A STUDY OF THE SERVICES RENDERED BY THE CRIPPLED
CHILDREN'S DIVISION OF THE STATE DEPARTMENT OF
WELFARE IN GEORGIA

A THESIS
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CHAPTER I

INTRODUCTION

Statement of the Problem

In ancient times, persons who were crippled in any way were regarded by the general public with superstition and fear, and as a result, they were subjected to inhuman treatment and death. During the Medieval period, it was assumed that individuals with crippled bodies also had crippled minds, and such persons were the objects of scorn and exploitation. They were often thrown into prisons and dungeons with the criminal. Families were known to keep such persons confined behind closed doors, and they became objects of pity and compassion. They were placed in charitable institutions, and their basic needs such as food, clothing and shelter supplied. However, the most important needs, namely, physical restoration and preparation for useful living were lacking.

Greater interest was aroused in crippled children through the efforts of interested physicians and philanthropic individuals. Private health and welfare organizations extended services to crippled children, and many were organized exclusively for the care of crippled children. The first institution for crippled children, the New York Hospital for Ruptured and Crippled Children, was

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2 Ibid.
established in 1863. But even by 1890 only five additional institutions had been established, two in New York City and three in Philadelphia.

On the other hand, one of the greatest contributions of private agencies, aside from the services they rendered was focusing public attention upon the needs and the conditions of crippled children. The interest combined with the development of orthopedic medicine and the efforts of socially-minded physicians stimulated and awakened public consciousness to the distress and rights of such children facing life under serious handicaps. As a result of this interest a public hospital devoted to the care of crippled children was established in Minnesota in 1897. By 1913, the Russell Sage Foundation reported thirty-five institutions caring for crippled children. These included twelve asylum houses, nine orthopedic hospitals, and fourteen convalescent homes. There were many institutions that received and cared for chronic cripples and also many general hospitals that served them in their orthopedic departments. But Ohio was the first state to enact a law in the year 1919 that provided for services to crippled children on a state-wide basis. Other states followed, but the progress was slow, and the facilities provided were inadequate.

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4 United States Department of Labor, Children's Bureau Publication 293, op. cit.
to meet the needs of the crippled child.

Not until 1930 was concrete action taken, and that year the White House Conference on Child Health and Protection pointed out the dire need of the crippled child as is set forth in the "Bill of Rights of the Handicapped." According to this conference, every handicapped child has a right:

To as vigorous a body as human skill can give him.

To an education so adopted to his handicap that he can be economically independent and have the chance for the fullest life of which he is capable.

To grow up in a world which does not set him apart, which looks at him, not with scorn or pity or ridicule— but which welcomes him, exactly as it welcomes every child and which offers him identical privileges and responsibilities.

To a life on which his handicap casts no shadows, but which is full day by day with those things which make it worthwhile, with comradeship, love, work, play, laughter and tears—a life in which these things bring continually increasing worth, richness, release of energies, and joy in achievement.

It was quite evident that if much progress was to be made toward helping the handicapped child attain these rights that the existing services had to be greatly improved and expanded. To accomplish this, the Conference made recommendations on the education and vocational placement of crippled children and called for legal authorization for a program to locate crippled children and to provide expert orthopedic diagnosis and proper facilities for hospitalization and medical care. It also made recommendations for the establishment of a federal program of research in behalf of crippled children.

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including a national bureau of information authorized to distribute federal money to state services for crippled children.

By 1934, thirty-five states had made some provisions for funds for the care of crippled children. In many of these states, however, the appropriations sufficient to conduct a state-wide program providing diagnosis, medical and surgical care, hospitalization and after-care services for a small number of children. It was not until the passage of the Social Security Act in 1935 and its amendment in 1939 that sufficient funds were made available to extend services to crippled children and for use in all the states including Alaska, District of Columbia, Hawaii and Puerto Rico.

The interest of the writer was stimulated in crippled children by the various cases of crippling that were encountered in cases under care, during the field work experiences. Some of the cases were adult and some were children. Upon observing the cases individually, it was wondered if each case could have been restored to a normal or near normal condition, if the crippling condition had been discovered in time. Consequently, it appeared expedient to study the programs for the crippled child in Georgia.

Purpose of the Study

This study attempts to determine the methods used in discovering crippled children in the State of Georgia and to ascertain the services

and facilities available to meet the medical, social and educational needs of crippled children under the Social Security Program.

Scope of the Study

The study is concerned with the services rendered by the Crippled Children's Division of the Department of Public Welfare and the Division of Vocational Rehabilitation of the Department of Education to Crippled Children in the State of Georgia.

Method of Procedure

For the purpose of the study, the material was collected from: the Georgia State Department of Welfare Official Report for the years 1937 through 1945, the Georgia State Department of Welfare Manual of Public Welfare Administration and a sample of the records of the Crippled Children's Division. The records used were selected at random from those cases that have been under treatment for a long period of time. Personal interviews were held with the acting chief of the Georgia Crippled Children's Division, Mrs. M.D. Harper, and the medical social service consultant of the Division of Vocational Rehabilitation, Miss L. Taylor. In addition, personal observations were made of the Crippled Children's Clinic in Atlanta, Georgia.

The writer wishes to express appreciation and to thank the members of the staff of the Crippled Children's Division and the Division of Vocational Rehabilitation for having made the materials available. Without the assistance and cooperation of these interested persons, the writing of this study would not have been possible.
CHAPTER II

THE NATIONAL PROBLEM REGARDING Crippled CHILDREN

The number of crippled children in the United States and its territories is not known. A total of 373,177 persons under twenty-one years of age were registered as crippled as of June 30, 1944. There is reason to believe that this number is not complete due to the variations in the definitions of "crippled" as used by the several states. In many states, crippled children and handicapped children are cared for under different programs. Frequently, in these same states, there are other types of handicapped children, such as the diabetic, cardiopathic, partially-seeing and partially-hearing who can not function normally. Yet these groups are not included in any program for the handicapped person. In nineteen states children with rheumatic heart disease are considered crippled and are included in the state figures, whereas in other states these children are omitted. It is hoped that all states will eventually adopt a uniform definition such as: Crippled children are those persons under twenty-one, who by reason of deformity, defect or disability-congenital or acquired, are deficient in the use of body and/or extremities.

The factors responsible for crippling are generally agreed upon

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1 United States Department of Labor, Children's Bureau, Publication 293, op. cit., p. 1.


and can be listed under four broad classifications—first, genological, which includes the congenital and the hereditary causes, second, birth injuries, usually brought about by prolonged or forced labor; third, diseases; and fourth, accidents. Of the specific causes, as shown by state reports, infantile paralysis, cerebral palsy, clubfoot, osteomyelitis, birth injuries, rickets, accidents and bone and joint tuberculosis are responsible for the greatest percentage of crippling.

