

Rehabilitation of Disabled Persons in the Federal Republic of Germany

by

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The present system of rehabilitation for the disabled in the Federal Republic of Germany has evolved gradually over a period of eighty years. In the following pages Professor Scharmann first briefly reviews the statutory background of rehabilitation policy in his country and then, after giving his definition of the basic principles on which a modern system of rehabilitation should be based, assesses how far the prevailing situation in the Federal Republic conforms to these principles. He concludes that, in spite of the opportunities for differentiation and individualisation which their very diversity confers, rehabilitation measures in the Federal Republic—as indeed in other countries—need further co-ordination if they are to be more effective in helping the disabled to help themselves.

THE STATUTORY BASIS FOR REHABILITATION POLICY

ON 21 December 1956 the Federal German Government placed before the Bundestag the Vocational Rehabilitation (Disabled) Recommendation (No. 99) adopted the previous year by the International Labour Conference. In a policy statement accompanying its submission the Government declared that the statutory and organisational arrangements required to give effect to this international instrument had already been made or initiated; the principles and methods laid down in the Recommendation, it continued, were an essential contribution at their respective levels to the concept of a modern programme for the integration or reintegration of physically and mentally handicapped persons; accordingly the Recommendation would remain important, for it would be used in any work leading up to the legislative reform of social and vocational assistance for the disabled.¹

¹ Deutscher Bundestag, 2. Wahlperiode, Drucksache 3044 (1956), pp. 2-11.

The Government thus fully recognised the significance of Recommendation No. 99 as regards the principles and practical policy of modern rehabilitation. However, in immediately pointing out that much of the background against which the relevant programme would be applied in the Federal Republic already existed, it meant also that this background would have to be taken into account in further development along the lines indicated in the Recommendation.

Any review of our present subject must, indeed, state clearly first of all that the legislation which provides for social and vocational rehabilitation and the institutions responsible for carrying it out were established—to some extent at least—70 years before the International Labour Conference adopted its Recommendation in 1955. The Federal Republic was therefore in a different formal and practical position from that of many other I.L.O. member countries. The latter, which developed systems and programmes of social security and public assistance only as a consequence of the First World War, or in the 1930s or even later still, were able—in building or expanding their rehabilitation programmes and machinery—to use from the start the most recent experience and methods in the medical, psychological, vocational and social fields without needing to take account of the jurisdiction and achievement of existing institutions. The Federal Government, on the other hand, was and is obliged, in its efforts for reform, to have regard to the many well-tried assistance services that came into existence as Germany's social history developed in the nineteenth and twentieth centuries, and particularly also to the federal structure of the Republic, in which much of the relevant action lay and still lies within the constitutional competence, not of the central Government, but of the Länder. So it was impossible to do as could be done in countries which had only started this work in the last few decades, namely to create at one stroke a single, comprehensive code of rehabilitation law reflecting modern ideas: on the contrary, the elements for a new conception of rehabilitation assistance which had arisen in the last 35 years, thanks to progress in medicine, psychology, the social sciences and the social aspects of education, had to be cautiously fitted into an existing framework of principles, laws and institutions. Nor must the conservative tendencies of established bodies be left out of account. Indeed, unlike the position in countries with a shorter record of public social policy, in the Federal Republic for historical reasons there were several statutory schemes, institutions and agencies responsible for rehabilitation, according to the type of person concerned, the cause, character and extent of the disablement and the action to be taken for its reduction or relief.

This situation is further complicated by the fact that the statutory basis for almost every one of the present schemes of medical, vocational or social rehabilitation can be traced back to an instrument—or at least a distinguishable tendency—of former German social legislation. The following may be mentioned as the most important statutes dealing with rehabilitation which have been enacted as part of the “social reform” at present under way and which without exception continue and develop earlier legislative schemes. The provisions relating specifically to rehabilitation are mentioned in each case. The dates of the relevant earlier laws will be found in brackets as part of the subject-headings.

Pension Insurance (1889-1911)

The Wage-earners' Pension Insurance Reorganisation Act, 1957¹, specifies in its second part (new sections 1226, 1235 and 1237 of the Federal Insurance Code) that normal benefits shall include “curative treatment, vocational rehabilitation and social care” as “measures to maintain, improve and restore earning capacity”. The same words appear in the Salaried Employees' Pension Insurance Reorganisation Act, 1957² (sections 1, 12 and 14) and the Miners' Pension Insurance Reorganisation Act, 1957 (sections 28, 34 and 36).³ Responsibility for application rests respectively with the insurance institutions of the various Länder, the Federal Institution for Salaried Employees' Insurance (Berlin) and the miners' pension insurance institutions.

Accident Insurance (1884)

The Statutory Accident Insurance Act, 1926, states in the amended sections 558-572 of the Federal Insurance Code that the following benefits shall be granted in case of injury by employment accident: medical attendance; a pension or pecuniary sick benefit; and vocational rehabilitation (care, training, placement) as means of assistance in re-entering the previous or a new occupation.

