looked at the difference between health beliefs of lay and professional people and the relationship between findings and investigative methods. Papers included public and private accounts of cancer and heart disease; the influence of lay judgments on causation and individual behavior on the reaction of women to cytology clinic results; inconsistencies in the nature and cause of stroke by patients, their families and friends; patients' beliefs about hypnotic medicine; and how methodology influences these research findings. For publication information, contact: Dr. Roisin Pill, Dept. of General Practice, Welsh National School of Medicine, Health Centre, Maelfa, Llandeyrn, Cardiff, Wales.

B. In October 1984 the British Medical Anthropology Society met jointly with the Society for the Social History of Medicine at the Univ. of Sussex, presenting papers on ritual and pain, perceptions of pain in 17th century England, homeopathy and pain, pain relief, pain addiction and traditional therapy in Southeast Asia, pain associated with outpatient treatment of "abnormal" cervical cells and social definitions of menstrual pain. Contact: Dr. Carol MacCormack, London School of Hygiene and Tropical Medicine, Keppel St., London WC1E 7HT England.

C. The Department of Psychiatry and the Langley Porter Psychiatric Institute of the Univ. of California, San Francisco, held a Symposium entitled **"Body and Mind: The Emotional Problems in Physical Disability"** on February 16-17, 1985 in San Francisco. Topics covered the life span, from genetic counseling to aging and disability, and included assessment of persons with disabilities, psychological and pharmacological treatment. Special issues such as independent living, assistive devices, sexuality, and forensic concerns were also included. The speakers were recognized figures in medical rehabilitation and psychiatry. A book based on this symposium will be available in 1986 as Volume 3 in a Mind and Medicine series by Grune and Stratton. (reported by Roberta B. Trieschmann, Scottsdale, Arizona)

D. The 8th Annual Renal Rehabilitation Conference, **"Maximizing Rehabilitation in Chronic Renal Disease: Consumer Involvement and Professional Support"**, was presented by Emory University, Atlanta, on May 16-17, 1985. The conference topic was addressed from the perspectives of physicians specializing in nephrology and rehabilitation medicine, a psychologist, a sociologist, various allied health personnel, and patients. Career planning and employment were among the issues considered. Unfortunately, the way in which dialysis treatment is pre-

sented, prescribed, and provided to patients tends to discourage return to productive activity. Automatic availability of disability benefits is also a powerful disincentive. Conference participants focused on ways that both care providers and patients can emphasize choices rather than barriers. Contact: Nancy G. Kutner, Ctr. for Rehab. Med., Emory Univ., Atlanta, GA 30322. (reported by Nancy G. Kutner)

SOLICITATIONS

A. Miriam Ann Caldwell (205 Mt. Auburn St. 3A, Cambridge, MA 02138; 617/354-4544) is interested in studying the subjective experience of symptoms of chronic disorders, particularly those designated "of unknown origin," which include migraine, diabetes, arthritis, lupus erythematosus, ulcerative colitis and other lesser known diseases. She is convinced that patients with chronic disorders are a valuable source of information because of their years of intimate contact with its effects. In the traditional medical setting, she maintains, there is no provision for the systematic collection of this information; thus it is lost to use by other patients and their attending physicians. She therefore proposes to initiate a research alliance within the sociology profession between chronic sufferers and sociologists who either have chronic disorders themselves or have interest in or particular information about them for whatever reason. She is already using her own disorder to experiment with the development of a methodology for organizing the data of subjective reports and would be interested in talking to persons interested in their own category of chronic disorder.

B. If you have done or are thinking of doing qualitative family research, you may wish to be included in a **Qualitative Family Research Network** listing. Send your name, address, telephone number, and a brief description of your theoretical and research interests to Ralph LaRossa, Dept. of Sociology, Georgia State Univ., Atlanta, GA 30303.

C. The Univ. of North Dakota at Grand Forks has received a \$24,000 grant from the Otto Bremer Foundation of St. Paul, MN, to establish a **computer database to catalog devices and techniques--products, devices, techniques or services developed by professional and lay people that enhance daily living, transportation, vocational, communications or accessibility needs of rural disabled people.** Information for the database will be obtained through surveys in publications dealing with rural living and will then be placed in a database with a catalog of the information on diskette or paper by the end of 1985. Persons who have products, equipment or services that might be included in the database should contact: Doris Bornhoeft, Ofc. of Clin. Dev., Med. Ctr. Rehab. Hosp., Box 8202 Univ. Station, Grand Forks, ND 58202; 701/780-2489.

D. **The Resource Group of Disabled Scientists of the American Association for the Advancement of Science** needs to identify scientists (including social scientists) with a disability to join the Group and be listed in the **1985 Resource Directory** which lists names and other helpful data about scientists with disabilities. Contact: Project on the Handicapped in Science, AAAS, 1776 Massachusetts Avenue NW, Washington, DC 20036; 202/467-4496 (TDD/voice).

E. Family members who provide primary **caregiving to Alzheimer's Disease patients** are needed to complete a series of 3 questionnaires on family stress and coping with family caregiving. Complete anonymity is guaranteed to all participants in this research study. Family members

in New Jersey, New York and Philadelphia are also needed for a 1-hour caregiving interview. Contact: Robert Famighetti, Director of Gerontology, Kean College of New Jersey, James Townley House, Gerontology Center, Morris Avenue, Union, NJ 07083; 201/527-2605 or 201/677-3917.

CALL FOR PAPERS

A. The **Journal of Medicine and Philosophy** seeks articles for publication in upcoming thematic issues. Themes, issue editors and closing dates for receipt of manuscripts are: 1) "Rationality and Medicine"; Danner Clouser, Dept. of Humanities, Milton S. Hershey Medical Ctr., College of Medicine, Penn. State Univ., Hershey, PA 17033; Sept. 1, 1985; 2) "Ethical Issues in the Use of Clinical Controls"; Kenneth Schaffner, Dept. of Hist. and Phil. of Science, Univ. of Pittsburgh, 312 Loeffler Bldg, Pittsburgh, PA 15260; Jan. 1, 1986; 3) "Money, Medicine, and Markets"; Baruch Brody, Ctr. for Ethics, Medicine, and Public Issues, Baylor Coll. of Medicine, 1 Baylor Plaza, Houston, TX 77030; April 1, 1986; 4) "Ethical Issues in the Use of DRGs"; Stuart F. Spicker, Dept. of Comm. Medicine & Health Care, Univ. of Conn. Health Ctr., Farmington, CT 06032; July 1, 1986; 5) "Justice Between Generations and Health Care for the Elderly"; Norman Daniels, Dept. of Phil., Tufts Univ., Medford, MA 02155; Jan. 1, 1987; 6) "Ethical Issues in Research with Animals"; Tom. Beauchamp, Kennedy Inst. of Ethics, Georgetown Univ., Washington, DC 20057; April 1, 1987; 7) "Comparative Medical Ethics"; Robert Veatch, Kennedy Inst. of Ethics, Georgetown Univ., Washington, DC 20057; July 1, 1987.

B. For a special issue on Migration and the Elderly, the **Journal of Cross-Cultural Gerontology** seeks articles on 1) the impact of state policies promoting or discouraging migration on the elderly; 2) the impact of the migration of others on the roles and status of the elderly remaining in the home community; 3) the motivations and circumstances impelling the elderly to migrate; 4) the adaptation of elderly migrants to their new situations; or 5) the effect of returned elderly migrants on their home communities. Deadline: Sept. 1, 1985. Contact Guest Editor: Charlotte Ikels, Larsen 716, Harvard Graduate School of Education, Appian Way, Cambridge, MA 02138.

C. The **International Journal of Sociology and Social Policy** invites papers for a special issue on underemployment. Manuscripts should be 20 pages or less and may deal with any aspect of underemployment in either industrialized or developing countries. For style, see recent issues. Deadline: Sept. 1, 1985. Contact Guest Editor: Prof. Teresa A. Sullivan, Dept. of Sociology, The Univ. of Texas at Austin, 436 Burdine Hall, Austin, TX 78712.

D. **The Hospice Journal**, a new journal dealing with research related to terminal illness, is planning a special issue on stress and burnout in the care of the chronically and terminally ill. Theoretical and research oriented manuscripts which focus on stress and burnout of professional and lay staff as well as primary caregivers are encouraged. Deadline: Oct. 15, 1985. Contact: Dr. Lenora Finn Paradis, PhD, Dept. of Allied Health Education and Research, Univ. of Kentucky Medical Center Annex #3, Lexington, KY 40536; 606/257-1279.

