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SOCIAL REHABILITATION OF THE
PHYSICALLY HANDICAPPED

Report of the Secretary-General

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Introduction

1. At its fifth session the Social Commission had before it two reports. The first (E/CN.5/L.1) embodied the observations of the United Nations consultant following a trip, at the request of the Governments (pursuant to paragraph 2 (c) of General Assembly resolution 58 (I)), to Austria and Poland.

The second report (E/CN.5/171) comprised a number of general considerations on the social rehabilitation of the physically handicapped, together with the consultant's recommendations.

2. After an exhaustive discussion the Social Commission adopted a resolution^{1/} requesting the Secretary-General to consult the specialized agencies concerned and, in the light of proposals in document E/CN.5/171, to submit to the Commission a general proposal including a programme of work in the social rehabilitation of the physically handicapped, and measures to ensure co-ordination and leadership in this field.

3. The resolution also requested the Secretary-General meanwhile to continue, and so far as possible to extend his activities in this field at the request of governments as set out in resolution 58 (I) of the General Assembly.

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In pursuance of the resolutions mentioned above the present report gives a brief summary of the international action in the field of rehabilitation of the physically handicapped at present in progress or under consideration.

^{1/} Document E/CN.5/185, paragraph 86.

I. ACTION PURSUANT TO PARAGRAPH 2 OF
GENERAL ASSEMBLY RESOLUTION 58(I)

4. The tables given below summarize the action taken pursuant to that part of the above resolution which provides for assistance to governments with a view to facilitating the social rehabilitation of the physically handicapped, including the blind:

A. Requests for 1950 for experts on the rehabilitation of the physically handicapped

Country	Type of expert required
Austria	1 occupational therapy specialist, for a period of 3 to 4 months
Guatemala	1 expert, for the reorganization of the Rehabilitation Centre of the Guatemalan Institute of Social Insurance
Yugoslavia	1 expert, for services to the blind and to deaf children 1 expert, for the rehabilitation of disabled and physically handicapped persons.
Singapore (by UNICEF)	1 expert, for the development of training programmes for handicapped children

B. Requests for demonstrations of the use of appliances and equipment

Countries submitting requests

Austria	Hungary
Czechoslovakia	Philippines
Finland	Poland

C. Candidates for 1950 fellowships in the field of rehabilitation of the physically handicapped

<u>Country</u>	<u>Number of fellowships per country</u>	<u>Subject</u>
Denmark	1	Occupational therapy
Finland	3	Specialist teacher for the rehabilitation of the disabled Retraining of the disabled Rehabilitation of the handicapped; prosthetics

<u>Country</u>	<u>Number of fellowships per country</u>	<u>Subject</u>
France	2	Rehabilitation of the handicapped Public assistance; Rehabilitation of the handicapped
Japan	4	Rehabilitation of handicapped children; Rehabilitation of the handicapped Rehabilitation of the deaf
Switzerland	1	Rehabilitation of the deaf and dumb
Total		
11		

II. SUMMARY OF PROPOSALS IN DOCUMENT E/CN.5/171

5. (a) To draft a programme co-ordinating the activities of the United Nations, the International Labour Organisation, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization, the International Refugee Organization, the International Children's Emergency Fund and the specialized national and international non-governmental organizations.

(b) To establish a rehabilitation section in the United Nations Division of Social Activities; such section to be provided with an adequate staff and budget for the administration of the programme. The section would utilize to the full all the facilities of the international governmental and in non-governmental organizations in relationship with the United Nations which are concerned with the rehabilitation of the physically handicapped, and would be responsible for:

(i) directing and co-ordinating the international rehabilitation programme (fellowships, teams of expert consultants, study courses, demonstration centres);

(ii) centralizing the exchange of information, e.g. by organizing documentation and reference centres and film libraries, catalogues and loans (in co-operation with the Films and Visual Information Division of the United Nations Department of Public Information);

(iii) arranging for the publication of an international bulletin comprising legislative and administrative series;

(iv) arranging for the publication of elementary manuals on rehabilitation (in co-operation with the United Nations Educational, Scientific and Cultural Organization);

(v) promoting the establishment in a number of countries of national committees for the rehabilitation of the physically handicapped.

(c) To establish under the new section a sub-section responsible for: a documentation and reference centre, a specialized library, a film loan service for the publication of elementary manuals on rehabilitation, a travelling exhibition demonstrating the various aspects of a complete programme for rehabilitation.

- (d) To make available to the new section experts in all field of rehabilitation.
- (e) To organize teams of experts on rehabilitation in the above fields; with a view to the organization and direction of regional study courses which might be requested by governments.
- (f) To study, in collaboration with the specialized agencies, the feasibility of establishing demonstration centres in countries requesting such centres.
- (g) To promote the realization of a comprehensive fellowship programme covering all aspects of rehabilitation.
- (h) To establish a liaison committee composed of representatives of the United Nations, the International Labour Organisation, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization, the International Refugee Organization and the International Children's Emergency Fund.
- (i) To establish a programme for economic exchange of scarce materials for the manufacture of prosthetic devices.

III. IMPLEMENTATION OF THE RESOLUTION OF THE SOCIAL COMMISSION (FIFTH SESSION)

A. Current activities of the specialized agencies

6. Representatives of the United Nations Secretariat, the International Labour Organisation, the World Health Organization, the United Nations Educational, Scientific and Cultural Organization, the International Refugee Organization and the International Children's Emergency Fund met at Geneva from 26 February to 3 March 1950. The conference reviewed the activities of the United Nations and the specialized agencies in the field of rehabilitation of the physically handicapped.
7. The participation of the World Health Organization in an international programme on the rehabilitation of the disabled is limited by the priorities established by the World Health Assembly which has attributed priority to rehabilitation only when it enters into some other programme to which priority has been given in its own right (e.g., tuberculosis).
8. Whilst encouraging the introduction of courses to provide medical guidance on the rehabilitation of the physically handicapped, the World Health Organization continues its own particular task which is concerned with prevention rather than treatment. This is true of its anti-tuberculosis and industrial hygiene programmes and its work in the field of communicable diseases which may cause blindness.
9. The United Nations Educational, Scientific and Cultural Organization has a major interest in the education of the physically defective child. Under its auspices and with the co-operation of the International Union for Child Welfare, a conference of international experts held at Geneva in February 1950 discussed the problems of orthopedically handicapped children and adopted a resolution, the text of which is given in the Annex to the present document.
10. UNESCO has undertaken a limited number of projects for the welfare of the blind.
Fellowships have been granted for the study of questions concerning physically handicapped children.
11. The International Refugee Organization has undertaken the rehabilitation of disabled displaced persons. By 31 January 1950, this programme was operating at sixteen centres.

12. At its third session the Joint WHO/UNICEF Committee decided that assistance for physically handicapped children should be included in the UNICEF programme. Under this scheme various countries have requested and obtained assistance from the Fund.

13. The rehabilitation of disabled persons has always formed a part of the work of the International Labour Organisation. The International Labour office co-operates with the World Health Organization, especially in the field of industrial hygiene. It is particularly interested in vocational guidance. A limited number of fellowships are available under the programme approved in December 1949.

B. Fundamental aspects of an international programme of rehabilitation as they emerged from the Geneva meeting.

(a) General

14. A successful rehabilitation programme depends as much on the co-ordination of efforts as on the standards of its separate parts. On the international as well as the national plane, therefore, the problem is to develop a co-ordinated programme embodying the services in an orderly and integrated relationship.

15. Any programme for international action in the field of rehabilitation should be based on three fundamental principles, namely:

- (i) Prevention of disease and disability. Anything that the World Health Organization and other agencies can achieve in the prevention of disease (e.g. by establishing research projects, developing safety devices in industry) should be considered essential.
- (ii) Limitation of the effects of disability and rehabilitation of the disabled: Adequate medical attention should be provided at the earliest possible stage. Treatment cannot be considered complete if it confines itself to the medical aspects of the disease and fails to take account of the psychological, pedagogical, economic and social aspects. The aim of the treatment is the return of the disabled person to a place in society. The solution of this problem necessitates team work on the part of all those engaged in the treatment and rehabilitation.
- (iii) The disabled person has a right to his place in society. In this respect, a work of education of public opinion in general, and of employers and employees in particular, is essential.

16. In the past, rehabilitation has concerned itself mainly with the major disorders. Minor diseases and disabilities, however, are the cause of a much greater loss to society. In the case of minor injuries, immediate and effective rehabilitation would result in considerable economic savings to the community.

