

Debate over inclusion intensifies

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cient training of Johnson and her classroom aide. They also say the district failed to call in experts to help handle problems as they arose.

—Six-year-old Jimmy Peters, of Huntington Beach, California, is diagnosed as “communicatively handicapped” and has severe behavior problems. In his regular kindergarten class he frequently threw chairs, knocked over desks, bit and kicked other children, and threw tantrums. His school district sued to have Jimmy removed from the class and placed in a special education program, but a federal judge has ordered him readmitted to the school (where he is now in first grade).

According to a report by John Leo in *U.S. News and World Report*, “Jimmy’s teacher went on medical leave, saying she couldn’t take the stress any longer, and 12 of the 31 children in Jimmy’s class were removed by their parents because of the boy’s return.”

—Aaron Moreland, a nine-year-old West Virginia boy with learning disabilities and attention deficit disorder, was the subject of a recent *New York Times* article. Aaron’s teacher and parents agreed that his inclusive placement (which the district supported) was inappropriate; the teacher noted that when the boy wailed, spit at other children, or crawled under his desk and barked like a dog, “the whole class stopped.” Aaron’s parents pulled him from the school and placed him in a private school, where he is in a special education class.

—Teachers recently spoke out about inclusion in a *Washington Post* article. Virginia teacher Debbie Masnik said that teachers at her school were “up in arms” about having to learn to catheterize disabled students in regular education classes, and complained about one student who caused a “near riot” by defecating in his seat. Jennifer Robinson, a junior high school teacher in Utah, whose students include children with severe medical, learning, and emotional problems, commented that “learning goes right down the drain” when students with severe behavior problems disrupt the class.

Can full inclusion work?

Full inclusion proponents argue that in these instances, it’s not inclusion that’s at fault, but school districts that fail to adequately fund or staff inclusive programs. When programs are done correctly, they say, everyone—both disabled and non-disabled—benefits. Diane Rankin recently commented in the *Journal of the Association for Persons with Severe Handicaps* (JASH) about several such programs, saying that “The inclusive classrooms I walked into had general education teachers who had the benefit of collaborative planning sessions and day to day team-teaching with special education teachers and specialists. I saw general and special education students learning and benefiting from what has been called the gift of inclusion....I saw students in general education actively involved in solving real

problems of including the student with severe disabilities and that student being functionally involved in his actual community of ten-year-old peers. I saw students in general education becoming intensely interested in how their peers with disabilities learned. I saw those same students beginning to be intensely interested in their own learning. I saw students who had difficulty learning a particular subject being inspired by the student with severe disabilities working hard to meet his own individual goals.”

Rankin and colleagues say that “inclusion, for us, is a carefully planned program that brings out the best in general and special educators, general and special education students, and general and special education parents as they work together for the good of everyone.”

But inclusion, says Eric Schopler, director of the world-renowned TEACCH program at the University of North Carolina at Chapel Hill, is not the solution for every student. TEACCH offers a continuum of educational settings to meet students’ individual needs, and all teachers working in the program are specialists in teaching autistic children—something Schopler notes is not true of most inclusive programs. The effectiveness of this approach, Schopler says,

is supported by research showing that only 8% of TEACCH program students were institutionalized, compared to between 40 and 78% of autistic individuals nationally.

Schopler is skeptical about widespread inclusion, partly because very little research has been done to determine if the approach will work. “The cost of a hopeful theory shielded from empirical testing and accountability,” he says, “is likely to be high.”

Similar differences of opinion are occurring across Europe as inclusion is implemented, to a greater or lesser degree, in England and on the Continent. A recent statement by British educators in the London Borough of Waltham Forest, for instance, decalred that “segregated special education is a major factor causing discrimination.” But Niels Chapman, a British educator, argues that decisions based on such moral and political arguments may harm, rather than help, disabled students. He cites a recent study of inclusion efforts in Italy, Wales, England, the U.S., Denmark, and Sweden, saying that “experience from [these] six Western countries suggests that integration is unlikely to improve children’s education when it is imposed for doctrinaire reasons by a governmental authority.” He suggests that “those who have no more than an academic interest in special education are prone to talk glibly of promoting disabled children’s rights without realizing that

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Ear infections

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In spite of these findings, new U.S. government recommendations, issued by the Agency for Health Care Policy and Research, still list antibiotics as an option in the early phases of an ear infection, and recommend tubes after four to six months of bilateral effusion with hearing deficit.

Allergies a culprit?

Increasing evidence indicates that allergies contribute to otitis media. A new study by Talal Nsouli et al. found that of 104 children with recurrent ear problems, about one third were allergic to milk and another third to wheat. In all, 81 children were allergic to commonly eaten foods; when they were placed on diets that eliminated these foods, ear problems improved markedly in 70 of them. When the foods were added to the children’s diets again, 66 of them developed clogged ears. Physician Alan Gaby says that “food allergy is probably the most important and definitely the most overlooked factor in children who suffer from recurrent ear infections or chronic otitis media with effusion.”

The *British Journal of Medicine* recently noted that “ideas about the pathophysiology of glue ear [otitis media with effusion] are changing, with attention shifting from obstruction of the eustachian tube to dysfunction of the tube and immunological mechanisms.” Gaby cites research showing that diets high in sugar and low in nutrients can contribute to a decline in immune sys-

tem functioning; he recommends nutritional supplements, particularly vitamin C, zinc and vitamin A, for children suffering from chronic ear problems.

“Doctors who ignore...simple, nontoxic treatments and emphasize instead antibiotics and surgical implantation of tubes are certainly achieving less-than-optimal results and are exposing their patients to needless risk and expense,” he says. “....If they would take a closer look at the nutritional approach, there would be far less need for those procedures.”

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“Use of antibiotics in preventing recurrent acute otitis media and in treating otitis media with effusion: a meta-analytic attempt to resolve the brouhaha. (Review article),” Robert L. Williams, Thomas C. Chalmers, Kurt C. Stange, Frances T. Chalmers, and Steven J. Bowlin; *Journal of the American Medical Association*, Vol. 270, No. 11, Sept 15, 1993.

—and—
Managing Otitis Media with Effusion in Young Children, Quick Reference Guide for Physicians, S.E. Stool et al., AHCPR Publication No. 94-0623.

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“The medical appropriateness of tympanostomy tubes proposed for children younger than 16 years in the United States,” Lawrence Kleinman, Jacqueline Kosecoff, Robert Dubois, and Robert Brook; *Journal of the American Medical Association*, Vol. 271, No. 16, April 27, 1994.

—and—
“Food allergies linked to ear infections,” *Science News*, Vol. 146, No. 15, October 8, 1994.

—and—
“Commentary,” Gaby, Alan, *Nutrition and Healing*, Vol. 1, No. 4, November 1994.

—and—
“Treating persistent glue ear in children: more patience, less surgery (editorial),” Ruut A. de Melker; *British Medical Journal*, Vol. 306, No. 6869, Jan 2, 1993.