Library Service to the Handicapped and Institutionalized

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Within the last few years, the library profession, like most others, has discovered a new level of social conscience. Individually and institutionally we have begun to rethink the concept of “equal access” to which we have long given lip service, and to realize that there is more to access than being there in the same old buildings, manned by the same old guard, offering the same old services. We are taking seriously the principle of accountability to our supporting governmental bodies and, even more seriously, accountability to our users, actual and potential. We are growing to understand that an often marginal impact on somewhere between 10 and 25 percent of the total community is just not enough.

With our newly opened hearts and eyes, we are taking a new look at our public library users. Frequently we see an ever-narrowing circle of white, middle class, well educated, affluent, independent adults and an also declining number of elementary and high school students who now tend to use their improved school media centers. We are pondering, also, our non-users—the non-reading, under-educated, poor, socially deprived, culturally different, often black or Chicano residents of central cities—for whom we have yet to devise a meaningful pattern of library service.

One segment of the public library’s vast untapped clientele to which we are now paying more attention is the handicapped, the aged, the institutionalized, and the shut-in, people who cannot come to us either because they are literally locked up in mental hospitals and prisons, or because they are just as actually locked into their own immediate environments by physical or mental disabilities.

Although stereotypes are dangerous, we know that many of this seg-

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ment of the library's public are people who are disadvantaged by any
definition one cares to use. They are frequently poor—so drastically
poor that their possessions are limited to what will remain un
stolen in the drawer of a bedside table, so poor that their world is encompassed
by the dimensions of one hospital bed, the length and width of a grave,
one small prison cell or the four walls of one room. They are often less
educated than our traditional middle class patrons, forced by their situa-
tions to a narrower range of experience and hope. Many of them are aged,
eeking out miserable existences on small pensions, social security
or old age assistance, on incomes well below the poverty level. Some
cannot use our conventional printed materials because of physical,
mental or emotional impairment. We know too little about this silent
minority, but experience has shown that when the library does reach
out to them, they respond with eagerness.

This article will explore what libraries have done and are doing to
serve this special group of the disadvantaged and what they might do in
the future. It is based upon information supplied by Margaret Hammi-
gan, consultant for the Bureau of Libraries and Educational Technology
of the U.S. Office of Education, and reports in library literature during
the last five years. Mary Grace Donnelly, a graduate student at Wayne
State University, conducted the literature search.

It is difficult to compartmentalize the handicapped and institutional-
ized into those who are blind and physically handicapped, those who
are aged, those who are mentally ill, and those who are criminal or de-
linquent, although many federal programs ask us to do so. Over half
of the blind and visually handicapped, for example, are aged, as indeed
are many (but not all) shut-ins. Patients shut in at home are not very
different from those confined in large or small nursing or convalescent
homes, although serving the former may be a little more expensive for
the library. Hospital service requires much the same skill and organiza-
tion, whether the hospital is a mental hospital, a geriatric facility or a
general hospital. It must be understood, therefore, that the following
discussion of library services to the physically handicapped categorized
by type of institution and handicap is necessarily artificial.

HOSPITAL SERVICE

Service to hospitalized patients has a long history. In the second cen-
tury A.D. a library for patients at Pergamum was reported. In the thir-
teenth century, at the Al Mansur Hospital in Cairo, the Koran was read
to the patients as an aid to recovery. In 1796 in York, the Quaker
Hospital for the Mentally Ill established a library for patients, and, as early as 1821, Massachusetts General Hospital provided for its patients a library of "amusing and interesting books." The first organized program of home delivery to shut-ins (by horse and buggy) was reported by the public library in Springfield, Massachusetts in 1901. In the United States, as in England, service to hospital patients achieved a higher level of professional competence during and after World War I with the establishment of libraries for the troops and later for hospitalized veterans. For many years thereafter, the largest number of professionally staffed libraries for patients, in the United States, were located in veterans' hospitals.

