Orientation and Mobility: A Living History

**Where Did Our O&M Techniques Come From?**

*by Dona Sauerburger, COMS* (reprinted from May 1996 newsletter, Metropolitan Washington O&M Assn.)

While serving on the O&M Archives Committee, I have had the pleasure of talking with the only three living people who were there in the early days of the Hines O&M program: Warren Bledsoe, Russ Williams, and Stanley Suterko. I was surprised to find out how the O&M techniques which we teach today were developed, refined, and passed along more than 50 years ago. I also have learned to appreciate the fact that we would not have an O&M profession as we know it today were it not for certain people and circumstances.

This story begins during World War II, when many U.S. soldiers who had been blinded in battle were sent to hospitals at Valley Forge and Dibble, then to a rehabilitation program for the blind in Avon, Connecticut. The Avon program had “orientors” whose job was to orient the new patients. They didn’t teach techniques as such, but during their orientation they encouraged the patients to be aware of and use such things as echolocation, surface changes in the floor, and the spatial layout and landmarks of the buildings and campus. This was done without the use of canes, which were all but forbidden.

To provide services to the soldiers while they recuperated at Valley Forge and before they went to Avon, the military searched for personnel who had expertise in blindness. They recruited Warren Bledsoe and Richard Hoover, both of whom had worked at The Maryland School for the Blind (MSB) before the war. Bledsoe, in fact, had been born and raised on the campus while his father was superintendent there, and he had coached dramatics and taught English to the blind students before joining the army. Richard Hoover had been an athletic coach and taught math at MSB.

**“The first thing they need to know ... “**  
One day, when the staff at Valley Forge discussed what to do with a group of newly arrived blinded soldiers, Hoover said, “I think the first thing they need to know is how to get around. We’ve been working on it, but not enough. People say blind people in this country do a good job of getting around. I don’t think they do a good job. I think they do a hell of a poor job.” (Bledsoe, 1980)

Hoover and Bledsoe later discussed the feasibility of using only echolocation to get around obstacles, as was taught at Avon, and realized that echolocation wasn’t enough; a cane was needed. Hoover then started to develop a cane technique that would be effective. He blindfolded himself to try various techniques, and also asked many others to experiment. After this trial and error, he realized the need for a lightweight cane moved in an arc in front of the person, with the cane touching on the side opposite the forward foot.

This Hoover cane technique, also called the “touch cane technique,” would revolutionize the independent travel of blind people.

Bledsoe and the other instructors learned the touch cane technique, and together with Hoover they taught it to the blinded soldiers who were recuperating at Valley Forge hospital.

**A soldier learns and returns**  
One of these soldiers was Russ Williams, who was blinded after the Normandy invasion. He was sent to Valley Forge hospital, where he learned the touch cane technique. He then went to Avon, where he was told to put away his cane, and where he learned orientation techniques (including the use of sound shadows and echolocation). Afterwards, he incorporated all he’d learned from each program, and started to develop techniques and challenge his skills to achieve greater and greater independence.

After his training at Avon, Williams went back to Valley Forge to teach braille and other skills and offer counseling to those who had experienced traumatic new blindness. His sensitivity to these soldiers resulted not only from his own traumatic blindness, but also from an event which happened while he was recuperating at Valley Forge -- an event which moves him deeply to this day. He had become good friends with another soldier who had also been blinded in battle. This friend became despondent about what he perceived to be his future life as a blind person, dreading the burden he would be placing on his family. He died soon afterwards from a condition that does not normally cause death. Williams is convinced that his friend had willed himself to die because he thought that blindness means dependence and despair. This experience emphasized for Williams the importance of early intervention and counseling for people who lose their sight.

**Perseverance pays off**  
Meanwhile, the touch cane technique and the training that accompanied it were not generally accepted by civilian agencies which served blind people, nor even by some military authorities. Bledsoe worked doggedly to advocate for it, and became skilled at the political and bureaucratic strategies needed to maintain the program. Eventually his efforts paid off with the establishment of a national rehabilitation program for blind veterans at Hines VA Hospital.

