

SPEECH OF HONORABLE JOHN E. FOGARTY, M. C., 2ND DISTRICT, RHODE ISLAND
AT THE SIXTEENTH ANNIVERSARY LUNCHEON OF THE WELFARE LEAGUE FOR RETARDED
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MENTAL RETARDATION

I am very happy to be able to talk with you today about
mentally retarded children. They constitute a problem in which I am
vitally interested and one with which I am directly concerned in my
capacity as Chairman of the Congressional Subcommittee which has
broad responsibility for setting the level of appropriations for the
U. S. Department of Health, Education, and Welfare.

As some of you may know, this Subcommittee initiated a cam-
paign for a research attack on mental retardation this year; as a
result, the Congress allocated \$750,000 to the National Institute of
Neurological Diseases and Blindness and to the National Institute of
Mental Health of the Public Health Service for this purpose. The
Subcommittee, of course, saw this sum as meeting only part of the
government's responsibilities in this field--responsibilities which
may grow considerably in years to come. Further, with a view to
acting on these obligations on a realistic basis, the Congress asked

the U. S. Office of Education to devote part of its increased appropriations to the development of plans for what can be and should be a national program to aid the mentally retarded through specialized education.

These actions represent the beginning of a program at the Federal level. I am sure you who are concerned with this problem at the State and local level will welcome these actions, knowing that maximum progress can be assured only if there is a large-scale, co-operative effort involving both public and private resources.

There is no question among many of us in Congress that such an attack on the problems of mental retardation is desperately needed. We are familiar with some of the plain, hard facts: that mental retardation is ten times more common than poliomyelitis or cerebral palsy; that there are now $4\frac{1}{2}$ million mentally retarded children and adults; and that this nation is adding to its handicapped population at a rate of 130,000 children each year. As our birth rate

accelerates and medical skills further reduce infant mortality and increase the average life span, these numbers will grow even larger.

What can be done about this situation? What are the problems the nation faces--problems which must be resolved if there is to be a significant reduction in the many losses occasioned by mental retardation?

These questions, of course, I cannot answer. Many of you in this audience are probably better equipped to do so than I, especially insofar as you are familiar in detail with the problems of mental retardation in your own community. I have made it a point, however, to study the problem carefully and to consult extensively with those scientists and others in the Government whose competence and program responsibilities relate in part to understanding the nature of mental retardation, how the handicapped child may best become a useful member of our society, and, finally, how mental retardation may be prevented. In this sense, I have gained some understanding of the

problem on a national scale. It is this kind of perspective that I can share with you today. I hope you will be interested in how a Congressman views the problem, as I am in how you see it from your own point of view.

There are two broad problems, as I have come to see it: what we can, or rather what we must do for the mentally handicapped child...and what we can do about preventing or treating mental retardation.

For those children who are now mentally retarded, the general goals seem to me most profoundly stated in the Bill of Rights for the Handicapped Child, prepared by the White House Conference on Child Health and Protection. It states that each handicapped child has a right: "To grow up in a world which does not set him apart, which looks at him, not with scorn or pity or ridicule--but which welcomes him, exactly as it welcomes every child....." It further states that he has a right: "To a life in which his handicap casts no

shadow, but which is full day by day with those things which make it worthwhile, with comradeship, love, work, play, laughter, and tears-- a life in which these things bring continually increasing growth, richness, release of energies, joy in achievement."

What does this mean, specifically? It means the fulfillment of many needs which exist in homes and communities throughout the nation. It means meeting the needs for better education of the parents of retarded children, and indeed of the entire public. It means that a network of community diagnostic and treatment clinics must be established throughout the country--clinics not only for evaluating retarded children, but also for professional counselling of their parents. It means that special nursery schools must be built and staffed, and special education classes within the public school system must be broadened, including the development of vocational training programs. It is also apparent that more visiting

teachers and guidance workers are needed; more sheltered workshops; more community programs for the adolescent and adult retarded; and, especially, more trained persons to staff these programs, as well as to staff those institutions which care for the mentally retarded.

