TUBERCULOSIS REHABILITATION IN BRITISH COLUMBIA AND ALBERTA

A Comparative Analysis of Publicly and Privately - Sponsored Programmes, 1960.

by

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Thesis Submitted in Partial Fulfilment
of the Requirements for the Degree of
MASTER OF SOCIAL WORK
in the School of Social Work

Accepted as conforming to the standard
required for the degree of
Master of Social Work

School of Social Work

1961

The University of British Columbia

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ABSTRACT

Rehabilitation of the handicapped as a result of tuberculosis is a most involved and complex process. In Canada today, the organization of rehabilitation services for tuberculous persons varies from province to province. In some provinces the rehabilitation services are handled exclusively by the provincial health departments; in other provinces the programmes are the responsibility of the provincial tuberculosis associations; in still other provinces, rehabilitation of the tuberculous is to a considerable extent a joint effort by voluntary and governmental agencies.

This thesis examines the programmes for the tuberculous which are offered under public auspices in the province of British Columbia by the Division of Tuberculosis Control, and under private auspices in the province of Alberta by the Alberta Tuberculosis Association. The purpose of the study is to review the concept of rehabilitation, and to determine if differences of significance exist between the two programmes.

The necessary material was compiled by a series of selected interviews with personnel involved in the operation of tuberculosis rehabilitation services in Alberta and British Columbia; analysis of annual reports of agencies in both provinces directly concerned in providing these services; and, by drawing upon the writer's own staff experience in one of these programmes. The scheme of analysis utilizes the following headings: (a) sponsorship and administration (b) facilities and personnel (c) rehabilitation services, and (d) co-ordination.

The study reveals measurable differences in the two programmes selected, and these are reviewed. The major difference between the programmes is in terms of organizational structure. In British Columbia, a composite programme consisting of two specialized departments is in operation; one offering vocational rehabilitation services and the other welfare services. The Alberta programme in contrast, integrates vocational rehabilitation and social services, but has a smaller professional staff. The extent to which differences can be directly attributed to different auspices is doubtful; and there is room for further research. There is evidence, however, of need for more professionally trained social workers in comprehensive rehabilitation programmes.

ACKNOWLEDGEMENTS

I wish to express my appreciation to Mr. Lester MacDonald, Mrs. M. Titterington, and Mr. Edward Thiessen who provided me with a great deal of information for this study.

Particularly, I wish to thank Dr. Charles McCann and Dr. Leonard C. Marsh, of the School of Social Work, University of British Columbia, for their excellent criticism and direction throughout the preparation of this thesis.

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CHAPTER I

TUBERCULOSIS REHABILITATION PROGRAMMES IN CANADA

Since World War II rehabilitation services for the handicapped in Canada have experienced considerable expansion.[1] This is reflected in increased activity by voluntary health and welfare organizations, and through federal and provincial legislation.[2] One of the manifestations of this growth has resulted in the recognition of the need for comprehensive programmes of rehabilitation. Moreover, there has been considerable emphasis on integration of the variety of services which exist for the numerous civilian disability groups, as well as on co-ordination of these services. Much of the impetus for these developments has been due to the outgrowth of the Conference on the Rehabilitation of the Physically Handicapped which was held in Toronto in 1951.

This national Conference was called by the federal government on the initiative of the Minister of Labour , to discuss new approaches of providing a unified and co-ordinated programme of rehabilitation services in Canada. An Interdepartmental Committee, representing the Departments of Labour, National Health and Welfare, and Veterans Affairs was set up to arrange for such a conference, and invitations to attend the conference and participate in it were extended to all provincial governments, medical associations, officers of national organizations interested in

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1 Canada, Department of National Health and Welfare, Research and Statistics Division, Rehabilitation Services In Canada, Part I, pp. 19-23.

2 Ibid., pp. 20-23.

the rehabilitation of specific groups of the handicapped; universities; and individuals who were engaged directly or indirectly in the field of rehabilitation. When the conference was held, in addition to the ministers and deputy ministers of the above-mentioned federal departments, over two hundred delegates and observers were present, representing all the provinces and numerous national, provincial, civic and local organizations. Recommendations made at this conference set in motion a series of developments designed to facilitate co-operative planning and the expansion of specialized services in order to bring comprehensive rehabilitation services to Canada's civilian disabled.[1]

Probably the most significant result of this historical conference was that it brought about formal, joint, federal-provincial participation in a national rehabilitation programme, with the co-operation of the many voluntary agencies which were involved in the rehabilitation field. As it exists today, in accordance with both federal and provincial legislation, the programme is organized through each province which arranges for the co-ordination of rehabilitation services within its own boundaries. However, at the federal level there is the overall co-ordination of the programme, the provision of consultation service, the administration of federal grants and assistance, and the exchange of information between various parts of the country, all authorized by means of federal legislation.

Dr. Allan Roeher, Co-ordinator of Rehabilitation for Saskatchewan, speaking at the Eighth World Congress, International Society for Welfare of Cripples, New York, in August, 1960, summarized the progress of rehabilitation in Canada during the

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1 For reports of speeches delivered at the conference, minutes of the working committees named to submit specific recommendations; and the regulations which were adopted at the concluding session, the reader is referred to Proceedings, Conference on the Rehabilitation of the Physically Handicapped, Toronto, Ontario, February 1, 2, 3, 1951.

past twenty years with the following statement:

> Stimulated by a high level of economic prosperity public support for health and welfare developments, the traditional blend of voluntary-governmental endeavour in the areas of health and social services has been evident in the evolution of rehabilitation services. There is growing public opinion that this sharing of responsibility should persist in the future even though governments are undertaking the major financial burden. In many areas, voluntary organizations continue to lead in the provision of rehabilitation services to civilians, among the visual, auditory and physically impaired, and those with heart disease, epilepsy, arthritis, rheumatism and paraplegia, although most programmes are assisted directly or indirectly by public funds. Governments, on the other hand, tend to provide major support for education and vocational training; development of treatment facilities for the tuberculous, mentally ill and retarded; hospital-centred rehabilitation facilities; and formal co-ordination programs. Industry supports the re-establishment of industrial casualties through publicly managed Workmen's Compensation Boards.[1]

In view of the heightened interest in rehabilitation for the handicapped in Canada today, a study of the patterns of service in this field is timely.

The Group to be Studied and Purpose of Study

In the present study, the concern is with the rehabilitation of a specific disability group -- the tuberculous. To be more explicit, the purpose of this study is to examine two rehabilitation programmes for the tuberculous, each operating under different auspices in different provinces, in an attempt to determine what effect auspices have on the structure of the programme and the quality of the services offered. The programmes which will be reviewed include the one in Alberta operated under the private auspices of the Alberta Tuberculosis Association, and the public programme in British Columbia operated by the Division of Tuberculosis Control, Department of Health Services and Hospital

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1 Roeher, G.A.; "Rehabilitation Progress and Needs in Canada", Social Worker, Vol. 29, No. 1, January 1961, pp. 15-16

Insurance. By examining the two programmes, an attempt will be made to determine what differences exist and assess these differences in relation to programme auspices.

Some of the questions which this thesis will try to answer are: What is the relationship, if any, between programme auspices and facilities? Similarly, what is the relationship between programme auspices and personnel? Do staff requirements vary in relation to programme auspices? Are there differences in the co-ordination of rehabilitation services for the tuberculous under each programme? Does the role of the social worker vary according to the auspices in a programme of tuberculosis rehabilitation? Are there differences in criteria for rehabilitation of individuals with tuberculosis as a result of different auspices?

In order to provide the reader with some frame of reference regarding the specific area of this inquiry, the present chapter will proceed with a brief review of the nature of tuberculosis, its treatment, and a concise outline of the general organization of rehabilitation services in Canada for the tuberculous.

The Nature of Tuberculosis and its Treatment

Tuberculosis is an infectious disease caused by the tubercle bacillus which may attack every tissue of the human body, although the lungs are most vulnerable. Following a primary childhood infection, the occurrence of the disease in adolescence and adulthood depends on the lowering of resistance by malnutrition, fatigue or other disease conditions, or upon massive infection. An absolute cure for the disease has not yet been achieved. Cases can often be arrested and made quiescent by means of bed rest, diet, chemotherapy and surgery. Even though the introduction of antibiotics has considerably reduced the length of in-hospital treatment for tuberculosis, treatment of the disease is still generally conceded to be of a long-term nature. The achievement

of quiescence is a very gradual process and it often requires many months, and in some cases, even years of treatment.[1]

Tuberculosis diagnosed early, known as minimal disease, usually responds well to treatment. Far advanced tuberculosis requires a longer period of treatment, and because of lung destruction, the patient may be left a respiratory cripple.[2] With the average case, disability from tuberculosis is less apparent than from crippling diseases and accidents. It is potential rather than actual, since the disability consists of a voluntary imposed restriction of the mode of life calculated to maintain the arrested state of the disease and prevent relapse. The need to restrict the expenditure of energy has an obviously important bearing on the selection of an occupation by the patient when he is medically able to return to work.

Sanatorium care is still the basic treatment to which all other forms of treatment are added. The sanatorium provides the proper setting for the various phases of the treatment including rest, isolation of infectious cases, and the education of the patient to a different mode of life which will enable him to safeguard his regained haalth and protect others.

