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The social welfare facilities available to Negro crippled children in Kansas City, Missouri, 1942-1947

Delora J. Tillmon

Atlanta University

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THE SOCIAL WELFARE FACILITIES AVAILABLE TO NEGRO CRIPPLED CHILDREN IN KANSAS CITY, MISSOURI, 1942-1947

A THESIS
SUBMITTED TO THE FACULTY OF THE ATLANTA UNIVERSITY SCHOOL OF SOCIAL WORK IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY
DELORA J. TILLMON

ATLANTA, GEORGIA
JUNE 1948
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CHAPTER I

INTRODUCTION

This investigation will attempt to describe and analyze the facilities for Negro crippled children provided by Social Welfare Agencies in Kansas City, Missouri. The investigation will also point out the social welfare techniques employed in the treatment of crippled children. From the findings in this study, an effort will be made to suggest needed expansion of facilities and changes in techniques in the treatment of crippled children.

Purpose

Thus, the aim of this investigation can be conveniently summarized under a three-fold purpose: (1) to determine the nature and extent of welfare activities available to Negro crippled children in Kansas City, Missouri; (2) to study the techniques employed by social agencies in utilizing the facilities available; and (3) to ascertain the need for expansion of activities by these agencies.

Scope

This study is limited to a period of five years, 1942-1947. However, some inquiry is made into the historical background of federal, state, and local legislation as regards
to facilities: public agencies, private agencies, and planning agencies. Under private agencies, it should be mentioned, that only those agencies approved by the council of social agencies in Kansas City, Missouri, are included in this investigation.

Method of Procedure

In obtaining data for this investigation, all the agencies servicing Negro crippled children were visited. During these visits, the records of the agencies were closely examined. All active cases were reviewed and a sampling of some of the closed cases were scrutinized for the purpose of determining the therapeutic effects of the agency upon the case. Personal interviews were conducted with both the supervisory staff, the professional personnel, and volunteer workers. Moreover, several conferences in the form of formal interviews were held with administrative persons as well as individuals on the boards of control of these agencies concerned with politics and planning.

Besides, the investigator found many documentary materials published by Federal, State, and local agencies helpful. The evidences were examined for the purpose of learning the structure and function of the social agencies studied. Also, the legal statutes were examined with support programs for crippled children.

Participant observation was also employed as a part of the field investigation. Several agencies were visited and
observations were made of the equipment, children, therapy and personnel in action.

Finally, the examination of books, periodicals, and monographs were of inestimable value in pursuing this investigation. A list of these publications can be found in the bibliography of this investigation.

Definition: "Crippled Children"

In this investigation, the term crippled children as defined by the White House Conference on Child Health and Protection, 1930, is used. This conference defined crippled children as:¹

... A child under twenty-one years of age who, from any cause is deprived of free and normal use of any of his limbs or who shall be deprived of strength or capability for service due to bone, tendon, joints or facial deformity caused by accident, birth injury or disease.

Significance of Study

This study is of primary importance to the field of social work, and more especially to the social worker interested chiefly in the welfare of children. With the correction of deformities made possible through the marvels of medical science, new vistas of possibilities have opened for the physically handicapped child. Accordingly, organic impairments need no longer limit these possibilities of

children. Furthermore, the social, psychological, and emotional sides of these children can be strengthened through intelligent social work procedures, provide opportunities not too different from those provided for children without handicaps.

Therefore, it becomes appropriate for social workers to investigate the facilities, techniques and needs for this important segment of the population. If work with crippled children is to be fruitful, then, it is important to know past and present conditions in order to plan progress.

The pattern of social responsibility for the problem assumed by the community, and in a larger sense, the government will depend in the future upon the discovered fact which forms the basis for understanding the real problems in relation to physical handicaps in children. Among these significant facts, social problems are imbedded in medical problems with the result that the body of knowledge and the techniques of social welfare processes are not fully released in behalf of crippled children.
CHAPTER II

BACKGROUND AND LEGISLATION OF SERVICES TO CRIPPLED CHILDREN

Prior to 1935, no significant legislation by the Federal government had been enacted bearing upon the problem of crippled children in the United States. With the passage of the Social Security Act (approved August 14, 1935, and amended August 10, 1939), a nation-wide program of medical, surgical, and aftercare for the physical restoration and social readjustment of crippled children was launched. The conduct of this program is bringing to light information not heretofore available for all the states about the location of crippled children, the causes of crippling conditions, the care of sick children's needs and the cost of care. In its amended form, this act reads as follows:

For the purpose of enabling each State to extend and improve (especially in rural areas and in areas suffering from severe economic distress), as far as practicable under the conditions in such States, services for locating crippled children, and for providing medical, surgical, corrective, and other services and care, and facilities for diagnosis, hospitalization, and aftercare, for children who are crippled or who are suffering from conditions which lead to crippling there is hereby authorized to be appropriated for each fiscal year, beginning with the fiscal year ending June 30, 1936, the sum of $3,870,000. The sums made available under this section shall be used for making payments of States which have submitted and had approved by the Chief of the Children's Bureau, State plans for such services.1

Since the passage of the epoch-making act, registers for crippled children have been established by official state agencies administering services to crippled children. The registers on December 31, 1945, contained the names of 404,505 crippled children in the 48 states, Alaska, the District of Columbia, Hawaii, and Puerto Rico.2

The act, in addition to the previously quoted section on appropriation, contains four sections: 512, allotments to states; 513, approval of State Plans; 514, payments to states; and 515, operation of State Plans.