E. A special Spring 1986 issue of **International Migration Review** will explore the methodology for the study of health problems among migrants; present findings from new research projects in different countries; and

critically evaluate the most recent literature in the form of an annotated bibliographic essay. Deadline for papers: Dec. 31, 1985. Contact: IMR, 209 Flagg Pl., Staten Island, NY 10304; 718/351-8800.

OPPORTUNITIES; FUNDING/PROGRAMS/RESOURCES

A. MD, PhD or equivalent degree candidates who are seeking beginning post-doc. training in basic biomedical research can apply for a fellowship (normally 3-years; \$16,000 per annum) at the **Helen Hay Whitney Foundation**. An annual allowance of \$1,000 is given to the Fellow's laboratory. Travel funds to the fellowship location for the Fellow and his/her family are provided. Supplementaton of the stipend is permitted but non-research activities, such as teaching, may not occupy more than 10% of the Fellow's time. Applications are not accepted from persons who are abroad. U.S. citizenship is not required but fellowships to resident non-citizens are awarded only for training in the U.S. Citizens may train abroad. Because fellowships are for early post-doc. training only, candidates are expected to be under 35 years of age. Applicants who have already had 1 year's post-doc. lab training at the time of the application will not be considered unless they are planning continued training in a new research area with a different mentor. Applications are available April 1, 1985 and the filing deadline is a postmark date of August 1, 1985. Contact: Administrative Director, The Helen Hay Whitney Foundation, 450 E. 63rd St., New York, NY 10021.

B. **The Rockefeller Foundation** seeks to support small-medium sized budgeted projects (grants between \$15,000-\$30,000) in its Program to **Explore Long-Term Implications of Changing Gender Roles**. Persons who have completed their professional training in the social sciences, humanities, law, journalism, health, and natural sciences may compete. Deadline is Sept. 15, 1985. Contact: Gender Roles Program, The Rockefeller Foundation, 1133 Ave. of the Americas, New York, NY 10036.

C. **The Program for Law and Social Sciences at the National Science Foundation** invites proposals for funding as early as Jan.-Feb. 1986 to be submitted by Sept. 1, 1985. These can include but are not limited to research to enhance the scientific understanding of the impact of law; human behavior and interaction re law; the dynamics of legal decision-making; and the nature, source, and consequences of variations and changes in legal institutions. Within this framework, the program accepts diverse theoretical perspectives, methods, and contexts for study. The review process takes 6-9 months and includes appraisal of proposals by expert ad hoc reviewers. Contact: Felice J. Levine, Prog. Direc., Law and Social Sciences, National Science Foundation, Washington, DC 20550; 202/357-9567.

D. **The Society for Research in Child Development** invites applications for the 1986-87 **Congressional Science Fellowships in Child Development** which are open to scientists and professionals at the postdoctoral level with interests in child development and public policy. Fellows have an opportunity to spend a year as members of a Congressional staff with the fellowship year beginning Sept. 1, 1986. Deadline for receipt of application materials: Nov. 8, 1985. Contact: Barbara Everett, Director, Washington Liaison Office, Society for Research in Child Development, 100 North Carolina Ave SE, Suite 1, Washington, DC 20003; 202/543-9582.

E. **The Pew Memorial Trust** awards grants in the areas of education, health care, culture, human service, public policy, religion, and con-

ervation. Grants are made only to tax-exempt organizations and have ranged from \$4000 to \$1.5 million. Proposals may be submitted at any time. Contact: Pew Memorial Trust, The Glenmede Trust Co., 229 S. 18th St., Philadelphia, PA 19103; 215/875-3200.

F. 6 Fellows participate annually in the Robert Wood Johnson Foundation's Health Policy Fellowships Program, designed to extend the public policy horizons of health professional schools in the U.S. and improve the capabilities of their faculty members to study health policy and assume leadership roles in health activities at all levels. The 1-year program of orientation and full-time working experience takes place in Washington, DC; moving expenses to and from Washington, within certain specified limits, are reimbursed. Fellows are paid annual stipends equal to their salaries prior to entering the program, up to \$40,000 per year. Fringe benefits are also maintained at corresponding levels. Contact: Richard L. Seggel, Institute of Medicine, 2010 Constitution Ave., N.W., Washington, DC 20418; 202/334-2330.

G. The International Foundation of Employee Benefit Plans awards postdoctoral grants-in-aid of research on employee benefits issues to encourage examination of problems having legal, economic, social or political consequences for the private and public benefits field. Awards are for defraying the added expense of conducting original research and are a supplement to other established or anticipated sources of financial assistance/employment. Applications are accepted at any time. Contact: IFOEBP, 18700 W. Bluemound Rd., P.O. Box 69, Brookfield, WI 53005; 414/786-6700.

H. The Dole Foundation awards grants supporting programs which provide job training, job preparation and placement, innovative job creation efforts and to entrepreneurs who are disabled. It will support the involvement of disabled people in the design and operation of programs and in opportunities for advancement in management roles. Contact: Carl H. Rush, Exec. Director, 220 Eye St. NE, Washington, DC 20002.

I. The Foundation for Children with Learning Disabilities provides grants and information on learning disabilities. Contact: Julie Gilligan, Director of Public Relations and Programs, 99 Park Ave., New York, NY 10016.

J. The Overview of Endowment Programs 1985-86 is a reference guide that contains application deadlines, instructions, eligibility requirements, agency telephone directories, and a list of other National Endowment for the Humanities (NEH) publications. It is free from the NEH, Washington, DC 20506.

CURRENT RESEARCH

A. C. Allen Haney (Soc., Univ. of Houston, Houston, TX) and Elizabeth Gear (Gynecology, M.D. Anderson Hospital & Tumor Institute, Houston, TX) report on research involving the non-institutionalized, physically impaired population in the Houston area. Between 1979 and 1980 a large scale telephone survey was conducted for the City of Houston. Utilizing a random digit dialing sampling technique, 30,000 households were screened and 900 non-institutionalized, impaired persons were identified and interviewed. The survey methodology was designed to provide accurate, cost-effective and policy relevant prevalence data that would meet acceptable scientific criteria. Impairment was operationalized and eli-

gible respondents identified on the basis of physiological functioning. Results suggested that the non-institutionalized, impaired population closely resembled the general population in demographic composition. Also while useful in some contexts, the use of diagnostic nomenclature or governmentally defined disability status and the limitation of respondents to individuals between ages 16 and 64 as the sampling criteria may result in the exclusion of those who have never worked outside the home, are not disability applicants, or are retired, as well as the under or over-representation of particular impairment groups. Subsequent research has been focused on 2 areas: 1) whether or not the use of rehabilitation is a viable predictor of the social limitations which may be attendant to physical impairment; and 2) the perceptions held by impaired persons themselves regarding their impairment related role(s).

B. **The British Diabetic Association** is supporting research on employment problems among people with diabetes throughout the British Isles (including Northern Ireland, Scotland and Wales) using a random sample of diabetic and non-diabetic controls. 4000 diabetics, selected from 8 diabetic clinic centres (approximately 500 from each centre), will be sent a questionnaire concerning aspects of their current employment, job experiences and problems, type of work, working hours, unemployment and redundancy experience, sickness and time off work and other basic demographic details. Each diabetic is asked to give a similar questionnaire to 2 relatives, friends or acquaintances of the same sex and roughly the same age in order to obtain control data. Employers' attitudes and policies to diabetics as employees is being evaluated by a postal questionnaire in a random sample of factories and businesses in the geographic area surrounding the diabetic clinic. Information is being collected from patients' diabetic clinic notes on the presence of, and treatment of, any diabetic complications--cardiovascular disease, cerebrovascular disease, hypertension, retinopathy, neuropathy, nephropathy. The quality of diabetic control (recent HbA1 and blood glucose estimations) and details of recent hospital admissions will also be recorded. All subjects will be flagged for mortality so that the long term effects of employment and unemployment on diabetics can be assessed. Contact: Dr. N. Robinson, Dept. of Community Medicine, Horace Joules Hall, Central Middlesex Hospital, Acton Lane, London NW10 7NS England.