17. Any international programme should draw the attention of national social security institutions to the economic, social and humanitarian value of rehabilitation schemes, not only for accident cases but also for the chronic sick and invalids.

(b) Medical phase

18. The main task seems to be to direct the attention of the medical and nursing professions to social rehabilitation.

(c) Occupational therapy

19. Occupational therapy services should take their place in any rehabilitation programme and should have a direct relation to the future life, socially and economically, of the disabled person. The outstanding problem for any international programme is the creation of the necessary trained personnel. International assistance might take the form of granting scholarships and establishing schools.

An interchange of information between countries on occupational therapy techniques is desirable. An international programme for the development of these techniques should not devote itself primarily to schemes involving elaborate equipment but to those involving little cost and material.

(d) Physical therapy

20. Here, too, the problem is mainly that of training specialized personnel. Some help could be given by granting fellowships and establishing training schools.

(e) Manufacture and fitting of prosthetic appliances

21. In developing services for the manufacture and fitting of prosthetic appliances, the following principles should be observed:

- (i) amputees needing appliances should have the advice of a surgeon;
- (ii) the manufacture and fitting of appliances should be carried out in liaison with the medical authorities;
- (iii) the international exchange of information on types of prosthetic

appliances should concentrate particularly on those which can be simply and cheaply manufactured and do not easily get out of order;

- (iv) the international programme should include the training of specialists in the manufacture and fitting of artificial limbs;
- (v) the importance of services for the fitting of prosthetic appliances and the training of amputees in their use needs to be emphasized;
- (vi) the interchange of scarce raw materials essential in the manufacture of artificial limbs should be facilitated.

(f) Welfare services

22. At each phase of the rehabilitation process there is a need for the services of specialized social workers. In most countries there is a shortage of trained personnel and qualified rehabilitation service administrators.

The international programme should include assistance to governments in the training of such personnel.

(g) Vocational guidance

23. Vocational guidance should be introduced at the earliest stage of rehabilitation as soon as it is evident that a change of occupation will be necessary as a result of the disability. Good vocational guidance depends on teamwork between the doctor, the vocational guidance expert and the social worker. It should have regard both to the nature of the disability and to openings for employment.

(h) Training and employment

24. There are unquestionable advantages in making no distinction between disabled and normal people as regards training and employment. This method encourages the disabled person to take his place among the other workers. Special facilities for training and employment must, however, be available for the severely disabled. The provision of sheltered employment for certain groups of disabled persons should even be encouraged.

(i) Rehabilitation services for special groups^{1/}

25. Any international rehabilitation programme must of necessity include provision for the problems connected with special disabilities.

- (i) The World Health Organization's Expert Committee on Tuberculosis

has already considered the problem of rehabilitation for the tuberculous and has decided to give it detailed consideration at its next meeting to be held in Copenhagen in the autumn of this year.

- (ii) Psychiatric disorders. In the past the psychiatric disorders have had a small place in specialized rehabilitation programmes despite the fact that in many countries a large proportion of the hospital beds are set aside for persons suffering from these disorders.

Progress in psychiatry is adding the rehabilitation of the mentally sick. The World Health Organization could encourage the application of modern methods in this field.

- (iii) Rehabilitation of disabled miners. This presents special problems, owing to the greater incidence of serious injury, the greater risk of occupational disease and the difficulty of placing disabled miners in employment.

C. International services at present available to governments.

26. Representatives of the World Health Organization, the United Nations Educational, Scientific and Cultural Organization and the International Labour Organisation stated that there were immediate possibilities of utilizing their services to a limited degree in the field of rehabilitation.^{1/}

27. Attention was drawn to the fact that the budgets for 1951 had already been prepared, and that therefore any new projects would have to await inclusion in the 1952 budget.

D. Summary of recommendations formulated as the result of consultation with the specialized agencies (Geneva meeting)

28. The co-operation of the non-governmental organizations, including employers' and workers' organizations, should be sought as part of a composite international programme.

- (a) To avoid overlapping or duplication of activity and to ensure that the question of the disabled, in spite of its manifold aspects, is

^{1/} Cf. Annex (Document SOCWEL/HAND/Rep.1).

considered as a whole; a co-ordinated international programme is desirable, and responsibility for working it out could be entrusted as soon as possible to a working group of the Administrative Committee on Co-ordination.

(b) As the headquarters of the specialized agencies are in Europe, they recommend that the meetings of this co-ordinating unit be held there.

(c) The meeting was of the opinion that the co-ordinating machinery would require a small secretariat which should not encroach upon the functions of the specialized agencies.

(d) Co-operation was envisaged on the following basis:

(i) Initial phase: the United Nations and the specialized agencies will provide, for countries requesting it and justifying their need for it, technical assistance for the rehabilitation of the disabled which falls within the framework of the approved programmes. For greater efficiency, these services should be co-ordinated.

(ii) Second phase: the United Nations and the specialized agencies concerned should immediately establish an integrated and comprehensive plan for international action in order that the United Nations and each of the specialized agencies may submit proposals to the Economic and Social Council and to their Executive Boards for implementation in 1952.

IV. PROPOSALS BY THE SECRETARY-GENERAL

29. Bearing in mind the suggestions contained in paragraphs 5 and 28 above, the Secretary-General submits the following plan to the Social Commission:

(a) to establish a totally co-ordinated international programme (United Nations, World Health Organization, International Labour Organisation, United Nations Scientific and Cultural Organization, International Refugee Organization, International Children's Emergency Fund, and national and international non-governmental organizations interested in the problem);

(b) to ensure the co-ordination of international programmes for fellowships, experts, seminars etc. with a view to facilitating the social rehabilitation of the physically handicapped, including the blind, by means of consultations in the Administrative Committee on Co-ordination;

(c) with such a programme the United Nations Secretariat would necessarily be responsible for providing the staff requisite for the administrative machinery envisaged in sub-paragraphs (a) and (b) above. The Secretariat would also be responsible for organizing an interchange of information comprising:

- making available to governments information on the subject of rehabilitation services which could be offered by international inter-governmental and non-governmental organizations,
- the publication of: (a) an international bulletin
(b) legislative and administrative series,
(c) a bibliography
(d) a film catalogue
- the dissemination and if necessary the publication of elementary manuals on rehabilitation,
- the establishment of a film loan service.

In addition it would be responsible for encouraging the formation, in various countries, of national committees for the rehabilitation of the handicapped;

(d) subsequently to compile an international list of the best known experts whose services the Secretariat could call upon when required, subject to the financial resources available;

/(e) if the Social

- (e) if the Social Commission so desires, to request the United Nations Department of Information to study the possibility of organizing travelling exhibits depicting various aspects of a comprehensive rehabilitation programme and estimate their cost;
- (f) to ask the Economic Commission for Europe whether it could contemplate the possibility of studying a plan for Europe, to facilitate the exchange of scarce materials used in the manufacture of prosthetic appliances for the handicapped and report on the subject to the Social Commission.

ANNEX

European Office of
United Nations

SOCWELL/HAND/REP.1/FINAL/VERSION
6 March 1950

ORIGINAL: ENGLISH

Social Activities Service

Palais des Nations

Geneva

REHABILITATION OF THE DISABLED
MEETING OF REPRESENTATIVES OF THE UNITED NATIONS AND
THE SPECIALIZED AGENCIES

Geneva, 27 February to 3 March 1950

REPORT

1. PREAMBLE:

At a Meeting at Lake Success on 25 January 1950 called by the Assistant Secretary-General for Social Affairs, and attended by representatives of the International Labour Organisation, World Health Organisation, United Nations Educational, Scientific and Cultural Organisation, International Refugee Organisation and the United Nations International Children's Emergency Fund, it was decided to convene at Geneva a meeting to which representatives of the Specialized Agencies would be invited for the specific purpose of considering proposals for an international programme on the rehabilitation of the disabled.

The object of the meeting was to provide for the implementation by the Secretary-General of the United Nations of two resolutions unanimously adopted by the Social Commission at its Fifth Session in December 1949 concerning, respectively, the rehabilitation of physically handicapped persons and the rehabilitation of the blind (Document E/1568/E/CN.5/185, pages 34 and 36).

The meeting opened on Monday, 27 February 1950.

The Chair was taken by Dr. Harold Balme, United Nations Consultant on problems of the disabled; Mr. Maurice Milhaud served as the representative of the Department of Social Affairs and as Secretary of the Meeting. Mr. Roland Berger, United Nations Social Affairs Adviser served as rapporteur. Lady Allen Hurtwood attended /the meeting

the meeting as United Nations Consultant on Child Welfare and Mr. Eric Boulter as United Nations Consultant on Problems of the Blind.