Within their professional organizations, librarians have evidenced interest in service to inmates of hospitals and institutions for almost forty years. As early as 1932, the International Federation of Library Associations (IFLA) established a committee on hospitals, which in a later reorganization became a subsection of the Public Libraries Section. This group has written and endorsed a statement of international standards for hospital libraries intended as a guide for those countries which have not articulated their own standards. The document calls upon librarians working in hospitals to form professional organizations within the library associations of each country, in order to keep the entire profession informed of the need for improved service to staff and patients and to press for action.

In 1956, the Association of Hospital and Institution Libraries (AHIL) was formed within the American Library Association and, as of January 31, 1971, numbers 1,675 members, most of them librarians working in private, state and federal hospitals, and public and state librarians who administer service to patients in hospitals and institutions. From 1956 until 1960, the association produced the Hospital and Institution Book Guide, which was then superceded by the more general Hospital and Institutions Quarterly. Other American library associations which work closely with AHIL are the Medical Library Association, the library section of the American Hospital Association and the health sciences unit of the Catholic Library Association. Most state library associations also include a division or section for hospital, institution and/or medical librarians. The United Hospital Fund in New York City is a unique organization of city health care personnel which includes in its activities the encouragement of better library service.

What has all this organizational activity accomplished in concrete service to shut-ins, to patients in hospitals, or to inmates of correctional institutions?
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In the first place, standards have been articulated. The most recent edition of the *Standards for Library Services in Health Care Institutions*, approved by the American Library Association, Medical and Special Library Associations, includes in its broad scope “hospitals and other institutions established for the diagnosis and treatment of both long-term and short-term patients, research centers, nursing homes, day care centers, outpatient clinics, convalescent homes, rehabilitation centers and home care programs.” Considering patients’ libraries as well as staff libraries as a part of overall patient care, the standards recommend an integrated hospital library program under the direction of one library administrator aided by two advisory committees, one for the health science library and the other for the patients’ library. The patients’ library committee should include members “capable of evaluating the library’s role in patient therapy as well as those expert in public library services.” Liaison is stressed with the local public library as well as with the state library.

The objectives of the patients’ library, according to the standards, are to provide “education, diversion or therapy, singly or in combination, and as appropriate for the individual patient” through selectively developed materials and programs. Among the services recommended to meet this objective are book cart service for the non-ambulatory, readers’ advisory and reference services with referrals to the public library and other community agencies, group activities such as discussion groups, storytelling, and literacy instruction, the “active participation in and encouragement of library programs related to the educational, therapeutic, and rehabilitation services of the institution,” and the development of deposit collections in clinics, waiting rooms, dayrooms, etc. The standards recommend that libraries for patients should be multi-media, containing audiovisual as well as printed materials.

Affirming that one of the purposes of the library is to support the treatment program, the standards state that “every opportunity should be taken to coordinate reading for an individual patient with the goals set for him by treatment personnel.”

Despite the standards, most state hospitals have provided almost no service to patients and most hospitals in cities and towns depend upon the public library for such service as is available. In fact, Barbara Johnson, librarian of Harper Hospital in Detroit, takes the position that the primary responsibility for service to hospital patients rests with the local public library.

The degree to which the health care standards for patients’ library service are met in hospitals throughout the United States has not been
documented, but it would be safe to assume that quality service is the exception rather than the rule, whether the service is provided by the hospitals themselves or by public libraries.

It has been estimated that most public libraries in the United States offer some measure of service to patients in their community hospitals and custodial institutions, and that about one-third of them attempt some service to people shut in at home.9

Typical of the best of public library service to the institutionalized and shut-in is that offered by the Cleveland Public Library, begun in 1941 with an endowment from the Judd Fund of the Cleveland Foundation. The service grew out of an earlier Works Projects Administration (WPA) program which had operated through the branches of the Cleveland Public Library and has in recent years also received federal support under the Older Americans Act. Each person, whether in an institution or shut in at home, is visited once or twice a month, usually by a librarian. Lifetime case records are maintained on the reading interests of each patient, and although the service does maintain its own special collection of several thousand volumes, all the resources of the Cleveland Public Library are drawn upon. In 1969, the Cleveland Public Library was serving most of the hospitals and institutions in the city and over 12,000 homebound persons. The Cleveland service reflects the humane intelligence and professional competence of its director of many years, Clara Lucioli, and has served as a model for similar services in public libraries as close as Detroit and as far away as Malmo, Sweden.