According to state reports, 97 per cent of the crippled children in the country at large suffer from orthopedic or plastic conditions and only 3 per cent from other types of crippling conditions. With the exception of a few congenital defects most crippling can be prevented.

Problems of Case Finding

The early discovery of cases among crippled children is imperative if the best results are to be attained. The fact that 83 per cent of the crippled children listed in the 1940 United States Census were crippled or were suffering with conditions that lead to crippling before they reached the age of six is indicative that early case finding is essential if cases are to be given remedial treatment. Case finding should be kept constantly in the minds of all people, especially physicians, nurses, social workers, teachers, citizen groups and lay individuals in order to insure immediate treatment to the crippled

2 United States Department of Labor, Children's Bureau Publication 293, op. cit., p. 2.
To promote a case finding program, the school records, social service index, epidemiological reports, special surveys and reports from private physicians should give the names of children who are crippled or who are suffering from conditions that lead to crippling. In order to facilitate this work, provisions for reporting birth injuries and congenital malformations on birth certificates have been made in twenty-five states and in the District of Columbia.

Factors in Prevention

No program relating to health is worth considering unless extensive plans for prevention are made, and this is particularly true regarding the crippled child. Although many crippling conditions still present baffling problems as to their origin, cure and prevention, science, medicine and surgery have made remarkable progress in reducing the incidence of crippling from certain types of diseases.

Most of the preventive services are undertaken and promoted continuously by the state and local health departments, safety councils and both national and local private groups. In order to protect the health of the general public and to prevent the spread of diseases that lead to crippling, the local health departments usually maintain the divisions of sanitation, communicable disease control, venereal disease control, tuberculosis control, maternal and child health,

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laboratory service, public health nursing and health education.

Through these divisions, the local health departments examine water, milk and wells to prevent such diseases as typhoid fever, dysentery and diarrhea which may be caused by drinking polluted water. The reporting of cases of communicable diseases is required and the health department is responsible for instilling control measures, such as, isolation of cases, quarantine of contacts and vaccinations. The reporting of cases of syphilis is required in all states; and the reporting of gonorrhea is required in most states. Cases are isolated until cured or until past the infectious state. Diphtheria cultures, specimen of sputum and faeces are also examined.

The state department of health is an administrative agency; it is concerned with the health standards and practices of the local departments. It maintains the same services that the local departments maintain and renders service to the general public through the local departments.

Moreover, parents and children are instructed in the prevention of accidents in the home, on the farm and in the school. Accident prevention on the highway is stressed through safety campaigns. Child labor laws have been adopted to prevent children from working in certain hazardous jobs. Complete individual and community effort is necessary to be effective.

2 Ibid., p. 337.
Services of Voluntary Agencies

Voluntary organizations may be organized on a national level or on a local level, but whatever the scope, they have done much in the prevention of diseases and in securing services for crippled children. The most important contribution of private groups is their continuing interest in the improvement of the quality of care made available for crippled children. Their representatives on the state advisory committee for the Children's Bureau share in formulating standards for the selection of surgeons and other professional personnel and for the approval of hospitals, convalescent homes and foster homes to which crippled children are to be sent.

The interest and experimentation of private groups are frequently responsible for improvement in the public and private facilities used for the care of crippled children. Voluntary organizations are usually concerned with some particular phase of the work, such as, cancer, blindness, or tuberculosis. Two outstanding voluntary organizations which have made contributions to this program are the National Foundation for Infantile Paralysis and the National Society for Crippled Children. The Rotary Club, Elks, Shriners, and the Junior League have been known to offer their services in promoting programs for the care of crippled children in local communities.

National Action Regarding
Crippled Children

An appropriation of $3,870,000 was made available to the states by the Federal Government under the Social Security Act of 1935 for the purpose of enabling each state to extend and improve services for crippled children. Services for locating crippled children, for providing medical, surgical and corrective care, and facilities for the diagnosis, hospitalization, and after-care for children who are crippled were authorized under the Act. An appropriation, the amount of which is to be determined each year by federal appropriations acts, is made to the Children's Bureau to cover the expenses of administering services to crippled children.

The Division of Health Services of the Children's Bureau administers the Crippled Children's Program and the Maternal and Child Health Program. This Division gives consultant service to the state agencies in formulating their plans and in carrying on their activities. An advisory committee on services for crippled children and a general advisory committee on maternal and child welfare services appointed by the Secretary of Labor assist the Children's Bureau in the development of policies affecting the administration of the Social Security provisions.

Before a state can be approved for services under this act, it

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1 United States Department of Labor, Children's Bureau Publication 258, Services to Crippled Children Under the Social Security Act (Washington, 1941), p. 92.
2 A.L. Van Horn, op. cit., p. 120.
must submit to the Chief of the Children's Bureau a state plan which must include a request for federal aid; an explanation of how the funds are to be used; and, a full statement of how the state expects to comply with the requirements of the Social Security Act. A state plan must provide for financial participation by the state; a state administrative agency for crippled children's services; a merit system for selecting administrative personnel; regular reporting or information as requested by the Secretary of Labor; facilities in the state to carry out the act; cooperation with medical, health, nursing, welfare groups and organizations; and also coordination of services with the state agency that provides vocational rehabilitation for handicapped persons. If the state plan meets all the federal requirements, the Chief of the Children's Bureau approves the plan, and the Secretary of Labor certifies to the United Treasury Department the payments which are to be made to the state for crippled children's services.

The Children's Bureau initiates preventive services through the administration of a maternal and child health program. It is the aim of this program to reduce the incidence of children becoming crippled. The types of services provided under this program include pre-natal clinics, examinations of school children and public health nursing which includes assistance to pregnant mothers, pre-natal and

1 United States Department of Labor, Children's Bureau Publication 258, op. cit., p. 93.
2 Harry S. Mustard, op. cit., p. 329.
post-natal care. Better obstetric aid for mothers is stressed to avoid accidents at birth and to avoid crippling due to syphilis.

It has been found by the Children's Bureau that only two-thirds of all births in this country occur in medical settings and that less than one-third of all Negro children are born in hospitals. This means that many children are delivered by mid-wives. Consequently, an intensive program of mid-wifery has to be instigated and given to the women who engage in such work. Instructions are given to mothers in child care, in the value of cod liver oil, fresh air and cleanliness, and the necessary items are furnished for those mothers who are not able to purchase them.

At the present time, there are no laws or consistency of practice relating to the education of handicapped children. Some states through their departments of education provide the funds necessary to cover the cost of special education for crippled children. In 1944, sixteen states had in effect some type of supervisory program for the education of exceptional children. This number, which is a little more than one-fourth of the number of states, emphasized the need for federal educational legislation as was recommended as early as 1930.