The following attended as representatives of the Specialized Agencies:

International Labour Organisation:

Mr. D. C. Tait,
Consultant on Manpower.

Dr. H. A. de Boer,
Medical Adviser on Rehabilitation.

Mr. M. Marcelletti,
Member of the Manpower Section.

World Health Organization:

Dr. George W. Miller,
Assistant Director, Division of the
Organization of Public Health Services.

Dr. C. Hargreaves,
Chief, Mental Health Service.

Dr. I. Kohn,
Chief of the Section,
Exchange of Scientific Information.

Dr. E. Downs,
Maternal and Child Health Section.

Miss L. M. Creelman,
Nursing Section.

Miss B. Howell,
Liaison Section.

United Nations Educational, Scientific and Cultural Organization:

Dr. Thérèse Brosse,
Department of Education.

Sir Clutha MacKenzie.

International Refugee Organization:

Dr. R. L. Coigny,
Director of Health, Geneva Headquarters.

Mr. W. K. Shaughnessy,
Chief, Division of Employment and Vocational
Training, Geneva Headquarters.

Dr. W. H. Steward,
Medical Officer Rehabilitation Programme,
U.S. Zone of Germany.

/Alternates:

Alternates:

Mr. Spences Mapes,
Assistant Chief,
Division of Employment and Vocational Training.

Dr. J. B. Petrie,
Medical Consultant,
Health Division, Geneva Headquarters.

United Nations International Children's Emergency Fund:

Dr. Verhoestraete.

The meeting also had the benefit of hearing the views of Dr. J. D. McDougall, Chief of the Tuberculosis Division of the World Health Organization on the specific problem of the rehabilitation of the tuberculous.

Seven meetings were held at which the various aspects of the problem of rehabilitation were reviewed. At the final meeting, approval was given to this Report and to a separate Report on the specific problems of services for the Blind which is issued as document SOCWEL/HAND/REP.2.

2. Activities of United Nations and the Specialized Agencies in the field of rehabilitation of the Disabled.

(A) UNITED NATIONS

The interest of United Nations in problems of the disabled derives from the resolution adopted by the Social and Economic Council on 27 June 1946,^{1/} in appointing the permanent Social Commission and outlining its functions. This prescribes to the Commission, under Paragraph 3: "Matters referred to the Social Commission" to undertake an early study and make recommendations to the Council, particularly of the following questions outlined in the Temporary Commission Report: (See paragraph 11):^{2/}

- (1) Measures for helping the individual (and the family) when necessary, to make use of or have access to the opportunities and resources available for satisfying his needs; administration of social assistance.
- (2) Care, protection and service for special groups (children, the aged, the handicapped, and so forth).
- (3) Social services, as part of the application of general social policy in special regions (under-developed areas and countries affected directly by war).

^{1/} Journal of the Economic and Social Council, no. 29, First Year.

^{2/} Journal of the Economic and Social Council, First Year, no. 25.

Under resolution 58 (1) it has been possible for the Department of Social Affairs to provide the following services to Governments on problems of the rehabilitation of the disabled.

(i) Consultants

Hungary - In 1947 a French expert on general administration of rehabilitation services was made available to the Hungarian Government for a period of six months.

Czechoslovakia - A British expert on registration and training of the disabled served for a period of two months in September 1947.

Poland - From July 1947 until January 1950 a United Nations Social Affairs adviser assisted the Polish Government in the development of its services for the disabled as part of his general advisory duties.

A British expert on welfare services for the blind visited Poland in 1948 by arrangement with the National Institute for the Blind (U.K.). Professor Howard Rusk, United Nations consultant on services for the disabled, visited Poland in October 1949 for a period of two weeks.

Austria - As part of his European visit Professor Rusk spent two weeks in Austria advising the Government on the development of rehabilitation services.

The United Nations Social Affairs Adviser attached to the Austrian Government from August 1947, until the present time, as part of her general advisory function assisted with problems of the disabled. In June 1949, an Austrian Co-ordinating Committee on rehabilitation of the handicapped was set up under United Nations sponsorship.

United Nations also assisted in the organization of a Federal Conference on the problems of the disabled.

Greece - The United Nations Social Affairs Consultant has during the past three years advised the Government on certain problems relating to the rehabilitation of the disabled.

United Nations experts on rehabilitation have also been provided to the Governments of Albania, China and the Philippines.

These experts have concerned themselves with one or more of the following aspects of the problem:

- (a) Arranging conferences and exhibitions to demonstrate improved methods for treatment of physically disabled.
- (b) Equipment, organization and recreational facilities for handicapped children.
- (c) Assistance in planning government rehabilitation centres for adults and children.
- (d) Promoting improved methods of occupational and diversional therapy for handicapped persons (especially hospitalized cases).
- (e) Advising on all aspects - training, registering and suitably employing - civilian and war-disabled persons.
- (f) Assisting in the processing of an artificial limb programme; advising on workshop equipment and training centres for occupational therapy purposes.
- (g) Advising on the medical-social aspects of the rehabilitation of tuberculous persons.
- (h) Advising on all aspects of vocational rehabilitation methods designed to meet the needs of various categories of physically disabled.

(ii) Fellowships

From its inception the United Nations Social Welfare fellowship programme has been extensively utilized by member Governments for the training of personnel engaged in rehabilitation services. The following fellowships have been awarded:

1947-1948

<u>Country</u>	<u>Subject</u>	<u>No. of fellowships</u>	<u>Period of Study</u>
Albania	Manufacture and fitting of Prosthetic appliances	2	4 months
Austria	Manufacture of prosthetic appliances	2	6 months
	Care of war victims	1	6 months
China	Veterans rehabilitation	1	6 months
	Training of the disabled	2	6 months
	General organization of rehabilitation services	1	6 months
	Physical rehabilitation	1	6 months

1947-1948 (Continued)

<u>Country</u>	<u>Subject</u>	<u>No. of fellowships</u>	<u>Period of Study</u>
Czechoslovakia	General organization of rehabilitation services	1	6 months
Finland	Manufacture and fitting of prosthetic appliances	1	6 months
	Physical rehabilitation	1	6 months
Greece	Physical rehabilitation	2	6 months
Holland	Physical rehabilitation	2	6 months
Hungary	Manufacture of prosthetic appliances	2	6 months
India	Rehabilitation of Refugees	1	6 months
Philippines	Vocational rehabilitation	1	6 months
	Occupational Therapy	1	6 months
	Training of Disabled	1	3 months
Poland	Training of the Disabled	1	6 months
	Manufacture of Artificial eyes	1	4 months
	Social Aspects of Tuberculosis	2	6 months
	Occupational Therapy	1	6 months
	Welfare Services for the Tuberculous	1	5 months
Yugoslavia	Social welfare work for deaf and dumb children	2	4 months
	Care of handicapped children	1	4 months
	Services for Blind	2	4 months
<u>1949</u>			
Belgium	General organization of rehabilitation services	1	6 months
China	General organization of rehabilitation services	1	4½ months
Denmark	General organization of rehabilitation services	1	6 months
Egypt	General organization of rehabilitation services	1	6 months
Finland	General organization of rehabilitation services	1	3 months

1949 (Continued)

<u>Country</u>	<u>Subject</u>	<u>No. of fellowships</u>	<u>Period of Study</u>
Greece	Rehabilitation of Blind	2	4 months
Guatemala	Occupational Therapy	1	3 months
India	Rehabilitation of the Deaf, Dumb and Blind	2	6 months
Philippines	Rehabilitation of the Deaf and Blind	1	6 months
Switzerland	General organization of rehabilitation services	1	3 months
Yugoslavia	Manufacture of prosthetic appliances	1	4 months
	General organization of rehabilitation services	1	4 months
	Manufacture and fitting of prosthetic appliances	1	4 months
		1	3 months

(iii) Demonstration Equipment

Demonstration equipment has been supplied to a number of governments under the Social Affairs programme. This has included machinery for the manufacture of prosthetic appliances, training equipment, occupational therapy equipment, braille printing machines, and other equipment for the training of blind persons. The following governments have received demonstration equipment under the Social Affairs programme.

1948 Czechoslovakia, China, Yugoslavia, Poland, Austria, Finland, Hungary, and the Philippines.

1949 Albania, Bulgaria, Czechoslovakia, the Philippines, Poland, Yugoslavia.

(iv) Technical literature

Technical literature on all phases of rehabilitation has been supplied to a number of governments under the Social Affairs programmes for 1947, 1948 and 1949.

