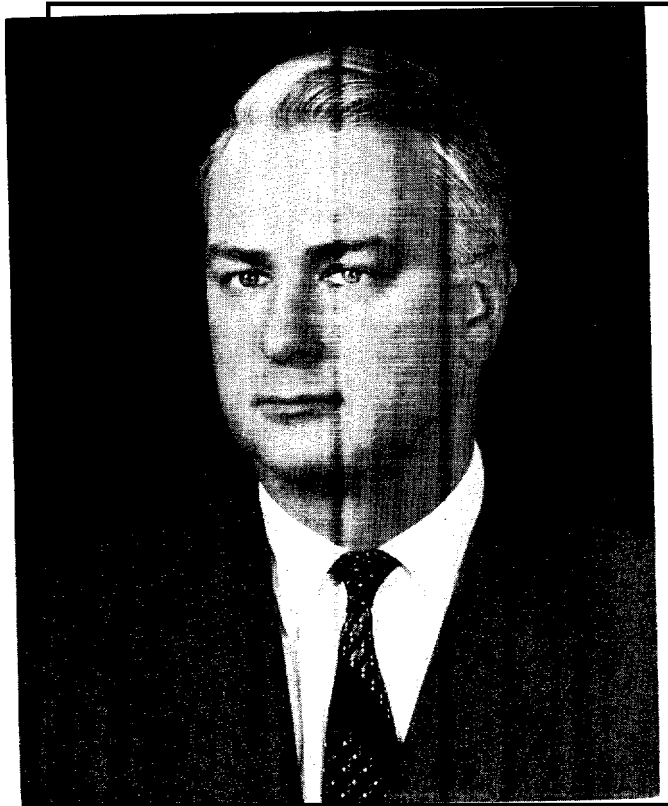


World Travel by Wheelchair

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The first thing that should be said is to explain why this article is being written. Simply, I feel very strongly that many others can do what I am now doing but are constrained from attempting it by fear of the unknown and innocence of the facts. This statement should come at the start because it took me a couple of years to get up my courage to undertake international travel in a wheelchair.

After a very active 36 years which included participation in such sports as football, ice hockey and lacrosse, rebuilding an old house with my own hands, three years overseas including a year in combat in World War II, and a job which called for at least a 60-hour week and travel about a third of each year, I was felled in one quick blow by a virus called poliomyelitis. Having survived air raids, machinegun fire,

artillery—and the perhaps greater hazards of driving an automobile—I was disdainful of the damage that could be done by a disease.

The initial onslaught of the polio completely wiped out all feeling of self-confidence. This was replaced by an overwhelming sensation of complete helplessness. I could raise my head about two inches off the bed; could lift my left arm a little but could hold nothing in that hand; could hold things in my right hand but couldn't lift that arm. There wasn't a thing I could do for myself, not even the most elemental aspects of daily existence. I am told that I am a reasonably intelligent person, and I have never lacked for imagination, but the lack of knowledge of what lay ahead was close to overwhelming.

While this is not the story of my reaction to re-

CPYRGHT

habilitation, there are milestones that should be noted. First was when Dr. Howard Rusk entered on the scene and told me the facts of life; in sum, that just as a baby I would have to learn all over again how to do everything, and that just how much I would be able to do would remain to be seen. The second was when I arrived at the Institute of Physical Medicine and Rehabilitation in New York (four months after the onslaught of the illness) and was told that henceforth I would be expected to be dressed each day and follow an increasingly rigorous program of progressive resistance exercises, physical therapy, hydrotherapy, and "activities of daily living." This, after a period of being completely bedridden, and helpless, except for a brief period of physical therapy and of sitting in a wheelchair each day which had been debilitating to morale if not to body, was like a promise of salvation.

After four months of strenuous treatment I was allowed to go back to work under the conditions that I would go to the hospital each day as an outpatient for physical therapy and that I would return to the job on a part-time basis while gradually building up my strength. The physical therapy is now twice a week, mainly stretching and conditioning, plus three swims a week of about half a mile each, while the workload has built up to between 50 to 70 hours—more while traveling.

One of the big events before I left the Institute to return to work was learning to drive a car with hand controls, my legs having lost all functional value. It took one lesson, probably in large part because it marked such a tremendous step forward in the drive for independence when just a few months previously I had been totally dependent on others for everything. I would be less than frank were I not to acknowledge that there were some very nervous moments for me at the start as I commenced to drive with hand controls, including one when after turning a corner I pulled the lever up, thus stepping on the gas rather than pushing it down to brake. Fortunately the only casualty was a neighbor's rose bush. After a few weeks driving to work with somebody with me I had enough confidence to go to the State Police to be tested, have my license marked so that my insurance was protected, and I was on my own. Since that time I have driven between 15,000 and 25,000 miles a year to and from work and around the country with the wheelchair in the back of the car.