A few city libraries have received federal aid either through the Library Services and Construction Act (LSCA) Title I or through the Older Americans Act for service to patients in hospitals and at home. Since 1965, the Los Angeles Public Library has been funded by a grant under LSCA Title I to experiment with the most effective way to serve patients shut in at home or in institutions. The library has tested deposit service in institutions, individual visits to homebound patients, the use of community aides, a Vista worker and volunteers as well as librarians. In general, the Los Angeles Public Library found a greater demand for the service than had been anticipated, and that the ratio of staff to patron must be significantly higher than in ordinary "walk-in" library service.10

With a federal grant of $53,310, the St. Louis Public Library in 1967 began a pilot program to bring library services to the 82,000 residents of the city who were over 65 and unable to come to the library. A spe-
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cially equipped vehicle and a basic collection of 25,000 volumes including many large print books, periodicals and art reproductions were acquired. Individuals in thirty institutions—housing complexes, hospitals for the aged and chronically ill, as well as private homes—are now visited. Requests are taken by telephone as well as in person during the visits.11

The public library in Poughkeepsie, New York under a grant from the Older Americans Act has established a unique service for senior citizens, the "Literary Social Guild for the Homebound."12 Instead of home visits, a bus, staffed with a driver and an assistant, transports the homebound to the library for regularly scheduled programs which provide refreshments, the opportunity to socialize with each other and the library staff, and to borrow books. In addition to films, the programs have featured book discussions, a performance by a local dance school and even a teen-age rock band. The project has been received with enthusiasm by its participants, some of whom had not been out of their houses for eight years.

PRISON SERVICE

Although service to hospital patients, to the aged, and to other shut-ins is far from adequate in most communities, service to prisoners until very recently has been disgraceful and desperate.

After a 1959 survey of correctional institution libraries which documented that most of them were little more than collections of recreational reading of doubtful value, the American Library Association and the American Correctional Association collaborated on a statement of "Objectives and Standards for Libraries in Correctional Institutions"13 first published in 1962. It was hoped that these minimum standards would form the basis for state-mandated standards, would encourage interagency cooperation, and would provide a broad minimum base for correctional library programs. The standards were revised in 1966.14

The basic purpose of the correctional library, according to the standards, is to "contribute to the development of individuals [prisoners] and their restoration, as creative members of society, to the community." To achieve this objective, "libraries in a correctional situation have a clear responsibility to support, broaden, and strengthen the institution's total rehabilitation program."15

In order to implement the institution's mission of education, vocational training and rehabilitation, the standards define the library's role as follows: (1) to provide vocational information; (2) to enlarge social
and reading backgrounds; (3) to develop reading as a satisfying leisure-time activity, a therapeutic release from strain, and a positive aid in substituting new interests for undesirable attitudes; and (4) to prepare the individual, through his own efforts, for release and post-prison life. The standards detail the responsibility of the library to provide information services to the institution staff as well as the inmates. They stress the importance of a “cooperative working relationship” between the library and other divisions of the institution as well as with other libraries in the community.

The standards assert that the principles contained in the Library Bill of Rights should determine the book selection policy of correctional libraries, and that they should provide standard library materials such as are found in any strong school or community library. Since most inmate populations include a high percentage of functional illiterates, materials for adult beginning readers should be stressed in the collection.

The library should be “organized and administered by a professional librarian, trained and experienced both in librarianship and correctional work,” with adequate supportive staff. In quantitative, as well as qualitative terms, the standards spell out minimum size of collection, budget, staffing, facilities, equipment and access. The document concludes with a directory of state library agencies with which correction authorities should cooperate in providing library service to the state’s prisoners.