(v) Films

A short film "First Steps" on the training of paraplegic children was produced by the Department of Social Affairs in co-operation with the United Nations Department of Public Information. The film was originally prepared for use in

/the training

the training of welfare assistants in India. It was subsequently reproduced with French, Greek, Polish, Serbo-Croat, and Czech dialogue and a number of copies supplied to many countries.

In September 1948 a comprehensive catalogue of films on social welfare topics was produced by the Division of Social Activities. A substantial section of this catalogue is devoted to films of many countries on the several aspects of rehabilitation. A supplement to this catalogue was issued in 1949.

(vi) Bibliographies

The Division of Social Activities has produced an international series of publications on social service topics for the first and second semesters of 1948. This series includes publications, periodicals and articles on all aspects of the social services including rehabilitation. The series covered publications of sixteen countries for the first semester of 1948 and a large number of countries for the second semester. The material for the first semester of 1949 is now in course of preparation.

(B) WORLD HEALTH ORGANIZATION

The participation of the World Health Organization in an international programme on the rehabilitation of ~~the disabled~~ is limited by the priorities established by the World Health Assembly which has attributed priority to rehabilitation only when it enters into some other programme to which priority has been given in its own right (e.g. tuberculosis, mental health).

However whilst these priorities have to be observed in specialized rehabilitation, the World Health Organization is concerned with levels of medical and nursing education and sets out to encourage the reorientation of medical training to ensure that the concept of rehabilitation pervades all medical care.

The World Health Organization considers that the nurse has an active part to play in any rehabilitation programme both in the prevention of diseases inducing disablement and in treatment. Twenty nurses are working for the World Health Organization many of them in specialized fields and all of them concerned with the preventive aspects of their work.

A number of WHO programmes have as their aim the prevention of physical incapacitation, e.g.

(a) tuberculosis - early physical and mental rehabilitation has also been stressed in the care of the tubercular patient;

/(b) industrial

- (b) industrial hygiene - WHO has a joint expert Committee with ILO in the field of industrial hygiene;
- (c) communicable diseases which may cause blindness - WHO has been engaged in large-scale activities in the field of venereal disease control, it being a well-known fact that syphilis and gonorrhoea are a frequent cause of blindness. The communicable diseases control programme of WHO also includes attention to trachoma and smallpox, two other causes of blindness;
- (d) the mental health programme which is concerned with the prevention and treatment of psychiatric disorders and the psychological aspects of organic disorders.

During 1948 and 1949 eight new fellowships were granted to workers in this field of rehabilitation in addition to which the first team fellowship on problems of the disabled was awarded. A further award is about to be made for a team of our members. WHO also provides on request consultants on various aspects of medical rehabilitation, e.g., a demonstration team is at present working in India on the medical rehabilitation of poliomyelitis cases, and arrangements are in an advanced stage for the provision of a general consultant in the medical rehabilitation of the physically handicapped for the United Kingdom.

(C) UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION:

UNESCO has a major interest in the problem of education of the physically defective child following the terms of its constitution "to suggest educational methods which will permit the children of the world to exercise their responsibilities as free men." During 1949 problems of the education of physically defective children formed a chapter in the publication "War Handicapped Children - Problems of Education". Under the auspices, and with the co-operation of UNESCO, a contract was entered into with the International Union for Child Welfare to convene a conference of international experts on the educational problems of orthopedically handicapped children. This conference was held in Geneva in February 1950.

In the domain of blind welfare UNESCO has undertaken a limited number of special projects:

- (a) An enquiry with a view to determining the use of braille throughout the world. A Committee of experts was convened to consider this problem in December 1949.

(b) A draft resolution will be submitted to the fifth session of the General Assembly of UNESCO recommending exemption from Customs Duties and currency regulations of educational, scientific and cultural material intended for use by the blind.

(c) UNESCO sent an observer to the International Conference of Workers for the Blind held in August 1949 at Oxford, England.

(d) The Department of Reconstruction has made proposals for the equipping of the school for deaf and blind in Ceylon, which had severe damage during the war.

(e) The Department for the Exchange of Persons is studying the possibilities of making available facilities for a study on the betterment of conditions of life of the blind.

Under the UNESCO fellowship programme sixteen fellowships have been granted so far in the field of services for handicapped children:

1947

<u>Country</u>	<u>No. of fellowships</u>
China	1
Denmark	1
Greece	1
Netherlands	2
Philippines	1
Czechoslovakia	<u>2</u>
	8

1948

Hungary	1
Italy	1

1949

Italy	2
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Under the joint UNESCO-Rotary International Agreement UNESCO has sponsored and granted four fellowships on psychological care of defective children. UNESCO granted one fellowship to a Greek blind person who will study in Canada techniques of the social rehabilitation of war-blinded children. In addition, the Service for the Exchange of Persons has prepared a general report summarizing the experience of fellows who have finished their studies in the above fields. As

/a result

a result of these reports and others which will be forthcoming from fellows in the future UNESCO hopes to create a group of specialists on these problems, who will collaborate with the Organization and among themselves in exchanging information, opinions etc.

(D) INTERNATIONAL REFUGEE ORGANIZATION:

As part of its care and maintenance and transportation functions IRO has carried on an extensive public health programme. Another major aspect of IRO's activities has been that of vocational training. In the fiscal year 1947 the Preparatory Commission allocated \$100,000 for rehabilitation. In the fiscal year 1948 this sum was increased to \$200,000. With these funds small projects were initiated by IRO for a limited number of displaced persons needing rehabilitation in Italy and the United States zone of Germany. In mid 1948, when it was clear that adequate funds would be available for a rehabilitation programme, the Administration conducted a survey in order to provide factual information on the possibilities of a full-scale programme. The results of this study, which were available in December 1948, showed that there were approximately 27,000 refugees under IRO care who could be classified as disabled. The survey revealed that a large proportion of these were tubercular and that many others were amputees or had disorders of locomotion or chronic medical disorders. The following is a breakdown of types of disability:

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Loss of one or more limbs		1,810
Blindness		
(a) Total		212
(b) Partial		427
Pulmonary T.B.		
(a) Stationary	2,017	
(b) Unstable	2,913	
(c) Quiescent	3,439	
(d) Arrested	1,380	
(e) Recovered	424	
(f) Unclassified	1,443	
		11,616
Non-Pulmonary T.B.		592
Chronic Medical Disorders etc., Includes cardiac, vascular, chest, arthritic and gastric conditions		4,809
Diseases of the Central Nervous System etc.		766
Disorders of Locomotion (non T.B.) etc.		2,254
Neurosis		275
Psychosis		431
Miscellaneous		3,858
		<u>27,050</u>

Total of Disabled by Zones is as follows:

Germany - U.S. Zone	15,250
British Zone	7,203
French Zone	2,256
Austria	1,854
Italy	487
	<u>27,050</u>

The medical personnel of IRO estimated that of the 27,000 approximately 8,000 would be likely to benefit from a rehabilitation programme. As a result a plan was prepared providing for the establishment of rehabilitation facilities for approximately 3,000 persons at one time. On the assumption that it would take on an average nine months to provide rehabilitation training to the tubercular and an average of five months for training of the non-tubercular, it was believed that by 30 June 1951 the majority of the 8,000 could be rehabilitated. A budget of \$1,250,000 was approved for this scheme including \$850,000 for medical rehabilitation vocational training and welfare supplies and \$400,000 for personnel costs. Fortunately the budget did not have to be more extensive because a great proportion of the operating costs was paid out of ordinary IRO supporting services.

Immediately upon approval a programme was initiated in the three major areas of IRO's operations, Germany, Austria and Italy. Sixty-three international positions were established for the programme. It was planned that in each area there would be two medical officers, one specialized in rehabilitation of the tubercular and the second in rehabilitation of the non-tubercular, a nurse also specialized in rehabilitation, and that in each centre there would be a welfare officer and a vocational training officer. The selection of trainees was carried out mainly by means of Selection Boards which included a medical officer, a vocational training officer and a welfare officer.

Owing to their diversion to other priority tasks the welfare officers were unable to devote as much time to rehabilitation as would have been advisable. This resulted in some cases in a poor selection of trainees and in some instances in giving insufficient attention to the morale aspects of rehabilitation, the latter being one of the main responsibilities of the welfare officers.