Section 512 states that 20,000 (total 1,000,000) plus 1,830,000 which (total 2,870,000) must be matches by state, private or local funds under the supervision of the official state agency. This is given according to need and the number of children. The remaining 1,000,000 is given to states not financially able to carry out their programs.

Section 513 states that a state plan for services for crippled children should (1) provide that the state participate in the financial program, (2) it should provide plans for administration by a State Agency, (3) the State Agency shall furnish required reports at the request of the Secretary of Labor, (4) the state should see that the provisions in Section 511 are carried out, (5) and should provide for the cooperation of all agencies that will help to carry out the program for crippled children.

Section 514 states how payments are made to States. An estimate for the amount paid is made prior to each quarter by the Federal Security Agency Administrator and this is based on reports sent in by the State. The Federal Security Agency Administrator can either certify, reduce, or increase the amount.

Section 315 states that if the State plan which has been approved by the Chief of the Children's Bureau fails to live up to the requirements stated in Section 513, the Federal Security Agency Administrator may notify such State Agency that it will not receive future payments until satisfactory adjustments are made.

The Social Security Act as amended (1946) authorizes an annual appropriation of 7,500,000 for grants to states which include Alaska, the District of Columbia, Hawaii, Puerto Rico, and the Virgin Islands, to help them extend and improve (especially in rural areas and in areas suffering from severe economic distress). The Act further specifies that state plans must provide for cooperation with medical, health, nursing, and welfare groups and organizations, and with any agency in the state charged with administering state laws providing vocational rehabilitation of physically handicapped children. Implicit in the basic legislation for crippled children's services is a broad concept of medical care that does not stop with treatment of the organic impairment, but combines treatment of both physical handicap
and unfavorable social influences, which together determine the degree and duration of disability. If the state plan is in conformity with the requirements of the Act, the Chief of the Children's Bureau approves the plan and the Administrator of the Federal Security Agency certifies the grant.

According to the terms of the Act, the sum of $30,000 is allotted to each state (total $159,000) and the sum of $2,160,000 is apportioned on the basis of need in each state after the number of children in need of care and the costs of furnishing care have been taken into consideration. These amounts (total $3,750,000) must be matched by state, local, or private funds under complete supervisory control of the official state agency. The remaining $3,750,000 is available to grants without the requirement for matching. It is allotted according to the financial need of each state for assistance in carrying out its plan. The fund makes possible the extension of services to additional children in states with limited financial resources, expansion of the program to include other types of crippling conditions, particularly rheumatic fever, and provision for emergencies or epidemics.3

Before 1935, 35 states were providing for the care of crippled children with State funds. At the time the Social

Security Act was passed, only in a relatively few states was a State-wide program conducted providing diagnosis, medical and surgical care, hospitalization, and after-care services, for only a very small number of children were cared for because appropriations were so limited.

Within eighteen months after Social Security funds were made available, all the states, the District of Columbia, Alaska, and Hawaii, had designated a state agency to carry on a program for the care of crippled children. Subsequently Puerto Rico was added to the list. Thus, because of the Social Security Act, and the support it gave to the states in their efforts to reach crippled children, care has been made possible for thousands of children who otherwise might have grown up needlessly handicapped.

The State of Missouri made its first attempt to provide some aid for crippled children in 1919. This attempt was in the form of Special Classes for Crippled Children in Missouri, Revised Statutes of 1919, Page 3494. Laws of 1919, Page 679, Sections 11147 to 11150 inclusive. These classes were to be organized in the school districts where ten or more crippled children capable of instructions shall be provided appropriate instruction in a special class, transportation to and from school as could not otherwise attend. This education was not available beyond the elementary grades.

The statutes framed the working mechanism for the classes. It generally provided for organized classes,
limitations of classes, supervision and inspection of classes. This service continued in Missouri with a little or no change until the passing of the Senate Bill 256 of the 63rd General Assembly, 1942, Section 1 to 9 inclusive. This bill vested supervisory authority of all classes in a board of education.

In 1927, with growing cognizance of the problem of hospital care for crippled children in Missouri, Revised Statutes of 1929, Page 273, as approved March 24, 1927 and amended by Senate Bill Number 90 of the 59th General Assembly were signed April 28, 1937. Sections 14111-14120 inclusive, initiated a program and progressed with no overwhelming success. However, in 1929, the Act was enlarged to provide for surgical and medical treatment. From the years 1929 to 1937, there is no record wherein one can tract the progress of the program, but by judging the caliber of the amendments which were instituted in 1937, one would surmise the program met with success.

The amendment of 1937 provided for closer supervision of hospitals. The amendment also outlined the cases that could be accepted for state care; the payment of the expansion in the hospital; the duties of the personnel working under the program; and additional appropriation of money which was a basic step for the increased success of the program.

In July, 1939, House Bill 1967, the 60th General Assembly, Section 1-2, inclusive to amend section 13929 of
Act of the 58th General Assembly. This amendment provided for no additional facilities. It only made certain corrections and adjustments in the administration of hospitals for crippled children.

The 62nd General Assembly, 1941, passed Senate Bill Number 70 to amend Section 9648a, Act VI of Chapter 56, Revised Statutes of Missouri. Section I which amends Section 9648 basic legislation. This bill was the amendment of the basic bill of 1929, and it provided for an increase in the age bracket from 15 years to 21 years, of children who could be accepted for aid in the state hospital.

Concomitant to the passage of Bill Number 70, the 62nd General Assembly, Sections 1 and 2, inclusive, in 1941 provided for the establishment of a Second Injury Fund with the passage of House Bill 226. This fund provided for payment in death cases of disabled peoples; and for payment for compensation for permanent disability.