C. **Theresa Rogers, P.I. and Nathalie Friedman, Co-P.I.** (Schermerhorn Hall, Columbia Univ., New York, NY 10027) are researching ("Social Aging and the Work Status of Dialysis Patients") in what ways the return to work of persons with a chronic health condition may be influenced by barriers at the workplace, conceptions about the meaning of work, and a changing perspective on life that is a reflection more of social than chronological age. The major hypothesis to be tested is that these non-medical variables will be more important than demographic or medical characteristics in explaining resumption of the work role. Thus the research will be directed at identifying the interrelationship among values, aging and the work role as they intervene between health and effective functioning. Subjects will be about 240 end stage renal disease men and women, 18 years of age or older, who were employed or looking for work in the year prior to dialysis and who have no condition that specifically precludes working. Three kinds of data are to be collected at 2 points in time--patient interviews and medical record data as well as a clinician assessment of patient functioning. Thirty informant interviews will be conducted with employers, not in firms where patients may have worked but in the major types of work settings represented by their jobs, to identify factors that lead employers to be

supportive, ambivalent or negative about employing a person with end stage renal disease.

D. **The Spinal Cord Research Foundation of the Paralyzed Veterans of America** has awarded a research contract to Roberta B. Trieschmann (Consulting Psychologist, P.O. Box 5566, Scottsdale, AZ 85261) to do a state-of-the-art study of the topic of aging and physical disability to identify what we know and what we do not know and to suggest directions for future research. An increasing number of persons with spinal injury, polio, and spina bifida (and other "nonprogressive" disabilities) have lived successfully with the disability for over 30 years. However, some individuals are experiencing a variety of problems that challenge previously achieved levels of function and independence. Thus there is great concern as to the nature, type, and frequency of these problems and their implications for the future of the persons involved. Anyone who has a physical disability or is knowledgeable in this area is encouraged to contact her. Ideas and suggestions for research are welcome, along with any suggestions as to references which should be considered. Both literature review and personal commentary are major data sources.

E. **The Canadian Rehabilitation Council for the Disabled** is planning an international state-of-the-art report on communication aids as one of its first activities as the new secretariat for the International Project on Communication Aids for the Speech Impaired (IPCAS). The project is supported by the United Kingdom, the U.S., Sweden and Canada. Contact: CRCDC, One Yonge St., Suite 2110, Toronto, Ontario, M5E, 1E5, Canada.

F. **A National Center for Health Services Research** study by NCHSR researchers Marc L. Berk, Gail L. Cafferata, and Michael Hagan reports that individuals who are limited in the amount or kind of activity they can perform are almost 3 times more likely than other Americans to be admitted to a hospital and, on average, stay about 4 days longer; are more likely to contact a doctor for ambulatory care and to see one more often--about 9 times annually compared to about 5 for persons not limited; and average annually about 3 times more the number of prescription medicines and medical equipment and supplies used than those not limited. However, not all limited-activity persons use services equally: those 64 and under see doctors twice as often as others the same age; but those 65 and older see them only a third more than those not limited in their age group. Many chronically limited people are poor, old, or both, and eligible for Medicaid or Medicare which pay a large share of their health care costs. By comparison, these 2 public programs pay only about 10% of the not limited total population's total expenditures for outpatient physician care and 24% of their inpatient hospital costs. NHCES Data Preview 19: Persons with Limitations of Activity: Insurance, Expenditures and Use of Services, (PHS) 84-3363 is available from NCHSR, 1-46 Park Bldg., 5600 Fishers Lane, Rockville, MD 20857; 301/443-4100.

G. **The Social Science Research Group (SSRG)** of the Multipurpose Arthritis Center, Sch. of Medicine, Univ. of California, has designed a research program to study the treatment of chronic disease: do chronically ill people have adequate access to the health and social services they need; what can be done to reduce disability caused by chronic disease. In the first study, Edward Yelin analyzed data from the 1976 National Health Interview Survey and found that use of ambulatory care by persons with some common chronic conditions was proportional to medical need; there were no serious distortions in access to ambulatory services by race, income, education, insurance coverage, or region.

However, on hospital care utilization, lack of insurance, residence in certain areas, and membership in a racial minority were found to be impediments. In Curtis Henke's study the content of ambulatory care provided to those with common chronic conditions differed dramatically by the type of specialist a patient visits: there were major discrepancies in the therapies different medical specialists used to treat chronic conditions; the consequence is that the vagaries of the process by which patients are referred to specialists may be a greater determining factor in selection of therapy than the patient's inherent medical need. To extend these findings into questions of how the amount and kind of treatment affects the health status of people with arthritis, Henke plans to study whether differences in the kind and amount of services used to treat arthritis affect the health of arthritic patients. If not, society could achieve substantial savings in its medical care budget by using less costly services to treat arthritis. In another study Yelin, Michael Nevitt, and Jane Kramer are following a panel of 800 people with rheumatoid arthritis for 5 years to determine if the amount and kind of social support available affects the quantity of health care used; if new medical technologies affect the use of old ones; and if they substantially alter the cost of treating this illness. They'll also look at the effects of recent changes in Medi-Cal and Medicare reimbursement policies on the kind and amount of care used, as well as where care is received; whether "medically indigent adults" are able to sustain a relationship with their personal physicians; and whether they use substantially less health care as a result of this change.

The SSRG research staff completed 2 studies that address the causes of work disability among the chronically ill. In the first, Yelin determined that persons with jobs that allow them to adjust their work schedule are likelier to remain employed than those who must maintain a strict schedule. Employment flexibility proved to be a stronger determinant of work outcome than severity of illness, the physical requirements of the job, or the individual's education and training. This finding is now being tested for 10 different chronic conditions. If the pattern observed for rheumatoid arthritis holds for other conditions, the implication is that the chronically ill should be referred to workplaces where the pace and work scheduling are flexible. In the second, Nevitt estimated the effect of a major health care technology--total joint replacement surgery--on the employment status of arthritics. He found this procedure does not increase significantly the proportion of arthritics working 4 years after surgery (among those who had once worked). It was learned that the strongest determinants of employment continuation were not the patient's medical characteristics but the characteristics of the job itself. (condensed from Current Research, April 1985 issue)

RECENT DISSERTATIONS

A. Jane H. Ives (A CROSS-CULTURAL COMPARATIVE STUDY OF THE REGULATION AND ADMINISTRATION OF OCCUPATIONAL SAFETY AND HEALTH CARE POLICIES IN THE WORKPLACE; THE CHEMICAL INDUSTRY IN THE UNITED STATES AND GREAT BRITAIN, 1984 PhD, London School of Economics) did a cross-cultural comparative study of corporate responses to environmental and health and safety initiatives and regulations in the multinational chemical and petroleum industries in the U.S. and Great Britain: regulating toxics in the national and international community; the Cancer Policy. Relying on fieldwork interviews, public documents, journal and news articles, case studies and statistical data supplemented by her primary data base, she

makes an explanatory contribution on why and how organizations respond to external threats (environmental and occupational safety and health regulations), and how they respond internally to regulations; and why organizations respond to similar problems and threats in different ways, according to their geopolitical status and market activity.

B. Roger Tulin ("DOCKED FOR THE TIME YOU WAS UP IN THE SKY": SOME AMERICAN LEGAL AND SOCIAL RESPONSES TO WORKPLACE INJURY AND DEATH, 1984 PhD, Soc., Brandeis Univ.) examined the history of workplace injury/-death and employers' reaction in the form of Workmen's Compensation; private law actions--product liability suits; public law actions--an analysis of OSHA, its origins, development and effectiveness today.

