

SPEECH OF HONORABLE JOHN E. FOGARTY, 2nd CONGRESSIONAL DISTRICT OF RHODE ISLAND, AT THE NORTHEAST REGIONAL CONFERENCE OF THE NATIONAL ASSOCIATION OF RETARDED CHILDREN, LETCHWORTH VILLAGE IN THIELLS, NEW YORK, JUNE 4, 1955.

I am very pleased to have this opportunity of talking with you about one of our major health problems--the problem of mental retardation. It is a subject in which I have been actively interested for a number of years. In my capacity as chairman of the House Subcommittee on Appropriations for Labor, Health, Education, and Welfare, I have been privileged to play a role in the development of national programs in this field, and I find it heartening to discuss a problem on which so much concrete action can be taken.

Over the past several years I have watched with satisfaction the growth of public interest in the mentally retarded. People are beginning to realize that we do not need to write off hundreds of thousands of children as human misfits who will remain a life-long burden to themselves and to society.

In the light of modern medical knowledge and educational developments we now know that we can help these children and can work toward prevention of mental retardation in future generations. The tools are at hand--research, training of professional personnel, community services to the retarded child and his family, and public education.

We know that the problem is a large one in terms of numbers of people affected. Here, I should say that I am using the term "mental retardation" to include all those people whose intellectual performance is below normal, whatever the cause of the handicap--brain damage, bio-chemical deficiencies, emotional disturbances, gross neglect, or unknown factors.

About 3% of the child population, I am told, show some degree of mental retardation and only about three-tenths of one percent show associated organic conditions. In England, responsible authorities have found that of every 100 mentally retarded

individuals, 75 are mildly retarded, 20 are moderately retarded, and only 5 are severely retarded. In the United States, authorities believe that a similar situation exists. In other words, a very substantial majority of the mentally retarded are capable of being taught to make a fairly adequate social adjustment in appropriate circumstances. It is this group for whom we can do so much more than we are now doing to train and educate them for socially useful lives.

Paradoxically some of the factors affecting the size of the problem are due to medical progress. The tremendous decrease in the death rate of infants is one. The development of the antibiotics and other weapons in the medical and health armamentarium make possible a longer life-span for all of us including the mentally retarded.

One of the basic tools available is research. It has already given us a considerable body of knowledge about the causes of certain types of mental retardation. Early work on blood typing

and the RH factor disclosed that some children were mentally retarded because of RH incompatibility. Methods of treating this condition are now available. Scientists have demonstrated the relationship between German measles in the first three months of pregnancy and congenital defects in the infant. Specific bio-chemical deficiencies or malfunctioning are known to be responsible for other types of mental retardation.

Children growing up in an underprivileged environment with inadequate diet and inadequate health and medical care may become mentally retarded. Infants and young children who are deprived of the affection and attention of their parents are likely to become mentally retarded.

As I have talked with research people who are interested in the problem of mental retardation, they have pointed out these and other areas that need exploring if we are to develop effective methods for treatment and prevention.

We must have studies to find out exactly what the size of the problem is, how many children will be born each year who will be mentally retarded, and how many children suffer from each type of mental retardation. With information of this character, we can plan more effectively the kinds and amount of services we need to help them.

We need more studies on the complications of pregnancy which may produce mentally retarded children. We need more studies to develop better methods of early diagnosis and case finding. I understand that at the present time a large number of cases of mental retardation are not diagnosed until the child goes to school. This means that precious time is lost in helping the child and his family. We need to evaluate existing treatments and develop new techniques as well as new methods for controlling infectious and congenital conditions affecting the child's development. We need to study programs and methods to be used

by institutions and agencies concerned with the well-being of the mentally retarded, so that we can move forward from the old custodial type of service to constructive service that will give the child every possible help.