In 1942, the 63rd General Assembly of Missouri passed Senate Bill 349 of the 63rd General Assembly, Sections 6, 27, and 31 to 36 inclusive. They provide for the establishment of a Department of Welfare. The legislation outlines the responsibilities of the administration who work in this department, the general administrative frame work, the cases that could be accepted by the State, the inspection of agencies and the appropriation of funds for these agencies.

In 1943, the 63rd General Assembly of Missouri met and
passed House Bill 421. This Act of 1943 placed additional responsibility on the State Hospital because it provided for the care of children with rheumatic heart. There were no additional qualities given as appropriation made to this dispatch. These additional responsibilities were placed upon the State Hospital.
CHAPTER III

FACILITIES, SERVICES AND TECHNIQUES FOR NEGRO CRIPPLED CHILDREN IN KANSAS CITY, MISSOURI

It is convenient, in discussing the facilities and services for Negro crippled children in Kansas City, Missouri, to describe them under two major categories - those services provided by public agencies, and those provided by private agencies. In describing the facilities and services, special attention will be given to the physical equipment, clinical facilities, personnel, community programs and techniques of therapeutic services.

Public

Hospital -- General Hospital Number Two is a Negro City Hospital of 256 beds and 24 bassinets, administered by the Health Department of Kansas City, Missouri. There are fifty-eight beds in the isolation ward, which reduces the beds to 198. This hospital is staffed and run entirely by Negroes, except that the superintendent is responsible to the Director of City Health who is usually white. There are several departments which serve crippled children.

In Patient Department Facilities. -- (a) The pediatric ward has four bassinets, seventeen cribs and five beds. There are no special beds provided for crippled children on this ward. (b) The isolation ward has twenty-three beds for children, but no special beds are provided for infantile
paralysis cases. Crippled children are accepted on both wards, but adequate facilities are not available.

"For the past five years, no service has been rendered under orthopedic personnel, until November, 1946. Prior to this date, services were not given because an orthopedic specialist and a certified physical therapist were not on the staff to administer these services. At the present time, there are two registered orthopedic specialists, one pediatric specialist, and a registered physical therapist who is made available through the Visiting Nurses Association. A medical social worker is available."

Equipment for crippled children's polio cases on the isolation ward is provided by the Jackson County Chapter of the National Foundation for Infantile Paralysis. At the present time of this study, this equipment consists of (1) one iron lung (which can be borrowed from City Hospital Number One upon request), (2) one hot pack machine with packs, (3) one ultra violet ray lamp, (4) one treatment table, (5) one cot.

Out-Patient Department Facilities. -- The orthopedic clinic was started October, 1946. This clinic is held two days a week. The staff of this clinic includes one certified orthopedic specialist, one medical social worker, and a physical therapist loaned by the Visiting Nurses Association.

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1 Interview with Dr. Frank Ellis (General Hospital No. 2, Kansas City, Missouri, September 8, 1947).
The furnishings in this clinic are limited and inadequate. Water, an essential for physical therapy, has to be brought in from another room, in that there are no provisions for running water.

The equipment is also limited and inadequate, consisting of (1) one infra red lamp, given by the Jackson County Chapter of the National Foundation for Infantile Paralysis, (2) one infra red lamp given by the Visiting Nurses Association, (3) one table for treatment (improvised from two tables not constructed for this purpose), (4) one arm bath for water massage, necessarily improvised because there is no plumbing suitable for standard equipment, (5) one small table for records.

General Hospital Number Two, City Hospital for Negroes, employs the following techniques in treatment to Negro crippled children. (1) Corrective surgical procedures are being performed by certified orthopedic surgeons. (2) Measurements and fittings for braces are given. Physiotherapy is given by registered physical therapists, loaned by the Visiting Nurses Association. (3) Polio cases are treated with hot packs and iron lung, using the Kenny treatment and braces are fitted when needed.

Since November, 1946, five corrective operations have been performed. Two polio cases, with crippling conditions, were treated, and one fitted with braces.

In addition to the services given in the in-patient
department, the orthopedic clinic gives examinations, makes recommendations and referrals by a certified orthopedic specialist. Physical therapy is also given here by a registered physical therapist loaned by the Visiting Nurses Association. This clinic is held twice a week.

Education. -- The limited facilities and service available to handicapped children are provided by the public schools in Kansas City, Missouri.

All health activities in the public schools of Kansas City, Missouri are under the Board of Education. The school health programs are staffed mainly to carry out their chief concerns in relation to immunization, chest examinations, auditory and vision tests, and public health education.

For many years the Board of Education has allowed the clinic to be held three days each week for the treatment of Negro crippled children at the Attucks School.

The clinic is visited once a month by an orthopedic surgeon who volunteers his time. Two physical therapists are loaned by the Visiting Nurses Association. One attendant and one bus driver are paid by the Jackson County Chapter of the National Foundation for Infantile Paralysis.

The following equipment is available:

1. one infra red lamp
2. one Emerson hot pack
3. one walker
4. one massage table
5. two gym tables
The above named equipment is furnished by the Jackson County Chapter of the National Foundation for Infantile Paralysis.

6. seven screens (furnished by the Women's City Club)
7. one infra red lamp (furnished by General Hospital No. 2, Nursing School Alumni)
8. one infra red lamp (furnished by the Visiting Nurses Association)
9. one Emerson Pack Machine (furnished by the Manorha Hospital)
10. one Ultra Violet Ray Machine, bought with funds from the 1935 President's Birthday Ball
11. one posture mirror, two small tables, towels and bathing suits (furnished by the Board of Education)
12. one tank and shower purchased with funds from the President's Birthday Ball, donations from the Visiting Nurses Association, and Negro graduate Nurses of Kansas City, Missouri.) The tank and shower were installed by the Board of Education.

