COVER PHOTO:

A Room with a View

Children in an open-air class in February 1921 at P.S. 102 annex in Manhattan.

"TOWARD THE END OF 1909, A committee consisting of a number of physicians noted for their efforts against tuberculosis, members of the Charity Organization Society, members of the Board of Education, the City Superintendent of Schools, and the Superintendent of School Supplies, after some meetings, finally decided to



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start an experimental open-air class for anemic children in April 1910. Public School 21, Manhattan, in the heart of an Italian neighborhood, was designated for the class. Children in the 1A to 4B grades, found after a medical examination to have tuberculosis tendencies, were to be admitted. The classroom had large windows which swung out horizontally, but it was to be occupied only during inclement weather because an open balcony was available for study and rest. When possible the temperature was to remain at 50° during the winter months. A cup of milk and a biscuit were to be given to each pupil at the beginning of the morning session. At noon they were to have their regular school lunch with some addition, and two hours later milk again. All children were to rest in the open air for an hour and some were permitted to sleep longer. Ten weeks after the formation of the class, it was reported that the physical improvement of the children was marked, and that they had already gained an average of 3 1/3 pounds each."

—From the Report of the Sub-Committee on Open Air Classes and the Care of Below Par Children, of the Committee for the Study of the Care and Education of Physically Handicapped Children in the Public Schools of the City of New York, Board of Education of the City of New York, 1941.

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by MICHELLE PURYEAR, LESLIE K. BALL, DAVID BENOR
No-fault compensation for vaccine injuries works for childhood vaccines,
but offering similar coverage for adult vaccines is problematic.

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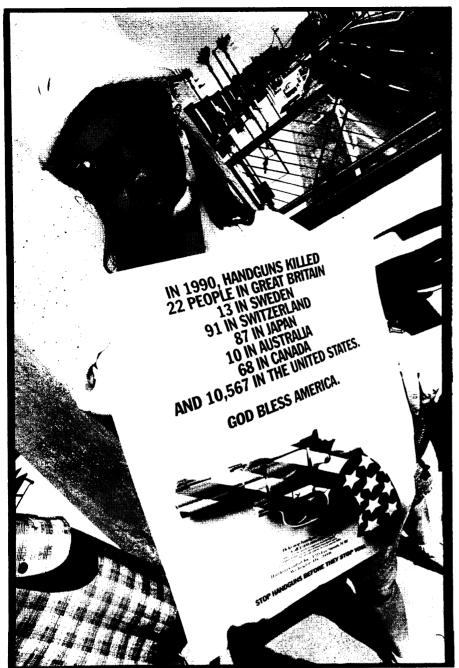
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A Weapon to Fight
Gun Violence

he United States is in the grip of a major public health crisis: gun violence. Each day nearly 100 children and adults die needlessly from gun-related homicides, suicides, and unintentional injuries, according to the National Center for Health Statistics. Annually, this translates to more than 35,000 Americans killed by firearms—making guns the second leading cause of death in the United States and giving us the highest firearm death rate of any industrialized nation. In 1995, the most recent year for which data are available, handguns were used to kill 11,198 people.

But while our country leads the world in gun-related deaths, it is also making strides in developing programs that will help make our streets safer. One such initiative that is changing the way communities respond to gun violence is Join Together Online/Gun Violence. This website, run by a Boston University School of Public Health program, mobilizes people to take action and influence positive change in their own communities.

Join Together Online/Gun Violence is based on the premise that for gun violence to decrease, citizen involvement must increase. To this end, the site enables users to tap into facts, stories, and resources online that will encourage them to take action. Grassroots organizers use the site's resources to assist them in their work of changing firearm-related policy, building alliances, and forming coalitions. Survivors of violence are given an opportunity to share their stories and find support. The site also reaches the general public and raises awareness about the harm associated with guns.

Many gun violence prevention groups have incorporated Join Together Online's daily gun violence news service into their own websites.

For more information on Join Together, call 617-437-1500; e-mail <info@ jointogether.org>; website www.jointogether.org.

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