A second tool in our fight to overcome the problem of mental retardation is training of professional personnel in the skills needed to do research in this field, and to provide service to the mentally retarded and his family. This does not necessarily require us to set up new professions. It means the inclusion of special training in the regular training of the physician, the pediatrician, the psychiatrist, the psychologist, the social worker, the public health nurse, the teacher, and a host of others who can provide real help. It means the use of in-service training, seminars and conferences for those who are confronted with this problem in the course of their daily activities.

You will be interested to know that one such training project is going on now with the aid of a grant from the National Institute of Mental Health of the Public Health Service. One of the teachers' colleges, in collaboration with the State department of mental health, is training clinical psychology students in research and teaching methods in mental retardation. This will provide a nucleus of especially qualified people able to provide real leadership and service in the development of programs.

Experts in professional training tell us that we must learn more about the kind of training that people need in order to work successfully with retarded children. And we've got to make work in this field challenging. In the past, too many professional people felt that the problem was hopeless and therefore, discouraging. Salary levels are all too frequently low when compared with those paid in other fields, and there is

often little possibility of advancement. That is one of the spots where you and I and many others can take concrete action in our States and communities. We can help to set up jobs that will be stimulating and interesting--jobs in which people feel that they can make a real contribution.

I believe you would be interested in a brief quotation from an article written 100 years ago by the superintendent of the Massachusetts School for Retarded. In describing the qualifications required of people who work with the mentally retarded, Dr. Howe said, and I quote

"He should have enthusiasm of spirit, love for his scholars, zeal for his work, and faith in its final accomplishment; for which he must labor during many years with untiring patience,--with earnestness of manner,--with gentleness of temper,--and with exhaustless fertility of invention."

Dr. Howe was also ahead of his time in speaking of the emotional needs of the mentally retarded. He said,

" . . . we must quicken their growth (the moral virtues and social affections) by surrounding them with objects of affection, and by giving them the daily influence of the sunshine of love. Under these influences there will be growth; tardy and slow indeed,--but still growth."

Our third tool is better use of our community services so that the retarded child and his family may also share in resources that are designed for everyone--health department and medical services, the schools, social welfare agencies, vocational and employment services. All are intended to serve the community but, for a variety of reasons, they frequently do not provide the help the mentally retarded child and his family need.

In the health department, for example, a key figure is the public health nurse who, both in the clinic and in her daily rounds of home visits, has won a unique acceptance in the homes of the community. With special training in the problems of the mentally retarded, she can be in a position to identify the child

who suffers from this handicap, and to help the family obtain the necessary services for the child.

Unless a child is so severely retarded that he is incapable of profiting from teaching and training, he, like other children, should be able to look to the school system of his community for his education. Special classes can be provided for him, staffed by teachers who have been trained for the challenging job of teaching the retarded child.

If for any reason he must live in a public institution rather than with his family, public school services should also be available to him, as they are to other children in institutions.

In some communities a visiting teacher goes into the homes of these children, and teaches the family how to handle the child, and train him in elementary personal hygiene and good living habits.

When the retarded child reaches adolescence, the school system can provide vocational training for him appropriate to

his abilities. This training would, of course, take into consideration the kinds of employment available in the community for which the young person could qualify.

Services to the retarded child and his family in planning his care, treatment and training should be available from the local welfare department, or a family service agency. Frequently a family is confronted with the problem of whether the child should continue to live in his own home, or should be placed in a foster home or an institution. This is a difficult decision to make, requiring that the welfare and needs of both the child and his family be reconciled in the best interests of both.

In making such a decision, the family needs the understanding guidance and skilled help of a person who is quite familiar with the problems involved ~~and the problems involved~~ and the resources available.

I understand that as far as diagnostic and treatment services are concerned, it is not always necessary or practical to establish

special clinics for the retarded child. If there is a community mental health clinic which has professional staff skilled in this problem, they can provide such services to the child.

There are services specially designed for the retarded child which are not yet available in many communities. For example, for those who cannot work in a regular employment situation, sheltered workshops may provide the answer. There, in a protected environment, under the guidance of skilled people, the mentally retarded can work successfully at remunerative tasks.

The fourth tool we have at hand is public education.