Responsibility for performing these functions lies with the Employers' Liability Insurance Association.

Placement and Unemployment Insurance (1927)

The Placement and Unemployment Insurance Act (Amended), 1957⁴, speaks—both in its general provisions on placement in employment, vocational guidance and placement of apprentices and in section 39 (3)—of “measures to maintain, improve or restore the earning capacity” with a view to the “industrial and vocational rehabilitation” of “mentally or physically handicapped persons” who require employment or training. Responsibility for performance of these functions lies with the Federal Institution for Placement and Unemployment Insurance, which also has to

¹ See I.L.O.: *Legislative Series*, 1957—Ger.F.R. 1A.

² *Ibid.*, 1957—Ger.F.R. 1B.

³ *Bundesarbeitsblatt*, 1957, Beiheft Nr. 11. See Th. SCHARMANN: “Die Eingliederung und Wiedereingliederung der Behinderten”, *ibid.*, 1957, p. 627.

⁴ *Legislative Series*, 1957—Ger.F.R. 3.

apply (jointly with the Head Assistance Offices of the Länder) the Employment of Disabled Persons Act, a measure dealing mainly with consequences of war.¹

The Employment of Disabled Persons Act, 1953² requires the employer to allocate posts in his establishment to certain groups of seriously disabled persons in specific proportion to the total number of employees; it also protects such persons against dismissal and regulates the co-operation between the Head Assistance Offices and the Federal Institution for Placement and Unemployment Insurance as regards these matters.³

Assistance to War Victims (1920)

The War Victims Assistance Act (Amended), 1953⁴, provides for the payment of allowances (pensions) to war veterans who are incapable of working and to the widows and orphans of persons killed in war; it also states in section 28 that a disabled person (*Beschädigter*) shall be entitled to all assistance "which will contribute to his achieving and retaining occupational capacity and enable him to hold his own at the workplace and in competition with persons who are not disabled". Regulations issued under this provision refer to co-operation between the Head Assistance Offices and the Federal Institution for Placement and Unemployment Insurance under the Employment of Disabled Persons Act.

Public Relief and Social Assistance (1924)

The Federal Social Assistance Act⁵, which came into force on 1 June 1962, took the place of the old relief and rehabilitation Acts for disabled persons (1957) and persons suffering from tuberculosis (1959). Its "assistance in connection with the resettlement of handicapped persons" is extended (section 39) to the blind, persons with substantial hearing or speech defects, and persons whose mental powers are underdeveloped. Section 39 (3) states expressly that "it shall be the purpose of such assistance to prevent an impending disability or to eliminate or alleviate an existing disability or its consequences, and so to make it possible or easier for the person concerned to take part in the life of the community. A primary objective shall be to enable such person to engage in an appropriate occupation or other suitable activity, or at least to make him independent of care."

According to section 2, assistance under this Act—including rehabilitation for the handicapped—is available to "any person who cannot receive the necessary assistance from other parties, and in particular from members of his family or from the carriers of other social benefit schemes". Although this emphasises that social assistance shall be afforded only if other contributory or non-contributory benefit cannot be given, section 5 and particularly section 44 state that the carrier of the social assistance scheme shall take action without delay if it is uncertain whether some other carrier is required

¹ SCHARMANN: loc. cit.

² *Legislative Series*, 1953—Ger.F.R. 1. Disabled persons in this connection (*Schwerbeschädigte*) are "persons whose earning capacity is reduced, otherwise than temporarily, by 50 per cent. or more", as a result of war injury, industrial injury, etc., and assimilated persons.

³ H. J. BECKER: *Gesetz über die Beschäftigung Schwerbeschädigter* (Berlin and Frankfurt/M., Verlag Franz Vahlen, 1955).

⁴ *Bundesgesetzblatt* I, 1953, p. 866.

⁵ *Legislative Series*, 1961—Ger.F.R. 5.

to provide "assistance in connection with resettlement" (the principle of "aid in good time"). According to section 9 of the Act, social assistance is to be granted, as hitherto, by local and area carriers, i.e. the District and Land Relief Agencies.¹

REHABILITATION IN ACTION

Basic Principles

The above review of the many relevant Acts and of the federal, Land and district or local agencies responsible for their implementation reveals three great channels through which public action is taken for the vocational and social rehabilitation of the disabled: these are insurance, permanent non-contributory maintenance, and relief—more recently designated "social assistance". In spite of this apparent diversity, there is now basic agreement on a number of principles and methods among the various statutory schemes and the organs which have to apply them. In reversal of the previous view that a pension or other cash payment was almost the only form of assistance which could be used to relieve or reduce a social need, it is now generally considered that in present social and economic conditions "the forms of social benefit and particularly the cash payments hitherto afforded to persons whose disablement involved an occupational hardship should be replaced or supplemented, in general and as far as possible, by forms of assistance that will enable the disabled person to contribute to his livelihood by his own efforts".² Accordingly, in all the legislative schemes provisions concerning curative treatment, social care and vocational and employment assistance—i.e. concerning rehabilitation measures—precede those concerning the grant of pensions or other kinds of payment.