Since their adoption, the standards for correctional libraries have indeed been used by most states as a yardstick to document the woeful condition of their prison libraries and as the basis for plans made jointly by the state libraries and correction departments for library improvement. A study of correctional libraries today, to bring the 1959 survey up to date, would almost certainly reveal that some improvement has been made, that prison libraries continue to have a low priority in both state library and state corrections budgets, and that few if any correctional libraries in the United States have achieved the minimum standards.

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State responsibility for library service to the handicapped and institutionalized received great impetus with the enactment of Titles IV A and B of LSCA in 1966. This legislation provided matching funds to be administered by the state library agencies for library service to state institutions (IV A) and to the blind and physically handicapped (IV
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B). Both titles require that funds be expended according to a long-range plan, reached with the help of a representative advisory committee. Although appropriations have never reached anything close to the authorized amount which would be required to initiate quality service, significant beginnings have been made. Later in this article the contribution of Title IV B to service to the blind and visually handicapped will be discussed.

Because of Title IV A, every state library, at the very least, has now appointed a consultant responsible for fostering library service to what must be the most neglected group of people in the world—the residents of state institutions. Every state has adopted a set of goals for improved service and has begun, slowly, to work toward them. Most states have used their limited funds to deposit collections of books (commonly paperbacks and/or reference materials) in all or most of the mental and correctional institutions in the state and to conduct inservice training for non-professional or inmate help in the libraries. Consultants have worked with administrators of state institutions to persuade them to improve facilities, to allocate funds for new books and periodicals, and to hire professional staff. In a few states, such as Michigan, these efforts have borne fruit in the form of a professional position or two being established for the first time. Although beginnings must be made, many of these efforts seem “too little and too late.” Frequently they overlook the fact that books alone, no matter how well chosen, do not constitute library service.

In at least two states, Louisiana and New York, federal funds have been concentrated on pilot programs to create an example of quality library service and of what it can accomplish. In Louisiana, a model library at the State Penitentiary was established with the allocation of $24,000 by the State Library and $24,000 by the Department of Institutions. Five thousand new books were purchased the first year. A librarian from the State Library was loaned for two years with the understanding that the position would be supported from then on by the Department of Institutions. After the two-year establishment period the State Library then turned its energy (and federal support) to another state institution.

In New York, with a grant of $20,000 in LSCA Title IV A funds, the Kings Park State Hospital, a mental hospital with 7,500 patients, developed a model library, and then conducted a carefully structured demonstration on what good library service can do for the psycho-social development of culturally deprived and emotionally disturbed children.
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The results were noticeable, and during the second part of the eight-month demonstration period, similar experiments were conducted with adults. A full range of library services such as reading guidance, film programs, discussion groups and field trips were offered to adult patients. The project proved so successful that it was incorporated into the regular hospital program (and budget). Additional professional staff were hired to continue working with child and adult patients and to initiate similar services for adolescents in the hospital.

The extension of the Library Services and Construction Act, enacted in December of 1970, has consolidated Title IV A and B into the general “Library Services” title, with the provision that not less may be expended for service to the blind and physically handicapped and to state institutions than had been expended under Title IV. Whether most states will expand their commitment to library services in state institutions beyond the minimum matching funds remains a question. Libraries in most institutions are still so minimal that substantial funds would be necessary for many years to bring them up to reasonable quality.

In October 1970 the Regents of the University of the State of New York led the rest of the nation in a landmark policy statement on “Library Service for Residents of Health, Welfare, and Correctional Institutions,” affirming that:

it is just as essential for residents of the health, welfare, and correctional institutions of the state to have convenient access to a wide range of print and nonprint media as it is for the general public. [And that] Government has a responsibility . . . to help these less fortunate people become useful citizens. . . . The Regents . . . recommend the establishment of a cooperative library system to provide supportive services, directly and by contract, to the libraries in institutions, those maintained by New York State as well as those operated by local government and other agencies, such cooperative library systems to be eligible for state aid under a legislative formula. In addition the State should explore the possible advantages of contracting with public library systems and school systems for service to residents of some of the institutions.19

If the policy of the regents is implemented and if other states follow New York’s leadership, new doors will open all over the United States for people shut in at home or in hospitals or other institutions.