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by the White House Conference on Child Health and Protection.

In 1943, Senator Claude Pepper and Representative Homer Angel introduced a bill for the education of all handicapped children. The bill was for the purpose of enabling each state to establish, to extend and to improve its services for the education of the physically handicapped child. It was similar to the provisions under the Social Security Act in that it authorized appropriations to the states on a matching basis and also in that this bill required a state plan. Unfortunately, the bill was not approved, and up to the present time there is no federal provision covering the education of the handicapped child other than the special training and vocational education set forth in the federal vocational rehabilitation act passed in 1943.

1 White House Conference on Child Health and Protection, Committee on the Education of Exceptional Children (New York, 1931), pp. 87-89.
2 Federal Legislation for the Education of all Types of Physically Handicapped Children, 76th Congress-1943, Released by the National Society for Crippled Children.
3 Ibid.
CHAPTER III

DEVELOPMENT OF THE Crippled Children's Program in Georgia

Services to crippled children were not started in Georgia until two years after the passage of the Social Security Act. The regular assembly of 1937 provided for a public assistance program including aid to the needy blind and aid to dependent children, but for crippled children's services, only enabling legislation was provided.

The need for services to crippled children in Georgia was pointed out in a survey made by the Work Progress Administration in 1937. The Georgia State Department of Public Welfare and the State Department of Education sponsored the survey. It was revealed that 7,557 crippled children residents in the state, of whom 5,462 were white and 2,095 were Negroes. Seventy-five per cent of the families in which these children were found, lived in the rural areas, and twenty-five per cent were in the urban areas. The most important factor ascertained was the economic status of the families. The great majority of these families could not afford medical care or education for their crippled children.

Legislation and Administration

On December 22, 1937, aid to crippled children in Georgia was

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made possible by an amendment to the Appropriations Act. The amendment permitted the State Department of Public Welfare to use the funds already on hand for Crippled Children's Services on a matching basis and authorized the Director of the State Department:

To extend a part of said appropriation provided for in section 22 (b) for the purpose of matching Federal funds, for a Crippled Children's Program and for otherwise defining the purpose for which said appropriations may hereafter be used, and for other purposes. ²

The Crippled Children's Program was delayed four months and not started until April 1, 1938. The first clinic was opened April 16, 1938. In accordance with the requirement of the Federal Act that each state designate an official agency to administer the program, the Director of the State Department of Public Welfare was designated as the state official responsible for the administration of the Crippled Children's Program.

In nine states, the Crippled Children's Program is headed by a Medical Director who is directly responsible to the State Director of Public Welfare. At the present time the Crippled Children's Division of Georgia does not have a Medical Director, instead, it is headed by a supervisor who is serving in the capacity of an Acting Chief. The master files and the offices of the Division are maintained

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in the State Department of Public Welfare.

Before any Federal funds are sent, the Department of Public Welfare of Georgia must submit its state plan to the Chief of the Children's Bureau. The state plan shows that all provisions of the Social Security Act have been met, and it includes a request for Federal aid and an explanation of how the funds are to be used. All services included in the state plan are administered by the State Department of Public Welfare except those covering home nursing care. This phase of the program is administered in cooperation with the Georgia State Department of Health. The Supervisor of the Crippled Children's Division and her consultant staff are responsible for the technical quality of care given to crippled children in their homes.

**Personnel of the Division**

Through the use of the merit system and the efforts of the administrative officers, the Crippled Children's Division has obtained personnel of a high standard and all are equipped to perform services efficiently. The staff of the Crippled Children's Division consists of a fully qualified consultant staff including a supervisor, an orthopedic nursing consultant, one medical social worker, a physical therapy consultant, a field staff of orthopedic nurses, a physical therapy technician and clerical assistants are also provided. The Division experienced the loss of many of its trained physicians and nurses

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1 Ibid., p. 11.
during World War II. Whereas during the years 1941 and 1942 the Crippled Children's Division employed fourteen surgeons, 1945 it employed only six. Other staff members include a pediatrician and one plastic surgeon.

The administrative officer of the Division is designated by law as a physician and medical director and is selected by the merit system. He is directly responsible to the Director of the State Department of Public Welfare for the administration of the State District Offices of the Crippled Children's Division. As has been stated previously, the Division is without a Medical Director.

The medical social worker is one of the most important members of the staff, in view of the fact that the Crippled Children's Program has been defined by the Children's Bureau as a medical program with a social goal. The medical social worker advises staff members on policies and procedures relating to the program. She works closely with the patient and his social situations that affect his progress and helps him to make satisfactory social adjustments. She assists him in making satisfactory educational and vocational adjustments recommended by the physician. Whenever possible, she attends clinics; talks to those patients referred by the doctor; and interprets to the parents and to the child the necessity of strict adherence to the treatment advocated. In addition, she secures social history information for the doctor upon request. Likewise, the orthopedic nursing consultant is

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Statement by Miss Martha Waltmire, Orthopedic Nursing Consultant, Crippled Children's Division, Atlanta, Georgia, personal interview, October, 1945.
a necessary adjunct of the program. She arranges for in-service training of the nursing staff; attends clinics, and assists in clinic management. She receives reports from the public health nurses throughout Georgia. All cases are referred by her to the medical social worker that seem to present some social implications.

The field orthopedic nurse makes periodic visits to the patients in their homes in each county in her assigned area. She is responsible for sending clinical records to the Crippled Children's Division and for reporting the treatment administered to each child. In addition, she confers with the county directors of public welfare, public health nurses, school authorities and social workers.

An interesting part of the program revolves around the physical therapy consultant who plans and supervises all physio-therapy services. She holds conferences with the public health nurses and assumes responsibility for in-service training of those under her care. The physio-therapist attends and assists in all clinics conducted in Atlanta and Macon, and whenever possible attends the clinics in Columbus and Augusta. The regular reports are forwarded to the Crippled Children's Division after each clinic contact.

The six orthopedic surgeons of the Crippled Children's Division are certified by the American Board of Orthopedic Surgeons and one surgeon operates in each of the clinical districts. They make

1 Ibid.
examinations and recommendations as to surgery, appliances, physical therapy, diets and other physical needs of the child. All of the surgery is performed by these men. Similar to other members of the staff, they send clinical reports to the Crippled Children's Division after each clinical contact.

The Crippled Children's Division does not maintain a medical staff, and medical referrals are made to physicians. Any medical doctors whom the orthopedic surgeons recommend are used by the Division. Some receive a monthly retainers fee and others are paid on a fee for service basis.

The pediatrician examines all new cases and sends the reports to the Crippled Children's Division. He is in charge of all pediatric examinations of those children who have been on the program for a long period of time. The Crippled Children's Division employs one pediatrician, for the entire state, who is located in Atlanta, and also one plastic surgeon who performs all plastic work. During the war plastic surgery was discontinued, however, now that the war is over, the Division will soon be able to again extend this service to the crippled children of the state.