Many revolutionary ideas have failed to become reality because of lack of support. It is quite likely that if it were not for Bledsoe’s efforts, political skill, and determination to gain support for the program and its concepts, the idea of the touch cane technique and the training that accompanies it would probably not have survived.

Russ Williams was chosen to be Chief of the new rehabilitation program. By that time, although he visited Hines occasionally, Hoover had moved back to the MSB campus to attend medical school at Johns Hopkins University, and later became an ophthalmologist. Bledsoe had become involved in Washington in the intense bureaucratic work needed to establish the center and have it succeed, but he came for several months to help set up the center. All the other instructors who had been involved in the Valley Forge program had also left for other careers.

**Pioneers join the effort**  
Thus Bledsoe and Williams had to recruit and train new instructors. These early O&Mers were Eddie Mees, Alford “Dee” Corbett, Stanley Suterko, Bud Thuis, and Larry Blaha.

One of those first instructors, Stanley Suterko, had been working as a therapist in a program of corrective therapy for soldiers with spinal injuries. He found working there to be discouraging because his supervisor had limited expectations of the patients. Suterko had been promised that he would be rotated to other wards, such as psychology, but more than a year had passed without his leaving this ward.

When he told his supervisor that he would apply for the new Hines program for the blind, his supervisor discouraged him, saying he’d end up carrying bedpans because the blind patients would not be able to do anything. Suterko didn’t believe him, any more than he believed his pronouncement of the limited potential of patients who had spinal cord injuries.

**The torch passes on as the flame burns brighter**  
Bledsoe taught Suterko and the other new instructors the cane technique which Hoover had developed. Williams taught them the techniques that he had learned at Valley Forge and at Avon, and the techniques that he had developed while pushing himself to the limits of independent travel in areas much more advanced than where he’d been taught.

After each lesson from Williams, one instructor would teach another who was blindfolded. Williams followed on these lessons, asking the one who was instructing what the other was experiencing, provoking the instructor’s thinking with such questions as “What is he hearing?” and “Is his cane close to the wall?” Suterko says that these remarks didn’t mean much to him at the time, but when he started teaching his first blinded veterans he realized how important they were.

Williams was the only blind person whom the new instructors had ever met, and though they were impressed with what he could do as an independent traveler, they attributed it to his being exceptionally gifted. Nevertheless, Williams taught the instructors how he accomplished what he did, such as how he could locate buildings, statues, and even poles by noticing the sound shadow that they made when cars passed on the other side of them, or by the sound that they reflected when he clapped his hands. Once, for example, he took the instructors into an open field and threw a football to them as they ran and called to him, and showed them how he could point to the edge of a distant building by clapping his hands as he walked and listened.

Thus the successful development of the O&M techniques and programs as we know them today is due in great part to Williams’ determination in learning the best from the experts and teaching himself even more, and passing this knowledge on to the Hines instructors. It is also partly due to his high expectations for the blinded veterans who, he was confident, could do it as well as he.

As the new Hines instructors began to teach the veterans, their techniques and strategies began to change. Probably the most significant change that took place was that the lessons and techniques became increasingly sophisticated, with greater and greater expectations of the blind men. Suterko remembers a lesson with one of his first learners, who was asked to complete a complex route indoors to find a certain room. When the man reached his destination, he exclaimed, “Hot damn! I did it!” Suterko felt like saying the same thing, because he was equally surprised that the man could do it.

Williams wasn’t surprised by what the veterans could achieve because he had done it himself, but the instructors and Bledsoe and Hoover continued to be pleased and surprised with what the blinded veterans were accomplishing. One day Hoover, who visited Hines occasionally, watched a lesson in which the veteran crossed several streets and went to a train platform. In retrospect, the lesson would not be seen as particularly noteworthy, but Hoover was exceedingly impressed. Williams also reports that at one visit, Hoover asked him if there were any new developments. Williams couldn’t think of any, but when Hoover went to observe a lesson, he was astounded at the new procedure he witnessed: the “drop-off” lesson. This is a lesson in which the blind learner is dropped off without being informed of his location, orients himself, and meets the instructor at a destination. Hoover’s first reaction was that this lesson was cruel to the blinded veterans, but he later said that he approved of the practice.