The history of German social legislation provides a most impressive example of the way in which this principle—that the purpose of rehabilitation is to strengthen readiness for self-help, to help people to help themselves—has progressively prevailed. Whereas in the Bismarck era legislators regarded the disabled person mainly as the passive object of medical or social care, and made no reference to any active co-operation on his part in framing a plan of recovery or further rehabilitation, the recent legislation provides increasingly for consultation of the disabled person and his participation in the planning of rehabilitation measures. Because it is realised that the more completely a person can adjust himself to the shock of disablement—i.e. to its effects on himself and his family—and the more actively he can intervene in the rehabilitation

¹ H. GOTTSCHICK: *Das Bundessozialhilfegesetz* (Cologne, Carl Heymanns Verlag, 1962).

² SCHARMANN, *op. cit.*, p. 628.

process by mental and physical self-development, the more successful the rehabilitation will be, modern social legislation makes consultation of the subject mandatory.¹ And not only the subject himself: the more recent provisions state that where necessary and possible, members of the disabled person's family shall be brought into the process of rehabilitation in good time and kept systematically in touch with its preparation and progress. This is to be a responsibility of the team of experts who determine the character, extent and objective of the required measures—medical and psychological treatment, vocational and employment counselling, training, social assistance—and put them into effect. Having regard to the multiplicity of measures, schemes and jurisdictions it is not surprising that the team idea as a guarantee of co-ordination in practice has been specifically embodied in the more recent Acts, side by side with the principle that one carrier shall be financially responsible for the whole duration of the rehabilitation process as a guarantee of continuity of benefit. It is more and more widely recognised that, owing to the complexity and diversity of clinical treatments and prosthetic appliances, to the obscurity of employment market trends and the fluctuation of vocational opportunities, and also to the increasing differentiation of conditions of life, joint action by several specialists is required in the planning and co-ordination of rehabilitation measures: but overlapping and jurisdictional conflicts occasionally still occur. For the present these still prevent inter-regional planning and a decision of principle as to exactly what is meant by "rehabilitation centre". The practical application of the principles outlined above for a modern rehabilitation policy is in process of evolution, the outcome of which will clearly be an effective adaptation of well-tried institutions to the most recent social requirements of a modern industrial society.

Rehabilitation Establishments

The reasons which at present make it difficult to work out a fully satisfactory definition of "rehabilitation centre" are as follows. If the stricter view be taken, to the effect that such centres must provide the disabled person with medical, vocational and social care through every stage of his rehabilitation, their number will be smaller than it would be if specialised or short-term institutions, covering specific aspects or stages of rehabilitation, were also to be described as rehabilitation centres.

¹ Th. SCHARMANN: "Die Mitwirkung der Behinderten bei der Durchführung von Rehabilitationsmassnahmen", in JANTZ, NEUMANN-DUESBERG and SCHEWE: *Sozialreform und Sozialrecht, Festschrift für W. Bogs* (Berlin, Duncker and Humblot, 1959), p. 316.

Of course the Federal Republic with its 56,687,000 inhabitants has a good many establishments coming within the stricter definition, but Seiler and Sparty—who have produced a list of rehabilitation establishments in the Republic and West Berlin—rightly point out that the selection and classification “had to be somewhat arbitrary”, because only a minority of the establishments “attached any particular value to combining curative treatment, training and education”.¹

The difficulty soon becomes evident if one takes as an example the list of rehabilitation establishments for persons disabled by disease or congenital defect contained in a publication of the German Society for Assistance to the Disabled², which states—

According to a survey made in 1958, 130 specialised establishments for the rehabilitation of persons disabled by disease or congenital defect (bed cases) were registered in Germany. These included—

1. Comprehensive establishments consisting of clinics, special schools, departments for vocational training and institutional care	12
2. Independent orthopaedic clinics	48
3. Orthopaedic departments of hospitals	33
4. Establishments which carry out one stage of rehabilitation under specialist medical supervision	29
5. Retraining workshops and technical schools for the disabled	8
Total	130

Some 40 of these establishments maintained “bed classes” for disabled children. Of the aggregate 19,938 beds available, 12,495 were used for curative treatment in bed, 5,004 for school and vocational training or retraining, i.e. genuine rehabilitation measures, while the remaining 2,439 beds were used for institutional care and occupational therapy or sheltered employment.

It is clear from the above that numerical data precisely and reliably reflecting the number of comprehensive rehabilitation establishments cannot be given, since development is too continuous.