1 Statement by Miss Martha Waltmire, op. cit.
2 Ibid.
3 Georgia State Department of Welfare, Official Report 1943-1944, op. cit., p. 23
Relationship to Other Programs

Every effort has been made to correlate the crippled children's program with other state programs in order to render the best possible service to the children. Pooling of information, joint planning, and coordination of activities on the part of health and welfare agencies have made it possible to consider the crippled child as a whole rather than as a case number with a crippling condition.

An agreement between the State Department of Public Welfare and the State Department of Health exists whereby members of the Department of Health personnel become available for part-time services to crippled children in their homes. Services of all specialized personnel such as sanitary engineers, nutritionists and epidemiologists are available as well. The Georgia Public Health nurses in accordance with the agreement and certain other nurses, such as those employed by municipalities, also provide services for crippled children. The State Health Department refers any case which involves a crippling condition.

Furthermore, the Division of Child Welfare provides excellent service to the Crippled Children's Division in those cases where special problems in guidance are involved. The cooperative working together on the part of the welfare workers with county doctors has simplified many tasks for the Crippled Children's Division. These doctors assume responsibility for obtaining medical and social information so that

the proper screening out may be effected. This service has been invaluable to the Division.

Likewise, the State Department of Education through its Division of Vocational Rehabilitation collaborates with the Crippled Children's Division in providing educational vocational opportunities for crippled children of employable age.

Moreover, the County Department of Health furnishes nursing care and other services to crippled children in their own homes. The counties that do not have health departments are allocated into districts under their respective health officers who have public health nurses, sanitary engineers and other health officers under their supervision. These experts are available to the crippled children residing in the respective districts.

In addition, the county welfare departments and the county welfare director furnish invaluable service to the Crippled Children's Division. The county director performs such services as securing social history information; making home investigations; and arranging transportation to and from clinics. Through the county welfare director, the Division's field nurses work in cooperation with local county nurses to improve conditions within the home and to assist in other problems relating to the health of the community. The State ortho-

1 Ibid.
pedic nursing consultant and the State physical therapy consultant maintain close affiliation with the county welfare director through conferences in the clinic and in the field. In this manner they correlate the services offered by each.

In addition to the integration of public welfare services, many private agencies sponsor programs in the interest of the crippled child. The work of the Crippled Children's League of Georgia supplements that of the Crippled Children's Division. Cases ineligible for service under the state program because they cannot be classified as orthopedic or plastic are referred to the Georgia League. Moreover, those cases requiring the services of a plastic or an orthopedic surgeon are sent by the League to the Crippled Children's Division.

The Georgia League which is chartered by the National Society for Crippled Children, provides clinic and office space in Atlanta and Columbus for carrying out the state program. It also maintains the convalescent home in Atlanta used by the State Division. Children are cared for on a per diem cost and are paid for by the State. This rate is all-inclusive and covers nursing service, physical therapy, occupational therapy, schooling and incidentals. But this service is not available to Negro children in Georgia.

The Georgia League also provides such important services as, a petty cash fund for extra-curricula expenses not provided for by the state; namely, incidental expenses of patients, lunch money and expenses connected with clinic visits and transportation of all non-polio cases in Georgia upon request, where no local fund exists for
such purposes.

Cooperative services may be carried on; that is, the public and private workers may be handling the same case at the same time, but the medical and nursing services are carried out by one or the other organization and not both simultaneously. There are, however, no fees involved.

Classes for children with cleft palate and harelip deformities and children suffering from spastic paralysis are conducted by the Junior League Speech School. The Crippled Children's Division uses the services of this school as far as possible, but the enrollment is limited to Fulton County cases. Negro children derive no benefits from this service.

Another organization founded by Franklin D. Roosevelt in 1927, the Warm Springs Foundation, renders services to those children handicapped from infantile paralysis; this organization works closely with the Crippled Children's Division. Clinics are held monthly at Warm Springs, but clinic service and examinations are not confined to those suffering with polio. It is one of the most adequately equipped clinic centers in the state program.

Many other voluntary organizations have extended services to crippled children. Through the close cooperation of the Crippled

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1 Letter from Mrs. M.D. Harper, Supervisor, Crippled Children's Division, Georgia State Department of Welfare, Atlanta, Georgia, November 27, 1945.
2 Ibid.
3 Ruth Slack, op. cit., pp. 7, 43.
Children's Division and the Georgia Chapter of the National Foundation of Infantile Paralysis, approximately $8,000 worth of physical therapy equipment was installed in "Aidmore," the State's only convalescent home; it is located in Atlanta.

In addition, the Red Cross donates the services of its Motor Corps for the transportation of children to and from railroad and bus stations. Red Cross Nurses Aides, Junior League Volunteers and many church organizations furnish voluntary service in all clinics operated for the crippled child. The Salvation Army has on many occasions furnished, free of cost, sleeping quarters to patients and parents whose attendance at clinics necessitated stay over night. Scottish Rite Hospital, a private agency, gives free services to patients under twenty-one years of age.

It can be concluded that the relationships that exist between the various agencies, both public and private have aroused the general public to the needs of the crippled children of Georgia. Moreover, the state is attempting to supply the needs of the crippled children, but on the other hand, supplementary services and the private facilities are most inadequately provided for the Negro crippled child.

2 Ibid.
CHAPTER IV

SERVICES AND FACILITIES AVAILABLE TO CRIPPLED CHILDREN

The United States Children's Bureau has been mentioned in the preceding chapters as the overall agency designated by the Federal law to administer services to crippled children. As the administrative agency, the Children's Bureau has outlined the responsibilities of a state program of care for crippled children as follows:

To locate children in need of care and to maintain a state register of crippled children; to arrange for the diagnosis and treatment of crippled children at permanent clinic centers, or in sections of the state where there are no permanent centers, at itinerant clinics; to arrange for surgical and medical care by orthopedic surgeons and physicians at selected hospitals; to arrange for treatment and care of children living at home, who do not need operative care or treatment in hospitals; to place children, when necessary in convalescent homes or foster homes; to provide or arrange for physical therapy treatments, when indicated, after the child has returned home; to provide public health nursing and medical social service to the family for the purpose of continuing the care of the child and helping him to make a social adjustment in the family, at school and in the neighborhood; and to refer the child for training to the state Vocational Rehabilitational Service. 1

The Crippled Children's Division of Georgia regards its program as both educative and preventive. In order to carry out its program, the Division has set up a specific routine which takes form in the following manner: the location of all cases as early as possible; provisions for skilled diagnostic, surgical and medical care; standard hospital care and convalescent care; medical and nursing

1 United States Department of Labor, Children's Bureau Publication 258, op. cit., p. 9.
follow-up, with all services endeavoring to make the residual handicap
for the child as small as possible.