The Aims of Rehabilitation in Tuberculosis

Rehabilitation is an integral part of the treatment for the tuberculous patient. Dr. James E. Perkins, the Managing Director of the National Tuberculosis Association states that "rehabilitation services are in integral part of the comprehensive

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1 The Annual Report of the Division of Tuberculosis Control, Department of Public Health, Province of Alberta, discloses that for the year ending March 31, 1960, the average number of days per patient in Alberta Sanatoria was 222.

2 See Diagnostic Standards and Classification of Tuberculosis, National Tuberculosis Association, New York, 1960.

treatment and, lacking rehabilitation services, no program of tuberculosis control is in proper balance." [1] The goal of rehabilitation is to restore the disabled person to useful living in his community.

> Rehabilitation in tuberculosis is the restoration of the tuberculous to the fullest physical, mental, social, vocational and economic usefulness of which they are capable.[2]

The process of tuberculosis rehabilitation commences at the point of diagnosis and is continuous throughout medical care and some part of the post discharge period, in most cases. The process is complete when the patient attains a satisfying life and is operating at the top level of his total capacities. Certain factors and conditions, such as the personality of the patient, his family, and his community, often create blocks to effective rehabilitation and these difficulties need to be surmounted, removed, or avoided. The rehabilitation officer and the social worker assist the patient with these problems, in conjunction with hospital staff from other disciplines. Not to be disregarded is the part played by the community as a whole in this process.

> Community knowledge and understanding of the job which must be done are necessary. Successful accomplishment in rehabilitation demands sound planning by and active participation of all community health and welfare agencies as well as interested individuals -- including the patient who is the important traveller. Vocational adjustment is not the whole story. True rehabilitation is only achieved when the disabled individual is as secure -- personally, socially, and economically -- as it is possible for him to be. [3]

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1 A Guide for the Development of Rehabilitation Programs in Tuberculosis Associations, National Tuberculosis Association, New York, 1956. Preface, p. iii.

2 "Proceedings of the Conference on the Rehabilitation of the Tuberculous, March 4-6, 1946, Washington, D.C." as quoted in Keifer, Norvin C., Present Concepts of Rehabilitation in Tuberculosis, National Tuberculosis Association, New York, 1948. p. 17.

3. A Guide for the Development of Rehabilitation Programs in Tuberculosis Associations, op. cit., p. 3.

Rehabilitation Services for the Tuberculous in Canada

1. Early Development and Provincial Organization

Today in Canada, the organization of tuberculosis rehabilitation services varies from province to province.[1] In some provinces the rehabilitation services are handled exclusively by the provincial health departments; in other provinces the programmes are the responsibility of the provincial tuberculosis associations, while in other provinces rehabilitation of the tuberculous is to a considerable extent a joint effort by voluntary and governmental agencies. Like many other services for the tuberculous, the rehabilitation services were largely initiated by voluntary organization or provincial tuberculosis associations, some of which were later incorporated into public programmes.

In 1942 the Sanatorium Board of Manitoba introduced the first comprehensive programme of counselling, retraining and job placement for ex-sanatorium patients, and this has been the blueprint for tuberculosis rehabilitation programmes in other Canadian provinces.[2] The Alberta Tuberculosis Association had a programme in operation in 1947, and about the same time, a programme in some of the sanatoria in British Columbia was organized by the British Columbia Tuberculosis Society. The British Columbia programme, however, was later incorporated into the provincial programme offered by the Division of Tuberculosis Control.[3]

The advent of the Tuberculosis Control Grant, which was one

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1 Rehabilitation Services in Canada, Part I, op. cit., pp. 204-210.

2 See Cunnings, T.A.J.:"Rehabilitation of the Tuberculosis Patient -- the Manitoba Programme", Canadian Journal of Public Health, Vol. 35, No. 4, April 1944, pp. 137 - 143.

3 Rehabilitation Services in Canada, Part I, loc. cit. pp. 206 - 207.

of the Federal Health Grants introduced in 1948, considerably stimulated the development of vocational rehabiliation programmes for the tuberculous, and by 1955 schemes were operating in nearly every province. In several provinces the programmes remain under private auspices, or in some cases voluntary agencies receive provincial grants to subsidize the costs programmes. In all provinces, vocational rehabilitation is closely co-ordinated with the civilian rehabilitation programme, under the direction of the Co-ordinator of Rehabilitation for each province.[1]

2. Federal Government Participation

The major areas in which the federal government is involved in the rehabilitation of tuberculosis patients are: (a) Services for Indians and Eskimos; (b) Provision of the Tuberculosis Control Grant; (c) Schedule "R" of the Canadian Vocational Training Scheme; (d) Federal-provincial co-ordination; (e) Job Placement.

(a) Services for Indians and Eskimos

In Canada disenfranchised Indians and the Eskimos remain a federal responsibility and most tuberculous natives receive treatment in federal hospitals operated by the Department of National Health andWelfare. An extensive programme of rehabilitation services for the handicapped Indian and Eskimo groups is similarly provided under federal government auspices. Services for the Indians are administered by the Indian Affairs Branch of the Department of Citizenship and Immigration in co-operation with the Indian and Northern Health Services of the Department of National Health and Welfare.[2] The Welfare Division of the Department of Northern Affairs and National Resources administers rehabilitation services for the tuberculous Eskimos.[3] These programmes will not be included in the present study.

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1 Ibid."Provincial Co-ordination and Administration," pp. 31 - 34.

2 Ibid., see Chapter 4 "Indians" pp. 132 - 139.

3 Ibid., see Chapter 4 "Eskimos" pp. 139 - 144

(b) Tuberculosis Control Grant

The Tuberculosis Control Grant, established as one of the National Health Grants in 1948 by the federal government, provides the cost of rehabilitation services to sanatorium patients and the re-establishment of discharged patients on a shareable basis with the provinces. In the fiscal year 1958-1959 an amount of $160,000 was provided in Tuberculosis Control Grants for nearly all the provinces.[1]

The National Health Grant also provides for professional training of rehabilitation personnel under the Medical Rehabilitation Grant which is entirely chargeable to the federal government. This grant covers formal training for rehabilitation officers and social workers in tuberculosis hospitals.

(c) Schedule "R" of the Canadian Vocational Training Scheme

One of the most important structures of the provincial rehabilitation programmes is the vocational training programme for disabled civilians carried out under Schedule "R" of the Special Vocational Training Agreement which is administered by the federal Department of Labour.[2] This joint federal-provincial scheme, introduced in 1954, provides for the training or retraining of disabled persons to fit them for gainful employment in suitable occupations. The scheme is administered by each province and there is an equal sharing of costs with the federal government. Schedule "R" has provided considerable amounts for the vocational training of ex-tuberculous adults, since in most provinces this group has formed the largest single disability group. Persons who had tuberculosis, or other respiratory conditions, comprised 30 percent of the closed rehabilitation cases in 1958 - 1959 reported to Mr. Ian Campbell, the National Co-ordinator of Civilian Rehabilitation.[3]

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1 Ibid., p. 210.

2 This agreement was renewed April 1, 1959 with all provinces except Quebec for a five-year period as authorized by the Canadian Vocational Training Co-ordination Act of 1942.

3 Rehabilitation Services in Canada, Part I, loc. cit., p.210.

(d) Federal-Provincial Co-ordination

Since 1952, the Civilian Rehabilitation Branch of the Department ofLabour, which is responsible for co-ordination of rehabilitation services at the federal level, has been under the direction of a National Co-ordinator. This Branch maintains liaison with international agencies, programmes in other countries, other federal agencies concerned with rehabilitation, provincial co-ordinators, and local organizations across Canada. It acts as a clearing house for information on rehabilitation, supplies consultation and advice to the provinces, and administers grants in aid for the co-ordination and development of provincial rehabilitation services, including rehabilitation of the tuberculous.

It has been previously mentioned that in each province, vocational rehabilitation for tuberculous persons is co-ordinated with the civilian rehabilitation programme under the direction of a provincial Co-ordinator of Rehabilitation. There is an equal sharing of costs by the federal and provincial governments for the salaries of the provincial co-ordinators.[1]

(e) Job Placement

The National Employment Service, established in 1940 through federal legislation, is generally responsible for employment services throughout Canada. Since 1943, the National Employment Service has operated a Special Placement Section, which was set up to provide employment counselling and selective placement services to persons first entering employment, to persons discharged from correction institutions, and persons with mental or physical handicaps. At present there are Special Placement Sections in all of the larger National Employment Service offices across the country. Referrals to these offices are frequently made by tuberculosis rehabilitation agencies for registration and

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1 Ibid., section "Provincial Coordination and Administration" pp. 31 - 34.

assistance in job placement of discharged tuberculosis patients. In some provinces, the Department of Labour, which administers the National Employment Service, has recently provided special placements liaison officers. This, in the author's estimation, has provided for increased community co-ordination of job placement services as well as improved follow-up services for tuberculous persons.

Method of Study

Keeping this introductory material in mind, Chapter 2 of this study will specifically examine the programme for the rehabilitation of the tuberculous in British Columbia. In a similar manner , Chapter 3 will inquire into the tuberculosis rehabilitation programme operating in the province of Alberta. The description and analysis of both the public programme in British Columbia and the programme operating in Alberta under private auspices will be specifically concerned with the following principle areas: (1) Sponsorship and administration; (2)Facilities and Personnel; (3) Clients participating in the programme; and (4) Rehabilitation Services provided.