FILM CLIPS by Nora Groce (Family Development, The Children's Hospital, Boston) and Gary Kiger (Sociology, Utah State University)

A. THE WORLD OF ONE IN SEVEN 1975, COLOR, 18 min.; produced by Michael Steel; distributed by Canadian Film Distribution Center, 67A Portland St., Toronto, Ont. M5V 2M9, Canada. Sale \$350; rental \$35. This short, straightforward Canadian production is directed to potential employers, but it goes beyond the traditional "hire the handicapped" theme to address real issues. Wisely choosing to use experts on the subject--disabled men and women who all work full-time--the producer explores the extraordinary difficulties many disabled persons face finding a job; how it feels to be the only disabled person in an office or factory; and how home life for these disabled employees is much like that of all other working adults. Intelligent, thoughtful discussion by the disabled persons, often given as they turn around from their desks to share a moment with us, is a particular asset here. Although the film's length doesn't allow any one subject to be examined in depth, it still hangs together surprisingly well and can be recommended. It would be particularly appropriate for lectures to business and civic groups, serving as a useful platform upon which further discussion could be based. (reviewed by Nora Groce)

B. ITZAK PERLMAN: 'IN MY CASE MUSIC' 1983, color, 10 min.; produced/distributed by De Nonno Pix, Inc., 7119 Shore Rd., Brooklyn, NY 11209. Sale and rental information available from distributor. This is a magical short subject film. We meet Itzak Perlman, the incomparable violinist, and are immediately captured and inspired by his talent and courage. At the age of four, Perlman contracted polio and as a consequence, walks with crutches. The disability has made little difference in his music. Speaking frankly about his disability--we see his frustration, courage and humor--Perlman notes that people who have heard his music see him for the first time and invariably remark that walking with crutches has not affected his talents. And on a humorous note, he points out that he has been criticized by others because he sits to play violin solos--and then, he remarks, 75% of the fiddle players in the world sit to play. Perlman commits himself to play for disabled children since he wants to express that disabilities do not have to stand in the way of aspirations, talent, and accomplishments. It would be difficult to imagine a more inspiring role model for any of us and for people with disabilities in particular. Tony De Nonno has put together a succinctly woven film and has deservedly won the Blue Ribbon Award at the American Film Festival and the CINE Golden Eagle Award for his efforts. After viewing the film, the audience will want to discuss the lessons which Perlman shares--that able-bodied people

need to understand that disabilities do not need to stand in the way of developing talents. (reviewed by Gary Kiger)

C. **BEING PART OF IT ALL** 1981, color, 16mm, 24 min.; produced by Richard Burman; distributed by Filmmakers Library, 133 E. 58th St., New York, NY 10022. Sale \$450; rental \$50. After 20 years in a Canadian institution for mentally retarded people, Barbara, now 33, and Gary, now 27, were released to a group home. Classified as moderately mentally retarded, they flourished in the home environment and after 4 years decided to marry and, with continuing family support and professional involvement, establish a home of their own. This film's intent is to show how successful marriage between people with mental retardation can be, given the appropriate social supports; and there is no doubt that Barbara and Gary are happily married and adjusting well to their new life. Those aspects of the film that attempt to demystify mental retardation and to show this couple on the job, at home, out shopping, etc., are well done, although not particularly informative. There is one factor about the couple that makes it difficult to recommend the film, however. Neither Barbara nor Gary may be mentally retarded. Both are deaf or have some degree of hearing loss (we are not told the exact degree). In addition, Gary has cerebral palsy. He was institutionalized at the age of 6, Barbara at 10. While they appear to speak in sign language to each other, they have lived in a wholly hearing world--both in the institution and beyond; all contact with family and professionals has been oral. This problem is compounded by the fact that they were brought up in an isolated institution for retarded persons, receiving virtually no education in either academic or self-help skills. When one considers their background, their ability to function in the non-institutional world bespeaks a considerable amount of intelligence. Barbara seems to be learning something new every day, according to her mother-in-law and has received considerable coaching with her speech, which is why her speech makes her seem more intelligent than she may actually be. Gary is good in math. Both are learning to read. This reviewer is not qualified to make a diagnosis on the basis of what was seen in the film, but it seems to her (and to the pediatrician with whom she watched the film) that Gary and Barbara may have been misdiagnosed when entering the institution. If so, this film, while not appropriate for those interested in mental retardation, might be of moderate interest to those involved with the deaf community. (reviewed by Nora Groce)

D. **MAY'S MIRACLE** 1982, color, 28 min.; producer Tom Kelly, Canadian Broadcasting Corporation, distributed by Filmmakers Library, 133 E. 58th St., Suite 703A, New York, NY 10022. Sale 16mm \$450; video \$400. Rental 16mm \$50.

This is a stirring, moving film in its own right, but I am not altogether convinced that the production does much in educating the public about developmental disabilities. The film tells the story of May, her husband Joe and their adopted son Leslie. Leslie came to the Lemcke household at age 6 months. Leslie, mentally handicapped, with cerebral palsy, and his eyes surgically removed in infancy, was unable to eat, sit up or make sounds. May ceaselessly worked with Leslie, teaching him to eat and later to walk at age 15. Her tenacity, inspired by her religious faith, is in itself a study in courage and love. One night, May awakes to the sound of music and finds Leslie at the piano playing classical music. Leslie is described as an "idiot savant," a term derived from the French meaning someone below normal intelligence who possesses an "island of genius." Not only does Leslie play the piano,

he sings. The audience is treated to a rendition of Louis Armstrong's "Hello Dolly," and Leslie's voice is a dead ringer for Satchmo. It was 8 years after Leslie began singing that he began to speak. May's miracle is, of course, that Leslie plays the piano with remarkable talent. But perhaps another way of viewing this film is that May, through her unrelenting care, has shared so much with Leslie, quite apart from his virtuoso piano playing. Perhaps the most moving moment comes when May tells us about the time Leslie cried. May supported him, told him to go ahead and cry, and she cried with him. One wonders what this film would be like if Leslie did not play the piano. It would have been a story about love, care and courage, without an obvious miracle. The audience would still be drawn to May and Leslie. **May's Miracle** is a bit like "Ripley's Believe It or Not" segment. This is unfortunate. The focus is centered on Leslie's piano talents and our attention is particularly diverted from May's ceaseless care and activity with Leslie and Leslie's strides. One feels, to an extent, that May's hard work paid off; Leslie is a genius at the keyboard. To reiterate, what if Leslie lacked his incredible talent? Would there still be a story worth telling? I think so, but the film would be of a different genre. (reviewed by Gary Kiger)

E. Rehabfilm, the A-V materials division of Rehabilitation International, USA, has just published the 5th edition of the **Rehabfilm Rental Catalogue**, listing 157 carefully selected videotapes and films relating to rehab of disabled people and available through a circulating rental library. The A-V material are suitable for consumers, advocates, therapists, rehab professionals, spec. educators, and personnel officers. This 48-page book is \$5 (deductible from the first rental). Contact: Rehabfilm Catalogue, R.I., USA, 1123 Broadway, Suite 704, New York, NY 10010.

F. The next International Rehab Film Festival in the U.S. will be held in November 1985 in New York City. Deadline for entries is **September 1, 1985**. Contact E above.

BOOK, ETC. NOTES

A. At its annual meeting on May 2, 1985 in Washington, DC, The President's Committee on Employment of the Handicapped gave its annual awards to the following books. **REACHING FOR THE AMERICAN DREAM: ADVICE AND EXPERIENCE OF DISABLED PEOPLE:** Frances Barish, **Frommer's Guide for the Disabled Traveler: The United States, Canada, and Europe**, Simon and Schuster, 1984; Frank Bowe, **Personal Computers and Special Needs**, Sybex Computer Books, 1984; Raymond C. Cheever, **Accent on Living Buyer's Guide, 1984-85 Edition**, Cheever Publishing, Inc., 1984; Ernest Hairston, **Black and Deaf in America. Are We That Different?**, T.J. Publishers, Inc., 1983; Irving Kenneth Zola, **Socio-Medical Inquiries: Recollections, Reflections, and Reconsiderations**, Temple Univ. Press, 1983. **REHABILITATING DISABLED PEOPLE; MUST READING FOR TODAY'S PROFESSIONALS:** Delores Hagen, **Microcomputer Resource Book for Special Education**, Reston Publishing Co., 1984; George Henderson and Willie Bryan, **Psychosocial Aspects of Disability**, Charles C. Thomas, 1984; John T. Palmer, **Education, Career Development, and the Physically Disabled**, Stoetling Co., 1984; Beatrice A. Wright, **Physical Disability: A Psychosocial Approach**, Harper & Row, 1983; Rayna A. Zwerlein, **Vocational Rehabilitation for Learning Disabled Adults**, Human Resources Center, 1984. **LIBRARIES AND LITERATURE; GUIDANCE FOR LIBRARIANS AND INFORMATION SPECIALISTS:** Phyllis I. Dalton, **Library Service to the Deaf and Hearing Impaired**, Oryx Press, 1985; Linda Lucas, Marilyn Karrenbrock, **The Disabled Child in the**

Library. Moving into the Mainstream, Libraries Unlimited, Inc., 1983; Phyllis C. Self, Physical Disability. An Annotated Literature Guide, Marcel Dekker, Inc., 1984.