The Georgia law does not define a crippled child. Thus, the Georgia Crippled Children's Division submits a definition each year with its state plan. The most recent definition submitted by the Division was as follows:

A child between the ages of birth and twenty-one years who is sufficiently handicapped by any of the following conditions to restrict his normal development physically, socially or economically: (namely), congenital defects, injury to nervous system, crippling due to injury, crippling due to infection, crippling secondary to disturbances of innervation and/or psychic control; crippling due to disorders of metabolism and/or growth; crippling due to new growth, postural defects and crippling from unknown or uncertain causes.

In general such disabilities as are classed as orthopedic and require correction by surgery. Former definitions have been more progressive and allowed for a wider program of care. The children with rheumatic heart disease, diabetes and other diseased that are usually omitted for state programs were covered previously. Under the most recent definition only those children who are orthopedically crippled are included.

Responsibilities of the State Program

Case finding is the locating of cases of crippling among persons under twenty-one years of age and the reporting of such cases

to the State Department of Welfare. Case finding is not confined to any one group of workers or to any particular individual. County welfare directors and workers, county public health nurses, county commissioners of health, private physicians, lay organizations, hospitals, orthopedic nurses, and school authorities and interested individuals all report cases in need of services to the county department of Public Welfare, the public health nurses or to the orthopedic nurse.

Table 1 shows the persons or agencies that made referrals to the

TABLE 1

REFERRALS OF THE 26 CASES TO THE CRIPPLED CHILDREN'S DIVISION, GEORGIA

<table>
<thead>
<tr>
<th>Referrals</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Whom</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
</tr>
<tr>
<td>Lay persons</td>
<td>2</td>
</tr>
<tr>
<td>Family</td>
<td>3</td>
</tr>
<tr>
<td>Private Physicians</td>
<td>8</td>
</tr>
<tr>
<td>County Departments of Public Welfare</td>
<td>2</td>
</tr>
<tr>
<td>Hospitals</td>
<td>1</td>
</tr>
<tr>
<td>County Departments of Public Health</td>
<td>2</td>
</tr>
<tr>
<td>Unknown</td>
<td>8</td>
</tr>
</tbody>
</table>

Crippled Children's Division in the 26 cases studied. Significantly, eight cases were discovered by private physicians. The Crippled Children's Division is appreciative of the cooperation given by private physicians in case finding and in supplying medical history information and other pertinent data. The fact that only two cases were reported by lay persons and that only three cases were reported by families seems indicative that most cases are reported by agencies that are in some way connected with the state program. Public school teachers and ministers had been to a very limited degree, but most cases are referred by the district orthopedic nurses or state and county agencies.

Since the enactment of the Social Security Act in 1937 in Georgia, crippled children have been registered. The Georgia register was begun in 1937 as a part of the Work Progress Administration Survey and is maintained by the State Crippled Children's Program. It includes the names of all the crippled children whose conditions have been diagnosed by a physician and reported to the Division. Some of the children are already receiving care by the State; some are awaiting care; and some are receiving treatment by private physicians or with other agencies.

The register is maintained in the office of the Crippled Chil-

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1 Statement by Miss Martha Wilmire, op. cit.
dren's Division, but it is by no means complete as most cases are not reported unless free treatment is sought. The register is set up in three divisions. They are as follows:

Cases approved for registration without reservation, which means that these cases are eligible for treatment when it is available. Cases approved for registration only which means that these cases are not eligible for treatment because parents will not consent, parents are able to obtain private treatment or some other similar reason. Cases not approved for registration, usually because the physical defect present is not included in the definition of a crippled child which is stated in the state plan and approved by the Children's Bureau.  

Cases are dropped from the register when the individual becomes twenty-one years of age, upon death or when the case moves from the State. If age twenty-one is reached before treatment is completed, special effort is made to interest some private agency in financing further treatment. This service is required by the United States Children's Bureau.

Of the major causes of crippling found among children in Georgia, poliomyelitis leads. This parallels the causes for the United States as a whole. Other major causes of crippling found in Georgia are cerebral palsy, osteomyelitis, clubfoot, severe injuries, burns, cleft palate or harlip, congenital defects and flat foot.

A clearer picture and the exact figures on the number of crippled children are presented in Table 2. These figures were prepared for

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2 Ibid., p. 91.
TABLE 2

CRIPPLED CHILDREN ACCORDING TO
AGE, SEX AND RACE

<table>
<thead>
<tr>
<th>Race and Sex</th>
<th>Number of Crippled Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 1-4 5-9 10-14 15-19 20</td>
</tr>
<tr>
<td></td>
<td>Total 1 yr. yrs. yrs. yrs. yrs. yrs. Unknown</td>
</tr>
<tr>
<td>Total</td>
<td>4437 44 661 1205 1088 1199 244 6</td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1867 19 273 499 451 526 108 1</td>
</tr>
<tr>
<td>Female</td>
<td>1346 17 195 376 352 323 80 4</td>
</tr>
<tr>
<td>Negro</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>709 6 106 185 163 216 33 0</td>
</tr>
<tr>
<td>Female</td>
<td>513 2 77 165 121 134 23 1</td>
</tr>
</tbody>
</table>

the United States Children's Bureau and are complete up to December 31, 1944. The ten leading causes of crippling have been mentioned previously. These causes are responsible for 3,870 cases of crippling among children on the state register. It has been revealed that burns and other injuries were responsible for 474 of the cases. Accidents involving open fire places were responsible for most of the burn cases. Moreover, Georgia has more burn cases than some of the large industrial cities. This factor points to the need for the education of the general public in measures of safety and for the education of home builders in the use of open fire places.

There are 4,437 crippled children on the Georgia state register.

Statement by Mrs. M.D. Harper, op. cit.
Of this number, 3,213 or 72 per cent are white, and 1,222 or 27 per cent are Negro. The figures in Table 2 show that there are more white males and Negro males on the register than females. The percentage of males for both races is the same, and likewise the percentage of females for both groups is the same. Of the 3,123 white children on the register, 709 or 58 per cent were also male. There are 1,346 female white children on the register which was 41 per cent of the total. There are 613 female Negro children on the register representing 41 per cent of the total number of Negro children.

To be eligible for care under the Crippled Children's Division of Georgia, a child must be under twenty-one years of age, crippled, according to definition, and financially eligible for the service. Cases referred by the county department of welfare are certified as to financial eligibility. It is to be noted that the Crippled Children's Division is rendering a service that parents can not afford, such as long time illness, special care and expensive appliances. In many instances, the parents are not indigent, but they are not able to provide the proper care for the crippled child.

