

Guest-editorial

Rural occupations

*I asked the captain what his name was
And how come he didn't drive a truck
He said his name was Columbus
I just said, "Good luck."*

Bob Dylan (b. 1941), U.S. singer, songwriter. “Bob Dylan’s 115th Dream,” on the album *Bringing It All Back Home* (1965).¹

Upon graduating from the University of Alabama with a degree in Rehabilitation Counseling, I often referred to the aforementioned quote on a daily basis. After graduate school, I pursued employment as a Vocational Consultant for the U.S. Department of Agriculture, providing vocational placement assistance for farmers with disabilities. I traveled across the State of Louisiana assisting cotton farmers with spinal cord injuries access tractors, alligator farmers with visual impairment harvest alligators, and crawfish farmers with orthopedic injuries gain entrance onto crawfish boats to scoop up their wares. While graduate school taught me about the Rehabilitation Act of 1973 and “political correctness,” the same education failed to provide insight into rural culture and mechanisms to develop resources out of nothing.

I quickly learned that the rural allied health professional is indeed a Columbus without a truck. New paths are developed, yet few resources are available. However, is this true? The rural rehabilitation literature, admittedly even some of my own publications, has focused on the paucity of resources, yet failed to account for the availability of untapped potential in the rural communities. For this reason, Karen Jacobs and myself pursued the task of developing an issue addressing rural rehabilitation and occupational issues. The issue would not focus on poverty, poor infrastructure, lack of health care, and other negative rural issues, but rather would center upon proactive stances taken to prompt

employment opportunities for persons with injuries and disabilities. This task has been accomplished.

“Synthesizing self employment and economic leadership as two promising perspectives on rural disability and work” takes an approach not often seized by the rehabilitation community – place a person with a disability in a leadership and self sufficient role for self empowerment. Through self empowerment, the person with a disability or work-related injury may become the facilitator while the allied health professional becomes the secondary resource. The authors took a dynamic and progressive stance toward disability management. Perhaps, their model may develop into practice across multiple communities.

“Rehabilitation outlooks for rural Louisiana: Educational developments, economic trends, and global perspectives” analyses a southern rural state. The analysis observes educational and employment trends that affect persons with and without work-related impairments. The focus of the article is on developing work-related skills to concur with economic trends. Present and future job availability must determine rehabilitation and retraining direction, not guess work. The article concludes by stating Louisiana may serve as an example for other states wishing to develop employment opportunities for rural citizens.

The aforementioned article is supplemented by two articles focusing on specific industries in Louisiana: forestry and pipe fabrication. “Logging injuries in Louisiana: Nature, trends, and rehabilitation considerations” recognizes the type and occurrence of compensable logging injuries in the state. Development of a safety and injury prevention workshop is discussed, along with rehabilitation protocols for specific injuries. “Worksite accommodations for manufacturing employees in a pipe fabrication facility” approaches return-to-work actions taken to quickly restore persons with a back injury and amputation to the workforce. Time away from work was minimized, while maximizing rehabilitation potential. Aggressive case management played a vital role for rehabilitation resolution.

Rehabilitation protocols often supposedly address the “whole” person. Rehabilitation topics may include

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physical, spiritual, and emotional development, however, very rarely do rehabilitation plans include dental care. Dental care affects personal presentation, speech patterns, and may even impact motivation if pain is prevalent. For this reason, "Delivering dental care to persons with disabilities and other special populations" is included in this issue. Rural and non-rural allied health professionals must stand up to recognize dental care is a vital component to the "whole" person.

While one typically associates rural occupations with farming and manufacturing, the oilfield industry is often ignored. The oilfield industry and/or oilfield-related enterprises consume entire communities in South Texas and Southeast Louisiana economically, socially, and politically. Yet, few rehabilitation professionals realize the legal environment and rehabilitation decorum is different for longshore and harbor workers. Furthermore, these differences affect professional practice, techniques, and processes. "Vocational rehabilitation and the Longshore and Harbor Workers' Compensation Act" gives the reader a comprehensive introduction to the Longshore and Harbor Workers' Compensation Act and also outlines regional resources for additional information.

This issue of Work concludes with two articles addressing adaptive technology and introducing an Internet link. Antoine de Saint-Exupery (1900–1944), a French aviator and writer, once quoted, "Transport of the mails, transport of the human voice, transport of flickering pictures – in this century as in others our highest accomplishments still have the single aim of bringing men together." Telemedicine must have the same goal. The technology should be used to not only bring all together, but also bring all together for purpose of enhancing medical care and rehabilitation potential. "Prospective role for telemedicine as communication tool for rural rehabilitation practice" outlines the technology and processes for communication delivery and also discusses specific applications for the rehabilitation field. The reader may concurrently learn about the delivery mechanisms while broadening their understanding and grasping prospective direct application within their prospective fields.

While preparing this issue, I often toyed with means I may address the role of the Internet in this issue. I

considered having a section on "hot sites" or giving an introduction to Internet use; however, I quickly learned the location of "hot sites" changes daily, new sites are added daily or hourly, and computer users may enter their own keywords and independently derive their own databases. I also consider developing a "how to" section, but it is difficult to find anyone on a professional level that does not know how the "surf the Web." Such an article would be fruitless.

Therefore, I sought a site that would have dual purpose of educating a reader about the Internet and also address a topic not typically addressed in rural rehabilitation literature. The result was identification of a Internet site that addresses the empowerment of persons with disabilities in Asia and the Pacific. Upon identification of this site, I called Mr. Lawrence Jacobson with the United Nations to discuss the site and programmatic particulars. The program initiative is exciting! Efforts are being taken to empower not specific people, but rather all people in societies that have typically had archival ranking of people among social, medical, and economic tiers. These efforts taken by the United Nations are to be applauded. The reader is given a summation of the research and direct links are noted.

"Good luck" is a euphemism used to deliver a greeting and camaraderie among folks of many cultures. In Southwest Louisiana, it often wishes people success with their crops, obtaining a loan, winning an election, or even having a baby. With all factors being equal, "luck" becomes the determining factor, separating success and failure. The rural rehabilitation professional also needs the "luck" factor. Economic trends, medical factors, and client motivation may sway rehabilitation success towards either employment or long term disability. Resources may be exhausted and unknown or unpredictable factors may prompt physical and vocational rehabilitation. However, a rural rehabilitation professional must not become frustrated, as he/she becomes the Columbus among the woods of the rural Washington State, the coastal communities of South Carolina, and the swamps of Louisiana. Education and professional development will be navigating a path to rehabilitation success. This issue is dedicated to my son, James Hadley Smith.

Scott Smith