A comparison summary of the main features of the two programmes, including a review of the strengths and limitations of each programme, will be presented in Chapter 4. An attempt will be made to determine where there is need for improvement in the operation of each programme, and some suggestions will be recommended which might possibly contribute toward more effective programmes of tuberculosis rehabilitation.

A few words need to be said about sampling as it relates to this study. No claim is made that the two programmes selected are representative or typical of Canada as a whole. The tuberculosis rehabilitation programmes in British Columbia and Alberta were purposely selected for this study primarily because of the contrast in sponsorship between the two programmes. Coupled with this is the fact that both programmes commenced formal operations

at approximately the same time, both under private auspices; however, the programme in British Columbia is now operated publicly, while the programme in Alberta continues to operate under private auspices. Another significant factor, which has a direct bearing on the basis of selection for programmes discussed in this study, is the author's intimate association with the programme in Alberta. For the past five years, the author has been a member of the staff of the Rehabilitation Division, Alberta Tuberculosis Association, and at the present time he is completing post-graduate studies in Social Work at the University of British Columbia. This has provided the author an opportunity to become familiar with the rehabilitation services in British Columbia offered through the Division of Tuberculosis Control and compare these with the rehabilitatiom services for the tuberculous in Alberta.

It should be mentioned at this point that any conclusions arrived at in this study will relate only to the programmes examined herein; however, in some cases, certain criticisms and recommendations may be applicable to other tuberculosis rehabilitation programmes operating throughout Canada.

Several difficulties were encountered in the preparation of this study. As a result of geographic distance, some communication difficulties were evident and the delay in return correspondence created temporary postponement in the compiling of material. Another delay resulted midway through study when the tuberculosis rehabilitation programme in British Columbia underwent some reorganization in administration which necessitated the rescheduling of several interviews with personnel concerned.

Much of the research material for this study was acquired through extensive analysis of annual reports of the various organizations, agencies, and provincial departments in Alberta and British Columbia which are directly concerned with the provision of rehabilitation services to the tuberculous. However,

the main method of research used in securing factual and statistical information has been selected interviews with personnel from the agencies discussed. A group of pertinent questions about all aspects of the provincial rehabilitation programme for the tuberculous was prepared and used as an outline for interviews held with the Director of Rehabilitation and the Social Service Department Casework Supervisor of the Division of Tuberculosis Control in British Columbia. The schedule of interviews included six interviews with the Director of Rehabilitation, three interviews with the Casework Supervisor of the Social Service Department, and one interview with the Co-ordinator of Rehabilitation for the province of British Columbia.

As a result of the distance factor, a series of personal interviews could not be arranged with key personnel in the Alberta programme. The author has largely called upon his own personal knowledge of the programme together with extensive correspondence material provided by the Director of Rehabilitation, Alberta Tuberculosis Association, in response to questions which the author forwarded to him.

Supplementary information has also been acquired for this study from the recent documents, Rehabilitation Services in Canada, Parts I and II, which were prepared by the Research and Statistics Division, Department of National Health and Welfare, Ottawa.

CHAPTER 2

BRITISH COLUMBIA: A PUBLICLY-SPONSORED PROGRAMME

Sponsorship and Administration

Rehabilitation services for the tuberculous in British Columbia have been administered since April 1949 by the provincial Division of Tuberculosis Control.[1] The British Columbia Tuberculosis Society, a voluntary agency, initiated a programme of rehabilitation for patients in the provincial sanatoria by appointing a rehabilitation officer on a full-time basis in 1947. Following the introduction, in 1948, of the Tuberculosis Control Grant, one of the National Health Grants, the provincial Division of Tuberculosis Control assumed responsibility for the training and rehabilitation of tuberculous patients.

The Rehabilitation Department is essentially for the purpose of vocational rehabilitation and job placement; any social case-work or related welfare services are provided by the Social Service Department of the Division of Tuberculosis Control. Whereas the Director of Rehabilitation is directly responsible to the Director of the Division of Tuberculosis Control, who in turn is responsible to the Deputy Minister of the Health Services Branch, the Case-work Supervisor of the Social Service Department is responsible to the Deputy Minister of Social Welfare. This is due to the fact that the staff of the Social Service Department are on loan

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1 The Division of Tuberculosis Control was connected with the Health Branch of the Department of Health and Welfare; however, since 1959 when this Department was separated into two departments, the Department of Health Services and Hospital Insurance, and the Department of Social Welfare, the Division of Tuberculosis Control has operated under the Health Branch of the Department of Health Services and Hospital Insurance.

to the Division of Tuberculosis Control and this service is chargeable to the Department of Social Welfare.

The vocational rehabilitation programme operated by the Division of Tuberculosis Control is financed as follows:

(1) The salaries of the professional staff (Rehabilitation Officers) and the stenographic staff are entirely chargeable to the Federal Health Grant. In addition, travelling expenses for rehabilitation personnel up to a maximum of $600.00 per year, certain in-sanatorium vocational courses for patients, tuition fees up to a maximum of $500.00 for rehabilitation candidates who are unable to qualify under Schedule "R" of the Canadian Vocational Training scheme, transportation (bus fare) for ex-sanatorium patients in Greater Vancouver who continue their academic studies at Willow Chest Centre during their convalescence, and some trade manuals and text books are also covered by the Federal Health Grant.

Under the Medical Rehabilitation and Children's Grants, also part of the Federal Health Grant, provision is made for the professional training of personnel in tuberculosis rehabilitation. The provincial health department is reimbursed one hundred percent on this type of project.

(2) Most post-hospital vocational training is provided under the Canadian Vocational Training scheme, which is administered by the provincial department of Education. In some cases Federal Health Grant funds and also private funds may be used for vocational training of tuberculous persons.

The following table illustrates how vocational training is financed for discharged tuberculosis patients.[1]

TABLE I

Vocational Training Completed By Discharged Tuberculosis Patients in British Columbia For The Years 1957, 1958, 1959

Funds Provided By:	Year		
	1957	1958	1959
Schedule "R" (C.V.T.)	20	26	18
Federal Health Grant	8	9	8
B.C. Tuberculosis Society	3	2	5
Other Societies or Service Clubs	3	3	1
Totals	34	40	34

(3) For special projects, such as trade tools, special clothing or transportation for ex-patients to location of employment, the Rehabilitation Department has access to limited private funds from the British Columbia Tuberculosis Society and community service clubs. These funds are used only where there is no budget for public funds.

During the 1959-60 fiscal year the total expenditure for tuberculosis rehabilitation services chargeable to the Federal Health Grant only, was approximately $22,000.00, according to the Director of Rehabilitation. In addition, the Rehabilitation Department expended approximately $500.00 from private funds. In 1957-58, federal grants to the provincial Division of Tuberculosis Control for its rehabilitation service totalled $12,640[2] All vocational training for ex-patients under the Canadian

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1 Source: Director of Rehabilitation, Rehabilitation Department, Division of Tuberculosis Control.

2 Canada, Department of National Health and Welfare, Research and Statistics Division, Rehabilitation Services in Canada, Part II, p. 213.

Vocational Training programme is charged to the Department of Education.

Facilities and Personnel

The Division of Tuberculosis Control operates two sanatoria, the Willow Chest Centre and Pearson Tuberculosis Hospital, both in Vancouver. All hospital treatment for tuberculosis persons in British Columbia is received in these institutions.[1] The combined capacity of these hospitals is 342 (Willow Chest Centre 90, and Pearson Hospital 252). Rehabilitation offices are located in both institutions, with the Director of Rehabilitation having his headquarters at the Willow Chest Centre.

At the present time there are two rehabilitation officers, including the Director, offering vocational rehabilitation services to in-sanatorium and discharged patients. Two stenographers are also on staff. The stenographer at the Rehabilitation Office at Willow Chest Centre divides her services between the Rehabilitation Department and the Social Service Department. An elementary teacher and a high school teacher are provided by the Division of Tuberculosis Control. The Social Service Department has three qualified social workers who assist in providing a co-ordinated and comprehensive rehabilitation programme for the tuberculous.

The primary functions of the rehabilitation officers are to offer vocational counselling to tuberculous patients in hospital, as well as to ex-sanatorium patients; arrange for vocational training where feasible, and assist in finding employment for discharged patients who are medically fit for work. Also, much of the work of the rehabilitation officers is devoted to liaison service with the Workmens Compensation Board, the Department of Veterans Affairs, and the numerous other

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1 Princess Margaret Children's Village, formerly known as the Preventorium, which is financed by private donations and a provincial government grant, offers treatment services to children up to the age of fifteen years who have tuberculosis. Disenfranchised Indians in the province are treated for tuberculosis in federal government hospitals operated by the Department of National Health and Welfare.

community resources.

There are no formal job descriptions outlined nor are there any specific professional qualifications required for rehabilitation officers. The Director of Rehabilitation commented that it is preferable for professional rehabilitation personnel to have graduated from a university, with majors in the social sciences field. Acceptable experience in other fields of work such as personnel work, however, may be accepted in lieu of formal university training. Personal characteristics of the worker in relation to the type of work involved are taken into consideration. The present Director of the department holds a Bachelor of Arts degree.

The staff of the Rehabilitation Department are provincial civil servants and therefore come under the classification and salary plan of the Civil Service Commission. Classification of Rehabilitation Officers are Grade II, which includes the Director of Rehabilitation, and Grade I. The staff enjoy the usual government employee benefits, such as pension plan, group medical plan, sick leave, and holidays with pay.