The Crippled Children's Division has not established a resident requirement for crippled children's services, but the Department of Welfare requires that a person must file for a service in the county of his legal residence. There are no restrictions to diagnostic ex-

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2 Ibid.
aminations because such examinations are necessary in many instances to decide the case.

In addition, there are certain stipulations for those persons not eligible for service. For example, persons suffering with one or more of the following conditions are not eligible for service:

Any condition which, when treatment shall have been completed will continue to incapacitate the child for education and/or remunerative occupation; the deaf, mute, and the blind; the cardiac, vascular, and renal disorders and/or diseases; simple fractures, complicated fractures, such as those involving a joint, will be accepted if adequate treatment is not given through ordinary surgical hospitals; acute injuries; defects whose correction is desirable for purely cosmetic improvement. Exceptions will be made if there is a psychological reaction to disfigurement, and diseases classified as incurable.  

In applying to the Crippled Children's Division, a letter is usually requested containing the child's name, age, apparent condition, race parents' names and address, brief social history and a brief medical history. All the applications, however, do not contain this information. Therefore, it is more desirable for a lay person to report any case of crippling that he finds to the county welfare director or to the public health nurse in order that the proper information can be secured.

The application for aid contains a social survey sheet, a special form and permission for medical care form. These forms are submitted in duplicate giving pertinent factual information and the patient's

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1 Ibid., p. 9.
medical history. All available data about the case should be included. Physical diagnosis is desirable, but an orthopedic diagnosis will sometime suffice.

The Crippled Children's Division is confronted with the task of caring for an increasing number of crippled children with limited funds, and in recent years, limited personnel. Consequently, it was necessary to establish a guide for accepting cases for care. The Division has set up as a basis for acceptance of a case the following points, namely, urgency and need of care; improvement expected; and estimated cost of care. After these facts have been given due to consideration and a case has been accepted, free clinic service, hospital service, nursing service, appliances and social service are made available through the state program.

Theoretically, however, no service other than examination, diagnosis and recommendations for treatment should be given a new case until it has been formally accepted for treatment by the medical director. But this would necessitate sending some cases back home. Therefore, district offices are authorized, upon recommendations of the surgeon to give treatment services in emergencies which includes hospitalization. Thus new cases may be acted upon before acceptance by 1 the central office.

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Treatment Services for Crippled Children

In order that all the crippled children in Georgia may receive the best possible care, the Crippled Children's Division set up a list of rules to govern the administration of each clinic in Georgia. The state is divided into eight clinical districts, and each district covers a given number of counties. A staff which includes an orthopedic surgeon, orthopedic field nurse and a stenographer operates in a district. In view of the fact that Georgia has 159 counties, some districts cover more territory than others. Clinics, however, were continued only in Atlanta, Columbus, Macon and Augusta during World War II. Twice each month, diagnostic clinics are held to examine applicants and to conduct periodic re-examinations and consultation services for the active cases.

Clinic quarters in Atlanta as well as district offices in Columbus and Macon were made possible by the Georgia League for Crippled Children. These clinics are held in the quarters of the League. But there are some other services available in the Atlanta Clinic that are not available in the other clinics except when requested. As in all other clinics, the orthopedic surgeon and the orthopedic nurse are in attendance. Pediatric service and physical therapy are available in the Atlanta clinical district for examinations and for consultation in other districts.

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Each case is treated individually in order to meet its own particular needs. The parents are drawn into the plans for each child; and the recommendations are discussed with them. Those who have problems aside from the physical condition, such as, personality, vocational or educational, are referred to the social service consultant for help. Clinic service does not end with examinations and recommendations. In some cases, arrangements have to be made for meeting evening bus schedules and for locating sleeping quarters for those cases which have been held over for some purpose.

The Crippled Children's Division does not make appliances; it hires certain companies to make them to order for the children. Braces are purchased from reliable concerns, and brace makers are in attendance in all the clinics. Braces, splints and artificial limbs are supplied where needed, and frequently the examinations of appliances are given to assure the proper fit.

The Children's Bureau has ruled that the Division cannot pay for shoes other than orthopedic. The family or the county of legal residence is urged to pay a portion of the cost of appliances. It is felt that the parents will be more appreciative of appliances if they help purchase them. Moreover, parental participation may help the child to take better care of his appliances and may also help him to become more concerned about the regular use of them. Of the twenty-six cases studied, six of the families were able to make some small contribution toward the care given their children. Families not receiving public assistance are assisted in making a budget of their
income to help meet the special needs of the child.

The Crippled Children's Division uses the following hospitals through the State:

Henrietta Egleston Hospital, Atlanta
Warm Springs Foundation, Warm Springs
Emory University Hospital, Atlanta
Georgia Baptist Hospital, Atlanta
Piedmont Hospital, Atlanta
St. Joseph's Infirmary, Atlanta
Columbus City Hospital, Columbus
Macon City Hospital, Macon
Harris Memorial Hospital, Atlanta
Crawford Long Hospital, Atlanta
University Hospital, Augusta.

Hospital standards are set by the American College of Surgeons and also by the Children's Bureau. All hospitals utilized in the state program are approved, but on some occasions, it is necessary to use hospitals that have not been certified. From time to time, the Division has discarded some of the hospitals and included others in its program. Table 3 shows the different hospitals used by the Crippled Children's Division for treatment and hospital care. Admissions to

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TABLE 3

HOSPITALIZATION OF THE 26 CASES STUDIED

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>26</td>
</tr>
<tr>
<td>*Charity Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Columbus City Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Egleston Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Emory University Hospital</td>
<td>2</td>
</tr>
<tr>
<td>Henry Grady Hospital</td>
<td>3</td>
</tr>
<tr>
<td>Harris Memorial Hospital</td>
<td>3</td>
</tr>
<tr>
<td>Macon City Hospital</td>
<td>2</td>
</tr>
<tr>
<td>St. Joseph's Infirmary</td>
<td>1</td>
</tr>
<tr>
<td>Piedmont Hospital</td>
<td>5</td>
</tr>
<tr>
<td>*St. Luke's Hospital</td>
<td>1</td>
</tr>
<tr>
<td>University Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Warm Springs Foundation</td>
<td>5</td>
</tr>
</tbody>
</table>

* Hospitals no longer in use by the Division.

Hospitals are recommended by the surgeon to the district orthopedic nurse. She makes out an authorization form stating the probable length of hospitalization, price per day, and the date upon which the hospital care is to begin.

The medical director, whoever, approves hospital care, and the child is notified when to report to the hospital. In turn, the district
orthopedic nurse is informed of the child's arrival, and she must visit him in the hospital. If the treatment is not completed within the time specified in the authorization, she must make a request for continued hospitalization. Each district is allowed a certain number of hospital days, and the medical director must approve any excess of this allowance.