Just how these vast needs will be met, I do not know. In the States and the communities, competent professional workers, dedicated volunteers, and even more devoted parents, have made enormous efforts and notable progress on behalf of the mentally retarded. There can be no question, however, that the need for complete services for the mentally retarded far outweighs the services available.

Whether all these services, in fact, can ever be obtained at the enormous cost one can foresee for them is open to question. That we must try, on both the State and local levels, is evident. That the Federal Government must also lend support seems equally

evident, though to what extent and in what specific areas remains to be defined.

As already indicated, however, the Government has adopted a significant role in support of research seeking ways to prevent mental retardation or to achieve its alleviation. I am speaking not only of the aforementioned \$750,000 specifically earmarked for this purpose in the budgets of the National Institute of Neurological Diseases and Blindness and the National Institute of Mental Health, but also of funds allocated by the Congress in past years to both of these Institutes in Bethesda, Maryland, for their extensive programs of research, research training, and - to a lesser degree - community services.

The Congress is proud of its support of such research. While research on mental retardation has lagged behind research in other areas, the results so far, I think, amply justify our belief that

the incidence of mental retardation can be substantially reduced, perhaps ultimately to an extent comparable to the progress that has been made in the reduction of such diseases as diphtheria, typhoid fever, and smallpox.

Let me summarize a few facts that have come to my attention during hearings before my committee, facts which document the kind of progress that can be made. In the past decade, for example, research has uncovered the role of x-ray, German measles, and other various infections during pregnancy in causing infant brain damage, and has led to the adoption of suitable preventive measures among pregnant women. As a result of research, suitable measures can also be taken in the medical management of endocrine imbalances in mother and child for the prevention of mental retardation. And just last year, it was reported that a method had been found for recirculating the blood of newborn infants suffering from kernicterus, a disorder caused by Rh incompatibility, a technique which may prevent the deaths of several

thousand newborn children annually and the crippling and mental retardation of another several thousand who without this advance would otherwise have lived in a handicapped state.

A strong research effort on behalf of the mentally retarded, however, has just really begun. As it has been described to me by Government scientists and others, this effort falls into three major areas:

- 1) Basic scientific studies of the brain and nervous system, with particular emphasis on studies of embryonic growth of the brain and nervous system.
- 2) Clinical studies on environmental factors during pregnancy and birth which may be related to the causation of mental retardation.
- 3) Clinical and basic studies devoted to finding better methods for management of the mentally retarded.

A great deal of basic scientific research on the brain has

already been done, and medical science is beginning to see its possible application to brain disorders. This past year, for example, a scientist at the National Institute of Neurological Diseases and Blindness has discovered the basic chemical abnormalities in the brain responsible for epileptic seizures. This work, I am told, may ^{prove} provide directly applicable to certain types of mental retardation; but more important, perhaps, it has opened up new methods for investigating other metabolic brain changes which may be more specifically related to reduction of intellectual capabilities.

A number of studies are being made on animals. As I understand it, scientists are duplicating in animals the circumstances which might adversely affect human pregnancy, in an attempt to create mental retardation in the animals. Mental retardation in animals apparently can be created in a number of ways--for example, by oxygen starvation--and investigators are trying to determine why the brain responds abnormally to these stimuli. It has also been

found, I am told, that the kinds of abnormal change a brain will undergo may depend on the embryonic brain's stage of development. In terms of being able to prevent mental retardation in the future, this might suggest particular and specific medical care and treatment at various stages of pregnancy.

In my capacity as Chairman of the Subcommittee for Appropriations of the Department of Health, Education, and Welfare, I have asked the National Institutes of Health, including the two Institutes most directly concerned with mental retardation, to report to the Subcommittee not only on research progress but on those needs and problems and specific programs which might be of special interest to us. This year the National Institute of Neurological Diseases and Blindness told us of the initiation of a nationwide survey of those factors occurring during pregnancy, birth, and after birth which might be responsible for mental retardation. Over a period of years,

large numbers of pediatricians, obstetricians, gynecologists, orthopedic specialists, and neurologists throughout the nation will record and assemble the most complete data possible on thousands of children from the moment of their conception to the time of diagnosis of mental retardation. When, in the future, enough data on enough children has been assembled, it is possible that science will be able to isolate those common items in the history of pregnancy, birth or after-birth which lead to various mental handicaps.