When I decided to take the plunge and return to international travel I must confess to some nervousness. This particular journey was to cover a good portion of the continent of South America. Careful arrangements

were made in advance. The airlines asked that fork-lifts be available at each place so that the chair could be lifted to the door of the plane, rolled in, and then I could simply slide over into the seat nearest the door because to the best of my knowledge there is not a passenger aircraft that is built that has aisles wide enough for a wheelchair. Messages were sent ahead asking that reservations be made in those hotels that had few or no steps—and hopefully, that had bathroom doors that were at least twenty-eight inches wide. These were the advance preparations that went into the trip to South America, and the next year to Europe, and the next to the Caribbean and Central America, and the next to Africa, and then to Southeast Asia—and so on.

All of these trips have been accomplished with few problems for me, and I believe with little inconvenience for the airline personnel, and others. Most of the time I stay in the chair to get in and out of the plane, and simply slide from the wheelchair to seat and vice versa. On a couple of occasions I have been carried up and down, and while it doesn't bother me physically, a six-foot-five two hundred-pound bag of potatoes is not the most dignified object in the world. And we must stand on dignity, or sit on it, as the case may be. While fork-lifts have been used, some airlines don't like this because you might fall off and they feel it would be difficult to explain why they dropped you on your head. Most of the time two men get the chair up the ramp step by step, and bring it down the same way.

While all of my entrances and exits to and from aircraft have been accomplished satisfactorily, one or two of them are quite vivid in my memory. In Caracas, for example, no fork-lift was available and the ramp was one of those winding jobs that curves around in a complete circle. Of course the wheelchair would not curve around the ramp so four porters hoisted me high in the air and I had a precarious ride down like some maharajah on his elephant—but considerably less secure. The other descent of note was not so precarious as public, and came because our traveling companion when we arrived in Lima, Peru, was President Stroessner of Paraguay. When the plane came to a stop, there to greet it were the cadets of the Peruvian military academies and all of the diplomatic corps in full dress drawn up in a square to meet the President. After he had debarked and was being officially welcomed, up trundled a fork-lift and a considerable number of Peruvians were treated to a lesson on how to take a wheelchair from an airplane.

My quick recapitulation indicates that I have flown on at least nineteen different airlines. The aircraft have included DC-3's, 6's, 7's, Constellations, Convairs, Viscounts, Britannias, etc. I should stress that no two air-

CPYRGHT

liners have their seats arranged exactly the same way—some have seats opposite the door, others don't. About the best that can be expected if there are no seats by the door is to get part of the chair through the doorway into the seating compartment and slide, pivot, or be dragged into the nearest seat.

As far as the facilities are concerned, these are just out of reach and out of question. The result is that for a long flight this problem must be anticipated by the individual and coped with in his or her own way. As you might guess, a little imagination goes a long way in solving this problem.

Hotels seldom pose any problem as nearly every city has at least one built without too many steps. But there are few hotels that have bathroom doors twenty-eight inches wide, and this poses a problem that cannot be put off or ignored. The easiest solution is to put a straight chair in the doorway—most hotels have them at the desk—and slide from wheelchair to straight chair. The latter can then be slid around to the proper place. The funniest problem was a hotel elevator door in South America that was too narrow for the wheelchair. Answer: every trip on the elevator resulted in the wheelchair and myself being compressed to get in and out.

Most people don't mean to stare, but they do. And somebody going about the streets, hotels, shops, airports, etc. in a wheelchair is somebody out of the ordinary. While I don't think I will ever get quite used to being an unusual spectacle, it does produce some very interesting reactions. Everybody seems fascinated at the business of getting down the ramp from an airplane. Wandering around the streets of Quito or Cairo or even Barcelona may result in attracting a Pied Piper-like following; while in Paris, New York or Rome you may get only a few curious glances. There may be some ratio here between the number of wheelchairs in the city and the attention attracted. Perhaps the payoff was debarking from a fishing boat at a small port in Sardinia. If there was anybody in that village who wasn't at the waterfront they must have been bedridden.