All Negro crippled children in all schools in Kansas City, Missouri, are furnished transportation to Attucks School for treatment. This transportation is furnished by the Jackson County Chapter of the National Foundation for Infantile Paralysis.

"Public school education is provided for all Negro crippled
children on the same bases as the normal child. These children are required to go to school in their own district. No special facilities are provided in the schools for Negro crippled children. Transportation to and from school is not given.²

An annual Christmas party is given at Attucks School for the crippled children by the Women's City Club. Gifts are given according to need, and refreshments and toys are plentiful.

The following techniques and treatment are given to Negro crippled children at the Attucks School: Physical therapy, which includes exercises and massages, is administered to all types of crippling conditions by nurses from the Visiting Nurses Association. Examinations, recommendations, and referrals are made by orthopedic specialists. Braces and appliances are measured and fitted.

Social Agencies. -- Facilities and services provided by the Public Health Service in Kansas City, Missouri are few. The public health nurses in Parochial schools are provided by the Department of Health. There are three parochial schools for Negroes, only two of which may need services for crippled children, St. Monica, an elementary school for Negro Catholic Youths and the Seven Day Adventist School. The same service

²Interview with Mr. C. E. Robinson, Assistant Superintendent (Kansas City Board of Education, Kansas City, Missouri, September 10, 1947).
is provided for any crippled child found in these schools as provided for the children in the public schools. They are referred by the Public Health Nurse to Attucks School and other necessary agencies.

Another service provided is the inspection and issuing of permits to persons interested in foster home care for children. Foster homes are essential in the care of some special cases of crippled children.

The Public Health Nurse refers all Negro Crippled Children for service at Attucks School, General Hospital Number Two, and any other agency giving services that the child may need.

Private Social Agencies. -- The Kansas City, Missouri, Visiting Nurses Association, organized April 10, 1892, is the sixth oldest Visiting Nurses Association in the United States. It is the only organization in Kansas City prepared to render nursing service to patients in their homes on a visit basis.

The service is a "generalized" service, including bedside and orthopedic nursing, including infantile paralysis care.

The Association began its special work with crippled children in October, 1925, although in the beginning the object of this service was for the after-care of Infantile Paralysis cases, it was rapidly extended to include service to other cases of crippled children and adults as well, thus
developing into a well rounded orthopedic program.

At first, only half-time nursing was given in this service, but as the work increased, nurses were added and the orthopedic staff now numbers five. One of the five is supervisor of this staff of three white and two Negro nurses. The two Negro nurses are graduate physiotherapists.

For many years nurses have been assigned to Attucks School, giving services to Negro crippled children three days each week.

The entire responsibility of the orthopedic service has always been borne by the Visiting Nurses Association, and until the work was undertaken by this group, there was no organization in Kansas City, Missouri, offering this type of service.

"Although the Visiting Nurses Association in the past received substantial financial help from various sources: namely, Jackson County Chapter of the National Foundation for Infantile Paralysis, Jackson County Society for Crippled Children, Carrie Loose Fund, and Jacob Loose Fund, by far the greater part of the expense of this orthopedic service has been financed by donations averaging slightly more than a thousand dollars.

"The Board of Trustees of the Visiting Nurses Association feels that it is rendering a very real and much needed service, the need of which has increased through the years, not because there is more crippling, but because more is being done about
The work of the Visiting Nurses Association with Infantile Paralysis has produced remarkable success, many cases having made complete recoveries so as to be really spectacular. Many patients have been carried for many years and others only for a few months. Through the years, the records show that at any time, only approximately one-third of the cases carried in their orthopedic service are Infantile Paralysis. The others include fractures, arthritis, osteomyelitis, cerebral palsy, obstetrical paralysis, and club feet.

It becomes apparent that the basic agency for treating Negro crippled children in Kansas City, Missouri, is the Visiting Nurses Association.

TABLE 1
NUMBER OF ACTIVE SCHOOL CASES BY SEX AND NUMBER OF TREATMENTS GIVEN NEGRO CRIPPLED CHILDREN BY THE VISITING NURSES ASSOCIATION KANSAS CITY, MISSOURI: 1942-1947

<table>
<thead>
<tr>
<th>Years</th>
<th>Number of Active Cases</th>
<th>Sex</th>
<th>Number of Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1942</td>
<td>8</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>1943</td>
<td>10</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>1944</td>
<td>16</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>1945</td>
<td>27</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>1946</td>
<td>35</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>1947*</td>
<td>44</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>114</td>
<td>72</td>
<td>68</td>
</tr>
</tbody>
</table>

*First Six Months

Interview with Miss Phyllis M. Dacey, Executive Director Visiting Nurses Association, Kansas City, Missouri, August 26, 1947.
Table 1 shows the number of active school cases by sex and number of treatments provided Negro crippled children by the Visiting Nurses Association. An examination of the table reveals that from 1942 to 1947, the number of cases has increased steadily: from 8 in 1942, to 44 in 1947. Moreover, the number of treatments have increased likewise. The total number of cases during the five year period has been 144, and 3,729 separate treatments have been given Negro crippled children by the agency.

Table 2 sheds further light upon the valuable service being rendered to Negro crippled children by the Visiting Nurses Association. This table reveals a list of active cases being treated by the agency according to the physical defects of each individual child, by sex, age, and the date when the case was opened. Thus, it can be readily seen that this agency treats a variety of ailments among Negro crippled children. Furthermore, it treats children in age groups ranging from less than one year to eighteen years of age. Also, the agency is apparently persistent and intensive in its treatment, for some of these cases have been active for as long as seven years.