Part of the rehabilitation programme is that of occupational therapy. Prior to the initiation of the rehabilitation programme, occupational therapy, mainly because of lack of funds, was carried on only very haphazardly in IRO hospitals. Once funds became available for therapy, a more extensive programme was initiated in most areas and is now becoming relatively well organized. Insofar as possible an attempt is made to provide pre-vocational training through occupational therapy so that once the patient comes out of the hospital, he can be placed more easily and effectively, if necessary, in an appropriate vocational training course. To

aid in the development of this programme, experts from the Liverpool School of Occupational Therapy in England were called in for expert advice and have also provided personnel on a contract basis to develop occupational therapy in IRO hospitals.

On 31 January 1950 the IRO rehabilitation programme was in operation in sixteen centres having 1,840 trainees and with a total capacity of operation of 2,700. All these centres are operated either directly by IRO or indirectly by IRO through the sponsorship of voluntary agencies. At this time 134 separate vocational training courses were being given in rehabilitation training establishments in 41 different subjects. Training is of the accelerated type of intensive training which was developed in many countries during the war.

An attempt is being made to improve vocational guidance procedures in the future, for which purpose IRO is hoping to obtain the services of vocational guidance experts. The major problem now facing the Organization is the resettlement and placement of the persons trained, it being the aim of IRO in this particular programme to reach the position in which rehabilitation trainees can emigrate on the same basis as other refugees.

(E) UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND:

At its third session the joint WHO/UNICEF Committee on health policy decided to include maternal and child health services in the list of programmes for which UNICEF can give assistance. This included programmes for handicapped children as one of the priority projects. In view of these decisions governments of UNICEF receiving countries are in a position to apply for assistance for programmes involving services to handicapped children and to utilize part of their allocation for such action. To date UNICEF has given assistance to Bulgaria, providing equipment and supplies for the orthopaedic clinic in Sofia which is concerned with the treatment and rehabilitation of crippled children. Similarly, UNICEF has given assistance to France in a programme for the physical rehabilitation and vocational orientation of children who have suffered from poliomyelitis. This is part of the overall French programme for combatting poliomyelitis and its after effects. A request has also been received from Austria for assistance with a programme for the rehabilitation of the epileptic child.

Under the general programmes of procurement of food and raw materials for clothes and shoes UNICEF has given priority to institutions for the handicapped child.

The group training courses on social pediatrics offered to UNICEF by France, Switzerland, Sweden and the United Kingdom have included the relevant aspects of problems of handicapped children.

In view of the fact that services for the handicapped child is an outstanding problem in the overall continuing needs of children, UNICEF has been very anxious to evaluate the interest which governments might show in such programmes. A survey in the European UNICEF receiving countries has shown a definite interest in the problem of the handicapped child. In their replies concerning continuing needs of children the governments of Austria, Finland, Germany, Greece, Italy and Yugoslavia have shown particular interest in the question of physically handicapped children.

(G) INTERNATIONAL LABOUR ORGANISATION:

The rehabilitation of disabled persons, including the blind, has formed an important part of the work of the ILO since its first establishment in 1919. Since the end of the second World War, this activity has been intensified as part of the ILO Manpower Programme which includes employment service organization, vocational guidance, training, re-training and migration.^{1/}

The interest of the ILO in the problem of rehabilitation starts at the point at which medical rehabilitation ends and may indeed sometimes begin at a slightly earlier stage. The ILO has an interest in certain aspects of medical rehabilitation and in the prevention of disability, and is in fact already collaborating with the World Health Organization in this field, more especially with regard to industrial hygiene. The vocational questions involved are vocational guidance, vocational training and re-training and placement in employment. In the view of the International Labour Organisation it is not possible to separate action on these questions for the disabled from action for able-bodied workers. Both categories of workers receive the same kind of guidance, are trained or re-trained as far as possible in the same schools, workshops, etc., and are placed in employment through the same services. It is recognized that there are certain special problems concerning some categories of the disabled such as the blind and others who are very severely disabled which necessitates special methods.

^{1/} Cf. ILO, Second and Third Reports of the International Labour Organisation to the United Nations, Geneva 1948 and 1949.

In June, 1950 the ILO Conference will consider the question of vocational training of adults, including the disabled, with a view to the adoption of a recommendation. A technical tripartite conference, which met in January 1950, indicated the points which might be included in the recommendation.

The International Labour Organisation is developing a programme of technical assistance in the whole manpower field. A regional field office for vocational and technical training has been set up for Asia and the Far East. A second field office for employment questions, vocational guidance, vocational training and re-training, and migration, will shortly be organized in Latin America. The International Labour Organisation is also prepared to send experts on any aspect of the manpower problem including the guidance, training and employment of the disabled to assist governments on request within the limits of the resources available. A limited number of fellowships are now available under a new programme approved in December 1949. In allocating these fellowships a high priority will be given to the field of manpower including the disabled.

The activities of the International Labour Organisation in the sphere of the handicapped child, are included in the section of the report dealing with that subject.

The following are the specific activities of the International Labour Organisation in the field of rehabilitation of the disabled.

1. International Standards

A certain number of standards in the field of the rehabilitation of the disabled have been established through the adoption of Conventions, Recommendations and Resolutions by the International Labour Organisation at its various Conferences:

(a) Conventions and Recommendations adopted by the International Labour Conference:

- Workmen's Compensation (Accidents) Convention No. 17;
- Income Security Recommendation No. 67;
- Medical Care Recommendation No. 69;
- Employment (Transition from War to Peace) Recommendation No. 71;
- Young Workers' Medical Examination Conventions Nos. 77 and 78 and Recommendation No. 79;
- Employment Service Convention No. 88 and Recommendation No. 83;
- Vocational Guidance Recommendation No. 87.

/(b) Resolutions

- (e) The Medical Rehabilitation of the Disabled. International Labour Review, Vol. LIV, Nos. 1-2, July-August, 1946.
- (f) Protection of Children and Young Workers. Report III submitted by the Office to the 29th Session of the International Labour Conference, Montreal, 1946.
- (g) Vocational Training. Report II submitted by the Office to the 3rd Conference of the American States Members of the ILO, Mexico City, 1946.
- (h) Employment Service Organisation. Report IV submitted by the ILO to the 31st Session of the International Labour Conference, San Francisco, 1948.
- (i) The Rehabilitation of the Disabled in Mining Industries. International Labour Review, Vol. LVII, Nos. 1-2, January - February 1948.
- (j) Vocational Guidance. Report V to the 31st Session of the International Labour Conference, San Francisco, 1948.
- (k) Vocational Retraining of Disabled Miners. Report III to the 3rd Session of the ILO Coal Mines Committee, Pittsburgh, 1949.
- (l) The Rehabilitation of the Tuberculous. International Labour Review, No. 1, January 1950.
- (m) Vocational Training of Adults, including Disabled Persons. Report IX to the 33rd Session of the International Labour Conference, Geneva, 1950.
- (n) Programmes of rehabilitation of the Disabled are also discussed in a series of monographs published or in preparation by the Office on the vocational training of adults (monographs concerning the United Kingdom, Belgium, the United States have already been published).
- (o) Bibliography of Occupational Medicine, International Labour Office, Geneva, 1948, Vol. 1, pages 66-71.

3. An International Programme of Rehabilitation - aspects of the problem

A. General

A successful rehabilitation programme depends as much on effective co-ordination as on the standards of its separate parts. Without such co-ordination it is impossible to frame a unified plan providing continuity of treatment until full rehabilitation has been achieved. The relatively small percentage of permanent cripples in Great Britain and North America resulting from the war was due not only to advances in surgical and medical techniques but also to the continuity of the rehabilitation programmes.

On the international as well as the national plane, therefore, the problem is to develop a composite and co-ordinated programme embodying all aspects of the service in an orderly and integrated relationship.

The meeting accepted as basic to any programme for international action in the field of rehabilitation the four principles enunciated by Dr. Harold Balme, United Nations Consultant, namely:

(i) prevention of the occurrence and spread of diseases and disability.

Anything that the World Health Organization or other agencies can achieve in the prevention of disease, research projects, development of safety devices in industry should be considered as an essential part of the service for the disabled.

(ii) limitation of the effects of disability by providing adequate medical attention and medical rehabilitation from the outset. This treatment cannot be considered complete if it confines itself to the pathological aspects of the disease and fails to take account of the social, economic and educational aspects of the problem of disablement. The ultimate aim is the return of the disabled person to a place in society. The solution of this problem necessitates team work on the part of the physician and surgeon, the physical and occupational therapist, the educator, the social worker, psychologist, vocational guidance expert, training expert and industrial placement officers. Through hospital rehabilitation departments and rehabilitation and training centres, all factors affecting the disabled person should be considered and treated together, thus drastically limiting the effects of disability.