The same must be said regarding the rehabilitation of persons suffering from hearing and speech defects (“deaf and dumb”) and of the blind (congenital or other). With 40 to 50 thousand deaf and dumb of all age groups the Federal Republic has some 50 establishments undertaking the general education and vocational training of about 4,500 children and young persons with hearing and speech defects as a prelude to their integration in society. In terms of a comprehensive modern rehabilitation programme

¹ J. SEILER and L. SPARTY: *Rehabilitationseinrichtungen in der Bundesrepublik Deutschland und in Westberlin* (Stuttgart, Kohlhammer Verlag, 1960).

² Deutsche Vereinigung zur Förderung der Körperbehindertenfürsorge e.V.: *Rehabilitation Körperbehinderter in der Bundesrepublik Deutschland* (Heidelberg-Schlierbach, 1960).

these establishments must be variously assessed, as the former chairman of the German Deaf and Dumb Society, Dr. Otto Schmähle has stated :

Because of the educational autonomy of the Länder, schooling for the deaf is a Land function. In every Land in the Federal Republic, school attendance by deaf children is compulsory. Legislation determines the groups of persons to whom special instruction is to be given, the ages from which and until which the compulsion extends, and other questions related to attendance. The very great majority of schools for the deaf in the Federal Republic have between 50 and 120 pupils each. The pupils are divided for instruction into six, eight or ten classes, according to the size of the school. Only within a given year can the average school differentiate between pupils by their aptitude and form a separate class for the less apt. The few big establishments with over 200 students can go further and form separate departments, specially for the very hard of hearing. However, none of the schools can make an over-ruling differentiation between the pupils according to the educational principles appropriate for deaf schools—i.e. according to hearing, speech ability and general aptitude. Consequently, at the deaf schools of today, intelligent children sit in the same class beside those of little aptitude, deaf and dumb children beside those who have learnt to speak well (although deaf), and stone-deaf children beside those with enough hearing to have learnt to speak in the natural way.¹

Vocational training and special instruction for this group of persons also evidently suffer considerably from the diversity of conditions encountered. There are establishments in which the congenitally deaf and those who have lost their hearing but can speak are still placed in the traditional "disablement trades" of brushmaking and ladies' tailoring, allegedly because of their educational value, although there is no longer a sufficient demand for such workers; whereas other establishments prepare their school-leavers by highly modern standards for the requirements of industrial occupations for which there is a great demand, so that they can be placed in permanent jobs without great difficulty.

We are faced with a similar dilemma when we attempt to appreciate the value of schools and workshops for the rehabilitation of the blind. In the Federal Republic as a whole there are over a score of establishments which give scholastic and vocational training for the blind and practically blind; this would provide quite a reasonable basis for the integration of the 1,800 congenitally blind children and juveniles and other blind persons involved if all the establishments could give a uniform vocational training adjusted to the demand on the present employment market. But this is not the case. In the same Land, and even in the same city, there are rehabilitation establishments for the blind run on

¹ O. SCHMÄHLE: "Die Hör- und Sprachgeschädigten in Schule und Berufsschule", in Bundesministerium für Arbeit: *Die berufliche Eingliederung und Wiedereingliederung der Hör- und Sprachgeschädigten* (Bonn, 1958).

absolutely modern lines and others which do little more than look after blind people in a charitable spirit, particularly as regards personal care and employment. In some quarters it is still believed that a modest elementary education and training as brushmakers or musicians or for hand or machine knitting provide a sufficient livelihood for the blind ; in others tireless efforts are made to train blind people of all ages for industrial or near-industrial trades or as stenotypists, telephone operators and high-level administrative personnel. The College for the Blind at Marburg on Lahn—directed by its founder, Professor Dr. Strehl—not only provides gifted blind people aged 12 years and over with a full-length grammar school education up to matriculation standard but also enables them to continue this with regular studies at Marburg University.

Accordingly, about half of the establishments for the blind can be regarded as rehabilitation centres in the true sense of the term, whereas the others merit this description only in a restricted sense. Even granting that there have to be a few establishments providing institutional care and sheltered employment for blind people who—because of some additional handicap—cannot hold their own in economic life and society, it does appear necessary to extend and concentrate the facilities for the integration of the blind in accordance with a modern rehabilitation programme, despite the relatively large number of blind peoples' homes and training establishments.

A similar situation is found as regards establishments and services for other kinds of disabled people. According to their financial resources, organisational background, or still more their approach to the general principles and practical conceptions of modern rehabilitation, these institutions provide facilities at widely different levels of efficiency. Some give clinical and curative treatment only, others are mere vocational training workshops where medical and psychological considerations have little or no weight ; but still others are able to apply an entirely comprehensive curative and integration plan, including a process of adjustment to the plant and job, combined with family assistance. For these reasons it is at present exceptionally difficult to specify the full amount spent in the Federal Republic on real rehabilitation benefits, or to give a reliable indication of the number of establishments which may be classified as rehabilitation centres or institutions.