Visiting Nurse service is available to anyone in Kansas City, Missouri, who needs it, on a free, part-pay or full pay basis. Services are available on every day in the year, including Sundays and holidays.

Most of the treatments are given by the nurses, although
<table>
<thead>
<tr>
<th>List of Active Cases by Defect of Child</th>
<th>Age (Years)</th>
<th>Sex</th>
<th>Date Case Opened</th>
</tr>
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<tbody>
<tr>
<td>Congenital Deformity</td>
<td>7</td>
<td>M</td>
<td>4-28-47</td>
</tr>
<tr>
<td>Defective Posture</td>
<td>9</td>
<td>F</td>
<td>12-18-43</td>
</tr>
<tr>
<td>Lardosis</td>
<td>10</td>
<td>F</td>
<td>4-28-41</td>
</tr>
<tr>
<td>Knock Knees</td>
<td>4</td>
<td>F</td>
<td>3-7-45</td>
</tr>
<tr>
<td>Pes Valgo Planus</td>
<td>15</td>
<td>M</td>
<td>1-1-46</td>
</tr>
<tr>
<td>Polio</td>
<td>1</td>
<td>F</td>
<td>10-24-44</td>
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<td>Congenital Torticollis</td>
<td>3</td>
<td>M</td>
<td>10-20-42</td>
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<td>Congenital Spastic</td>
<td>3</td>
<td>M</td>
<td>4-22-41</td>
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<td>Polio</td>
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<td>M</td>
<td>1-31-41</td>
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<tr>
<td>Rickets</td>
<td>2</td>
<td>M</td>
<td>11-29-42</td>
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<tr>
<td>Cardapedal Spasm</td>
<td>2</td>
<td>M</td>
<td>9-1-45</td>
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<td>Bow Legs</td>
<td>1</td>
<td>M</td>
<td>1-1-47</td>
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<td>Undiagnosed</td>
<td>3</td>
<td>M</td>
<td>3-15-39</td>
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<td>Congenital Dislocated Hip</td>
<td>6</td>
<td>F</td>
<td>2-12-47</td>
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<td>4</td>
<td>F</td>
<td>8-29-42</td>
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whenever possible, the mother or some member of the family may be taught to give simple exercises.

The so-called "Kenny Treatment" has been successfully carried on in the homes of patients in a number of cases under the direction of an orthopedic supervisor.

The well prepared public health nurse can render an important service in an orthopedic program. It is very increasingly recognized that treatment of any crippling condition involves adequate nursing care.

The functions of the Visiting Nurse are as follows:

Prevention of Orthopedic Disabilities

Assistance in correcting environmental and other factors which cause the crippling disease. Tuberculosis, syphilis, accident hazards, rickets.

Prevention of the orthopedic disability which follows the disease. (For example, contractures and deformities due to Infantile Paralysis may be prevented by adequate support.)

Prevention of further disability beyond the

<table>
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<th>Age (Years)</th>
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<td>1-4-47</td>
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<td>Marked Scoliosis</td>
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| Prevention of further disability beyond the |
initial (congenital deformities and birth injuries) by attention to posture and referral for medical care.

Prevention of orthopedic disabilities due to poor posture in bed, in a chair, or in daily activities.

Early Recognition of Orthopedic Defects and Assistance in Plans for Continuous Medical Supervision.

Continuous care of patients with orthopedic condition.

General health supervision of patient and family.

Demonstrations of bed positions and methods of support to prevent contractures and deformities in all bed patients.

Giving and teaching the care of patients in apparatus such as casts, splints, frames, and braces.

Helping the patient and family to make psychological adjustment to the treatment and residual disability.

Follow-up and supervision in relation to specific orthopedic disability:
  Ambulatory patient in appliances.
  Teaching functional activities such as crutch-walking.
  Teaching self reliance; encouraging independence in daily routines; suggesting adaptations in home equipment when necessary.

Referral or consultation with other agencies on social problems, recreation, education and vocational rehabilitation.

Interpreting Orthopedic Public Health Nursing Services to Other Groups.

Other professional workers, family and community.

Children's Convalescent Center. -- This center was incorporated on September 21, 1946. It is not yet opened, but
when it does, it will provide facilities, services, and a means of convalescent care in addition to treatment, instruction, training, guidance, recreation and supervision for children having rheumatic fever or heart disease whose illness is no longer acute, but requires an extended period of care and supervision to avoid permanent disability.

The agency will also conduct research into the causes of rheumatic fever and heart disease and methods most appropriate for the prevention, treatment, and cure thereof. It will disseminate information concerning the prevention, treatment, and cure of rheumatic fever and heart disease.

The staff for this agency has not been selected. Plans for opening depend on when the building is ready for occupancy. The bed capacity for the first year will not exceed fifty beds, but the plan is to increase bed capacity each year.

Family Welfare Service of Kansas City. — Provident Family and Children's Service is a key agency in the community offering both generic and specialized case work to families and children. Its professional standards are exceedingly high, therefore services to Negro clientele are on the same level as services to other cultural and racial groups.

Within the past few years, the agency has accepted responsibility for the intake service of the Florence Home, a maternity home for Negro unwed mothers and their infants.

Not many cases of Negro crippled children are at the
present time carried on by this agency, but services are available for those who are referred to, or come to the agency of their own accord.

The Jackson County Society for Crippled Children. -- This agency was organized in 1927. The local society conducts annual Easter Seal Campaigns under the leadership of the Missouri Society for Crippled Children and funds from this campaign and donations finance the agency.