(iii) the adaptation of the individual physically, psychologically and economically to his new condition.

(iv) the preparation of a place in society for the disabled person. In this respect a great work of education of public opinion, of employers, workpeople and others is essential.

These general principles have to be modified under certain conditions:

(a) conditions created by the economic situation of a given country; (b) the special problems of certain occupational groups, e.g. miners, (c) certain types of disability (tuberculosis, psychiatric disorders, spastic paraplegia etc.).

The meeting agreed that any rehabilitation programme must be strictly related to the economic level and possibilities of the given country. However, there is no excuse for any country not making a start with a rehabilitation service or the elements of such a service at its appropriate level.

From the health point of view the level of technical development and the presence of grave, widespread health problems of greater urgency may make the development of specialized rehabilitation services difficult. In any country, however, it is possible in the training of health workers to ensure that the concept of rehabilitation permeates all medical care, however, simple.

Rehabilitation in the past had concerned itself very largely with the major disorders. Minor diseases and disabilities, however, are the cause of a much greater loss of working time than are any of the major disabilities. In the case of minor injuries, immediate and effective rehabilitation would result in enormous economic savings to the community.

It was emphasized that the relationship between social security systems and the problem of rehabilitation is insufficiently appreciated. Any international programme should take account of this factor, drawing the attention of national social security institutions to the considerable economic, as well as social and humanitarian value, of rehabilitation schemes, not only for industrial accident cases but also for the chronic sick and invalids. The meeting noted that the International Society of Social Security Associations will study the problem of rehabilitation in relation to social security schemes at its Assembly in 1951.

B. Medical Phase

In its medical aspects the meeting considered that the priority problem is that of re-orienting the medical and nursing professions as a whole to an understanding of rehabilitation in all its phases and in its many relationships to the medical specialties. In countries not having specialized personnel in the medical and para-medical services and for those countries in which an organized public health service is relatively under-developed, it might well be possible, even at this stage, to introduce into medical and nursing education the concept of rehabilitation and of the team work involved. In the more advanced countries there is a serious lack both of a general understanding by the medical and nursing professions of rehabilitation in its many facets as well as a lack of training in physical rehabilitation as a special problem

C. Occupational Therapy

Occupational therapy services should take their place in any integrated rehabilitation programme. Such services must have a direct relation to the future life, socially and economically, of the disabled person. Occupational therapy should take four forms: (a) education, particularly for the student class confined to bed for long periods in hospitals and sanatoria, (b) light handicraft work for the mobilization of joints, (c) occupational therapy as a form of psychological treatment and to deal with psychological factors existing in organic conditions, and (d) pre-vocational and industrial training.

The outstanding problem for any international programme is the creation of trained personnel for the manning of occupational therapy services. In the more developed countries international assistance might be directed to the establishment within the coming years of schools of occupational therapy. In others, assistance would take the form of the training of individuals for immediate practice. Also important in this field is the interchange of information between countries on occupational therapy techniques and types of equipment and in the provision of tools and equipment for the initiation of national schemes. An international programme for the development of occupational therapy services should not devote itself to schemes involving elaborate equipment but should assist countries with advice on the simpler forms of occupational therapy involving little cost and material. Part of the re-orientation of the medical profession, which has already been mentioned, would include indoctrination in the use of occupational therapy and occupational therapists for various types of disability and the role of the simpler forms of occupational therapy as an aspect of general nursing.

D. Physical Therapy

As for occupational therapy, the problem is mainly that of the training of personnel in its short and long-term aspects - (1) for immediate practice; (2) the long-term prospect of the creation of schools for physical therapy in the more developed countries. Many countries will require assistance in the provisions of physical therapy equipment and in obtaining information and advice on latest forms of physical therapy techniques and equipment.

E. Manufacture and Fitting of Prosthetic Appliances

Within the general programme of rehabilitation the following principles should be observed in developing services for the manufacture and fitting of prosthetic appliances:

- (a) Wherever possible, amputees needing prosthetic appliances should have the advice of a surgeon on the preparation of the stump;
- (b) The manufacture and fitting of appliances should be carried out in close liaison with the medical authorities;
- (c) Methods should be devised for the international interchange of information on types of prosthetic appliances. This should concentrate particularly on limbs and other appliances which can be simply and cheaply manufactured, and do not easily get out of order;
- (d) The international programme should include measures to assist in the training of specialists in the manufacture and fitting of limbs;
- (e) The importance of services for the fitting of amputees and their training in the use of prosthetic appliances needs to be emphasized;
- (f) In any international programme the psychological aspects of the wearing of artificial limbs should not be lost sight of. Attention is drawn to the work already undertaken in England and America on the psychological problems associated with the fitting of prostheses.
- (g) The economic agencies of the United Nations should investigate the possibility of facilitating the interchange of scarce raw materials essential in the manufacture of artificial limbs and advising governments on the production of such materials within their own countries.

F. Welfare Services

At each phase of the rehabilitation process there is a need for the services of general social workers and psychiatric social workers skilled in dealing with the social and psychological problems of the disabled person.

In most countries there is no systematic training for such workers or rehabilitation officers and social administrators engaged in rehabilitation services.

The international programme should include assistance to Governments in the training of such personnel.

G. Vocational Guidance

Vocational guidance should be introduced at the earliest stage of rehabilitation, as soon as it is evident that a change of occupation will be necessary as a result of the patient's disability. Good guidance depends on good team work between the doctor, the vocational guidance expert and the social worker and should have regard not only to the particular nature of the disability but also to the openings for employment in the vocation selected.

In tubercular cases, especially in young people, vocational guidance should be provided on entrance into the sanatorium in order to ensure that education and pre-vocational training during hospitalization may conform to the future medical and economic prospects of the patient, or in the case of handicapped children should be directed to preparing the child for admission into school.

H. Training and Employment

The present practice of regarding the training of disabled people as part of the general scheme of vocational training and employment has the advantage of assisting the disabled person to forget his handicap and take his place among able-bodied workmen. Special facilities must, however, always be available for the minority of severely disabled but employable persons who need a special technique both in training and in resettlement, such as the blind, the tuberculous, and those suffering from crippling deformities. The provision of sheltered employment for certain groups of disabled people also needs to be encouraged. Wherever necessary, medical supervision should be continued throughout the whole period of training and initial resettlement.

I. Rehabilitation services for special groups

Any international programme of general rehabilitation must of necessity include provision for the specific problems of special disabilities and occupational groups. The meeting directed its attention to two disability groups - the tuberculous and those suffering from psychiatric disorders, and one occupational group - the miners.

(1) Rehabilitation for the tuberculous

The meeting had the benefit of hearing the views of Dr. J. B. McDougall, Chief of the Tuberculosis Division of the World Health Organization, who submitted a working paper on the subject. The meeting accepted the main

principles set forth by Dr. McDougall in his verbal and written statements, namely:

- (a) rehabilitation of the tuberculous is, to a major degree, a social and to a lesser degree a medical problem, and the success of the rehabilitation programme for the tuberculous depends, as do other forms of rehabilitation, on co-operative team work between the doctor, the social worker and the vocational guidance training and placement experts; the problem of tuberculosis is thus of concern to all agencies;
- (b) the elements of a rehabilitation programme for the tuberculous can be commenced whatever the economic level of a given country;
- (c) "relapse" is the crux of the tuberculosis problem and much more attention needs to be given, in the period before discharge, to the preparation of the patient for the physical demands of the daily life to which he is to return, an assessment of his work tolerance and clear guidance as to the type of vocation he could safely follow;
- (d) an adequate after-care and welfare service is an indispensable part of a programme for the rehabilitation of the tuberculous;
- (e) in international programmes of assistance to governments with their rehabilitation schemes for the tuberculous, care needs to be taken to ensure that the advice and services provided are closely related to the economic possibilities of the country.

The World Health Organization's Expert Committee on Tuberculosis has already considered the problem of rehabilitation and has decided, in view of its importance, to give it detailed consideration at its next meeting to be held in Copenhagen in the autumn of this year. The meeting envisaged as one of the many forms of co-operation between the United Nations and the Specialized Agencies that observers from the Department of Social Affairs, the International Labour Organisation and other interested agencies might be given the opportunity of attending this meeting in order to give such agencies an opportunity of expressing their views on the social and industrial aspects of the problem.

(ii) Psychiatric Disorders

In the past the psychiatric have had a small place in specialized rehabilitation programmes despite the fact that about half of hospital beds in every well developed country are set aside for persons in this category and that a clinical sampling study undertaken in Great Britain had shown that more work time was lost by psycho-neuroses than by the common cold.