Vocational Rehabilitation by the Federal Employment Service

The preceding paragraphs explain why it is not at present possible to give reliable figures on rehabilitation facilities, and the institutions which provide them, for the various kinds of disabled : but in another aspect, namely statistics for the vocational guidance

and placement of disabled persons, the situation is much more favourable. Responsibility for these matters, as regards all persons seeking employment or advice, whether able-bodied or handicapped, lies with the Federal Institution for Placement and Unemployment Insurance, with headquarters at Nuremberg. This agency is required, in general by the Placement and Unemployment Insurance Act and in particular by the Disabled Persons Employment Act, to indicate a suitable post, as far as possible, to every person seeking employment and advice. Leaving aside its unemployment insurance activities, which play a minor part in the present context, the staff it has for the purpose includes specially trained placement officers for the seriously disabled, vocational counsellors, a medical and psychological service and technical experts. The Institution's handbook on placement and related assistance for the disabled¹ has won an international reputation.

The following statistics give a clear general picture of the activity of the Institution (head and branch offices). Between the promulgation of the Employment of Disabled Persons Act, 1953, and 31 October 1961, 390,000 placements of seriously disabled persons covered by the Act were made and the number unemployed had been reduced in consequence from 46,453 to 7,783 (5,437 or 5.5 per cent. of all unemployed in the Federal Republic and 2,346 or 16.3 per cent. of all unemployed in West Berlin).

For the 7,783 unemployed (seriously disabled and assimilated) persons, 299,118 compulsorily reserved posts were available in undertakings and public services in 1961. This has enabled the employment officers to give placement of the seriously disabled a more and more individual character and to arrange permanent jobs even for some persons with a high percentage of disability. Those remaining without employment include persons who were between jobs on the day of the survey as well as a core of very seriously disabled who can hardly make their way on the employment market and persons who are difficult to place for local reasons. The high level of economic activity, the growing demand for manpower and—last but not least—the efforts and growing experience of the special placement officers and their increasing co-operation with the rehabilitation services of other carriers—all this has brought about a constant reduction in the number of seriously disabled unemployed and cut it down to a small fraction of overall unemployment—which is itself also very low. On the basis of section 39 (3) of the Placement and Unemployment Insurance Act as amended in 1957, the Federal Institution and its subordinate

¹ *Arbeitshilfen für Behinderte. Handbuch des Schwerbeschädigtenvermittlers* (Nuremberg, 1958).

employment offices have been able to take individual measures of vocational rehabilitation under their own arrangements as well as assist the facilities of other agencies by means of allowances or loans. Between 1958 and 1962 a total of 2,120,805 marks (including 648,247 from federal funds) was made available for individual action, while 6,349,696 marks were paid in allowances and 6,987,000 in loans to other rehabilitation agencies.

Co-operation between the Federal Institution, its employment offices and other carriers and organs of social assistance was first the subject of regulation in 1927. It developed throughout the 1930s, first of all with no little friction; but its efficiency has steadily grown. The increasing activity of the Federal Institution in rehabilitation is of great fundamental and practical importance, because the Federal Government and public opinion in the Republic believe as a matter of principle that modern rehabilitation methods and procedures should, as far as possible, permit disabled persons to be integrated or reintegrated into the normal process of employment and occupation and not be channelled into sheltered workplaces; these should, it is felt, be established only for the small group of very seriously disabled who "cannot be made fit for ordinary competitive employment" as stated in Part VIII of the Vocational Rehabilitation (Disabled) Recommendation, 1955. As regards this "employment under sheltered conditions" one should have the courage to admit that in most cases—at least in the modern industrial countries—what is required is not really rehabilitation but personal care and work therapy directed towards employment. As the employment offices not only assist disabled persons (free of charge) in their attempts to find normal jobs, but also advise undertakings when disabled persons are engaged, and financially support rehabilitation establishments and undertakings where induction and employment conditions for the disabled are as competitive as possible, the work of the Federal Institution makes a practical contribution to defining the principles and limits of a true rehabilitation policy.

The Federal Institute for Labour Protection at Coblenz and its Disablement Division also do work of importance for the effective practical improvement of assistance to the seriously disabled. The Institute's general function is to develop and promote, by means of technological and medical investigation, such action as will enhance safety and health at the places of employment. It has issued a series of exemplary publications on adjustment of workplaces and on work aids for disabled persons.¹

¹ See, for example, *Hilfe für's Leben. Die Versorgung der Körperbehinderten mit orthopädisch-technischen Hilfen in der Bundesrepublik Deutschland und Blinde am Arbeitsplatz.*