The Jackson County Society for Crippled Children draws no color line, nor does it limit itself to any type of crippling, except that caused by infantile paralysis. Braces and appliances are given to crippled children whose parents are not financially able to pay for this service. This agency works in direct cooperation with the Visiting Nurse Association and the Missouri Society for Crippled Children. All recommendations for appliances and braces come through the Visiting Nurses Association.

This agency pays for the hospitalization of Negro crippled children on occasions when free hospitalization is not available.

The Rehabilitation Institute. -- This Institute provides physical restoration, prevocational training, and placement for severely disabled, enabling them to become to the fullest possible extent, independent and useful members of the community. It provides a sheltered workshop, a treatment center, and a program in job analysis and placement. It serves both veterans and civilians.
"The Institute was created as the result of a startling report of the health council of the Kansas City Council of Social Agencies in the spring of 1946. The report pointed out that there are about 350 persons in Kansas City, who are so severely handicapped that they cannot qualify for assistance from any existing agency, but who could, with the proper help, be vastly improved and in most cases be made wholly or partially independent and self-supporting. The group was composed of persons with disabilities inherited at birth, those caused by accident.

No one under 16 years of age will be admitted to the Rehabilitation Institute, and no one will be admitted except on referral of a medical doctor.

The staff will consist of an executive director, physical therapists, assisted by part-time assistants furnished by the Visiting Nurses Association, occupational therapist, shop foreman and trained volunteers, young women from the Junior League. ¹₄

Equipment for physical therapy: walking bars, ladders, all types of heat massage, sand bags, graduated weights, and mats.

Equipment for occupational therapy: Wood work equipment, looms, electric and regular typewriters.

The Jackson County Chapter of the National Foundation for Infantile Paralysis has given its services to the

¹₄"The Disabled Will Learn to Earn in This Center," The Kansas City Star, August 31, 1947, p. 4c.
community of Kansas City, Missouri for the past six years. The objective of this chapter is that of a service organiza-
tion.

The requirement for receiving service from this agency is residence in Jackson County. Any case may be reported by a private physician or the City Health Department. After the case is reported, the family is investigated to find out whether they want assistance.

The services include, hospitalization, braces, appli-
cances, wheel chairs. Equipment for medical centers is furnished. During epidemics, necessary professional per-
sonnel are brought in. Transportation to treatment centers for patients who are unable to pay is provided.

**Hospital.** -- Children's Mercy Hospital was founded more than forty years ago by Dr. Alice Berry Graham and Dr. Katherine B. Richardson, as a free hospital for sick and crippled children. This hospital gives services to some special cases of Negro crippled children who cannot be services by any of the Negro hospitals in Kansas City, Missouri.

**Wheatley Provident Hospital.** -- Wheatley Provident Hospital was originally organized in November, 1910 in a private residence by Dr. J. E. Perry. Through the interest of the late Katherine Richardson, a department of pediatrics was opened in 1923, giving service to sick, crippled, and deformed children.
Services are available to pay patients and the state crippled children's service refers local and surrounding county patients to this hospital. This hospital provides hospitalization, operations, fittings of appliances and braces, and convalescent care.
NEEDS FOR EXPANSION AND IMPROVEMENT OF SERVICES TO NEGRO CRIPPLED CHILDREN

Despite the variety of facilities and services available to Negro crippled children in Kansas City, Missouri, discussed in Chapter III, it is apparent that these are far from adequate to meet the needs of these unfortunate children. To improve the present facilities, considerable expansion must be made in the following areas if the needs of crippled children are going to be met adequately: (1) Legislative, (2) services in hospitals, (3) better trained social work personnel, (4) recreational facilities, (5) community resources, (6) educational services, (7) vocational rehabilitation services and (8) doctors.

Legislation. -- That there is a need for more adequate legislation and public funds can be seen in the report of the Missouri crippled children's code in 1946.

At the present time the State Crippled Children's Service, with the assistance of various private agencies in this field, is still unable to meet the need for medical treatment. The present state appropriation and the federal funds granted for this purpose allow for approximately 1400 hospital cases, which represent about one-tenth of the orthopedic cases in the state and virtually no care for the other kinds of crippling conditions. As a consequence there are hundreds on the waiting list and no provision for cerebral palsy or rheumatic fever patients except for one small experimental unit for rheumatic fever. A serious poliomyelitis epidemic could wipe out the entire fund. These services should be extended to care for the known cases and in so far as it is possible to do so, case finding services should be extended in order to place
children under care at the earliest possible date when the maximum of correction can be given. This will necessitate additional appropriations and can be considered a justifiable expenditure on the basis of reducing the number of dependent crippled adults in the future.

The Missouri Crippled Children's program does commendable work under the administration of the University of Missouri, they could be extended if it were transferred to the Division of Health of the State Department of Public Health and Welfare. This is a public health service and logically belongs in this division in order to better integrate this service with other public health work, and to place the service under a medical policy-making unit. This is the plan in twenty-eight states and the one strongly recommended by the federal government in appropriating funds for the service.

Determination of eligibility for service should be the responsibility of the Crippled Children's Service unit, either through the use of its own staff or other staff or other field staff of the Division of Health. This is essential because this determination is a medical matter and should be done by or under the direction of medical personnel; because better administration can be achieved when an agency understanding its own service decides which cases can benefit and are eligible for its service; and because the procedure of declared indigent by a county court has prevented some children from having necessary care. Families otherwise self-supporting but unable to finance the expensive medical care for a crippled child often refuse to go through the procedure of being declared indigent. This is generally accepted plan of admission policy services under public or private auspices and the one strongly recommended by the federal government in appropriating funds for the service.