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In 1966 Quincy Mumford, Librarian of Congress, testified that there were approximately 2 million Americans prevented by handicaps from...
using conventional printed materials. Of these, 400,000 were blind, 600,000 partially sighted, 4,700 without the use of their arms, 8,000 without fingers and toes, 1,600 in iron lungs and other respiratory devices, and as many as 750,000 with neurological disabilities. Four out of ten of these handicapped persons were under twenty and of these, only one-fourth were receiving special education. One out of ten handicapped persons was over sixty-five. Mumford estimated that only 25 percent of these 2 million handicapped persons presently receive library services.

Although no knowledgeable person would consider that library services to the blind and visually handicapped are perfect, or excellent, or even adequate, nevertheless service to this group is one of the most highly developed and most highly rationalized among all special services for the handicapped.

Service to the blind has long roots. In Japan, in the ninth century, a system of touch reading was in use. In the early nineteenth century, Louis Braille in France and William Moon in England developed their systems of embossed letters, to be “read” with the fingers, which continue in use today. In the last decade of the nineteenth century, national libraries for the blind were established in Great Britain, France and the Scandinavian countries.

A braille library for university students which in 1969 reported over 380,000 volumes and two branches, opened in London in 1868. In 1901 a braille music lending library was founded in Britain.

In 1919, the South African Library for the Blind was founded as a “replica in miniature of the National Library for the Blind in Britain.” Providing material in braille and moon, as well as on records and tape cassettes, this library serves blind readers in the Republic of South Africa, Southwest Africa, Rhodesia, Swaziland, Zambia and Nigeria, and is interesting because it includes books in Bantu as well as in English and Afrikaans. It now cooperates with the Library of Congress Division for the Blind and Physically Handicapped.

In the United States, concern for the reading needs of the blind came even earlier than in Europe and Africa. In 1858, the American Printing House for the Blind was chartered to provide at cost, embossed books to meet the demand for materials from schools and institutes. In 1879, Congress appropriated the first funds to this agency. The Boston Public Library has the distinction of being the first public library to initiate service to the blind in 1868. In 1897, a reading room for the blind was opened at the Library of Congress, and in 1904, Con-
gress passed the provision for free mailing of books to and from blind readers in all parts of the U.S.

In 1931, the Pratt-Smoot Act initiated the American system of regional libraries for the blind by authorizing the Library of Congress to provide books for the use of adult blind residents of the United States, including the several states, territories, insular possessions and the District of Columbia. Over the years amendments and modifications have been made to this legislation to enable services to children as well as to adults and to provide materials in various forms—braille, tape, records, etc. The most recent liberalization occurred in 1966 when Congress extended access to resources for the blind to all persons whose physical handicaps prevent their use of conventional printed materials.

The Division for the Blind and Physically Handicapped at the Library of Congress designates libraries throughout the United States to serve as distributing agencies for its materials. Assisted by the American Foundation for the Blind and the American Printing House for the Blind (which now concentrates on producing educational materials, rather than general literature), the Library of Congress assumes responsibility for selecting materials, producing them in a variety of forms (braille, talking books and tape), and supplying them, along with necessary machines and bibliographical aids such as bi-monthly reviews of new books in braille and records. The Library of Congress also assumes responsibility for stimulating and conducting research on library service to the visually handicapped, and for leadership and coordination of the total program.

The forty-six regional libraries, located in state library agencies or in large public libraries, provide the staff, space and other facilities to make available to local citizens the materials provided by the Library of Congress. Some states such as Ohio, Michigan and California have more than one regional library within their borders. Other small or sparsely populated states, such as West Virginia or Wyoming, contract with regional libraries in neighboring states.