**And it keeps getting better**  
The techniques and the cane itself also changed in those early years of O&M. For example, the canes that Hoover had taught the soldiers to use were less than 44 inches long; the Hines instructors began to use longer canes and also individualized the length of the cane to suit the height of the user (“prescribed canes”).

In another example of evolving training techniques, Hoover introduced Williams and the other soldiers to the cane only after they had learned to travel indoors and were starting outdoor travel. Williams taught the Hines instructors to introduce the cane and its use at the very beginning of their instruction. They were to use the touch cane technique indoors as well as outdoors, except for crossing narrow streets, when the diagonal cane technique was to be used. After teaching this way for a while, however, the instructors realized that the diagonal cane technique doesn’t prevent travelers from hitting their knee against the bumper of parked cars, so they started teaching people to use the touch technique during all their crossings.

Other techniques and strategies also evolved, primarily through the discussions that the instructors had at the end of each day when writing their progress notes. Some of these strategies were developed by the blind veterans themselves as they applied what they’d learned to travel independently. Each year around December, the instructors also blindfolded themselves and tried things that hadn’t seemed to work with the veterans, and adapted or came up with new techniques and strategies.

Whenever the instructors had different ideas or preferences for techniques, they all agreed to use the technique that the majority chose. They felt it was imperative that they all be consistent because, even though each veteran had one instructor assigned to him, other instructors often filled in and also reinforced techniques when they were in charge of the ward overnight. They felt that it would have been confusing to the veterans to have conflicting methods being taught or reinforced by the various instructors. Students were told that after they had left the program, they could adapt the techniques as appropriate for their needs.

Thus these early instructors, because of their sensitivity, creativity, increasingly high expectations of the blind veterans and willingness to learn from them also contributed significantly to the development of O&M techniques.

**Why O&M there and then?**  
The population that was at Valley Forge and Hines was different from the blind civilian population, most of whom have functional vision. Williams feels that one factor which may have influenced the development of O&M is the fact that the vast majority of men who had been blinded in the war were totally blind and had no hope of recovering their vision. Many of them were young and energetic, and they wanted to be independent. The circumstances of having so many totally blind, determined young men in one program may have inspired efforts to find and develop alternative techniques for orientation and mobility, and to establish a program to present those techniques to the blinded veterans in a sequential, orderly manner.

Williams feels that another factor which may have fostered improvement of the techniques and program is the fact that each person at Hines felt comfortable sharing ideas with the others. The staff members felt close to each other, and there was no hierarchy of status to inhibit their interaction and communication.

Leaders in the rehabilitation of blind people were convinced of the effectiveness of O&M training only after persistent efforts on the part of the originators and their converts. Without people like Williams, Bledsoe, Hoover, Blaha, Corbett, Mees, Thuis, Suterko, and the blinded veterans who were determined to gain their independence, O&M programs may never have developed to the point where they eventually proved their value and were accepted by the blindness field.

*Bledsoe, C. Warren (1980) “Originators of Orientation and Mobility Training” in Welsh, R. L. and Blasch, B. B. Foundations of Orientation and Mobility, pp. 581-624.*

The above article is reprinted from the May 1996 newsletter of the Metropolitan Washington O&M Association. Photographs to illustrate this article all came from the collection of Russ William’s wife Jean, including original photos, and pictures from three publications she had saved: VA Pamphlet 10-32 A New Approach to the Rehabilitation of the Blind at the Veterans Administration Hospital, Hines Ill. published in February 1950 by the Veterans Administration in Washington, DC; and Stephen Miyagawa’s CBRC Torch Salute to C. Warren Bledsoe and to Richard Hoover (published by the Central Blind Rehabilitation Center in Hines, Illinois in September 1988 and July 1990, respectively).