The present age limit of 15 years should be raised to 21 years which will conform to the federal age limit.\(^1\)

This statement misinterprets the fundamental principle in which public responsibility is assumed in relation to this problem. For example, in the matter of case finding and diagnosis under public auspices the established social welfare

\(^{1}\)A Report of the Missouri Children's Code Commission, Crippled Children's Service, Jefferson City, Missouri, 1946, pp. 77-78.
principle in public service is that every child, no matter his station in life, has the right to have his case brought to attention and a right to adequate diagnosis of his problem. With the widespread of his diversities, the most financially secure family may be distant from the very service in diagnosis that would clarify and discover a child's problem.

The proper use of the University of Missouri facilities for research and demonstration should be strengthened and tied in with the state administration for services of crippled children which properly belongs in the departments of health, but closely related to Department of Welfare and Education.

There is real question as to whether or not the determination of need for service is entirely a medical matter. Eligibility of service cannot be declared alone on the physical aspect of the handicapped. There are many social factors represented in the case of each handicapped child which should be taken into consideration of eligibility for service.

A situation which may be a minor matter may require intensive social case treatment not as yet available as a service to the handicapped child.

**Hospitals.** -- The two hospitals available to Negro crippled children in Kansas City, Missouri, need to expand their facilities and services to meet the minimum standards
recommended for the care of crippled children. These hospitals should have on their staffs, a physician who is certified by the American Board of Orthopedic Surgery or is eligible for such certification.

On in-patient and out-patient department staffs, at least one physical therapist should be available. All physical therapists employed should be registered by the American Registry of Physical Therapy Technicians or eligible for such registration. The physical therapists should be responsible to a surgeon in charge.

Such a hospital should have on its staff, at least one qualified nurse with experience in pediatric and orthopedic nursing.

A hospital used for service for crippled children should conform at least with the minimum standards established by the American College of Surgeons. Such a hospital should employ on its staff, at least one qualified Medical Social Worker.

Physical therapy equipment should include a room equipped with at least an exercise table and some form of radiant heat.

Special wards and beds need to be provided. Children on these wards should be allowed to receive an education and occupational therapy. Recreation should be made available to all.

Recreation for Negro crippled children in Kansas City, Missouri is not provided. There is a great need for recreation programs on hospital wards, public and private playgrounds,
settlement houses, schools, YWCA, YMCA and any other agencies providing recreation for the normal child. Summer camp programs are needed.

Community Participation and Coordination. -- This community has already assumed some responsibility for the Negro crippled child. This program has involved private as well as public funds, but there is much work to be done. This needed program will necessitate the cooperation of as many persons of the community as possible.

The Negro Principals' Club is aware of the need of education for all physically handicapped children. They have gathered information concerning these children with the cooperation of some members of the Board of Education, and have tried to show the need for special facilities for these children. Up to date, no special provisions have been made as a result of their attempt.

At this point in their effort to maintain special educational facilities, this group should join with other interested persons in the community who are willing to work in the interest of Negro crippled children. These groups should be used on advisory committees as a means of bringing together representatives of public and private agencies and professional and citizens' groups concerned with all aspects of provision for crippled children. Because of the social needs of the crippled children loom so large, and social services for such children have lagged far behind medical service, it is a matter of great importance that welfare
departments and representatives of public and private social agencies in the field of child welfare, public assistance, and medical social work be represented on advisory committees. The objective of these committees would be to review and appraise the present program, what is being done, and what is not being done, qualitatively and quantitatively, in relation to total needs. After gathering this information, present their findings of the needs to the community and work with the community in bringing about medical changes.

**Education.** -- It was shown in Chapter III that the educational facilities for Negro cripples children in Kansas City, Missouri, are limited. Provision should be made through the Board of Education for special equipment or special schools for these children. This should be staffed with special trained personnel to work with crippled children. There should be special services offered: (1) health and physical education, (2) physical therapy, (3) occupational therapy, (4) and vocational education.

Rest facilities in orthopedic schools are a means of helping to strengthen and raise the physiological limits of crippled children. It helps to increase the capacity level.

Lunches in orthopedic schools serve a similar end. Frequent examinations by medical specialists have a stimulating effect on crippled children from a mental hygiene standpoint.

The individualization of instruction is most essential
in creating educational gains in orthopedic schools. The child is taught to accept his handicap and adjust to it. At the same time, the handicap is minimized.

Home instruction for the physically crippled child is important. Academic education through either home instruction or extension courses should be provided on the grade and high school level for those physically unable to attend either a regular or special class or school.

Classes for crippled children in the hospitals are definitely needed. Some means of transportation should be provided for crippled children to and from school each day.

Vocational Education. -- This special type of education is provided for children who have finished the eighth grade. The vocations are offered, but after talking to several crippled children attending the vocational public school, it was recognized that these children need special counseling. These children need to be advised to prepare for vocations that they will be physically able to do.

Doctors. -- In Kansas City, Missouri, there is a need for Negro physicians who are registered specialists in the orthopedic field. At the present time, there is no qualified Negro orthopedic specialist.

Social Workers. -- The need for trained social workers to make adequate diagnoses of the emotional and social aspects of the handicapped child's situation is much in demand. Social case treatment that supports the medical program provided for individual children, are not only essential to
successful preventive and remedial orthopedic care, but also to the normal development of the child in relation to himself, his family, and his community.
CHAPTER V

FINDINGS, SUMMARY, AND RECOMMENDATIONS

It should be remembered that the purpose of this investigation was to determine the nature and extent of welfare activities available to Negro crippled children in Kansas City, Missouri and to study the techniques employed by social agencies in utilizing the facilities available, and to ascertain the need for expansion of activities by these agencies. Thus, in summarizing this investigation, it becomes appropriate to summarize these findings in the light of the data presented herein to suggest recommendations for a more adequate program for dealing with the problems presented by crippled children.

