REPORT FOR VERMONT¹

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Vermont is not as advanced along occupational lines as other states, and there never has been any work in occupational therapy in any hospitals or public institutions nor has it been carried on by any local societies. All work in this line has been made possible by a friend who had an ideal, through the Vermont State Board of Health.

The following report is intended to give in brief, the care, forethought and ceaseless work that is being given all those who need assistance in any way and which has finally lead up to the introduction of occupational therapy as a need along curative lines.

Through the courtesy of Dr. F. T. Kidder, of Woodstock, Vermont, and the report of the State Board of Health, it has been possible to obtain the following data and information showing how great an interest has been taken in helping disabled patients of the state.

Active interest in helping and caring for those crippled from the effects of poliomyelitis began in 1914, and has been carried on ever since with increasing results for the better. During 1918 the staff of workers was so greatly reduced, because of the war, that the work was forced to stop.

The care and prevention of poliomyelitis was made possible for the State Board of Health by the very generous gift of an anonymous friend of the state.

Originally $25,000 was promised. Since then as the work and need of funds has increased, Dr. Kidder, President of the committee in charge, has been given $200,000 spending from $2000 to $3000 a month.

¹ Read at sixth annual meeting of the American Occupational Therapy Association, held at Atlantic City, September 25 to 29, 1922.
Three departments of the work were started:
1. Educational campaign for medical officers, health officers and the laity.
2. Research laboratory bureau.
3. After-care department for treatment of paralyzed cases.
The latter is known as the "Vermont Plan" because Vermont was the pioneer in this field.

To the anonymous donor and to the foresight of Dr. Robert W. Lovett, the accomplishment of an ideal has been made possible.

Free Public Clinics were started in December, 1914, in the important centres of Burlington, Montpelier, Barton, Rutland and St. Albans.

July, 1915, Dr. Lovett again held clinics in the same places, all cases showing marked improvement.

July, 1916, another series of clinics were held.

In 1917, a severe epidemic made more workers in the field necessary.

In 1918 only fifteen patients were given treatment, but in 1919 the clinics were resumed and the patients who up to this time had only been given the treatment of rest, massage and exercises showed marked improvement.

And so from clinics the patients were taken to hospitals for operations and treatments in Boston and other places, including non-polio cases, until finally in 1920 the need for occupational therapy became apparent.

In the beginning the convalescents were given sight seeing trips and teachers were sent to the hospitals so that the patients might continue their studies and not fall behind in their classes. After the patients returned to their homes, the question of caring for many of the cases arose. Many of them lived in out-of-the-way places or lacked sufficient funds to provide for themselves or to enable them to earn a small sum to help in their support.

Then the question of occupational and vocational training presented itself, as a means of filling this crying need. The question of money, or the sum of $2000 a year for a teacher and her expenses was the main factor.
Finally in September, 1921, a vocational department was instituted, under the direction of Miss Margaret Ives. She is provided with a small automobile as a means of conveyance, which enables her to get from place to place, her patients being scattered about over the state, and she visits each one in turn once a month.

From beginning in a small way with very few patients, she is gradually taking on a larger number as various ones are able to care for themselves, requiring less constant supervision.

She works under the Infantile Paralysis Department; finds work adapted to the ability and requirements of the patients; gives free instruction and furnishes all materials which are paid for when the work is sold.

She also finds a market for the finished products and in time hopes to make the work self supporting.

Quoting from the State Report,

Although this branch of the work has been in operation only a short time, the results, interest and appreciation shown have proved it worth the undertaking. Aside from the economic value of assisting these re-made individuals to discharge their debt to the community, the moral effect of this work on the patients themselves can scarcely be over-estimated, for through it they have acquired independence and self-respect and have become normal, useful citizens.

And, as the work becomes more widely known throughout the state, a very natural interest is being aroused to help forward the good being done.

The occupational work is still in its infancy as this report shows. In July, Miss Ives was working with twenty patients only, whose ages ranged from sixteen years to twenty-seven years. One case was disabled with hip trouble and was taken to the hospital to be operated upon. For several weeks a day and a night nurse was necessary and since the patient is able to use her hands but slightly, doing beautiful needle point tapestry work with only two fingers. A second case is forced to lie on her stomach all the time but uses her hands for embroidery. A man of twenty-seven years old, a hopeless cripple confined to
his wheeled chair, turns out unique and beautifully made toys selling all he can make.

The various crafts now being used, suited to the individual cases, are weaving with a loom, rug weaving, basketry, knitting, cross stitch and tapestry work, all sorts of needle work, filet lace and toy making.

During the past summer an exhibit of the work of these patients was held in the Arts and Craft Shop, Woodstock, Vt. Every article was a finished product, artistically and beautifully done. Everything was sold almost before the exhibition was opened, and a great many orders were taken which are being filled as fast as possible under the handicapped conditions.

The credit for the actual work goes to Miss Ives, and much is due her when one considers the difficulties connected with her work. All who were pioneer workers in the early days of occupational therapy during the war, can best appreciate perhaps what she and others like her are doing.

And so we are proving in Vermont what other states are proving, that occupational therapy is a vital factor in the curing or rehabilitation of its citizens, not only for the moral benefit to the patient himself, but for the benefit and future good of the state.

Miss Ives has kindly sent me the following account of her work.