Specialized programmes of rehabilitation for psychiatric disorders did, however, develop considerably in certain countries during the recent war and the rehabilitation attitude has produced a considerable re-orientation in certain progressive treatment centres for psychoses and for psycho-neuroses. The care and supervision of mentally defective adults has shown a similar re-orientation in the direction of resocialisation. In addition recent advances in understanding of the psychosomatic disorders have much improved their prospects of rehabilitation.

Unfortunately, these developments are at present confined to a minority of treatment centres in a minority of countries. The WHO should seek to spread this knowledge and encourage its practical application in any country sufficiently developed to undertake it. A meeting of the WHO Expert Committee on Mental Health devoted to this subject would clearly have as great a value in this field as the forthcoming meeting in Copenhagen will have for the rehabilitation of the tuberculous.

(iii) Rehabilitation of Disabled Miners

The meeting had presented to it by the ILO representative a statement on the specific problems arising in the treatment, retraining and general rehabilitation of disabled miners. During the discussion there emerged agreement that the problem of the rehabilitation of miners could be differentiated from the general problem of rehabilitation insofar as in this industry there is a greater incidence of serious injury, a greater risk of occupational disease and peculiar difficulties in the retraining and placement of disabled workers. The statement emphasized the need for the inclusion in any international programme of specific attention to the particular problems arising in certain occupational groups.

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Much has already been said of the essential factor of team-work at every stage of the rehabilitation process. The importance of this factor especially needs to be borne in mind in the selection of personnel to man the rehabilitation services and in the composition of teams of workers engaged on rehabilitation.

Following its brief review of the many aspects of the rehabilitation process, the meeting was of unanimous opinion that the greatest measure of co-ordination of services was essential if the complex and many-sided problems of rehabilitation were to be adequately integrated into an international programme. The specialized agencies were emphatic that any such co-ordination must be effected without encroaching on the functions proper to the individual agencies.

4. Services available to Governments

Representatives of the World Health Organization, the United Nations Educational, Scientific and Cultural Organization and of the International Labour Organisation stated that there were immediate possibilities of utilizing their programmes to a limited degree for services in the field of rehabilitation. In reviewing services available to governments it was explained that the budgets of the World Health Organization and of the International Labour Organisation for 1951 have already been prepared and that therefore projects involving any considerable expansion of existing services could only be considered for 1952, except insofar as technical assistance funds may be made available at an earlier date.

The budget of the United Nations Educational, Scientific and Cultural Organization for 1951 is to be presented to the General Conference which will place at Florence in May, 1950.

(a) Fellowships

The representatives of the World Health Organization of the International Labour Organisation stated that there were limited possibilities of utilizing their fellowship programmes in 1950 and 1951 as part of any general programme of rehabilitation. In the case of the World Health Organization fellowship allocations are entirely at the discretion of the national governments which determine its use within the general framework of the principles laid down by

the World Health Assembly. It is open to any government to request a fellowship in one of the aspects of rehabilitation out of its general budget and everything should be done to convince governments of the value of such fellowships. The World Health Organization, however, felt that such attempts at persuasion would be justified only in the case of fairly well developed countries. The International Labour Organisation has only recently adopted a fellowship programme and the number of fellowships was small. It is the intention to give priority to the manpower problem as a whole which might be taken to include problems of the disabled.

In the case of both organizations it was indicated that requests from governments to form group fellowships on rehabilitation problems would be sympathetically considered. The United Nations Educational, Scientific and Cultural Organization had only a few fellowships available for 1950. Under the United Nations fellowship programme eleven requests for fellowships on problems of rehabilitation in 1950 had been made and were likely to be satisfied.

Additionally, it was considered that group training schemes on specific aspects of rehabilitation might be sponsored jointly by the United Nations and the relevant specialized agencies.

(b) Consultants

Both the World Health Organization and the International Labour Organisation have in their programmes provision for furnishing consultants to Governments on request. There appear to be no difficulties in these agencies providing consultants on the appropriate aspects of rehabilitation either individually or as part of an expert team. Four countries have applied for consultants on rehabilitation under the United Nations Social Affairs programme for 1950.

The meeting emphasized the importance of inter-agency consultation on requests from Governments for experts in the field of rehabilitation. A representative of the World Health Organization stressed the effectiveness in advanced countries of "travelling faculties" composed of international experts who would not only convey information and technical trends but would constitute model rehabilitation teams capable of demonstrating, teaching and advising during their visit.

(c) Seminars

The seminars conducted by the World Health Organization have in the past tended to be those on a high technical level and in highly developed countries. None of these has so far touched on problems of rehabilitation as such. The United Nations has organized a number of seminars on various aspects of social services but none of these has been concerned with rehabilitation. The United Nations would be prepared to sponsor such a seminar at the request of a Government or number of Governments. There should be no difficulty in the World Health Organization, the International Labour Organisation, and United Nations Educational, Scientific and Cultural Organization participating in rehabilitation seminars were such to be organized.

(d) Demonstration or Teaching Projects

The meeting favoured the type of project which would have an essentially teaching character, involving the use of international consultants on the various phases of rehabilitation, the supply of demonstration equipment and the utilization of the fellowship programme as a follow-up in the training of national technicians. It would be understood that so far as possible such a centre would be used by neighbouring countries as a regional training centre.

Representatives of the International Labour Organisation and the World Health Organization expressed the view that their organizations could participate in principle in such a project, subject to the budgetary limitations obtaining in 1950 and 1951, and the UNESCO representative confirmed that within the sphere of handicapped children that organization would be willing to co-operate with United Nations and other specialized agencies. The meeting considered the teaching centre as a form of activity particularly suited to international action and one of the most effective ways of raising technical levels in the given field.

(e) Demonstration equipment

Both the World Health Organization and the United Nations have the possibilities, within their programmes of supplying demonstration equipment to Governments, for purposes of teaching and training.

Six countries have requested such assistance from United Nations for 1950.

(f) Technical Literature, Publication Plan, Bibliographies

The meeting felt that there was a considerable need for the supply of technical literature on rehabilitation to countries developing these services, and that the United Nations and the specialized agencies might usefully combine in the publication of primers for use in training programmes, it being understood that each agency would be responsible for publications in its own sphere. The importance of a selected bibliography on the various phases of the subject was acknowledged, it being emphasized that so far as was possible within the financial limits imposed such a bibliography should be annotated and might possibly, in the first phase, confine itself to a list of essential works on the subject. The United Nations Educational, Scientific and Cultural Organization is particularly interested in assisting to establish a rehabilitation library, preferably at Geneva or at the seat of any co-ordinating machinery on rehabilitation which might be set up.

(g) Studies and Monographs

The representatives of the World Health Organization and of the International Labour Organisation expressed the view that it would be possible for their organizations to contribute to a combined plan of studies on selected aspects of rehabilitation. The publication of the reports of fellows at the conclusion of their studies should be considered as a means of interchanging valuable information on the problem. The United Nations Educational, Scientific and Cultural Organization would also be willing to co-operate by issuing monographs and studies on problems of handicapped children. This was considered to be a form of activity in which professional associations, foundations and non-governmental agencies could play a useful rôle.

The meeting stressed the importance of films and particularly film strips in the training of workers in the field of rehabilitation.

Full use should be made of the Catalogue of films on Social Welfare topics issued by the United Nations Social Affairs Department and of a similar catalogue of technical films on health subjects, which is in course of preparation jointly by the World Health Organization and the United Nations Educational, Scientific and Cultural Organization.

(h) Conferences of Experts

The World Health Organization and the International Labour Organisation are in a position to provide experts to attend ad hoc international conferences on the subject of rehabilitation, or to convene conferences of experts on aspects of the problem with which these Agencies are particularly concerned. The Agencies stress the importance of consultation on this matter at the planning stage.

(i) General Programming

The meeting was of opinion that, whilst some progress could be made in providing combined services to governments in 1950 and in 1951, utilizing existing facilities and expanding these where possible to meet any special needs in the field of rehabilitation, it could not be expected that a composite and comprehensive international programme on rehabilitation could be initiated before 1952. To make such a programme effective, however, the first steps should be taken to plan such a programme in the immediate future.

By combining the resources of the United Nations and the Specialized Agencies a range of services on problems of the disabled are now available to Governments and will expand if budgetary provision is made for 1952.

It is important that these services should be utilized in such a way as to contribute constructively and in a systematic fashion to the progressive development of national rehabilitation schemes.