Prevention, Rehabilitation and Social Reintegration

Something must also be said of the measures and institutions by which earning and competitive capacity, once restored, are nurtured and maintained, so that the disabled person can continue to hold his own throughout his working life. With this object the accident insurance associations, the war victims' provident agency, the pension insurance institutions of the various Länder, the public and private assistance agencies and the disabled persons' own organisations run large numbers of medical establishments, sanatoria, convalescent homes, children's homes and other such institutions, to which the disabled may come at regular intervals for short holidays and spells of treatment, in particularly favourable conditions as regards climate, waters or facilities for cure, so as to preserve and promote the success of rehabilitation. It is true that in this regard also the concept of rehabilitation is threatened with some dilution, as witness the following typical excerpt from the well-known German daily newspaper, *Die Welt*.¹ The article starts, under the subtitle "Rehabilitation—Magic Word", by describing how the regular clientèle of spas and convalescent homes has undergone a characteristic social change, from the noble lords and industrial gentry of former times, who paid their own way, to the "welfare visitors" of today, whose costs are paid by public social security schemes and who now make up 40 per cent. of all bookings. This shift in the class structure of visitors to spas, etc., the article continues, began in other parts of Europe before the Second World War, whereas in the Federal Republic it really started when the Pension Insurance Reform Acts came into force in 1957 and required the insurance carriers not only to provide for insured persons in old age, etc., but also to "maintain, improve and restore . . . earning capacity" during their active life by measures including preventive action. Indeed, in the large majority of these cases the stay is for preventive purposes and not in order to promote the integration or reintegration of handicapped persons who must attempt once more, after medical treatment and vocational reorientation, to compete with the able-bodied. Nevertheless, the article proceeds as follows:

The magic English word "rehabilitation", which characterises this kind of holiday, is on every tongue: it is even applied by extension to large-scale, highly organised recreational establishments. The Land institutions for wage earners' pension insurance and the federal institutions for salaried employees' and miners' insurance arrange a mighty flow of visitors to the spas and resorts, which never lets up from 1 January to 31 December. At the moment these three pension insurance schemes alone spend more than

¹ Chr. FERBER: "Auf ein frisches Laken darf er rechnen — Sozialpatienten 1963 — Heilbäder nach hundert Jahren", in *Die Welt*, No. 92, Apr. 1963.

1,000 million marks a year on cures and rehabilitation ; in 1961 the doctors made out over a million prescriptions for curative treatment, and 780,000 institutional cures were approved.

This imposing campaign by the pension insurance carriers to maintain the earning capacity of employed persons is, of course, to be welcomed in the interest of the national health and on grounds of economic and still more of social policy ; but it should not be confused with " rehabilitation " unless this is to become a mere fashionable slogan covering everything and requiring nothing. Muthesius, who refers to the complementary character of prevention and rehabilitation, attaches great importance to distinguishing between these two ideas.¹

Measures for the social integration of another group of persons, the nomads who do no regular work and have no regular home, is also, one has recently heard, to be described as rehabilitation. The number of such persons in the Federal Republic is some 300,000 (about one-third of whom are under 25 years of age). Naturally every effort is made to ensure that this group of exposed and work-shy people, many of whom have no doubt come into conflict with the criminal law, are converted from their unsocial or anti-social attitude by settlement schemes, advice, assistance and an introduction to work. However, such measures—some of which are to be taken by statutory provision, even against the will of the persons concerned—ought not to be labelled " rehabilitation ", for this should rely as a matter of principle on the consent of the disabled ; nor does it seem appropriate to use the same vocabulary for the war disabled, the congenitally blind, etc., as for unintegrated nomadic groups. The term social reintegration may be used for the latter, but not rehabilitation.

Committees, Information, Research

It will be useful, last of all, to refer to a few advisory committees which have been established in the Federal Republic, some on a regional and some on an inter-regional basis, to discuss the formulation of general principles, the co-ordination of sundry measures (particularly those taken by public and private rehabilitation agencies) and also the development of special measures or schemes of assistance for particular groups of disabled persons. Although the relevant statutory provisions mostly call for co-operation between the public and private services concerned, there are so many different measures, legislative schemes and carriers that positive action by some appropriate organ is required in order to

¹ H. MUTHESIUS : " Prävention und Rehabilitation ", in *Bundesarbeitsblatt* (1960), pp. 718-720.

make co-operation and co-ordination a reality. With this object an inter-regional German Committee for the Integration of Disabled Persons in Employment, Occupation and Society has been in existence since 27 May 1960. The Committee was established by the Federal Ministry of Labour and Social Organisation in agreement with the other federal departments and the Länder and with the approval of the public and private agencies responsible for social security measures. It is required in particular to promote the co-operation of all rehabilitation services without interfering in their statutory fields of action; and also to work out principles, to encourage research, to inform the public and to arrange for international exchange of experience. Since its establishment it has met once, in 1961. Besides this committee a working party of rehabilitation institutions, which meets regularly, was recently set up with offices at Bad Pyrmont.