Clients

Rehabilitation services are available to any tuberculous patient or ex-patient who is considered a resident of British Columbia. Vocational counselling services are offered to high school students if required, and vocational rehabilitation services are usually confined to those patients between the ages of 16 and 65 years.

The Director of Rehabilitation estimates that during 1960 approximately 375 tuberculous persons benefitted from services received from the Rehabilitation Department. Patients making use of these services are usually referred by the doctors in the sanatoria or by direct referral from the Social Service Department. Occasionally discharged patients will present themselves requesting rehabilitation services.

Recent statistics reveal that in British Columbia there is an increasing number of older persons being admitted to the sanatoria for treatment, whereas only four or five years ago, tuberculosis was most prevalent in the age group from twenty to twenty-nine years.[1] Combined with this trend toward older patients is the fact that in the sanatoria in British Columbia the ratio of male patients to female patients is at present approximately three to one.[2] As the male is usually the bread-winner, the demand for vocational rehabilitation services and job placement remains consistently high. As a result of the present depressed economic situation in British Columbia, with its high unemployment rates, the demand for rehabilitation services is exceedingly high in the patients who, prior to admission to hospital, were unskilled labourers or unemployed. The following table will indicate how significant this group is in relation to the total in-sanatorium patient population.

TABLE II
Occupations of Tuberculous Patients Prior to Hospital Admission in British Columbia [3]

Occupation Classification	Number of Patients
Children, Students, Housewives, Retired and Pensioners	119
Skilled Trades	20
Business Owners, Farmers	7
Professional	6
Clerical, Salesmen	6
Unskilled, Labourers and Unemployed	96
Total Patients in Hospital January 31, 1961	254

1 British Columbia, Department of Health Services and Hospital Insurance, Health Branch Division of Tuberculosis Control. Annual Report, 1959, p. 5.

2 Ibid. p. 5. Male in-sanatorium population 75.8% female 24.2%.

3 Source: Social Service Department, Division of Tuberculosis Control. Patients in Willow Chest Centre and Pearson Hospital as of January 31, 1961.

Rehabilitation Services

(1) Vocational Counselling

The Rehabilitation Officer provides the patient or ex-patient, seeking rehabilitation services, with information regarding jobs and training opportunities, and assists the patient to relate his abilities and physical capacities to occupations in the community so that a feasible vocational choice can be made. Extensive use is made of occupational information which the Rehabiliation Officer has available, as well as knowledge of the educational, training, and placement facilities existing within the community for implementing a suitable rehabilitation plan. In addition, psychometric testing is provided the Rehabilitation Department for its clients by the Youth Counselling Service in Vancouver, which is one of the member agencies of the Greater Vancouver Community Chest. Comprehensive reports are forwarded to the Rehabilitation Officers which help them to interpret the various aptitude, interest, personality and ability tests to which the tuberculous clients have submitted.

By means of this counselling process, the patient or ex-patient is assisted in making a realistic appraisal of his occupational potentialities, and with the help of the rehabilitation officer is encouraged to form a plan in keeping with his training, aptitudes, interests, physical capacities and financial and social responsibilities.

(2) Vocational Training

If it is feasible, from both a medical and a vocationally rehabilitative point of view, some patients are encouraged to embark on vocational training in the hospital while undergoing treatment. This programme is directed by the Rehabilitation Officer in co-operation with the medical and nursing staffs. The Rehabilitation Officer arranges for various correspondence courses which the patient can undertake in the hospital.

Although technically not coming under the category of vocational training, the academic instruction provided by the high school teacher could be considered as a form of pre-vocational training, and is considered by the personnel of the Rehabilitation Department as an essential phase of the rehabilitation process.

The Rehabilitation Department also arranges for post-discharge vocational training for tuberculous persons. Upon the recommendation of the Director of Rehabilitation, ex-patients who might benefit from vocational training are registered with the office of the provincial Co-ordinator of Rehabilitation, which in British Columbia is also connected with the Department of Health Services and Hospital Insurance. According to Mr. C.E. Bradbury, the Co-ordinator of Rehabilitation, approximately twenty-five percent of all persons referred to his office for training under Schedule "R" of the Canadian Vocational Training scheme are tuberculous referrals from the Rehabilitation Department of the Division of Tuberculosis Control.

In addition to the Canadian Vocational Training scheme, the Federal Health Grants offer limited assistance for vocational training purposes when there is not coverage by Schedule "R". Primarily, these funds have been used to send tuberculous persons, who lack the academic requirements for vocational training courses to "cram schools". These "cram schools" offer accelerated high school courses which prepare the student for writing of Department of Education examinations. There are two such schools operating privately in Vancouver, of which the Rehabilitation Department has made frequent use for pre-vocational training and job placement purposes.

Table I, page 16, indicates the total number of tuberculous persons who completed vocational training during the years 1957, 1958 and 1959.

(3) Placement

Much of the fundamental step of job placement in the rehabilitation process is handled by the Rehabilitation Officers. Mr. L. MacDonald, the Director of Rehabilitation for the Division of Tuberculosis Control, stated that his department was directly responsible for the securing of twenty jobs for former patients during 1960.

Extensive use is also made of the Special Placements Section of the National Employment Service in finding suitable employment for discharged tuberculosis patients. To complement this service in British Columbia, there is a Special Placements Liaison Officer who is attached to the office of the provincial Co-ordinator of Rehabilitation. Many of the referrals from the Rehabilitation Department, Division of Tuberculosis Control, are directed through the liaison officer, and this has improved the job placement service for patients in the outlying areas of the province. The costs of providing the position of the liaison officer are borne by the federal government through the National Employment Service.

In addition to straight job placement, selective measures such as training-on-the-job programmes under the Canadian Vocational Training scheme are sometimes arranged. Under such a programme the discharged patient earns while he learns his new trade or job, and his salary, which is at least the minimum wage, is provided jointly by his employer and Canadian Vocational Training on a sliding scale basis during the training period. Some examples of the T.O.J.'s, as they have come to be known, in which ex-sanatorium patients have been placed are watch-repairing, printing, glovemaking and electric shaver repair work.[1]

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1 The reader is referred to a discussion of the topic of training-on-the-job programmes in Notes Based on Discussions at the Western Provinces Rehabilitation Workshop, Banff School of Fine Arts, October 12-14, 1960. Theme: "A Discussion of Current Problems in Effecting Successful Rehabilitation Services; Civilian Rehabilitation Branch, Department of Labour, Ottawa, 1960 p. 7.

The Director of the Rehabilitation Department, Division of Tuberculosis Control, commented that it is difficult at present to find training-on-the-job placements; it is easier to secure straight job placements.

(4) Follow-up Services

The Rehabilitation Department generally considers rehabilitation as being complete when the individual has been successfully employed from three to six months; however, this criterion is difficult to conform to, and, in effect, does vary with the individual case. The Director stated he prefers to attach no set period of time for a case in determining when it is "closed".

No specific follow-up programme is adhered to by the Rehabilitation Department. Primarily, the Department makes use of the medical files of the former patients, which indicate their progress and employment each time they return to the clinic for a medical review. A summary of the rehabilitation services provided the patient is placed on the patient's medical files(See Appendix A). Also, through the assistance of the Special Placements Liaison Officer, the Rehabilitation Department is able to maintain fairly effective follow-up of discharged patients who received rehabilitation services.

(5) Welfare Services

Although it operates within the framework of the Division of Tuberculosis Control, the Social Service Department is part of the medical social work services provided by the Department of Social Welfare. The Social Service Department has a full time professional staff of three, including a Casework Supervisor, who acts as the administrator of the Department, and two caseworkers. One social worker is assigned to the Willow Chest Centre, where service is offered to both in-hospital and clinic patients, and one social worker is assigned to the Pearson Tuberculosis Hospital, where the caseload consists entirely of in-sanatorium patients. The Supervisor carries a

case load at Pearson Hospital where the main offices of the Social Service Department are located, but she spends regular hours each week at Willow Chest Centre, where the headquarters of the Division of Tuberculosis Control is located.

Fundamentally, an interdepartmental referral procedure is the basis of bringing the service of the Social Service Department to those patients who require help with social, emotional, or economic aspects of their illness. Most referrals are in regard to financial problems of the patient and his family, but various other problems are often revealed during interviews. The Department handles a wide range of difficulties common to a generalized case load. These difficulties are precipitated or aggravated by tuberculosis, an illness which usually requires long-term treatment in hospital.

The Casework Supervisor, Mrs. M. Titterington, stated that the monthly active caseload is in excess of 100 cases, most of which include arranging for Social Allowance or other forms of financial assistance for patients and their families, provision of Comforts Allowances for in-sanatorium patients who are eligible to receive it, and working with the large number of aged tuberculous persons, i.e. arranging for boarding home or nursing home care. In addition to this is the serious problem of the high incidence of problem drinkers and alcoholics in the male in-sanatorium population.

The Social Service Department relies on community resources to help with psycho-social problems of patients and their families, and there is continual communication with the Greater Vancouver public and private social and health agencies, as well as with the Department of Social Welfare offices throughout the province.

Concise recordings of Social Service activity are placed on the medical records of the patients for the information of treatment personnel (see joint Social Service Department and Rehabilitation record sheet in Appendix A); and the social

workers hold frequent interstaff discussion in regard to planning for the patients.[1] Those patients who are considered to require vocational rehabilitation services are referred by the Social Service Department to the Rehabilitation Department, and a liaison service is maintained to produce a comprehensive programme of tuberculosis rehabilitation.