5. Problems of Handicapped Children:

It was clearly not possible, in the time available, for this meeting to make an exhaustive study of the problems of handicapped children from the point of view of an international programme, nor was the meeting competent to do so. However, in so far as the principles involved in a programme for disabled persons in general have a bearing on the specific problems of the handicapped child, and taking advantage of the meeting together of representatives of all the Specialized Agencies having an interest in the problem of handicapped children, it was considered advisable to devote some time to this matter and to attempt to highlight some of the outstanding problems which arise.

The meeting had before it the resolution adopted by the Conference of Experts on the Educational Problems of the Orthopaedically Handicapped Child, which had been convened at Geneva from 20 to 25 February by the International Union for Child Welfare under the auspices of and in co-operation with the United Nations Educational, Scientific and Cultural Organization. The following is the text of the Resolution:

"Recognizing that children are the greatest of the world's resources;

That many of the world's children, although physically handicapped as the result of war or other causes, have far more ability than disability;

That these children with integrated medical, educational and other services, can develop those abilities and become more adequate citizens not only of their communities and nations, but of the world;

That as their total needs require a team-work concept and the complete utilization and integration of many disciplines, arts and skills, the same team-work concept of total planning through the complete utilization and integration of the resources of all agencies, both public and voluntary, is essential at the community, national and international levels;

This international conference of experts on the education of orthopaedically handicapped children convened at Geneva, February 20 - 25, 1950, by the International Union for Child Welfare, at the request of and in co-operation with UNESCO, considers the following resolutions as urgent and essential to the development of dynamic programmes for the education of physically handicapped children:

1. That in the planning of their programmes, the United Nations, the Specialized Agencies and all non-governmental agencies concerned, recognize the urgency and importance of co-operative national and international planning for the education of physically handicapped children as a part of a co-ordinated programme of all aspects of rehabilitation.
2. That Governments be encouraged to call upon the United Nations, its Specialized Agencies and the non-governmental agencies concerned, for assistance in developing their respective programmes for the education of physically handicapped children; and
3. That the International Union for Child Welfare and the International Society for the Welfare of Cripples and their member organizations work co-operatively in implementing the recommendations of this Conference and in the expansion of their activities both nationally and internationally on behalf of physically handicapped children."

The meeting accepted the view that services of handicapped children is a specific problem requiring, for the most part, a different approach from that adopted in the case of the adult disabled.

The meeting supported the view advanced by the representative of the United Nations Educational, Scientific and Cultural Organization and embodied in the above resolution that the problem of the handicapped child required the fullest co-operation of the United Nations and all Specialized Agencies. Essentially the problem is that of preparing the handicapped child for normal life. In this, the doctor, social worker, the expert in special pedagogy and the vocational guidance expert all have important roles to play.

There are several types of handicapped children, each requiring different methods of approach. It is essential to distinguish between those temporarily affected and the long-term cases, as well as between different types of disability.

One fundamental difficulty in attempting a scientific appraisal of the problem is that of obtaining accurate statistics concerning the handicapped child. The possibility of stimulating governments to accumulate such information and of advising them of census and survey technique to this end should be considered.

The problem of the handicapped child involves the education of the family, the school and of society in order that their attitude do not have prejudicial effects on the child's recovery and re-integration into society. A disability presents not only a grave problem to the child but also to their parents and in particular the mother. Any programme for handling handicapped children which fails to recognize this aspect of the problem or fails to deal with it, cannot be considered adequate. Vocational guidance and training should begin as early as possible. In the case of children undergoing long terms of hospitalization, the importance of providing adequate educational facilities is emphasized. National Governments should be encouraged to introduce into their legislation the statutory obligation to provide education to children in hospital who are physically capable of benefiting from it.

The International Labour Organisation is concerned with this problem from the point of view of vocational guidance, training and employment.

The International Labour Conference has adopted a number of conventions concerning the medical examination of young persons and children before employment. It has also adopted a recommendation on vocational guidance, which refers to handicapped children. In 1949 the ILO prepared a report for the United Nations on vocational guidance, medical examination, etc., of handicapped children in about fifteen countries which had been occupied during the war. The International Labour Organisation is preparing monographs on vocational guidance, which will include special mention of children and young persons having physical handicaps and disabilities. In the opinion of the ILO it was important to underline the essential link between vocational guidance and employment possibilities.

The representative of the World Health Organization supported the view of the United Nations Educational, Scientific and Cultural Organization's representative to the effect that the problem should be approached from the point of view of services of homogeneous groups rather than of handicapped children in general. The World Health Organization considered that if the agencies are to work together on this problem it would be advisable to begin with the specialist treatment of certain disability groups. The representative of UNESCO was in general agreement with this view, it being understood that this agency had definite constitutional obligations which involved provision of suitable education for all types of handicapped.

The World Health Organization is particularly anxious to assist in any combined programmes concerned with the problems of the handicapped child. At the moment it is preparing its contribution to the United Nations study on the problem of homeless children and is collecting scientific data on the nature of the damage to the mental health of children resulting from parental separation.

Whilst the United Nations Children's Emergency Fund has only dealt with the specific problems of handicapped children in a few countries, in its attention to high priority health problems it has been engaged in services which have their impact on problems of the handicapped child, quite apart from the general

raising of nutrition standards following from the Fund's feeding programme. In undertaking recently a survey of the continuing needs of children in the UNICEF receiving countries, UNICEF has had brought before it the very widespread needs of countries wishing to develop their services for the handicapped child. The meeting was strongly of the opinion that the United Nations International Children's Emergency Fund should, if at all possible, make a specific allocation of funds for the purposes of developing a programme for handicapped children, directed to UNICEF receiving countries in Europe, in view of the special needs created by the war which have not so far been met by the UNICEF programme. The meeting recommends that the Secretary-General should approach the Executive Director of the Fund on this matter. The meeting strongly affirmed its view that concerted action of the United Nations and the Specialized Agencies concerned is an essential pre-requisite to the development of a satisfactory international programme for handicapped children.

6. Rôle of the Non-Governmental Organizations

No combined programme likely to be developed by the United Nations and the Specialized Agencies in the coming years could hope to do more than touch the fringe of the vast and complex problem of rehabilitation.

With a view to supplementing the work of the United Nations and the Specialized Agencies, the meeting was of opinion that every effort should be made to secure the fullest support and activity of the non-Governmental organizations including the employers and workers organizations within the framework of a composite international programme.

7. Methods of Co-ordination

(a) The meeting draws attention to the value of co-ordinated action in the development of an international programme in the field of rehabilitation, not only to avoid overlapping or duplication of activity, but more importantly to ensure that the question of the disabled is considered as a whole as well as in its manifold aspects.

(b) The meeting is of the opinion that as soon as possible a technical working group of the Administrative Committee on Co-ordination should be set up in order to plan a co-ordinated programme in the field of rehabilitation, and

matters concerning handicapped children until such time as the United Nations set up permanent machinery to deal with the continuing needs of children.

(c) The Specialized Agencies were strongly of the view that any co-ordinating machinery on technical questions and for the framing of a composite programme for 1952 should be established in Europe, where the Agencies have their Headquarters. Such machinery might in fact be the technical working group of the Administrative Committee on Co-ordination, already referred to. A working committee of this nature would be available to serve as a clearing house for government requests affecting programmes in 1950 and 1951, at the same time as it is planning a composite programme for 1952.

(d) It was foreseen, as one form of co-operation between the agencies, that there should be full opportunities for all interested agencies to send representatives or observers to meetings of Expert Committees whose work touches on the problem of rehabilitation.

(e) The meeting accepted that the co-ordinating machinery to be established would require a small secretariat and servicing unit. It was strongly emphasized that the functions of such a unit should in no way encroach on the proper functions of the Specialized Agencies.

The feeling of the Specialized Agencies is that it is essential that this Unit should be located in Europe.

(f) It is envisaged that henceforward co-operation can be effective on the following basis:

- (i) In the initial phase the Specialized Agencies will provide technical assistance on any programme which may be developed on the rehabilitation of the disabled which falls within the framework of the approved programmes or which would involve little or no expenditure on the part of the Agency concerned.
- (ii) To whatever extent may be possible, existing services available through the United Nations and the Specialized Agencies will be utilized in combination to further the programme in the next budgetary year.
- (iii) Effective action should be taken immediately by the Agencies in co-operation to prepare in detail an integrated and comprehensive plan for a combined programme in order that the United Nations and each of the Specialized Agencies may submit specific proposals to the Economic and Social Council and their Executive Boards for implementation in 1952.