There is only one convalescent home in Georgia, "Aidmore," located in Atlanta. It is not operated by the State but by the Georgia League for Crippled Children. Care is purchased from this organization on a per diem basis and includes nursing service. Physical therapy service, orthopedic and pediatrics are provided by the staff of the Crippled Children's Division. White children who require special technical physical therapy treatment are sent to "Aidmore" or to Warm Springs where trained technicians are in daily attendance.

The Crippled Children's Division also purchases convalescent care from various other hospitals used in this program. From time to time the Division has used, Harris Memorial Hospital, Grady Hospital, University Hospital, Charity Hospital and others for convalescent care.

According to an agreement with the State Department of Health of Georgia, Public Health Nurses visit and attend the crippled child in his home. They give special attention to such matters as nutrition, dietary supervision and child health. The district orthopedic nurse acts as a consultant to the visiting nurses on matters pertaining to orthopedic care of crippled children and also serves as an inter-
preter of clinic recommendations. She advises parents in carrying out after-care recommendations and keeps the central office advised as to the conditions of those children who are not under the direct supervision of an attending physician.

At various intervals, talks and demonstrations are given by staff members of the Crippled Children's Division to groups of nurses and welfare workers. This service is undertaken as a means of promoting better recognition and understanding of orthopedic conditions and emphasizing the importance of good follow-up. Of the twenty-six cases studied, follow-up care was given in all cases except one in which a child had lost a leg. He did receive follow-up care in the clinic.

Some states, through their departments of education provide the funds necessary to cover the costs of special education for crippled children. Such costs include transportation of the children to and from school; special equipment to be used in the physical training; teachers especially trained to work with crippled children; and teaching services for crippled children in hospitals and in their homes. Sixteen states have made an effort to establish some type of supervisory service for the education of handicapped children in day schools. In twelve of these states the service is on a full-time basis. Georgia, however, is not included in these states.

1 Ibid., p. 24.
2 United States Department of Labor, Children's Bureau Publication 293, op. cit., p. 9.
as previously mentioned, there is no type of legislative measure or state control regarding the education of crippled children in Georgia. There are a few hospital-schools in operation, namely, the Warm Springs Foundation, the afore mentioned Junior League Speech School, and "Aidmore" where a full-time teacher is employed. This teacher is paid by the city to conduct the classes, and the State Department pays for each child that is taught.

One of the outstanding tasks of the crippled children's program is its constant effort to reduce the chances that children will become crippled. Efforts are made to provide immediate remedial care to those children already crippled or suffering from diseases that may lead to further crippling. The Crippled Children's Division of Georgia has set up a program of education with attention directed to preventable crippling. Such program involves the study of pre-natal care, venereal disease control and accident prevention in order to make the medical care more effective. Prevention is attempted for the individual and also on the community level by the nurses who visit the homes of the children. Likewise, meetings and conferences between the various agencies interested in crippled children are conducted in the community in the interest of prevention.

The State of Georgia has initiated a program of care for the crippled child within a legal framework. Although an adequate plan has been undertaken to locate cases in need of care and special service,

Statement by Mrs. M.D. Harper, op. cit.
little has been done to provide a well-rounded program for the Negro crippled child or for the education of the entire group.
CHAPTER V

VOCATIONAL REHABILITATION SERVICES TO CRIPPLED CHILDREN

Vocational training is made available from funds provided jointly by the state and Federal governments for the vocational rehabilitation of the physically disabled. The United States Children's Bureau requires that all state crippled children agencies refer children who are sixteen years of age to the State Division of Vocational Rehabilitation which is under the supervision of the State Department of Education. In order to avoid a duplication of services already available to crippled children, there is a joint agreement between the Vocational Rehabilitation Division and the Division of Health Services whereby the state vocational rehabilitation offices refer to the crippled children's agencies all patients under twenty-one years of age who need diagnostic and treatment services. The crippled children's agencies in turn refer all children of employable age who are ready for vocational training to the Vocational Rehabilitation Services.

Vocational rehabilitation is not a medical program. Its interest is in the rehabilitation of persons who are handicapped for satisfactory employment. Medical and surgical treatment is given when persons are rendered unemployable or are limited in employment possibilities because of a handicap. Crippled children are referred at the age of sixteen because that age is generally considered an

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1 United States Department of Labor, Children's Bureau, Publication 293, op. cit., p. 10.
"age of employability." Most children referred by the Crippled Children's Division are sent for vocational training or for education, except those cases for which the Division cannot provide treatment within a reasonable length of time. In such cases, the Crippled Children's Division must release the case before Vocational Rehabilitation can give service. After referrals, the children become eligible for all services, and they are subject to the same laws governing other persons.

Plans have been developed by state crippled children's agencies to review the state register periodically to make sure that all children of employable age who could benefit from training are referred to the state vocational rehabilitation service. Upon the doctors' recommendation, the social service consultant contacts the child and his parents regarding vocational training before making the referral. She may contact the child in person while visiting the clinic or she may write a letter, after reviewing the clinical report received from the doctor and nurse.

The Division of Vocational Rehabilitation of Georgia maintains twelve district offices throughout the state, and it is required that a person apply for service or secure service from the district office nearest his home. The field representative for Vocational Rehabilitation contacts the child regarding vocational training. The children

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Statements made by Miss L. Taylor, Social Service Consultant Division of Vocational Rehabilitation, Atlanta, Georgia, personal interview, October, 1945.
are given personal counselling by the district supervisor who helps to investigate eligibility for the service requested and who also works out plans for training. Each child understands that he must continue his training and academic work if he is to receive the service. But individual situations are considered with a great degree of care. The Division usually records case closings and tries to analyze them in the light of the amount of work achieved by the various children and the quality of counselling given.

An additional service is the testing program. Children are given performance and aptitude tests to determine their abilities and to determine for what trades they are best suited. The Kinder Preference Test, The Minnesota Clerical Test and the Mechanical Aptitude Test are given, depending upon the type of training desire.

Educational Opportunities

Professional training in the fields of teaching, law, medicine, dentistry, veterinary, mortuary science, engineering, business, nursing, and refrigeration are available. The children can select any school from the list of approved schools. They can go to a demonstration or a private school, but the Division will not pay more tuition than that of a standard school. Preference is given to schools within the State. In order to be accepted for professional training, the child

1 Ibid.
2 State Department of Education, Division of Vocational Rehabilitation, Vocational Rehabilitation for Physically handicapped Persons, (Georgia, 1948), p. 3.
must also submit a transcript of high school grades.

Moreover, vocational education and training are available in the following vocations: clerical work, secretarial work, barbering, mechanics, machinist work, watch and jewelery repair, welding, agriculture, riveting, sheet metal work, electrical repair, aviation mechanics and shoe repair.