B. The American Behavioral Scientist of Jan/Feb 1985 is devoted entirely to disability and rehabilitation policy. Erlanger and Roth review systematically the workers' compensation program, Social Security Disability Insurance, Supplemental Security Income, and veterans disability benefits presenting the similarities and, more often, the dissimilarities in these public responses to the problems of disability. Berkowitz and Berkowitz view disability policy through the lenses of the economist and the historian respectively and point out the role these disciplines can play in the study and amelioration of impairment and its effects. Longmore discussion on the language of disability is more a compilation of offensive terms; Similarly Owen, examining current social work literature, finds that young and middle-aged disabled adults are largely neglected. They are portrayed primarily as psychiatric patients appropriately served within the medical model. Nixon argues that rehab organizations may actually subvert the rehab goals, particularly when bureaucracies, providing services to people with disabilities, over-rationalize what is essentially a relationship between humans. In comparing public attitudes toward blacks and people with disabilities, Kamieniecki infers that a correlation between attitudes toward social security and people with disabilities is a result of the Reagan administration's cutbacks in SSDI. It seems just as likely that this association and the contrasting one between concern for blacks and for big cities, foreign aid, welfare, and food stamps represents the familiar split between the insurance principle and needs-based redistribution. He finds ideology more strongly related to attitudes toward blacks than toward disabled people. Again, disability appears as a less politicized issue--less likely than race to arouse hostility and be associated with the welfare state. Hahn reminds the reader that in many ways disability is a creation of public policy: one is disabled if one is acknowledged to be so publicly. That disability policy still does not cohere is the ironic aspect of Hahn's piece. Stubbins examines rehab professionals' absence from policy discussions and concludes that there are political, structural, and epistemological reasons for this estrangement. Although Stubbins' brief narrative cannot support his weighty argument, this is surely one of the first papers to recognize the limitations of positivist research in designing rehab programs and policies. Finally, Gill warns that the interests of disabled people may not be identical to those of their families. Gill's is an important point, especially in an era when reduced social spending makes family care an attractive resource for rehab agencies. Bowe, on the other hand, portrays employment programs for disabled people as a convergence of the interests of disabled people and society. Bowe is undoubtedly right, but he might also consider Gill's argument. Cost-benefit calculations can further the cause of disability rights, but these analyses, like the Vocational Rehabilitation program, equate employment with success. Greater autonomy even for disabled people who cannot work should become the goal on which disabled people and society can agree. (reviewed by Sandra Tanenbaum, Res. Assoc., Health Policy Center, Brandeis Univ.)

C. Philip R. Lee (Ed.), Risk and the Health of the Public, Special Issue of Mobius: The Journal of the Alliance for Continuing Medical Education, 4:3, July 1984.

This volume is a collection of papers that grew out of a 1983 symposium on risk and health. In the U.S. in the past 2 decades we have moved

away from a focus on acute disease and specific etiology to a concern with chronic disease and "risk." The etiologies of chronic diseases are multiple and complex, so rather than focus on "cause" *per se* investigators have conceptualized risk factors that increase the likelihood of disease (e.g., environmental, behavioral, genetic, and biomedical). As the articles in this volume demonstrate, most attention has been paid to behavioral and biomedical risk factors (e.g., smoking, hypertension and cholesterol). This focus on the individual, even if couched in the terms of "lifestyle", may well be due to the fusing of "risk" onto the existing medical-clinical model. Most of the articles reflect this viewpoint and are informative, accessible and well-written; topics include children's disability, teenage pregnancy, smokers, cancer and sexually transmitted diseases, among others. To my mind one article stands apart from the others and is alone worth the \$5 cost of this volume. S. Leonard Syme, a distinguished epidemiologist who has made major contributions to the study of social support and risk, presents an original and promising approach that goes beyond the individual "risk factors" to begin to conceptualize environmental risk. Drawing on the work of Durkheim, he offers a provocative analysis of the work structure of bus drivers and its relation to risk of heart disease. It is this type of holistic and contextually-based analysis that holds promise for a new and more fruitful understanding of "risk" and chronic disease. (reviewed by Peter Conrad, Soc., Brandeis University)

D. Berkowitz, Edward D. (Ed.). Disability Policies and Government Programs, Praeger Special Studies, 1979.

Berkowitz's collection offers a broad integrated perspective about disability and public policy. The authors present an interdisciplinary understanding of disability. Sociologist Nagi distinguishes between pathology, impairment, handicap, disability, and the potential for rehabilitation. His conceptual distinctions and classifications emphasize the importance of a disability continuum and the connections between work disability and the need for help in independent living. He indicates that of all adults in the population 18 and over, 1 in every 20 needs assistance in living or personal care. Dempsey, a public health administrator, argues that disabled children and adults need not be segregated and divided by isolated "special education" and adult disability experts, and by a disconnected literature about children and another detached literature about adults. Johnson, an economist, argues that confusing definitions and more than 80 public programs make it very difficult to understand the economics of disability. Johnson groups public programs into 3 primary objectives--service, income support, and income maintenance--and claims that we should consolidate programs into those that deal solely with temporary disability and those that deal with permanent disability. Berkowitz, a historian, indicates that "the consequences of present actions extend far into the future." His historical analysis of disability clarifies the future. "The effort to reform disability will be complex as interest groups seek to protect what they have won, as program administrators define their turf, and as budget cutters scrutinize the cost and effectiveness of disability programs." The Reagan administration would do well by looking at the broad integrated perspective about disability and public policy that is Berkowitz's turf. (reviewed by Thomas Rose, Coord., Handicapped Assistance Program, Montgomery College)

E. Burish, Thomas G. and Bradley, Laurence A. (Eds.). Coping with Chronic Disease: Research and Applications. New York: Academic Press, 1983.

This is a most welcome compendium--a state of the art analysis of psychological approaches to coping mechanisms in general and as it is played out in several chronic conditions. It is divided into 3 parts. The first 3 chapters lay out some of the most important conceptual and methodological issues (e.g., design, sample selection, measurement of coping). The latter is a continuous theme and most desirable, given the importance of the research in justifying and evaluating various intervention programs. The middle section consists of 9 chapters on coronary heart disease, stroke, cognitive deficit, cancer, diabetes mellitus, obesity, epilepsy, spinal cord injuries, and respiratory disorders, where not only the role of psychological factors are delineated but the major attempts at psychosocial intervention are evaluated. The book concludes with 6 more general chapters on rather widely diverse topics--chronic pain, role of the family, role of the nurse, the process of death and dying and 2 general overviews. Only the latter two fulfill part of the promise of the introduction--the necessity to understand coping and chronic disease within a cultural, social, and personal framework. Nevertheless, the coverage is superb. While it is clear that the editors are greatly influenced by Lazarus' cognitively oriented model of how people cope with stressful stimuli, they discuss many alternative models, though the paucity of good data is continually noted. Topic choices for intense analysis is occasionally puzzling--why is arthritis, the number 1 disabling chronic disease, given such cursory handling and why is only the nurse, among all professionals and caregivers, singled out. At one point, one wonders what this review would be like if it included chapters on visual, hearing, or speech impairments. For those trying to breach the disciplines, one also misses the contributions of other social sciences. Yet, there are caveats. Burish and Bradley have given us a major anchor-point in this vast literature. (reviewed by Irving Kenneth Zola, Soc., Brandeis University)

F. Burkhauser, R.V. and Javeman, R. H. **Disability and Work: The Economics of American Policy**. Baltimore, MD: Johns Hopkins University Press, 1982.

This review of federal disability programs and their impact on beneficiaries is divided into: introduction, working-age disabled persons, public policy towards working-age disabled people, economic effects of income support programs, economic effects of work-related programs, and issues in the disability policy debate. A clear and concise analysis of the system (its costs, benefits, incentives and disincentives) and its underlying social policy implications is also presented. (condensed from Rehabilitation International)

G. Coudroglou, Aiki and Poole, Dennis L. **Disability, Work and Social Policy: Models for Social Welfare**. New York: Springer, 1984.