In 1966 another important legislative milestone was reached with the addition of Title IV B to the Library Services and Construction Act. Administered by the U.S. Office of Education rather than by the Library of Congress, this legislation provided funds to the states for the improvement of library services to the blind and physically handicapped. Funds needed to be matched by state or local expenditures, and had to be spent according to a state plan reached with the help of a representative advisory council.

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Since the Pratt-Smoot law was liberalized, and Title IV B provided federal funds to the states, fourteen additional regional libraries have opened and services offered in most states have become better planned and more professionally conducted. At least one librarian in each state has assumed responsibility for the library needs of the blind and physically handicapped, and in many states staffing at the regional libraries has been significantly improved. Contacts have been made with hospitals, residential homes, schools and other institutions for the handicapped.\(^{22}\)

In an effort to inform eligible readers about services available to them, many regional libraries have published newsletters and brochures addressed to the blind and handicapped. The Delaware State Library produced a thirty-minute film, "That All May Read," to be shown throughout the state.\(^{23}\) Arizona outfitted a "talking bookmobile" with materials for the handicapped, and demonstrated with it throughout the state. Needham (Massachusetts) Public Library published (in 18 point print) a brochure on service to the handicapped which was mailed to 3,000 residents sixty years of age and older, and to all physicians, optometrists, clergymen and shut-ins in the community.

The New York Public Library produced spot announcements addressed to blind readers on tape, and played them over local radio stations.\(^{24}\) In Minnesota on a state talking book radio network, the morning newspaper, current magazines, short stories and children's books are read from 7:00 a.m. until midnight.\(^{25}\)

Other states, like Texas, Maryland and Illinois, have used LSCA Title IV B funds to place small collections of talking, braille and large print books in public libraries. This activity is important as an effort to involve the local library in direct service to the blind and to facilitate closer liaison between local libraries, the regional libraries and the Division for the Blind and Physically Handicapped at the Library of Congress. It provides the blind with a personal dimension of reading guidance which can seldom be reached through phone or mail communication.

Some states like Ohio and California have conducted state-wide surveys\(^{26}\) of library service to the blind and visually handicapped, leading to a plan for improvement. The objectives and scope of these studies are well expressed in the Ohio contract with Kent State University: (a) to establish the number and location of handicapped in the state, (b) to survey the library needs of the handicapped and the library services presently being offered, and (c) to make recommendations for
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the improved organization of services to the handicapped throughout the state. In 1968, Nelson Associates conducted an evaluation of the services of the Division for the Blind and Physically Handicapped.

Many states have also expended LSCA funds to acquire materials not presently available through the Library of Congress, chiefly books on tape on subjects of local interest, and large print books. In Michigan, a machined index was produced and distributed of all textbooks and other instructional materials in braille owned by local school districts. Kansas developed a file in braille with information on more than 200 aids and appliances for the blind. The Regional Library for the Blind and Physically Handicapped in New Mexico, opened in 1967 as a unit of the state library, has produced a unique collection of taped books in Spanish and in Indian dialects.

Large print books were first published in England in 1964 with the Ulverscroft Series. Since then at least twenty-three publishers have produced some 2,000 large print titles, perhaps the most outstanding of them the Keith Jennison series by Franklin Watts. Two interesting studies on large print have been reported within the last five years, one in London by the British Library Association, and the other by the New York Public Library. The object of the British study was to collect reliable facts about printing, layout and design to help publishers produce more legible books. Cards printed in different types were test-read by 288 partially sighted adults and forty-eight children who were categorized by the type of their eye defect. The study revealed that there is significant difference in the degree of accommodation which the young reader, in comparison with the adult, can make to small print, that increasing size of print is helpful only up to a certain point, that weighting of type is secondary, and that the motivation and interest of the reader are important factors. The overall conclusion of the study was that improved typography could offer as much as a 35 percent improvement in reading skill.

Estimating that 4 million Americans, one-half of them children, have low vision and could profit from large print books, the branches of the New York Public Library undertook to test the value of a central collection of large print materials (whether users would come to a center or whether they preferred service through interloan, from their local library), and to discover who the potential users of large print materials are in New York, and what their reading interests are. By means of questionnaires and records of all circulation over a period of many months, the study revealed that the handicapped in the city find it diffi-
cult to come to a center, that much borrowing was done for them by friends, but that increasing numbers of the handicapped were motivated to visit the center to make personal selections.