It is the policy of the National Division of Vocational Rehabilitation to use the existing public and private facilities and to utilize all resources of service rather than to create new facilities. To meet vocational education requirements of Georgia youth, the State Board of Vocational Education adopted a broad program calling for the establishment of a state and area vocational school. Under this plan the first state operated school, The North Georgia Vocational Trade School, was opened at Clarksville, Georgia. The Division also uses trade schools throughout the state.

Tuition is paid for all children without regard to the economic circumstances of the individual. Economic need must be established for all persons applying for tools or equipment, books or supplies, transportation and maintenance. Due to successive cost, maintenance is not paid for persons attending regular college courses. But it is paid

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1 Ibid.
3 State Board of Vocational Education, Training Physically Handicapped Workers (Georgia, 1944), p. 1.
in other training programs not exceeding twelve months for those persons not able to meet their own expenses.

Placement Procedures

One-day job clinics are held throughout the State. These are attended by prospective employers and Civil Service representatives. Significantly, the twelve one-day vocational rehabilitation job clinics held in Georgia in January, 1945 attracted 1,008 applicants. Two hundred and thirty-eight applicants were accepted for employment through the Civil Service, and the others enrolled for job training or physical restoration services. These clinics were held in Griffin, LaGrange, Crodele, Albany, Thomasville, Moultrie, Valdosta, Waycross, Dublin, Statesboro, Milledgeville and Athens.

Each individual field supervisor is responsible for knowing about job opportunities in his district. He contacts employers and arranges for interviews between them and the potential employee.

A major part of the guidance and counselling service is the follow-up which continues after employment. The length of time of the follow-up depends upon the individual's adjustment on the job. Blind cases, however, can be officially closed, but usually remain under supervision.

It was not possible to secure the actual number of children re-

1 Georgia State Department of Education, Division of Vocational Rehabilitation, op. cit.
ferred by the Crippled Children's Division as the Division of Vocational Rehabilitation does not keep separate records. Nevertheless, the Division of Vocational Rehabilitation made an outstanding record for the fiscal year ending June 30, 1944, by rehabilitating 2,771 persons. This number exceeds that of every other state in the country except 1 California.

The vocational rehabilitation services appear to serve a vital need in planning for the crippled child who is employable and of employable age. Its program seems inclusive and follow-up procedure indicates a progressive step in guiding, directing and helping the crippled individual.

1 Ibid., p. 4.
CHAPTER VI

SUMMARY

Georgia in 1937 provided only enabling legislation for crippled children, but later funds were made available for special services for them. The program, however, was not started until April 1, 1938 with Georgia's first clinic being held on April 15, 1938. The program, however, limits the services of the Crippled Children's Division and only children whose crippling conditions are classed as orthopedic or plastic are eligible for care.

The Georgia Register was begun that same year as a part of the Works Progress Administration Survey, and it is continued by the State Crippled Children's Program. As of December 30, 1944, there were 4,437 crippled children listed on the register, of which 1,222 or 27 per cent were Negro children. There were more male children among both white and Negro than female children on the register.

Case finding is recognized as one of the essential parts of the Georgia Crippled Children's Program. The Division encourages welfare workers, county commissioners of public health, county directors of welfare, public health nurses, hospitals, doctors, school teachers, lay persons and lay organizations to take an active part in locating the cases. The Division stresses the fact that case finding, to be effective, must be a constant activity and not a sporadic one.

There are only four clinic centers in operation in the State.
because of transportation difficulties and the loss of personnel during World War II. These centers are situated in Atlanta, Columbus, Macon and Augusta. They are staffed with an orthopedic surgeon, an orthopedic nurse, and clinical assistants. The Atlanta Clinic has, in addition, a pediatrician, physical therapy consultant and a medical social consultant. The services of these staff members are available to other clinics upon consultation.

Hospital standards are set by the American College of Surgeons and the Children's Bureau, and most of the hospitals utilized by the Division meet these standards. When hospitalization is necessary, the Crippled Children's Division arranges for admission to a hospital where the needed medical and surgical treatment is provided. Payments for medical and surgical treatment are made by the state agency.

The Crippled Children's Division does not make appliances. Instead, it hires certain companies to make them to order for the children. Brace makers are in attendance at all the clinics, and braces, splints, artificial limbs are supplied when needed. Moreover, frequent examinations of the appliances are made to assure the proper fit.

There is only one convalescent home, "Aidmore," in the Georgia Division's Program. This home is made possible by a private agency, The Crippled Children's League of Georgia. The state agency pays for each child on a per diem basis. Nursing service, physical therapy, occupational therapy and schooling are available at "Aidmore," but Negro children are not cared for. This one convalescent home cannot
serve all the children on the state program. As a result, the Crippled Children's Division purchases convalescent care from the various hospitals listed on its program.

Through an agreement with the Department of Health, the Crippled Children's Division is able to secure the services of public health nurses to attend the children in their homes. The district orthopedic nurse acts as a consultant to the visiting nurses on matters pertaining to orthopedic care of the children. The district orthopedic nurse also interprets clinic recommendations to the parents and keeps the central office advised as to the condition of the child while not under the direct supervision of the attending physician.

There are no funds for the transportation of crippled children to and from school nor especially equipped class rooms for children with appliances. The education of those children who are receiving treatment in their homes is most inadequately planned.

Through a joint agreement between the Crippled Children's Division and Vocational Rehabilitation, an exchange of persons needing these services can be made. Children referred to Vocational Rehabilitation are given personal counselling and various achievement and aptitude tests to help them learn vocational and educational potentialities. Professional and vocational training is available and upon the completion of training placement and follow-up procedures have been instituted.

The medical social consultant gives counselling to all children who need such service. Occasionally, there are problems that impede
the progress of treatment. On such occasions, the children are referred to the medical social consultant who helps them and the parents to find solutions to the problems.

The Crippled Children's Division has set up a program of education with as much attention directed to preventable crippling as is directed to restoration. Such a program includes a study of pre-natal care, venereal disease control and accident prevention. Prevention is done on an individual and community level by the nurses who instruct the people in matters relating to public health as they visit the children in their homes.

The two most outstanding deficiencies in the program are the limitations of its services to orthopedic and plastic conditions and the lack of adequate educational facilities. In addition, the inadequacy of convalescent facilities and the dirth of publicity and printed material about the services of the Division is noticeable. These defects in the present problem are related to legislation and much needs to be accomplished in this area.

The state agency does not own or operate a convalescent home. The one home in the state is operated by a private organization. Funds are not used to purchase such facilities as buildings and hospitals and it is the general policy of the state to use existing facilities and resources.

In conclusion, it may be stated that the program for the crippled child in Georgia is not only limited as to educational provisions, convalescent care and publicity, but the Division needs to review and
consider carefully the type, amount and needs for service among the Negro crippled children.
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