The significant findings of this investigation can be conveniently enumerated as follows:

1. That the Federal Government had not enacted any significant legislation bearing upon the problem of crippled children prior to 1935 when the Social Security Act was made into law.

2. That the state of Missouri first attempted to provide aid for crippled children in 1919 through the organization of school districts, with a population of ten or more crippled children capable of instruction. This was essentially educational, however in 1937, a state law providing limited surgical and medical treatment was finally passed.
Then in 1942, the legislation enacted a bill providing for the state department of Public Welfare, which greatly improved public facilities for crippled children.

3. That in Kansas City, Missouri, the Visiting Nurses Association was the first private organization to provide services for crippled children. Its services are basic in that responsibility is assumed by the agency for coordinating the work of all public and private agencies dealing with crippled children.

4. That public facilities and services for crippled children in Kansas City, Missouri, are limited to one hospital with very limited facilities, a most inadequate educational program, and a public health service that is limited to the treatment of school children in one of the Negro schools.

Recommendations

1. That both public and private agencies treating crippled children in Kansas City, Missouri, in terms of their limited facilities, employ standard and accepted therapeutic techniques, both medical and social.

2. That there is an apparent need for improvement in the legislative program, both state and locally, for meeting the needs of crippled children.

3. That there is a need for an increase in public funds made available to public agencies.

4. That hospital facilities, both public and private, need to be expanded.
5. That equipment for physical and occupational therapy should be improved.

6. That there should be greater effort toward coordinating the program for crippled children in the community.

7. That educational facilities are woefully inadequate and should be improved.

8. That home instructions for crippled children, in the form of home visitation by social workers, should be included in the program.

9. That vocational education, especially vocational counseling of crippled children with the intention of vocational adjustment, should be employed.

10. That there is a need for Negro physicians who have specialized in orthopedics to treat cripple children.

11. That there is need for trained social workers to work with cripple children.

12. Finally, that there is a need for a greater community consciousness of the problems presented to society by crippled children.
APPENDIX
THE CRIPPLED CHILD'S "BILL OF RIGHTS"

1. Every child has the right to be well born; that is to say, the right to a sound body, complete in its members, physically whole. In the securing of this right we pledge ourselves to use our influence that proper pre-natal, intra-natal and post-natal care be provided to the end that congenital deformity, insofar as it is humanly and scientifically possible, be prevented.

2. Every child has the right to develop under clean, wholesome, healthful conditions. In declaring this right, this Society undertakes to use its influence to the end that children everywhere, through proper legislation both local and general, and through proper supervision and protection, may grow to manhood and womanhood free from crippling conditions caused by insufficient nourishment, improper food or unsanitary environment, and free, so far as possible, from danger of accident, wounding or maiming.

3. Notwithstanding the rights of children to be well born and to be protected throughout childhood, it is recognized that in spite of all human precautions there will be, unfortunately, some cripple children. These we declare to have the right to the earliest possible examination, diagnosis and treatment, recognizing, as we do, the fact that many thousand cases of permanent crippling may be eliminated by early and effective care.
4. Every crippled child has the right, not only to the earliest possible treatment, but to the most effective continuing care, treatment and nursing, including the use of such appliances as are best calculated to assist in remedying or ameliorating its condition.

5. Every crippled child has the right to an education. Without this, all other provisions, unless for the relief of actual suffering, are vain.

6. Every crippled child has the right not only to care, treatment and education, but to such training as will fit him or her for self-support, either wholly or partially, as the conditions may dictate. Without such practical application, education is likewise purposeless.

7. Every crippled child has the right to vocational placement, for unless the child, boy or girl, after having been given physical care and treatment, and after being educated and trained, is actually placed in a proper position in the life of the world, all that has gone before is of no avail.

8. Every crippled child has the right to considerate treatment, not only from those responsible for its being and for its care, treatment, education, training and placement, but from those with whom it is thrown into daily contact, and every possible influence should be exerted by this and affiliated organizations to secure this right, in order that, so far as possible, the crippled child may be spared the stinging jibe or the bitter taunt, or, worse still, the
the demoralizing pity of its associates.

9. Every crippled child has the right to spiritual, as well as bodily development, and, without regard to particular religious or denominational belief, is entitled to have nourishment for soul growth.

10. In brief, not only for its own sake, but for the benefit of society as a whole, every crippled child has the right to the best body which modern science can help it to secure; the best mind which modern education can provide; the best training which modern vocational guidance can give; the best position in life which its physical condition, perfected as best it may be, will permit, and the best opportunity for spiritual development which its environment affords.
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Mrs. Elizabeth Martin, Superintendent, Children's Mercy Hospital.

Miss Wilhoit, Director of Public Health Nurses, City Hall.

Miss Mary Lou Hargis, Director of the Jackson County Chapter, National Foundation Infantile Paralysis.

Mr. C. E. Robinson, Assistant Superintendent of Kansas City Public Schools.

Miss Cook, Supervisor of School Nurses, Kansas City Public Schools.

Mr. Albert Jewell, Staff Member, Council of Social Agencies.

Mrs. Vivian Shepherd, Executive Director, The Rehabilitation Institute.

Miss Vivian Black, Medical Social Worker, General Hospital Number Two.

Miss Robinson, School Nurse, R. T. Coles Vocational Junior High School.

Dr. R. B. Fleming, Member of the Board of Wheatley Hospital.

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