The Federal Ministry of Labour (which is competent, *inter alia*, for the care of war victims ¹) has standing committees for specific groups of disabled persons, namely the Council for Orthopaedic Technology, the Committee for the Vocational Rehabilitation of the Deaf and Hard of Hearing ², and the Working Committee on Occupations for the Blind.³ These co-operate closely with the other competent agencies, particularly the Ministries of Internal Affairs and Health, with a view to the further development and co-ordination of rehabilitation work for the various groups of disabled. The Permanent Committee on Questions of Common Concern to Relief and Employment Services (established by the German Association for Public and Private Assistance and the Federal Institution for Placement and Unemployment Insurance ⁴) is also an important instrument for co-operation in these two fields. Reference must also be made to the Committee on Sport for the Disabled (*Arbeitsgemeinschaft Deutscher Versehrtensport*), in which over 600 disabled persons' sports groups all over the country associated in 1960.⁵

¹ *Die Leistungen der Bundesrepublik Deutschland auf dem Gebiete der Kriegsopferversorgung*, Presse- und Informationsamt der Bundesregierung (Bonn, 1956).

² SCHMÄHL, op. cit.

³ Bundesministerium für Arbeit: *Der blinde Stenotypist. Richtlinien für die Ausbildung, Prüfung und Beschäftigung blinder Stenotypisten*, Second Edition (Bonn, 1959); *Der blinde Telefonist. Richtlinien und Empfehlungen für die Ausbildung, Prüfung und Beschäftigung blinder Telefonisten* (Bonn, 1954); *Der blinde Klavierstimmer. Richtlinien für die Ausbildung Prüfung und Beschäftigung blinder Klavierstimmer* (Bonn, 1960).

⁴ *Neue Wege der Fürsorge. Festgabe für Hans Muthesius*. Deutscher Verein für öffentliche und private Fürsorge (Berlin and Cologne, C. Heymanns Verlag, 1960).

⁵ F. HARTING: "Versehrtensport", in *Der Sportarzt*, 1960, No. 11.

Two periodicals¹ and an annual² provide a regular exchange of ideas and experiences between the various disciplines. These, together with a great many journals for special groups of disabled, spread knowledge and permit scientific discussion on general aspects of medical, vocational and social rehabilitation and on special discoveries and procedures. The steadily increasing scientific research in various branches of rehabilitation is recorded in the extensive bibliographies of Jochheim, Scharmann, Weisbach and Wiesenhütter³, who also seek to present rehabilitation as a branch of modern social assistance and to stress its final character.

COST AND PROFIT OF REHABILITATION

It will be clear from the foregoing that at present, with so many institutions involved and with measures of medical and vocational rehabilitation and integration designated in various ways, it is not possible to determine with any accuracy the aggregate cost of all genuine rehabilitation measures or even the cost of these measures to the individual carriers. In 1961, with a total budget of 48,000 million marks (100 per cent.) and a defence budget of 12,000 million (26 per cent.), the Federal Government spent 16,500 million marks (34 per cent.) on social benefits: but these include old-age pensions, recuperation services and child welfare as well as the cost of the actual curative treatment and the institutions which provide it. The above figures do not include the expenditure of the Länder, municipalities and associations of local authorities, the insurance institutions and the private relief agencies. No precise delimitation between measures of pure rehabilitation and certain other benefits connected with social assistance can be made at present within this framework. It can safely be said, however, that the proportion of rehabilitation costs in the progressively increasing total expenditure of all the institutions concerned has also increased—which indicates that the above-mentioned principle of helping people to help themselves has been gaining ground over the "provident" conception in social assistance.

¹ *Rehabilitation — Internationale Zeitschrift für Physikalische Medizin und Rehabilitation* (Verlag Mefa Gesellschaft, Bonn) and *Die Rehabilitation* (Verlag Georg Thieme, Stuttgart).

² *Jahrbuch der Fürsorge für Körperbehinderte* (Verlag Georg Thieme, Stuttgart).

³ K.-A. JOCHHEIM: *Grundlagen der Rehabilitation in der Bundesrepublik Deutschland* (Stuttgart, Georg Thieme, 1958); Th. SCHARMANN: "Die Psychologie der Ein- und Wiedereingliederung behinderter Personen in das Berufsleben", in *Handbuch der Psychologie* (Göttingen, 1961), Vol. 9, pp. 404-422; K. WEISBACH: *Die Wiederherstellung der Arbeitskraft. Eine Einführung in die Rehabilitationsmedizin* (Basle/Stuttgart, 1960); and E. WIENHÜTTER: *Rehabilitation. Handbuch der Neurosenlehre und Psychotherapie* (Munich and Berlin, Urban and Schwarzenberg, 1959). Vol. 4, pp. 632-645.

In the light of this situation one can see why it has not yet been possible to produce a valid calculation of the economic profit of rehabilitating a disabled person. Thieding, Jochheim and Pflüger consider, having regard to the multiplicity of criteria and the "social mosaic" made up by rehabilitation measures and relevant institutions, that they cannot work out a comprehensive statement of cost and advantage, i.e. a balance sheet, of the economic significance and profitability of rehabilitation measures as a whole.¹ Instead, they have contented themselves for the time being with estimating this economic yield by computing the cost involved and advantage obtained from such measures in statistically representative individual cases. Nevertheless, as an economist, Pflüger, who has worked out his own method of calculating the yield of rehabilitation and investigated four carriers (war disabled provision, Land assistance agency, occupational mutual insurance association, Land wage earners' insurance institution) and 136 individual cases, concludes—like the medical researcher Jochheim—on a favourable note. He says:

If the average age of disabled persons at the end of rehabilitation is assumed to be 30 years and the average expenditure to be 5,000 marks, allowing two-and-a-half years for this sum to be "repaid", we find that gross earnings until the age of retirement are 36 times as great as the cost; or, allowing four years for recovery, we find the spender's profit to be three times as great as the cost.