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1 British Columbia, Department of Social Welfare, Annual Report, 1960. Part V "Medical Social Work Services, Division of Tuberculosis Control", pp. 92-93.

CHAPTER 3

ALBERTA: A PRIVATELY-SPONSORED PROGRAMME

Sponsorship and Administration

The Rehabilitation Division of the Alberta Tuberculosis Association has provided rehabilitation services for tuberculous persons in the province of Alberta since 1947.[1] At that time a full time Director of Rehabilitation was appointed in order to expand and intensify a programme embracing occupational counselling, vocational training in and out of the sanatoria, and job placement direction and assistance. According to the Director of Rehabilitation, in more recent years the rehabilitation programme has undergone a change from one offering strictly vocational rehabilitation services to a more comprehensive rehabilitation programme including some social casework services and related welfare services for in-sanatorium patients.

This tuberculosis rehabilitation programme is completely financed by means of private funds, and complements the treatment and case-finding services for the tuberculous provided by the Division of Tuberculosis Control of the provincial Department of Public Health. The Alberta Tuberculosis Association is a voluntary health agency incorporated under The Societies Act (1924) Alberta, affiliated with the Canadian Tuberculosis Association, and is financed solely through the sale of Christmas Seals sponsored by the Kinsmen Clubs in Edmonton, Calgary, Lethbridge, Medicine Hat, Drumheller, Banff and Grand

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1 Treaty Indians receive tuberculosis treatment and rehabilitation services under federal government auspices. See Chapter I "Services for Indians and Eskimos", p. 8.

Prairie; Rotary Clubs in Red Deer, High River and Cardston; and the Lions Club in Vulcan, Alberta.

The receipts for the 1959-60 Christmas Seal Sale campaign in Alberta totalled $240,149.55, and during the fiscal year which ended February 29, 1960, the total expenditure of the Rehabilitation Division of the Alberta Tuberculosis Association was $22,118.37.[1] This amount includes salaries but excludes the costs of post-sanatorium vocational training carried out by the Canadian Vocational Training scheme which are chargeable to the provincial Department of Education.

The line of authority in the operations of the Rehabilitation Division is from the Board of Directors of the Alberta Tuberculosis Association, to the General Secretary, to the Director of Rehabilitation and then to the rehabilitation counsellors. Since the patients who are in receipt of rehabilitation services are in provincial sanatoria, the professional rehabilitation staff are indirectly responsible to the medical superintendents of the hospitals, as well as to the Director of the Division of Tuberculosis Control. The Director of Rehabilitation emphasized that there is a relationship existing between the Division of Tuberculosis Control and the Alberta Tuberculosis Association which has led to a programme of co-operation in the fight against tuberculosis; this has been particularly evident in the field of rehabilitation for the tuberculous.

Facilities and Personnel

A rehabilitation office is provided for the Rehabilitation Division of the Alberta Tuberculosis Association, by the Division of Tuberculosis Control, Department of Public Health in each of the two sanatoria which it operates -- the Aberhart Memorial Sanatorium in Edmonton, with a capacity of 295 beds, and the Baker Memorial Sanatorium in Calgary, with 300 beds. Operating from these offices, the rehabilitation counsellors

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1 Alberta Tuberculosis Association Annual Report, Edmonton, 1960.

offer a variety of rehabilitation services to tuberculous patients and ex-patients. Fundmentally, the rehabilitation counsellor assists in the adjustment of the in-sanatorium patient to his disease by attempting to alleviate economic, vocational, and social problems so that maximum benefit may be derived from medical care and treatment.

The staff of the Rehabilitation Division is comprised of a Director of Rehabilitation, who has his headquarters at the Aberhart Memorial Sanatorium, Edmonton, a rehabilitation counsellor at the Aberhart Memorial Sanatorium, a rehabilitation counsellor at the Baker Memorial Sanatorium, Calgary, and a high school teacher in each of the sanatoria. In addition, one, and sometimes two, part time teachers are employed to provide instruction in elementary English. The Division of Tuberculosis Control provides three teachers for children in the elementary grades, up to and including Grade IX.

There are no specific requirements as to the formal training necessary for the positions of rehabilitation counsellor, although university graduation with specialization in the social sciences is preferred, according to the job description for rehabilitation counsellor af the Alberta Tuberculosis Assocation. This theoreticl background apparently is necessary "in acquiring a knowledge of personality development and the nature of skills, abilities, interests and aptitudes, as well as the scientific methods of measuring them." [1] In lieu of formal training, previous experience in related types of work may be accepted. Minimum training time for experienced workers depends upon the type of past experience and training, and upon personal characteristics of the counsellor.

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1 Job Analysis Schedule, "Rehabilitation Counsellor", Alberta Tuberculosis Association, Edmonton, 1955.

At present, two of the three rehabilitation counsellors with the Rehabilitation Division are university graduates, and one of these also has acquired professional training in Social Work. All three have had five or more years experience in rehabilitation work with the tuberculous, and as a result, each rehabilitation counsellor has a thorough knowledge of tuberculosis and other physical disabilities in relation to work capacity, and a knowledge of techniques of placement of the physically handicapped.

The Alberta Tuberculosis Association has no formal salary schedule for professional personnel in the Rehabilitation Division, and salaries are primarily determined on the basis of training, experience, and length of service. The staff can take advantage of certain employment benefits, including holidays with pay, a pension plan, and group coverage for Blue Cross.

Clients

Any person residing in Alberta who has had tuberculosis, or is undergoing treatment for the disease, with the exception of treaty Indians,[1] is eligible to apply for rehabilitation services from the Rehabilitation Division, Alberta Tuberculosis Association. The request may be for welfare assistance and counselling, vocational counselling, vocational training, or assistance in locating employment. Ex-patients are frequently referred to the Rehabilitation Division by social and health agencies or by physicians, when vocational rehabilitation services are required. The age range for this specific type of service is 16 to 65 years. However, welfare counselling and related services are available to in-sanatorium patients of all ages, who are in need of this type of service.

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1 See footnote 1 p. 26.

Services for ex-patients are usually on a referral basis, but on occasions, ex-patients may personally request such services from the rehabilitation counsellors. In-hospital clients are referred to the Rehabilitation Officer by hospital personnel, in some cases; however, usually the initial contact with the patient is made by the rehabilitation counsellor shortly after the patient's admission to hospital.

An initial card index, containing each new sanatorium admission, is set up in each sanatorium by the rehabilitation counsellor, using the files of the medical records office of each institution.[1] In addition to name, address, age, racial origin, date and place of birth, and occupational history, this card index contains the classification of the patient's disease as defined in the Diagnostic Standards and Classification of Tuberculosis of the National Tuberculosis Association. The weekly medical conference is attended by the rehabilitation counsellor, at which time he obtains the diagnosis of new patients, their prognosis (good, fair, or poor) and their work tolerance prognosis (W.T.P.), which is an estimate by the doctors of the patients' capacity for work after treatment has been completed. Such a prognosis assists the rehabilitation counsellor to give intelligent advice to the patient as to the direction his rehabilitation plans should take both in and out of the sanatorium. Depending upon how the patient responds to medical treatment, it is possible for the work tolerance prognosis to change.

In order that the reader might better understand the significance of the work tolerance prognosis and its relation to client eligibility for rehabilitation services, the following classification system and code used by the Rehabilitation Division is provided:

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*1 See Appendix "A", Patient Index Card, Rehabilitation Division, Alberta Tuberculosis Association.

W.T.P. 4 indicates the patient should have the physical ability to return to fulltime, normal work which entails a fairly substantial expenditure of energy.

W.T.P. 3 designates fulltime, light work -- of a sedentary nature, i.e., office work, machine tending.

W.T.P. 2 designates part-time, light work. Similar to W.T.P.3 above, but not on a fulltime basis.

W.T.P. 1 indicates that the patient will not likely be able to do any more than look after his own requirements.

W.T.P. 0 indicates that if the patient survives, he will likely require continuous nursing care.

For obvious reasons only the first three categories are considered when selecting patients for vocational rehabilitation. It should also be mentioned, that it is generally considered by medical and rehabilitation personnel, that discharged tuberculous patients should not attempt heavy manual labour following their return to employment.[1]

Other criteria are evident in the selection of clients in the programme for rehabilitation of the tuberculous in Alberta. Generally, children aged 15 years and under, for whom it is compulsory to attend school, and housewives, unless they are self-supporting or request specific services following admission to sanatorium, are not seen by the rehabilitation counsellors for an initial admission interview. Selection of clients for vocational rehabilitation services is primarily made on the

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1 In recent years, there have been some differences of opinion as to the types of work in which the discharged tuberculosis patient should be employed. Dr. B. McKone states in his study ("Rehabilitation in Tuberculosis", A Seven and Eight Year Follow-up, Canadian Medical Association Journal, Vol. 77, October 15, 1957, pp. 761-765) that with time and adequate treatment, including rehabilitation, any type of employment is possible for the tuberculous, even for those who were treated before chemotherapy was available.

basis of the information gathered during the admission interview and ensuing interviews by the rehabilitation counsellor, as well as the diagnosis, prognosis and work tolerance prognosis of the patient. If the patient is likely to benefit from rehabilitation service, a case study is set up and contact records are kept on a registration form.[1] Highschool students who are admitted to hospital are encouraged to continue with their academic studies when medical permission is granted.