This book tells the story of the People United for Self Help, Inc. (PUSH), a social service advocacy agency for disabled people in Phoenix, Arizona. The authors embed this story in a larger discussion of the social and economic problems of disabled people and a review of policy responses in the U.S., Europe and Canada, but for specialists in the field, the PUSH story will be the most worthwhile part of the book. PUSH was started in 1970 as a self-help group for disabled people and their families. Its chief goals were to help individuals press their claims for Social Security, Supplemental Security Income (SSI) and Workers Compensation benefits, and to promote institutional changes so that "laws and agencies [would] treat the disabled intelligently, humanely, and restoratively" (p. 57). The organization established a number of projects to provide work experience, social interaction and

useful services for its members: a large vegetable garden, a food catering service, adult education classes and a public speakers' bureau. The main project of PUSH, however, was its Disability Evaluation Unit. This unit developed the capacity to handle individual claims for disability benefits by researching eligibility status; securing medical examinations and psychological evaluations; providing legal advocacy; and keeping abreast of the constantly changing regulations governing disability claims. After describing PUSH, the authors go on to show that even the service projects and claims assistance provided by the most successful advocacy agency cannot ameliorate the larger problems of disabled people as long as society has a general policy of treating them as second-class citizens. PUSH sounds like an inspiring and effective organization and one can only wish that its leaders are able to communicate their ideas and experiences to other groups wanting to start similar projects. Unfortunately, a \$21 hard-cover book, cast in the jargon of social work and policy analysis, may not be the best medium for this endeavor. (edited review by Deborah A. Stone, Political Science, M.I.T.; original review appeared in Social Science & Medicine, 20:1, 1985, 114-115)

H. Halpen, Andrew and Fuhrer, Marcus (Eds.). Functional Assessment in Rehabilitation. Baltimore: Paul H. Brooks Publishing Co., 1984. This thoughtfully edited product of a 1983 conference is devoted to the theme of functional assessment in rehabilitation. It contains 15 chapters organized into 4 levels of exposition. Level One, Conceptual Analysis, is rare in the field of rehabilitation. William Frey provides an excellent examination of the shifting meanings of impairment, disability and handicap within a historical, sociological and political context. His discussion of the problems which beset functional assessment is succinct and to the point. As a start, he recommends a common conceptual framework that clarifies the goal of assessment, the areas of assessment and the locus of measurement. Level Two, Chapters 2-5, are reviews of functional assessment of physical impairment, mental retardation, psychiatric impairments and communicative disorders. The emphasis is on distinction between "structural" assessment and "functional" assessment. Though they are not comprehensive reviews, the discussions on the current state and future directions are dynamic and pragmatic. Level Three, Chapters 6-14, are reports of developmental work on specific functional assessments for diverse client groups and include reliability and validity studies (Rehabilitation Indicators; Self Observation and Reports Technique). Of particular interest is the predictive validity studies of the Functional Assessment Inventory (FAI), developed for vocational assessment of severely physically disabled clients; and the Multi-Function Needs Assessment (MFNA), developed to assess short-term and long-term impact of psychiatric rehab on client functioning. The underlying theme of this section is a concerted effort to develop assessment packages which capture client capabilities and limitations. Whether the target population is people who suffer from mental, emotional, or physical disabilities, the messages conveyed are similar. Symptomatology bears a weak relationship to functional skills; functional capability varies with environment; and there is only a moderate relationship between practitioners' estimates of client functional skills and the clients' own estimates of their skills. Level Four is a well organized and rational plea by Carolyn Vash for client/professional collaboration on functional assessment; she exhorts professionals to teach their clients how to obtain and interpret assessment information for rehab decision-making, necessary in order to control one's destiny. The message is basic; unfortunately, it bears repetition. The book is

highly recommended reading. It is a source of valuable information and references, and more pertinently, the philosophical perspective is inspiring. (reviewed by Leah N. Quastel, Sch. of Rehabilitation Medicine, Univ. of British Columbia)

I. Harris, Donald; Maclean, Mavis; Glenn, Hazel; Lloyd-Bonstock, Sally; Fenn, Paul; Corfield, Peter; and Brittan, Yvonne. **Compensation and Support for Illness and Injury**. New York: Oxford Univ. Press, 1984. First, the good news. This group from the Oxford Centre for Socio-legal Studies tells us just about everything we'd like to know about how 1/5th of the adult British population who experienced some disability in a 4-year period in the late 1970's made out financially through the courts, numerous social security programs, and other forms of potential support. Since the 35,085 people studied for their disability experience came from a sample drawn from over 200 parliamentary constituencies in England and Wales, the results are largely representative of what would be found going door to door in most of Britain. This book provides a very detailed examination of tort compensation for disabling accidents; it even manages to make the workings of the numerous British accident compensation and social security schemes comprehensible to Americans, for whom many of these programs have few domestic parallels. Highlights of the study included the most sophisticated analysis in the sociological literature of the "fault principle" in personal injury accident litigation, and data on use of community health systems and social supports. The authors recommend jettisoning the tort system, redressing the imbalance that compensates comparable disabilities from accidents more fully than those from illness, and coordinating the benefits better--with a reduced role for means-tested programs--to provide continual financial support for those who need it most. The bad news is that there is no American study of comparable scope and quality. We simply don't know how the various income generating mechanisms are working for the full range of people with disabilities from accidents and illnesses across the U.S. There is little interest in supporting research for a database that would allow us to think concretely about creating an income-support system that would prevent disability in its myriad manifestations from being a threat to anyone's decent standard of living; rather, the major current research effort seems to be the natural experiment involved in slowly unravelling the famous "safety net" and seeing which people hurt the most and scream the loudest. One British accident victim refused to sue her neighbor, saying she wouldn't "do anything like that--though an American probably would." Until we get a study this good for this country, we won't know for sure what the American would do. (reviewed by Tony Bale, Consultant, Brooklyn, NY)

J. Nelkin, Dorothy, and Brown, Michael. **Workers at Risk**. Chicago: University of Chicago Press, 1984.

When I was a child, my father would come home from the steel plant covered in orange dust, his shoulders drooping from 8 hours of exposure to heat and heaving metal. I only dimly understood that taking orders and making filthy ore gleam was what brought him home so dirty, angry, and thirsty. **Workers at Risk** stirred those childhood memories. Interviews with dozens of workers whose jobs expose them to chemicals give new voice to life on the shop floor. Included are interviews with chemical plant, railroad, and ship workers, beauticians, artists, and research technicians--a constellation reflecting the variety of settings in which toxic chemicals are used. The workers' tales are organized according to anxieties, health complaints, attributions of blame, coping strategies, and courses of action. A useful bibliography of supporting

research is included. One key insight that emerges is the lack of a direct link between actual hazards and people's perception of the degree or risk. Lab technicians and assembly-line workers, who lack autonomy, often perceive far greater risk from handling the same chemicals that artists and scientists use with little worry. Testimony highlights the class nature of health: those higher up the occupational (and socioeconomic) ladder incur fewer hazards. Because occupational health is essentially an issue of workplace control, the interview method used is both the book's strength and weakness. The workers' comments evoke sympathy for those who bear the burden of profitmaking; but they do not clarify which conditions evoke passivity or stimulate action. Without such information, determining how health concerns can become a priority on the shop floor and in the community is difficult. (reviewed by Chris Anne Raymond, Project Researcher, Museum of Science & Industry, Chicago; original review appeared in **Technology Review**, 88:2, February/March 1985, 18-19.)