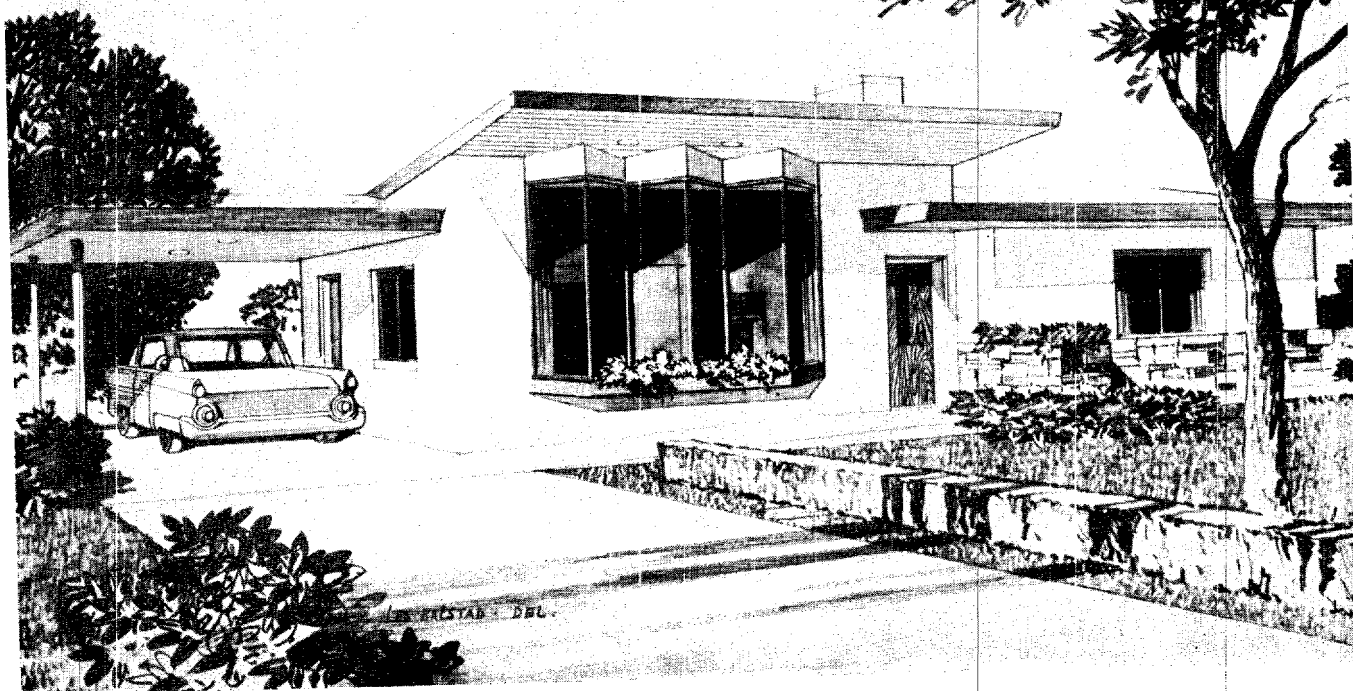
Getting on and off boats, in and out of airplanes, cars and through narrow doors, going over cobblestones, sand, mountain trails, to say nothing of through snow or down sandy beaches into the surf to swim does take something out of a wheelchair. Despite my 200 pounds and the tens of thousands of miles I've traveled, the two chairs that I have had over the past seven years—both still in use—have stood tremendous punishment.

Further, they can be repaired almost anywhere in the world. We slipped going down stairs in Sardinia and six spokes snapped. I took a two-hour nap, which I wanted anyway, and when I awoke the spokes had been replaced. The rough terrain around Kavalla, Greece, caused one of the bolts holding the seat to break and within half an hour this was fixed. A bicycle repairman or an ingenious mechanic, even though they may never have seen a wheelchair before, can handle just about all necessary repairs.

Under such conditions I see no reason why any person who can get about in a wheelchair shouldn't go anywhere in the world. There are many willing hands everywhere eager to help—sometimes too eager. I've come closer to being decapitated by the removable arms of my wheelchair than I was by any bullet during the war. I just didn't speak fast enough, or in the right language, to tell them not to lift by the arms. One important item for the individual traveling in a wheelchair is to learn a few simple phrases in the lingua franca as to how to handle the chair. These would obviously include, "Don't lift by the arms," (if the arms of the chair are removable, that is). It should also include telling them how to take the chair up steps backwards by tilting it backwards and pulling it up step by step. I must confess that I didn't seem able to get this across in Swahili, but I survived Africa.

There are probably one or two places in the world which are totally incompatible with a wheelchair. I learned this about Venice one bright sunny afternoon where I arrived after a long and rather tiring drive from Innsbruck. Looking forward to a quick sponge bath and a nice long cool drink, I was appalled to realize that there are nothing but steps and canals in Venice and that a wheelchair just couldn't navigate. A quick decision took me to the Venice Lido where, even though there were too many steps, it was at least manageable. I also found some of the cobblestone streets of Toledo, Spain, a little hard on the wheelchair and not recommended for regular use.

Everybody seems interested although most are too shy to show it. After helping me off an airplane an elderly Haitian ventured, "And could this be the dread polio?" When I replied in the affirmative, he commented, "It is terrible, it is terrible." When I said that things weren't so bad if you could go where you wanted to go, his eyes brightened and he replied, "You have spoken true."



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THE FUNCTIONAL HOME FOR EASIER LIVING

Standing on the grounds of New York University Medical Center immediately adjacent to the Institute is a recently completed, attractive, modern, one-level house. Called "The Functional Home for Easier Living," it is designed specifically for the physically disabled, the elderly and persons with cardiac handicaps. Though it looks like any other modern house, the Functional Home is actually unique. Every aspect of architecture and interior design was planned to facilitate a minimum expenditure of time and energy on the part of the occupants.

Many visitors have asked, "But why isn't this house practical for anyone?" We agree that time and energy saving features are no less practical for the so-called "able bodied." In an era when considerable emphasis is placed on streamlined living, the removal of any structural barriers makes living more functional and efficient for all, irrespective of the presence or absence of a physical handicap.

Consisting of a living room, two bedrooms (one, a nursery), kitchen, dining area, bathroom and carport, the Functional Home serves several purposes. It is a model for patients and their families and visitors from all over the world interested in building or remodeling homes of their own. It also provides practical training