Mr. E.J. Thiessen, the Director of Rehabilitation, stated that in recent years the Rehabilitation Division has been primarily directing its efforts toward the vocational rehabilitation of that group of patients who, prior to admission to hospital, were unskilled labourers and/or unemployed. Table III reveals that this is a significant group in number in terms of the total in-sanatorium population:

TABLE III

Occupations of Discharged Tuberculosis Patients From Alberta Sanatoria Prior to Hospital Admission [2]

Occupation Classification	Number of Patients
Children, Students, Housewives, Pensioners and Retired	353
Skilled Trades	60
Business Owners	21
Farmers	56
Professional	31
Clerical	49
Unskilled, Labourers, & Unemployed	163
Total	733

1 See Appendix "A" Patient Registration Form, Rehabilitation Division, Alberta Tuberculosis Association.

2 Patients discharged from Aberhart Memorial Sanatorium Edmonton, and Baker Memorial Sanatorium, Calgary, March 1, 1959 to February 29, 1960.
Source: Rehabilitation Division, Alberta Tuberculosis Association.

The Director of Rehabilitation states that an accurate overall caseload figure is difficult to report, inasmuch as many patients often meet with the rehabilitation counsellors on a short term and casual basis for advice or consultation. Often this type of interview is difficult to statistically record. He estimates, however, that the general caseload for each of the two Rehabilitation Offices would be in excess of 100 cases per month. This figure would also include ex-patients as well as in-sanatorium patients.

A group of patients in Alberta sanatoria of special concern to rehabilitation personnel as well as public health officials is the Metis. The term "Metis" denotes the large cultural group of citizens in Alberta who are part Indian, and who have neither adjusted to the culture of the white man nor are accepted by that of the Indian. The majority of the Metis reside in the northern areas of the province and some live in the "Metis Colonies" which are administered by the Metis Rehabilitation Branch of the provincial Department of Public Welfare. The Metis are predominantly employed as seasonal labourers in the fishing, lumbering and farming industries, and some are involved in trapping and the construction industry. The Metis families are usually large and often several families live together in a single dwelling. Poor living conditions and a low level of education generally exist among the group. As a result of environmental, cultural, and hereditary factors, there is an exceptionally high incidence of tuberculosis among the Metis, and also a high rate of readmission to the sanatorium. This group constitutes approximately one-quarter of the total in-sanatorium population in Alberta.[1]

The Rehabilitation Division of the Alberta Tuberculosis Association devotes considerable time in assisting the Metis

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1 According to the Annual Report of the Division of Tuberculosis Control 175 patients were of Metis origin out of a total of 733 patients discharged from Alberta sanatoria from March 1, 1959 to February 29, 1960.

patients and ex-patients to obtain welfare assistance, and in providing the Metis with vocational rehabilitation services wherever feasible. Effective rehabilitation, however, is difficult to achieve with the Metis due to environmental, cultural and educational factors.

It is not the intention of this study to specifically deal with the problems involving the Metis patient with tuberculosis; this is an area for further research. Recently, the Alberta Tuberculosis Association provided a substantial grant to the Research Department of the University of Alberta for the purpose of making an extensive research study of the Metis mode of life, in an effort to determinethe means whereby the educational and vocational opportunities of the Metis may be improved.

Rehabilitation Services

(1) Counselling

This fundamental phase of the rehabilitation process is available to any patient or ex-patient, and may involve vocational guidance, counselling in relation to social and economic problems,[1] or both.

Using both bedside and office interviews the rehabilitation counsellor obtains information about the patient's educational, employment and training background, and the patient's special interests, personality traits and attitudes. At the same time, the counsellor secures information about the financial condition of the patient, his social background, and family and personal responsibilities. It is considered by the professional staff of the Rehabilitation Division that evaluation of the patient is an essential part in the counselling process.[2] Each counsellor is skilled in the administration and interpretation of various psychometric tests which

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1 See "Welfare Services" discussed later in this chapter.

2 Alberta Tuberculosis Association, Annual Report, 1956.

help to reveal the patient's intelligence, interests, personality and aptitudes.

From the author's own experience in the programme, it can be stated that extensive vocational information is provided for the patient, including descriptions and nature of jobs, skills required, length of training and preparation involved; places where preparation and training may be secured, educational and physical requirements, working conditions and availability of placement. The patient is assisted in making choices based on increased knowledge of himself and the work being considered; it then may be possible for him to commence preparation while he is in the sanatorium. In some cases, in-sanatorium counselling is combined with actual employer visits whenever medical permission is obtained. The Director of Rehabilitation reported that this not only has provided more accurate information about specific jobs, but also several job opportunities have arisen as a direct result.

In review, the rehabilitation counsellor establishes the groundwork for the patient's future vocational adjustment by stimulating the patient to think positively about his eventual return to the community and employment, and also by early evaluation of the patient's educational and occupational background, his problems and his needs.

(2) Vocational Training

Vocational training is usually instituted after the patient has completed medical and surgical treatment and has been discharged from hospital. However, in recent years, more consideration has been given to the possibilities of pre-vocational training while the patient is still in the sanatorium. This training is provided both at the bedside and in the classrooms as soon as medical permission is given.

The high school teacher in each hospital provides instruction in both academic courses (Grade X to XII) and

commercial courses which are arranged in conjunction with the Correspondence Branch of the Department of Education. Basic English instruction is also provided for some of the Metis patients and those who are recent immigrants. According to personnel of the Rehabilitation Division, the results have been satisfactory, and this type of instruction has assisted in later vocational adjustment of many of these patients.

Various other correspondence courses are arranged for patients such as drafting, blue-print reading, radio and television. In addition, special arrangements have been made with the provincial Apprenticeship Board, for patients who, prior to admission to sanatorium were in apprenticeship trades, to continue with the theoretical part of their course studies.

Courses of interest are available for the housewives in the sanatorium, although these are not for vocational purposes but rather they are aimed at improving homemaking skills. The Direction of Rehabilitation reports that these are not as much in demand as the practical dressmaking courses, conducted by the Singer Sewing Machine Company, which are paid for by the Alberta Tuberculosis Association and arranged jointly by the Rehabilitation Division and the Occupational Therapy departments. Singer provides qualified instructresses and each course consists of ten classes. About fifty women including Metis housewives take advantage of this course each year.

Post-hospital vocational training is primarily arranged by the rehabilitation counsellors who formally recommend ex-patients who can benefit by such training to the office of the provincial Co-ordinator of Rehabilitation. In Alberta, the office of the provincial Co-ordinator of Rehabilitation comes under the Department of Public Welfare. If the persons are accepted and qualify under Schedule "R" of the Canadian Vocational Training scheme, provision is made for a small monthly living allowance during the training period at a recognized school. In certain cases, where required, interest-

free loans from the Alberta Tuberculosis Association Christmas Seal funds may also be granted to supplement the Canadian Vocational Training allowances.

Where former patients who are recommended for vocational training are unable to qualify for the Canadian Vocational Training programme, the Alberta Tuberculosis Association may provide the entire cost of sending these persons to approved schools or training centres for the required training. Some of the facilities which the Rehabilitation Division has utilized for this type of training are McTavish Business College, and the Rehabilitation Centres in Edmonton and Calgary of the Rehabilitation Society of Alberta for the Handicapped.

Vocational training courses most frequently undertaken by discharged tuberculous persons include barbering, hairdressing, nursing aide training, commercial courses (including typing, shorthand, record keeping, bookkeeping, etc.) draughting, and technical courses in the skilled trades.

During 1960 a total of twenty-four tuberculous persons completed training under the direction and services of the Rehabilitation Division of the Alberta Tuberculosis Association.

(3) Placement

Within the programme offered by the Rehabilitation Division, job placement assistance and guidance consists of helping the ex-patient develop a job-seeking programme using all available sources of jobs. These include referral to the Special Placements Section of the National Employment Service offices, following up suitable opportunities in the employment columns of local newspapers, direct referrals as a result of employer contacts, and referrals from training schools. Patients and ex-patients are helped in the techniques of writing letters of application, employment interviews, and personality development.

Mr. Thiessen, the Director of Rehabilitation, reports that it is easier to find employment for those persons who have training or who have completed training since discharge from hospital; however, as a result of the present economic situation there has been a reduction in the number of persons taking training in recent years, and an upward trend for immediate placement of ex-patients. This has resulted in the rehabilitation counsellors devoting considerably more time to job-seeking and placement services.

Wherever possible training-on-the-job placements are arranged, but it appears that this type of opportunity is becoming increasingly more difficult to locate. During 1960, no training-on-the-job placements were arranged by the Rehabilitation Division. Mr. Thiessen reports that in 1960 the Rehabilitation Division was involved either directly or indirectly in the placement of 142 tuberculous persons. Of this total, 68 of the placements were special credits to the joint efforts of the rehabilitation counsellors and Special Placements Section of National Employment Service. The remaining placements were in most cases attributable to job counselling on the part of the Rehabilitation Division personnel.

(4) Welfare Services

Social casework services and related welfare services for patients in the provincial sanatoria are provided by the Rehabilitation Division of the Alberta Tuberculosis Assodation. It is felt by the Director and the rehabilitation counsellors that the welfare and social problems become involved in a comprehensive rehabilitation process. The Director and the two rehabilitation counsellors, one of whom is professionally trained in Social Work, have become skilled in dealing with the many welfare problems found among the tuberculous patients. They have a thorough knowledge of the community resources which they can call upon for referral.