K. Rutter, M. and Jones, R.R. **Lead Versus Health: Sources and Effects of Low Level Lead Exposure**. Chichester, England: Wiley, 1983. This book gathers together the edited papers presented at an international symposium in London in May 1982. Although it should not be regarded as a textbook, the present volume does provide a broadly based review of present knowledge in an important and developing field with implications extending well beyond the conventional frontiers of science and medicine. The book falls into 3 main sections. The first is concerned with sources of environmental lead. Appropriately enough, it starts off with a paper by Patterson who reviews the evidence that present body burdens of lead are some 500-1000 times greater than those in the bodies of our prehistorical ancestors. However, the grossly unnatural nature of the present levels, now regarded as "normal," suggests that the term "low level" is a potentially misleading example of the unqualified comparative. Other papers in this section include the declining blood levels in the U.S. population which appear to correlate quite closely with the declining useage of lead petrol additives; the problem of plumbosolvent water; the hazard to children posed by high levels of lead in dust; and the question of petrol lead contributing to lead in man. The second section is concerned with the toxicity of lead and the third section with neuropsychological effects. Lead is, in plain language, a brain poison and its adverse effects on the behavior, personality, and learning ability of children at "normal" levels of exposure now provide the main focus of both public and professional concern. The detailed evidence described by Needleman, Winneke, and Lansdown et al (Chapters 12-14) confirm that the effects are not only real but substantial and involve a wide range of personality characteristics and mental functions (with the apparent exception of mathematical ability, which seems rather insensitive to a child's lead burden). It is sometimes suggested that the association between lead and disturbed mental development and function of children may not be causal but a result perhaps of the higher exposure to lead of children who are mentally retarded or are in the lower social classes, groups often living in more highly polluted environments. The important study by David and colleagues (Chapter 15) goes to the heart of the cause-and-effect question and is one of the most important chapters. The relationships between lead and hyperactivity are also explored. (edited review by D. Bryce-Smith, Dept. of Chemistry, University of Reading, England; original review appeared in **Social Science & Medicine**, 13:23, 1983, 1935-1936)

L. Scotch, Richard K. **From Good Will to Civil Rights: Transforming Federal Disability Policy**. Philadelphia: Temple University Press, 1984.

"...this book is an acknowledgement of the many advocates, disabled and able-bodied, outside and inside of government, who have worked long and hard to bring down the barriers facing people with disabilities." The story being told is that of the creation of Section 504 of the Rehabilitation Act of 1973 and its implementing regulations. This legislation and the resulting regulations have given people with disabilities some measure of protection against discrimination and increased opportunity for inclusion in those areas of community life affected by federal money. It is a fascinating story, and Scotch tells it well. He asks the question: how and why did federal government begin to see people with disabilities as oppressed by society and in need of civil rights rather than merely good will and charity? Some may disagree with his answers and his conclusions for the future. Anyone seeking a glimpse of the thinking of staffers on Capitol Hill and the Office of Civil Rights and of the outside activists who moved the struggle forward will profit from this book. The book is engagingly written. Even those fairly familiar with the history and content of the legislation and regulations will get immersed in the actors, the story, and the quality of suspense that Scotch engenders as he takes us from the formulation of the idea to the reality of the regulations we now have. The book is probably as valuable for courses in political sociology, social reform, or social policy creation as it is for courses on disability. Let us hope that it will get to faculty teaching such courses so that a story about disability as a political issue can be used to shed light on general social and political areas. But whoever reads it, we can be glad it has been written. It may be only part of a larger story, but it is important and sympathetically and thoughtfully told. (reviewed by Adienne Asch, NY State Div. of Human Rights, New York)

M. Stone, Deborah A. **The Disabled State**. Philadelphia: Temple University Press, 1984.

Deborah Stone rivets our attention upon the phenomenon of disability by concentrating on the meaning of disability for the state. By use of a political approach to the concept of "disability," she alerts readers to the fact that our physical and mental pain and suffering take form in a social context defined and delineated by the "formal institutions of government and intellectual justifications that give coherence to their activities" (p. 4). The very title of her book highlights the connections between private lives and social policy which shape the everyday lives of not only disabled people but the body politic as a whole. In a period when residents of the U.S. and Western Europe are re-examining the role and responsibilities of the state, this book raises timely and important issues. Stone's discussion reminds us of the need to set current debates in the context of past resolutions of perplexing problems that are yet to be solved. Can justice and economic inequality be reconciled? How can societies deal with the need to insure that all able workers work and contribute to the general good, while at the same time helping those who cannot work? Stone creatively traces the emergence of the concept of disability as a means to the end of resolving such questions of "distributive justice." One of the strongest contributions of this work is the attention paid to the historical origins of the category "disabled" in England, Germany, and America. The discussion of the English Poor Laws is particularly helpful as Stone traces how ways of thinking about labor, the sick, the poor, the insane, the defective, the aged, and the infirm led to the evolution of a unitary category of disability based upon medical judgments. As this concept developed, the

state simultaneously developed a variety of ways to restrict access, exemplified in her discussion of American Social Security Disability Insurance. The distinction between the medical concept of "impairment" and the state's desire to restrict eligibility to those totally unable to function is a marvelous example of W.I. Thomas' theorem. The social constructions of disability, whether real or not, are real in their consequences. For, as Stone relates, each construction serves the interests of some groups at the expense of others, thus producing certain policy results. In the last chapter, Stone looks at what she calls the "political dynamic of disability expansion" and suggests that the concept of disability is no longer viable as a social mechanism to compensate people in need. There is evidence that the unitary concept of disability is breaking down as advocates for special groups struggle to resolve the issue of who should work and who cannot. Her own suggestions need more study. Will re-introducing notions of employer liability and manufacturer's and worker's responsibility for the environment, health and welfare resolve the crisis? Will more government funded research eliminate the conditions that create need? As Stone observes, the crisis of disability largely reflects the crisis of faith in our fundamental social and political structures. (reviewed by Judith Gordon, Soc. & Social Welfare, Univ. of New Haven)

CLASSICS REVISITED

Eastman, Crystal. Work Accidents and the Law. New York: Russell Sage, 1910. Reprinted in 1969 by Arno Press.

by Tony Bale (Consultant; Brooklyn, New York)

"A social investigation is justified," wrote Crystal Eastman at the beginning of her book, "when there are grounds for belief that wrong exists in certain relations between individuals, a wrong of sufficient importance to warrant concerted interference on the part of the community." Her 1907 investigation of work accidents in Pittsburgh, part of the famous Pittsburgh Survey, was a passionate attempt to combine data and arguments on the accident situation and workers' problems getting compensation through the courts with a picture of the suffering experienced by them and their families. The message got through: Eastman's book had a considerable impact on the passage of the first workers' compensation laws a few years after its publication. Today the book stands as the classical and best depiction of work accidents in American social science literature. It is a model of committed social research that seeks to help right wrongs by making a persuasive case against concrete injustices.

The book is the product of the right person studying the right issue in the right place at the right time. Armed with her M.A. in sociology (Columbia, 1904), new law degree (NYU, 1907), settlement house experience, famous radical brother Max, and knowing everybody important in New York feminist and radical circles, Eastman threw herself into an investigation of Pittsburgh's leading industries. She assembled statistics on accidental fatalities, investigated the social cause of many of the fatal accidents, collected information on the workings of the legal system, and interviewed the families on their financial condition. Eastman mixes statistics and careful argument with vivid descriptions of horrible, needless accidents and suffering, brave people. Underlying the book is a controlled outrage at the injustice of socially inflicted suffering through work accidents, compounded by severe financial and social consequences for the families.

The illustrations alone are almost worth the price of the book.

Photographs of workers and their families are juxtaposed with pictures of gigantic band saws, blast furnaces, and other deadly metal instrumentalities of workplace death and dismemberment of early 20th century heavy industry. Photographs of families with captions such as "a breadwinner of 3 generations taken" and "one arm and four children" seem overly sentimental today, but the faces of all those people staring straight into Lewis Hine's camera captures a sense of the humanity of the workers that amplifies the impact of the text.

Eastman's greatest legacy to social researchers is the power of the commitment of justice found in her language. A traveler to working-class Pittsburgh from the world of Greenwich Village intelligentsia, Eastman used a language sprinkled with now almost forgotten words such as justice, spirit, and sorrow to convey the life of the people she studied to an educated audience sharing little of their experience or misfortune. She wanted not simply to explain a social phenomenon; she wanted to move her readers to protest injustice.

There are all kinds of people everywhere. This is the only final conclusion. It is not easy, therefore, to describe the spirit in which the working people meet trouble. They meet it in all the ways there are. But most of those I met had an "every-day" attitude toward misfortune. This seems to support the opinion many hold, that poor people do not feel their tragedies deeply. But I think it is to be explained rather by the fact that they are too busy to entertain grief, that trouble is too common among them to arouse exclamation, and that they make no show of feeling where there is none. That they know the deepest sorrow is obvious to one who has seen the loyalties and lasting affections which make up so much of their lives. I found usual in families, a generous affection which could rise to self-sacrifice and devotion in time of trial; and sometimes between two members of a family, a rare love, exclusive and complete, so that the death of one left the other in an empty world.

Crystal Eastman went on to become a commissioner of the New York Employers' Liability Commission, a leader of the peace and feminist movements, and perhaps the leading socialist-feminist of her day. She died in 1927 at the age of 46. The great feminist book she meant to write remained unwritten.