In July 1966, the American Library Association adopted the Standards for Library Services for the Blind and Visually Handicapped. The standards were proposed by a committee of outstanding librarians headed by Ralph Shaw, dean of Library Activities, University of Hawaii and Lowell Martin, then editorial director of Grolier. The library standards are a part of a broader report issued by the Commission on Standards and Accreditation of Services for the Blind (COMSTAC), an autonomous agency, established by the initiative of the American Foundation for the Blind. The adoption of library standards may be considered a milestone on the route to quality library service for the blind and physically handicapped.

The standards affirm that the blind need and are entitled to the satisfaction that reading can bring and to the same full range of library and information services as sighted people, plus whatever additional services are necessary to compensate for the handicapping effects of blindness. The standards endorse the present system of regional libraries and cooperation with the Library of Congress. Recognizing that the real difficulty in providing the highly specialized materials necessary for the visually handicapped is the relatively low density of the blind population, the document emphasizes that providing library materials for the blind and physically handicapped will cost at least five to seven times more than regular library service, or an expenditure of at least $25 per blind person in the service area, and that this cost must be shared between local, state and federal governments. The standards affirm that bibliographic devices comparable to those available to sighted readers must be developed and widely distributed, as well as communication and duplication devices. Although the use of volunteers for transcribing and supplementary services to blind readers is recognized as a long-established and viable practice, the standards stipulate that volunteers should be used to supplement not substitute for professional staff.

Minimum quantitative standards are proposed for size of collection, staff, bibliographical access, facilities and equipment, and specific responsibilities are assigned to the Division for the Blind and Physically Handicapped at the Library of Congress, to the state or regional libraries and to the local public and school libraries. Although it is unlikely that any blind or visually handicapped reader has available to
him the full range of services recommended by the standards, they do represent the best thinking of the library profession and have already been adopted as goals for library planning in many states.

What is in the future for blind and visually handicapped readers? "New hope," says Charles Galozzi, assistant chief of the Division for the Blind and Physically Handicapped; and also increased and fruitful interrelationships between the Library of Congress, the Bureau of Libraries and Educational Technology of the U.S. Office of Education, state and other regional libraries, and local libraries and organizations. The future may also hold new technological devices, such as compressed speech to speed the "reading" of students and research workers, scanning devices to translate print into sonic symbols, certainly more convenient and compact forms for "talking books," probably tape cassettes, and a wider range of materials. Needed are additional study on the reading interests and needs of the blind and physically handicapped, technological research, and more librarians especially prepared to work with this group.

Whether the states will continue to improve service to the blind and visually handicapped accelerated by LSCA Title IV B now that the 1971 act has consolidated provision under the broad Title I, remains to be seen.

In summary, it can be said that great progress has been made within the last ten years in service to the handicapped and to the institutionalized, both in our professional understanding of what is necessary, as reflected in the various statements of standard, and in legislation at the federal level. Whether this progress will continue and develop into quality library service to all the handicapped and institutionalized depends now on a continued flow of funds—local, state and federal—on a steady commitment by state and public libraries, and on a supply of librarians prepared to offer these special services. We shall need more continuing education such as has been offered in the USOE institutes held at the Universities of Wisconsin, Michigan and Wayne State, and such as the inservice training offered to public librarians by the state libraries of Ohio and New Jersey. We shall also need more emphasis on this special service in the basic curricula of library schools. Wayne State University's program to prepare librarians at the master's level to specialize in service to the aging, sponsored by Michigan's Institute of Gerontology under the Older Americans Act, may be a clue to how

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this preparation can be achieved. The University of Minnesota's course on hospital and institution libraries is another hopeful sign. If we in the library profession really believe that the weak, the handicapped, the ill, and the imprisoned have a right to free access to the human record, the progress made in the 1960s will continue.

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