To complement this service by the Rehabilitation Division in the cities of Edmonton, Calgary and Lethbridge, are the Kinsmen Nurses from the Nursing Services Division of the Alberta Tuberculosis Association. These public health nurses, who operate from the Tuberculosis Clinics, make home visits to all the families of sanatorium patients who reside in the above-mentioned cities, and in the course of their duties, assist needy cases with clothing, vitamin supplement and free milk for families where there are children. They also act as an information link and referral service for the Rehabilitation Division.

The rehabilitation counsellors assist patients whose families require welfare assistance, in making application for Mother's Allowance, and make referrals to city, municipal, and provincial welfare agencies to expedite such assistance. They also help patients and ex-patients who qualify for Disability Pensions, Old Age Assistance, Old Age Security and other pensions and benefits.

The general caseload for welfare services, which in 1960 involved a total of 326 cases, included those of child welfare, War Veterans Allowance and Department of Veterans Affairs, nursing home and boarding home placement for the aged, joint cases with the Alcoholism Foundation of Alberta as well as the previously mentioned public assistance and pensions cases. About twenty-five percent of this total caseload involved welfare services for Metis patients.

The Alberta Tuberculosis Association, being limited in finances to the Christmas Seal Fund, is unable to undertake any measures of providing financial assistance for welfare purposes, but it has been able to relieve distress in a variety of ways under the direction of the personnel of the Rehabilitation Division. In needy cases, where children have been exposed to tuberculosis, milk and vitamin supplement is

provided through the Christmas Seal fund as a preventive measure. This is provided free of charge, on the recommendation of any Public Health nurse or doctor. Where a husband who has tuberculosis is likely to be severely restricted for the rest of his life, the Rehabilitation Division will consider training the wife for suitable employment to take over the role of breadwinner, if this plan appears feasible.

Therefore, by referral, direct assistance, counselling and encouragement on the part of the personnel of the Rehabilitation Division, the economic and social hardship as a result of tuberculosis is in some measure reduced.

(5) Follow-up Services

Tuberculous persons who have received vocational rehabilitation services are not usually removed from the "registered" caseload until after twelve months of successful employment, but this, of course, varies somewhat from one case to another. Mr. Thiessen, the Director of Rehabilitation, states it is difficult to affix a specific period of time as to when a person is considered "rehabilitated". With a disease like tuberculosis, there is always the possibility of exacerbation.

Follow-up is often difficult, but wherever possible, periodic contact is maintained, usually for a year subsequent to discharge, because sometimes it is necessary to relocate ex-patients in other jobs before they may be regarded as rehabilitated. These follow-up measures are usually accomplished through personal contact with the discharged patient, his family, or his employer, and more extensively through use of the medical files in the sanatoria which record periodical medical reviews of the patient. Some use is also made of the Special Placements Section of National Employment Service and the various social agencies in the community.

CHAPTER 4

INDICATIONS FOR THE FUTURE

Having examined each programme individually in Chapter 2 and Chapter 3, this chapter will include a comparative analysis of the rehabilitation processes, personnel, and co-ordination of the two rehabilitation programmes for the tuberculous. An examination will be made of the differences between the programmes and the implications which stem from different auspices.

The Processes of Tuberculosis Rehabilitation

(1) Counselling and Evaluation

It is apparent that counselling services form the groundwork of the rehabilitation process in both the programme of rehabilitation for the tuberculous in British Columbia and the one in Alberta. However, in the Rehabilitation Department of the Division of Tuberculosis Control in British Columbia the counselling service is only of a vocational nature. The patient is usually referred to the rehabilitation officer for vocational rehabilitation services, consequently counselling is selective. In the Alberta programme, however, the counselling process is more inclusive, consisting of a psychosocial evaluation of the patient, in most cases. This appears to be explained in part by the fact that the rehabilitation counsellors in the Alberta sanatoria routinely interview the patients following their admission rather than wait for referrals. This provides the opportunity for the early establishment of a patient-counsellor relationship. The rehabilitation counsellor is then in a position to assist the patient who needs help with social and economic problems, as well as provide vocational counselling. The possibility of

duplication of service is thereby minimized, and at the same time this procedure eliminates the necessity of the patient having to repeat his story to various professional staff members.

Rehabilitation personnel in both programmes are constantly in contact with medical staff of the sanatoria in order to discuss proposed rehabilitation plans for the patients, and to provide medical personnel with information regarding the patients which may have a bearing on the patients' response to treatment and their eventual recovery. Neither programme holds regular or formal rehabilitation conferences with medical staff, and it is suggested that formal rehabilitation discussions with medical staff at regular intervals might provide more constructive planning in rehabilitation work with tuberculous persons.

(2) Vocational Training

Extensive use of the Canadian Vocational Training scheme, particularly Schedule "R", is made by both tuberculosis rehabilitation programmes. In addition, high school academic instruction is offered students who are undergoing treatment in tuberculosis hospitals in British Columbia and Alberta.

The significance of programme auspices becomes apparent in some of the alternate vocational training programmes for the tuberculous, including both in-sanatorium and post-sanatorium training. In the government sponsored tuberculosis rehabilitation programme in British Columbia, costs of correspondence courses for in-sanatorium patients, and the provision of necessary text books, manuals, and certain tools and equipment may be included under the Federal Health Grant. Furthermore, in most cases, the costs of pre-vocational preparation in high school academic studies for discharged patients at schools offering accelerated programmes ("cram schools") may be covered similarly by the Health Grant. Funds from the Federal Health Grant also may be used for the training of discharged

patients who are unable to qualify under Schedule "R" of the Canadian Vocational Training scheme.

In Alberta, because the tuberculosis rehabilitation programme is operated under private auspices, it does not meet the standards established for federal grants-in-aid. Therefore, the costs of putting into operation alternate schemes, similar to those mentioned above, have to come from the private funds of the Alberta Tuberculosis Association itself, which usually requires authorization by the Board of Directors. In some instances interest-free loans may be provided the clients, on the recommendation of the Director of Rehabilitation. When the client has completed his training and has become self-sufficient, it is expected he will repay the loan, although there is no written agreement and the client is never billed regarding the loan. By means of this procedure the ex-patient, in the opinion of the writer, gains a sense of responsibility and feels he is actively participating in his own rehabilitation. At the same time, he understands that his loan repayment is added to the funds available for other tuberculous persons who wish to rehabilitate themselves through vocational training programmes.

The advantage of the public rehabilitation programme, which can draw upon the Federal Health Grant for the provision of alternate vocational training services, lies in the fact that with funds readily available there are not as many limitations in the selection of clients for training as found in the private programme.

This writer believes that federal legislation should be modified to cover voluntary programmes such as that operating in Alberta.

(3) Job Placement

Due to the grave unemployment situation which presently exists, placement of discharged tuberculosis patients in work

positions has become extremely difficult. Consequently, the directors of both programmes report that the rehabilitation counsellor or officer has had to become more skilful in this process of rehabilitation with the concomitant that he has found himself devoting more and more time to the endeavour of job placement.

In 1944, Mr. Jack Cunnings, who was at that time the Director of Rehabilitation, Sanatorium Board of Manitoba, made the following observation:

> "We can give the ex-patient the opportunity to train for a job and thus place himself in a position to compete fairly in the labour market. If employment is available, we can direct him into avenues of work in which he is not vocationally handicapped or discriminated against because of former illness. But we cannot undertake to solve the general problem of unemployment, and if it happens at any time that a considerable number of people are unemployed, we must expect that some tuberculosis ex-patients will be among their number." 1

The above remarks are pertinent at the present time and need to be seriously taken into consideration in attempting to secure employment for tuberculous persons and others who are physically handicapped.

In British Columbia, the Rehabilitation Department of the Division of Tuberculosis Control extensively relies upon the Special Placements Section of the National Employment Service to secure employment for its clients. Undoubtedly, this service has been enhanced since the appointment of a special placements officer who is connected with the office of the provincial Co-ordinator of Rehabilitation.

The Rehabilitation Division of the Alberta Tuberculosis Association also utilizes the Special Placements Section of the National Employment Service. The customary procedure has

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1 Cunnings, T.A.J.: "Rehabilitation of the Tuberculosis Patient -- The Manitoba Programme", Canadian Journal of Public Health, Vol. 35, No. 4, April 1944. pp. 142-143.

been to refer discharged tuberculosis patients who are seeking employment to the Special Placements Section of the National Employment Service for registration. In the experience of the writer there are often lengthy delays before the ex-patient has been placed due to the demand for this service and also staff limitations. In an attempt to get around this problem, tuberculosis rehabilitation counsellors have found it expedient to devote more time to directly securing employment for discharged tuberculous persons. This has, of course, resulted in a reduction of the time that the rehabilitation counsellors devote to counselling in-sanatorium patients.

Additional qualified personnel in the Special Placements Section of National Employment Service would assist in the easing of this situation. In addition, the provision of special placements liaison officers by the National Employment Service, particularly in the metropolitan areas of Edmonton and Calgary, would be beneficial not only to the rehabilitation programme for the tuberculous but also other disabled groups.