NOTES FROM DISABILITY-RELATED AND MOVEMENT NEWSLETTERS

by Irving Kenneth Zola

Some fascinating research stand out from my most recent reads. In "What Is Independence," a feature article in the Oct/Dec 1984 (3:4, pp. 8-9) of the **ACCD Newsmag** (American Coalition of Citizens with Disabilities, 1012 14th St., NW, Suite 901, Washington, DC 20005), Margaret A. Nosek reports on a study of 67 severely orthopedically impaired persons who were measured for high and low levels of psychological and social independence. "Those with high psychological independence tended to live in less restrictive settings, have fewer communication problems, and spend shorter time in comprehensive rehab facilities. Those with high social independence tended to have assertive, self-assured, and self-sufficient personalities; higher levels of education; earned income; and tended to be married. Both groups of highly independent persons tended to have hired attendants, good health, and more transportation options; be outgoing and female; and tended to perceive themselves as being independent. Functional abilities were not found to have any significant relationship to levels of psychological and social independence." In the rest of the article, she argues the importance of "an empirically

validated, comprehensive, operational definition of independence but one separate from a reliance on physical attributes and functional limitations."

In the no-big-surprise department is the preliminary report "Survey of Patient Information on X-Ray Examinations" in Patient Voice (No. 27, Winter 1985) of the Patients Association (Room 33, 16 Charing Cross Rd., London WC2H 0HR, U.K.; 01-240-0671). At the behest of the Patients Association, Mrs. Vantoch-Wood carried out a random survey (via questionnaire) of over 100 hospitals in the U.K. on examination procedure. To date 36 have replied: "21 of the 36 hospitals that replied gave no explanatory literature on procedure for any examination. One hospital provided a description of 1 procedure. Two hospitals stated that they were in the process of changing the format of their appointment slips but sent no samples. 13 hospitals sent out a description of several procedures to in-patients and out-patients." The information that is given is scanty and based primarily on what the hospitals perceive to be the majority feeling of the public (e.g., some information on time and length of exam and necessary dietic restriction but little actual explanation of the procedures themselves, their validity, reliability, or side effects.) Some did state what information the individuals would not get, such as the results of the tests.

Rif S. El-Mallalch's "Survey of Handicapped Physicians in Practice" was the 1984 winner of the Spencer B. Lewis Essay Contest as reported in the Fall 1984 (3:3) of Synapse, the quarterly newsletter of the American Society of Handicapped Physicians (137 Main St., Grambling, LA 71245; 318/247-3000). Through his questionnaire he found that 1.12% of the 888 sampled physicians had a physical disability, ranging from blindness to impaired hearing. Residents with disabilities appeared predominantly in programs with disabled faculty members, demonstrating the importance of role models for a young doctor with a disability.

And finally there is a special dedication issue of The Braille Forum (23:6, December 1984) to retiring U.S. Senator Jennings Randolph of W. Virginia "in recognition of his life of commitment to blind and visually impaired persons." Whether one is a student of how "special legislation" gets fostered or an appreciator of the efforts of a single individual devoted to a life-long cause, the career and times of this legislator are worth reading.

RESOURCES

A. FORUM, a Projects with Industry free informational newsletter for "Business, Community and Government Leaders" is published 6 times a year and covers job development and placement items. Its Editor is Gary Stern of Multi Resource Centers Inc. (1900 Chicago Ave., Minneapolis, MN 55404), a private, nonprofit agency nationally recognized for innovative and cost-effective human service delivery.

B. Breaking New Ground for farmers with physical disabilities covers disabled people in agriculture, developments and events of interest, and reviews materials and products of note to agriculture. Editor is Bill Field, Dept. of Agricultural Engineering, Purdue Univ., W. LaFayette, IN 47904.

C. Bits and Pieces, a Bi-monthly newsletter-acquisitions list, is published by the Mass Rehabilitation Commission Library to keep rehab professionals and others aware of the literature about disabled people, bring certain articles to the attention of its readers, provide a list of new materials added to the library collection, and offer the tables

of contents of various rehab journals. Most books and reports go out on loan and there is photocopy service. Contact: June C. Holt, Library Manager, Mass Rehab Commission, Statler Office Bldg., 20 Park Plaza, Boston, MA 02116; 617/727-1140.

D. **FOCUS: Library Service to Older Adults. People with Disabilities** is a brief but very useful newsletter outlining resources available--either through the library or by writing away--to older or disabled individuals. Examples of the variety of items from the 1985, No. 2 issue include a description of JAN, a database of information on how individual tasks can be done by persons with limitations (sponsored by the President's Comm. on Employment of the Handicapped); the G.K. Hall Community Service Award to a library using large print books creatively; and the "A Chapter A Day" program in Mansfield, Ohio (sponsored by the library) where nursing home residents meet to discuss Talking Books and Magazines. Contact: Eunice Lovejoy, 172 W. Main, Westerville, Oh 43081; 614/882-4791.

E. **Achievement**, probably the oldest running publication devoted to disability, covers a wide range of news concerning disabled people and disability issues and includes book reviews, classified ads, letters to the Editor, C.J. Lamos (925 NE 122nd St., North Miami, FL 33161). Subscriptions are \$3.00 a year.

F. As research in chronic disease and disability become more applied and policy-oriented, researchers will have to be increasingly concerned with how to measure aspects of public accommodation and accessibility. **The Federal Register** (49:18, pp. 3390-3404), Thursday, January 16, 1984, offers a detailed example of a questionnaire used to elicit information regarding communication barriers for persons with hearing impairments in various kinds of transportation facilities. Though highly specialized and focused, it does offer a model and perspective that might be useful in a wide range of other disabilities as well as barriers.

G. **Rehabilitation Research Reviews** are a cooperative effort of NCRE and NARIC and are published by D:ATA Institute. Each review consists of a peer reviewed analysis of the literature, a list of research recommendations, and an annotated reference list. Reviews of interest include "Inexpensive Devices and Low Cost Approaches to Technology That Benefit Disabled People," "The Delivery of Vocational Rehabilitation to Rural Populations," "Applications of Telecommunications Technology to Services for Individuals with Disabilities." To get a list of available reviews or to order one of the above, indicate the title and quantity and return your prepaid order to D:ATA Institute, The Catholic University of America, 4407 8th St., NE, Washington, DC 20017; 202/635-5826. Individual reviews are \$9 (through 10/31/85) and checks are payable to CUA.

H. The **Insurance Rehabilitation Study Group (IRSG)** is limited to 50 active members from insurance companies who are involved in the rehab process and 8 emeritus members "to explore and develop concepts and programs of rehabilitation and medical administration applicable to all phases of insurance." At least 33% of them share in the Corporate review process of funding or donation requests submitted for medical research and rehab projects. Rehab providers and insurers should be aware of the IRSG. Contact: Michael Mittelmann, M.D., Medical Director, Claim Dept., Aetna Life and Casualty; Secretary-Insurance Rehab Study Group, Hartford, CT.

I. **International Association of Business, Industry, and Rehabilitation**, "The Association of Projects with Industry". Contact: Norman C. Hammond, President, 12100 Portree Dr., Rockville, MD 20852.

J. **Vision Resource List** is available free in single copies, in large print or on cassette. Its 150 items (mostly free) include: brochures, sample magazines, catalogs, cookbooks, and other material in print, large print, braille, disc and cassette. Contact: Vision Foundation, Inc., 2 Mt. Auburn St., Watertown, MA 02172; 617/926-4232; Mass, Toll-free: 1-800/852-3029. Specify large print or cassette.

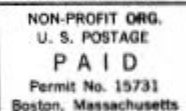
K. Beginning with the January 1985 issue, the **National Rehabilitation Association Newsletter** will be available on tape. The **Journal of Rehabilitation** has been available on tape for over 2 years through the Regional Public Library System. Contact: National Library Service for the Blind and Physically Handicapped, the Library of Congress, 1291 Taylor St., NW, Washington, DC 20542; 202/287-5100; TWX 710/822-1969.

FINAL WORDS

We send a special thank you to John Seidel who for the past several years has produced our address labels. Other commitments, however, have forced him to relinquish this not inconsiderable task (our readership is nearing 1800). Our deepest appreciation, John, for your time, expenses, and devotion!

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DISABILITY AND CHRONIC DISEASE QUARTERLY
Irving Kenneth Zola, Editor



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