In other words, expenditure of one mark on rehabilitation (vocational and employment assistance) corresponds to a yield of 36 marks to the national economy and a yield of three marks to the carrier.²

However, Pflüger expressly points out—to avoid any possible false impression—that the essential significance of rehabilitation is not economic but ethical and human, although economic considerations cannot be neglected. It is indeed common ground for champions of the concept of rehabilitation, as opposed to that of mere maintenance, that the former stems primarily not from any economic purpose but from the imperative of giving the handicapped an opportunity equal to that of the able-bodied and of helping people to help themselves, i.e. an ethical and humanitarian principle. On the other hand, what would happen if objectively proper and duly individualised rehabilitation measures were not taken in good time or not taken in full, owing to an erroneous application of the provident or pension concept, may be seen from the findings of

¹ K.-A. JOCHHEIM, op. cit.; F. THIEDING: *Das soziale Mosaik* (Hamburg, 1956); and W. PFLÜGER: *Aufwand und Erfolg von Massnahmen der Arbeits- und Berufsförderung für behinderte Personen — ein wirtschaftswissenschaftlicher Beitrag zu Grundsatzfragen der Rehabilitation*. Dissertation (Nuremberg, 1959).

² PFLÜGER, op. cit., p. 92.

an investigation carried out by Hambitzer : these are, fortunately, not representative of German conditions, but they may contribute at the general level to an understanding of the economic and ethical problems of rehabilitation.¹

CONCLUSION

In the above discussion of schemes and measures for the vocational rehabilitation of the disabled in the Federal Republic and West Berlin I have not merely described conditions, indicated figures and cited statutory authorities. Emboldened by Germany's long tradition and high achievements as regards medical and vocational assistance for this group of persons, I have also struck a critical note. In just 20 years Germany will be celebrating the centenary of its first great social legislative measure (the Sickness Insurance Act, 1883). The country has since suffered a series of economic and political catastrophes ; yet in 1961, in addition to other public expenditure and considerable reparations, the Federal Government appropriated over 16,000 million marks, under the national budget alone, for social benefits, including those intended to " maintain, improve and restore earning capacity ". Such a country can stand criticism of some of its rehabilitation work ; and that will in no way diminish its achievement, for unlike some others the Federal Republic and its population have been repeatedly obliged to create a fresh material foundation for their public and private social services and to remodel the organisational background ; they have also been obliged, in successive reforms of social legislation and in modernising their social assistance arrangements, to have constant regard to previous experience and existing well-tried institutions. Just as in the course of industrialisation in the nineteenth century Great Britain developed the first efficient scheme of safety and health inspection, so in the same period Germany became the first country with a social legislation matching the risks of an industrial society. This tradition explains the multiplicity of social services and the " social mosaic " which have been criticised, but which also provide chances of differentiation and individualisation that some other systems of occupational security cannot offer disabled persons to the same extent. In order to make its rehabilitation still more effective the Federal Republic needs co-ordination of these various measures : otherwise—and rightly so—there will be more talk of establishing a uniform statutory rehabilitation scheme and a single federal office for rehabilitation of the disabled.

¹ M. HAMBITZER : *Schicksalsbewältigung und Daseinsermöglichung bei Körperbehinderten* (Erlangen, 1960).

There is good reason for such co-ordination of medical, vocational and social rehabilitation measures because otherwise these run the risk of fusion with social benefits of different kinds not aimed at vocational integration and not restricted to disabled persons being "helped to help themselves" towards vocational reintegration: I mean preventive action as regards physical or mental health, short-term recuperation assistance or even the social integration of nomads. These services are also necessary, but they proceed from different assumptions and must employ other methods, even though they seek the same general objective as rehabilitation, namely maximum restoration of the spiritual and bodily conditions which will enable the subject to live a full life, at the workplace and in society, on his own moral responsibility.

In less than two years the Vocational Rehabilitation (Disabled) Recommendation, 1955, will reach its tenth birthday. Having regard to the problems outlined in the present article, which await full solution in other countries as well as in the Federal Republic, it may be wondered whether a stocktaking of national services and a discussion of the essential principles of rehabilitation at the level of the I.L.O. will not soon be appropriate. Such an undertaking seems the more worthwhile because there is substantial agreement between East and West as regards programmes and measures of vocational rehabilitation and a general sense of collective responsibility for the provision of social assistance to the physically and mentally disabled.