One of the most serious problems which every community is called upon to solve is the establishment of the disabled person as a normal, self-respecting citizen who can contribute to his own support and occupy his rightful place as a useful member of society.

The After-Care Department for Poliomyelitis in Vermont is endeavoring to solve this problem for those adults under its supervision, who, though normal mentally, have been unable through physical disability to earn a living. For the benefit of these patients, a vocational department was organized in September, 1921, for the purpose of finding occupations which could be carried on in the home and which were adapted to the special type of disability of each patient, to give free instruction in these various occupations, to furnish materials at cost, and to market the products until the patients are in a position to do this for themselves.
The first step in carrying out this plan is not without complexities, for the vocational assistant must find work which the patient can do successfully in spite of his handicap, which he can achieve with the least possible effort, which will arouse and maintain his interest, and which can be placed on the market without apology and sold because of its intrinsic value.

The same elements enter into the success of the disabled person as of the normal one, but in the case of the former there are many additional factors to be taken into consideration. Not only must his ambition, application, and perseverance be taken into account and his artistic sense and mechanical ability developed but due allowance must be made for his particular handicap and lack of normal strength. Moreover, the work must be so planned that interest is sustained and sufficient mental stimulus provided to counteract the natural discouragement which physical inferiority tends to produce. In addition to the need of adapting the occupation carefully to the requirements of the individual, there are certain disadvantages of environment to be taken into consideration, namely, lack of educational background, isolation from suitable work, and the absence of the inspiration which competition and working with others creates.

With all this in mind, the vocational assistant begins her work by visiting the patients under her supervision to note the character of their disability, the advantages or disadvantages of their home surroundings, and to consult with them regarding the choice of an occupation. These patients are scattered about the state, some in towns and others on isolated farms. The use of a car enables her to reach the most remote localities, but, even so, a great deal of time must, of course, be spent in getting about.

When the best type of work has been selected, the vocational assistant furnishes the tools and materials (to be paid for later out of the proceeds of the work), plans a working schedule, designs the articles to be made and teaches the patient every detail of the work itself. During the period of instruction, frequent visits are necessary in order to give inspiration and encouragement as well as to watch the progress made, but as the proficiency of the worker increases, although the supervision must be continued, the visits need be made less often and the vocational assistant has more time to concentrate on the newly admitted members of the group. In some cases, the period of experimentation and instruction is of long duration and infinite patience is required throughout. The very nature of a work which deals exclusively with incapacitated
people distributed over such a wide area precludes the possibility of rapid results.

A couple of typical cases under the supervision of the department will serve to illustrate some of the difficulties encountered. For example, a girl of twenty who is in an extremely helpless condition has one hand which she can use to a limited extent, while the other is utterly useless. She is, however, ambitious and persevering. Work requiring any real strength was, in her case, obviously out of the question; sewing seemed the only possibility and she could only sew by holding her needle between her third and little fingers! Successful production in most types of sewing depends upon two things: skill in making the stitch and the rapidity with which the stitches can be made. Skill she could in time acquire, rapidity was absolutely out of the question. Was there, then, any type of sewing in which a perfect stitch counted more than the time in which it could be produced? The vocational assistant realised that one thing, needlepoint tapestry, offered precisely this advantage,—that even in the hands of the normal worker the stitches must be slow and painstaking. So work of this sort was attempted and under careful guidance this comparatively helpless patient finally achieved a piece of needlepoint tapestry in Jacobean design which was admirable done and which sold immediately. This girl is now keenly interested and has the supreme satisfaction of knowing that there is actually something in the world that she can do successfully.

Then, there is a boy of twenty-seven, badly crippled by arthritis. His neck is rigid, his shoulders stiff and painful, his leg ankylosed at right angles. He has the use of his arms and hands alone. This boy has been taught to make toys and now carries on the entire process alone, from the actual sawing of the wood to the final painting. His finished product, moreover, is charmingly quaint and in great demand.

Many types of work have already been introduced: basketry, toy-making, rug and other weaving such as scarfs, baby-blankets, etc., needlework of various sorts, Italian work and filet, cross-stitch and needle point, and other varieties of handicraft.

Although the teaching is of great importance, it is only part of the work of the vocational department. It is essential to produce only those articles for which there is a demand and in order to do this, the vocational assistant must keep in close touch with the market and plan the work with this as well as the limitations of the worker in view. She must actually design the articles to be made, a time-consuming process, until the worker is sufficiently advanced to undertake this for
himself. She must attend personally to the purchasing and distribution of raw materials and must find an outlet for the products and market them to the best advantage. It must be understood that the articles are sold strictly on their own merits and good workmanship, not because they are the work of cripples, but in spite of that fact. It is the policy of the department at all times to avoid the exploitation of the disabilities of those under its supervision.

An accurate account of the various transactions of the vocational department is kept and the progress and earning capacity of each patient is recorded systematically.

In spite of the many difficulties which the work presents, there are innumerable compensations: the response of the patients, their keen interest in their work, their pride in their ability to do it well, and most of all, their satisfaction in reaching out toward independence, thereby casting aside the bitterest part of the burden which their handicap entails,—the feeling of moral inferiority which dependence on those more fortunate engenders. Always the department bears this in mind and makes every effort not only to help each person under its supervision but also to teach him, in the course of time, to help himself without even the assistance of the department, thereby fulfilling its obligation to the individual himself and to the community.