Mr. MacDonald, Director of Tuberculosis Rehabilitation for British Columbia, mentioned that a way in which job placement services for discharged tuberculosis patients in British Columbia could be made more effective would be to have a rehabilitation officer appointed by the British Columbia Tuberculosis Society, a voluntary agency, who would work in co-operation with the rehabilitation personnel of the public programme. The voluntary agency, according to Mr. MacDonald, is in a better position to effect pressure upon the National Employment Service to improve its facilities for job placement of handicapped persons.

(4) Welfare Services

Welfare services for tuberculous persons are not provided by the Rehabilitation Department, Division of Tuberculosis Control in British Columbia; these services are offered by the Social Service Department which is administered by the

Department of Social Welfare. The Rehabilitation Department concentrates on vocational rehabilitation services. This tends to indicate specialization of services within the programme as a whole. In comparison, the programme in Alberta appears to be more integrated and at the same time more generalized inasmuch as the counsellors of the Alberta Tuberculosis Association's Rehabilitation Division provide welfare counselling and referral services as well as vocational rehabilitation services for the tuberculosis patients in the provincial sanatoria in Alberta.

From the author's experience, the welfare services in the Alberta programme, as offered by the rehabilitation counsellors, appear limited to "environmental" and occasionally "supportive" casework, as a result of personnel limitations and large case loads. The Social Service Department in the British Columbia programme, with a staff of three qualified social workers perhaps can provide, where it is required, more intensive casework service.

The Director of Rehabilitation for the Alberta Tuberculosis Association, Mr. Thiessen, offers the suggestion that by selecting clients on a more critical basis, thereby reducing the active case load, it is likely that more intensive casework service could be provided. This is a possibility; however, the author believes that there is a great need for the addition to the staff of the Rehabilitation Division, of two or three professionally trained social workers who could provide the necessary casework services for patients in the sanatoria. This would mean an expansion of services rather than the development of a separate Social Service Department. It is possible that the Department of Public Health could assist the Alberta Tuberculosis Association in this endeavour by covering part of the expenditures required for salaries of additional personnel.

(5) Follow-up Services

Wherever possible, each programme maintains some follow-up contact with discharged tuberculosis patients who received vocational rehabilitation services. Usually this is a difficult procedure to formally carry out by the professional staff due to the requirements of time involved in such activity, and also as a result of the non-concern of many ex-patients once they are re-established.

Both programmes utilize information about the employment of discharged patients which is placed on their medical files at regular medical re-examinations, or as a result of clinical follow-up by the Central Registries of the respective Divisions of Tuberculosis Control. The British Columbia programme has also benefitted in their follow-up services from information provided by the special placements liaison officer about discharged tuberculosis patients who were assisted in job placement.

The use of special placement liaison officers in Alberta would also be an asset to the follow-up services of the rehabilitation programme for the tuberculous in that province.

Personnel in Relation to Programme Auspices

Sponsorship of the tuberculosis rehabilitation programmes in Alberta and British Columbia appears to have little effect on the qualifications that are desired for professional personnel. Both programmes prefer that the rehabilitation counsellors or officers are university graduates having majored in the social sciences. All of the Social Service Department personnel in the British Columbia programme have formal training in Social Work. In the Alberta programme, one member of the professional staff has Social Work training.

It would seem that a fundamental necessity for a comprehensive rehabilitation programme, such as that offered by the Alberta Tuberculosis Association, is well qualified personnel.

As to what the best formal preparation for the professional activity involved in this kind of programme is, Mr. Edward Dunlop has stated, "Rehabilitation counsellors should have all the skills of the professionally trained social worker and his work must be based upon the well-known social case-work principles." [1]

Under the Medical Rehabilitation Grant, rehabilitation personnel in the British Columbia programme are eligible to receive formal training, including social work training. The cost of such training is wholly borne by the federal government. The Alberta programme operating under private auspices, is not eligible to receive this federal grant-in-aid.

The rehabilitation personnel of the publicly operated tuberculosis programme in British Columbia are provincial civil servants, which entitles them to a formal job classification and salary schedule. This is in line with good personnel management practices. The Alberta Tuberculosis Association has not established a formal salary schedule for the Rehabilitation Division.

Co-ordination

This study has pointed out in Chapter 2 and Chapter 3 that rehabilitation services for the tuberculous in British Columbia and Alberta are co-ordinated with the civilian rehabilitation programmes, which are under the direction of the Co-ordinator of Rehabilitation for each province. The public programme for tuberculosis rehabilitation in British Columbia registers all cases with the office of the Co-ordinator of Rehabilitation. The fact that both programmes come under the same government department provides closer co--ordination in the rehabilitation of tuberculous persons.

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1 Dunlop, Edward. "Can We Develop a Programme of Rehabilitation for All?" Canadian Conference on Social Work, Proceedings of the Tenth Biennial Meeting, Halifax, N.S., 1946. p. 153.

In Alberta, usually only those tuberculous persons recommended by the Rehabilitation Division for Canadian Vocational Training are registered with the provincial Co-ordinator of Rehabilitation.

During the preparation of this thesis, an administrative reorganization in the tuberculosis rehabilitation programme in British Columbia has been taking place which can be considered as a further step in co-ordination of rehabilitation services for the tuberculous. In January 1961, the Director or Rehabilitation for the tuberculous was assigned to the staff of the Co-ordinator of Rehabilitation. This change involved a move from the Division of Tuberculosis Control to the newly created Division of Registry and Rehabilitation of the Health Branch, Department of Health Services and Hospital Insurance. It is expected that such a move will facilitate the further co-ordination of present facilities, particularly in the areas of vocational training and job placement.

Conclusion.

The determination of responsibilities of public and private agencies in the health and welfare field has continually commanded the interest of those involved in organizing and operating these services. Social work literature has contrasted public and private auspices as they relate to health and welfare services, and various writers have described the strengths of each. According to Wilensky and Lebeaux[1] the major differences are: (1) the ability of the private agency to operate in a more flexible and experimental way than the public agency; and (2) the clientele of the private agency is usually limited by the interest and resources of the group voluntarily supporting it, while the public agency offers service to all

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1 Wilensky, H.L. and Lebeaux, C.N. Industrial Society and Social Welfare, Russel Sage Foundation, New York, 1958. See particularly Chapter VII, "Welfare Auspices and Expenditures", pp. 148-167.

members of the group meeting the requirements indicated by the statement of policy or the particular test of need. Other differences exist between public and private auspices but this discussion will only focus upon those mentioned above. The reader is cautioned that any questions raised as a result of these differences can be answered here only on the basis of the two selected programmes in this study.

This study has revealed that differences do exist between the tuberculosis rehabilitation programme operating publicly in British Columbia and the private programme in operation in Alberta. These differences include the integration of vocational rehabilitation and social services in the Alberta programme in contrast to the separate departments offering specialized services in the British Columbia programme; the use of more resources for vocational training of tuberculous persons in British Columbia than in Alberta; the greater number of professional personnel involved in the comprehensive programme in British Columbia than in Alberta; and the closer and more effective co-ordination of tuberculosis rehabilitation services in British Columbia than in Alberta.

A number of factors may account for these differences, such as local conditions, experience of personnel, attitudes of leaders and public officials, and possibly auspices of the programmes. However, the extent to which these differences are due to auspices cannot be definitely determined.

In many ways the programme in Alberta is similar in its operation to that in British Columbia. An example which reveals the private programme of the Alberta Tuberculosis Association having the characteristic of a public programme is the fact that Rehabilitation Division does not restrict its clientele. Nevertheless, if it desired to do so, the agency could be more selective in its intake.

In summary, in the development of rehabilitation services for tuberculous persons in British Columbia and in Alberta,

the differences in auspices of the two programmes seem to have the greatest significance in terms of their organizational structure. The programme in operation in British Columbia appears to be a composite, consisting of two departments within the Division of Tuberculosis Control. Vocational counselling, training, and job placement services are provided by the Rehabilitation Department, while the Social Service Department attempts to meet the social, emotional, and economic needs of the patients. In contrast, the Rehabilitation Division of the Alberta Tuberculosis Association functions as a single integrated unit to offer its clients both vocational rehabilitation services and the related welfare services, which are generally acknowledged to be essential in a comprehensive rehabilitation programme.

Further research in the area of tuberculosis rehabilitation in relation to programme auspices seems indicated; such work could test the impact of different programmes upon service to clients. As a first step, such studies might include a descriptive analysis of all of the provincial programmes in operation in Canada, as well as the federal programme.

APPENDICES

APPENDIX A

SOCIAL SERVICE DEPARTMENT AND REHABILITATION

NAME..... RECORD No.....

ALBERTA TUBERCULOSIS ASSOCIATION

REHABILITATION DIVISION

Name..... Pat. No.....

Address..... Date of Admission.....

Age..... Date of Birth..... Racial Origin.....

Birthplace..... Marital Status.....

Education.....

Occupations.....

Diagnosis..... Prognosis.....

..... W.T.P.....

..... O.T.....

Remarks

ALBERTA TUBERCULOSIS ASSOCIATION

REHABILITATION BRANCH

Name..... Patient No.....

Address.....

Age..... Nationality.....

Birthplace..... Marital Status.....

Next of Kin and Address.....

Dependents.....

Education.....

.....

Occupational History.....

.....

.....

Medical History

Previous Treatment.....

.....

Diagnosis on Admission.....

Treatment.....

Diagnosis on Discharge.....

D.O.A..... D.O.D..... D.O.T. .....

Sputum Status..... W.T.P. .....

Psychometric Tests

APPENDIX B

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