Far too many people still believe that mental retardation is not only a hopeless condition but a disgraceful one which should be concealed from the public eye. These incorrect beliefs prevent many parents from seeking professional help for the child whom they so clearly see is not developing normally. These beliefs sometimes stifle community interest in providing services to the retarded child and his family. If the child grows up uncared for

and untrained, he can easily become a public charge. He may then have to be placed in a custodial institution. In terms of wasted human life, this is a very real tragedy. In terms of dollars, each retarded child who is institutionalized will cost society \$50,000 before he dies, and his potential productivity is lost. Some of the severely retarded may have to spend their lives in an institution. However, a majority of the retarded can be helped to lead reasonably self-sufficient lives if they receive proper guidance and training.

We've got to make the public realize this. Through the efforts of such organizations as yours, it can be done. Discussion groups, film showings, radio and television programs, articles in the newspapers and popular magazines--all these media can be used to enlist public support and understanding of programs for the mentally retarded.

I have attempted to highlight some of the activities on which we can focus our efforts in the community and in the State.

I would like to point out some of the resources available to us on a nationwide basis.

In the Department of Health, Education and Welfare, there are a number of constituent units which are interested in the problem of mental retardation. Research and training are focused principally in two of the seven Institutes in the research arm of the Public Health Service--the National Institute of Mental Health and the National Institute of Neurological Diseases and Blindness. A joint laboratory research program is conducted by these two divisions, and each conducts a separate clinical research program at the Public Health Service's Clinical Center in Bethesda, Maryland. Both Institutes award grants to non-Federal scientists for research in mental retardation as well as other health problems. As Chairman of the House Subcommittee on Appropriations, I have been instrumental in encouraging and recommending increasing funds to enable these Institutes to expand their work on mental retardation.

The National Institute of Mental Health also makes grants to universities, and other training centers throughout the country for the graduate training of psychiatrists, clinical psychologists, psychiatric nurses and psychiatric social workers-- important figures in the diagnosis and treatment of mental retardation as well as the mental illnesses. The National Institute of Neurological Diseases and Blindness awards grants for training in the neurological specialties.

Other funds appropriated to the National Institute of Mental Health are granted annually to the States on a matching basis to assist in the development of community mental health services which can include services to the mentally retarded. Institute staff also provide professional and technical consultation to the States upon request to aid in the development of mental health programs.

This spring I recommended, and the House of Representatives adopted my recommendation, that increased funds be appropriated

specifically for research in mental retardation and special training of professional personnel to work in this field. The appropriations now being considered for the next fiscal year include an additional \$250,000 to the National Institute of Mental Health, and an additional \$300,000 to the National Institute of Neurological Diseases and Blindness. These funds should stimulate increased research on mental retardation. No matter how interested a scientist may be in a particular research problem, he cannot work on it unless funds are available for support of the studies. New advances in basic scientific knowledge, and new research techniques are also opening up possibilities of carrying on research that could not have been done ten or fifteen years ago.

I have mentioned the State governmental agencies--the health department, the schools and so on which can be of immeasurable importance in developing services to the mentally retarded.

Ultimately, however, it is the citizen in the community who provides the stimulus and the push to tackle the problem successfully. He can speak individually and he can speak with the united force of an organization such as the Parent-Teachers Associations.

As you know the citizens' voluntary organization which is concerned solely with this problem is your own organization, the National Association for Retarded Children. The citizen's voluntary organization interested in the broad field of mental health including the problem of mental retardation is the National Association for Mental Health. And the organization of professional personnel is the American Association on Mental Deficiency. Through each of these groups, there is good opportunity to act.

In helping the mentally retarded child, I believe we should remember that these are children with the same right as other

children to grow and develop to the fullest of their abilities. Because of their handicap, they need special, skilled help to achieve this goal and they must get it. We cannot continue to accept the tragedy of wasted human life, without reaching out a hand to help. These are children with the same basic needs of all children--to be loved, accepted, and guided in their growth toward a maturity that can be satisfying and productive.

Let's help them.

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