The Government, largely through the National Institute of Mental Health, is also supporting research devoted particularly to finding out how the mentally retarded child may best be cared for and how he can make the most profitable use of his limited intellectual abilities. Many problems fall within this research effort: Is it better to segregate the moderately and severely retarded from those with whom they cannot compete? Do they adjust better in their

own houses and neighborhoods? Can psychiatric principles be applied to help the delinquent retarded make a better social adjustment?

There is some evidence that psychiatric principles may be applicable and that, in fact, emotional maladjustment may be responsible for a relatively large number of cases of mental retardation. The National Institute of Mental Health has reported that in a study supported by Institute funds, where 2,000 tests were given over a 16-year period to California school children, over 60 percent of the children's I.Q.'s changed 15 or more points, and about 10 percent changed 30 or more points. Other investigations have proved that the I. Q.'s of mildly retarded children may be increased appreciably by psychiatrically oriented teaching techniques.

Several pilot research programs are devoted to determining methods of increasing the adjustment of the mentally retarded. At the University of Illinois, I understand, they are experimenting

with a regular nursery program, plus individual psychiatric care, for handicapped children between the ages of 3 and 6 with I.Q.'s ranging from 45 to 60. At Vanderbilt University, they are testing the values of group motivation as contrasted with individual incentive in the mentally retarded's educational process.

In addition, neurophysiologists and psychologists at the National Institute of Mental Health are designing diagnostic tests which are expected to help physicians distinguish between organic and functional mental deficiency. Others, using a battery of psychological tests, are investigating the ways in which intellectual functions develop in mentally retarded as compared with normal children. Differences in body growth patterns among the various types of mental deficiency are also being determined, to find whether such differences, if they exist have any significance in causation of the disorder.

These studies are typical of the kinds of research that can be done on mental retardation. But there seems to be no question that many promising areas must still be explored and indeed that some research areas have yet to be defined. I understand, in fact, that during the next three years the American Association for Mental Deficiency, with a grant of approximately \$100,000 from the National Institute of Mental Health, will attempt to draw up general guidelines to stimulate further research and at the same time define needs for community service activities and skilled personnel. I should mention, too, that the Public Health Service is supporting programs for the training of specialized personnel who can be responsible for the diagnosis and medical management of the mentally retarded, as well as other mental and neurological disorders.

I have spoken in this vein concerning the Government's support of research in mental retardation because that is your field of

particular interest. The Congress, of course, is vitally concerned with all the diseases which kill and cripple the people of this country. You should know, moreover, that the Congress sees the total research programs of the nation as an interdependent and complementary effort; this is to say that while we encourage and stimulate research in many areas other than mental retardation--for example, in cancer, heart disease, arthritis, diabetes, cerebral palsy, and diseases of the eye and ear--we know that research on one disease will cast light on another disease, apparently unrelated. Some of the new drugs for the treatment of mental patients were developed by scientists seeking new drugs for the control of high blood pressure. This kind of evolution of medical progress is the rule, not the exception, and we may expect that many of the preventive measures for mental retardation will emerge from scientific endeavor directed to other goals.

Since the end of World War II, the Government has assumed a

more significant role in the support of medical research, so that now more than 30 percent of such research throughout the United States is conducted under Federal auspices. Government-supported research has grown to such proportions because of the evident need for an expanded research program to find answers to questions that arise as our population grows, and as it grows older. Our support, however, is considered only supplemental to the efforts of research institutions and universities throughout the country and the research supported by industry and other private sources. The Congress is proud of the well balanced, coordinated national research attack on disease that has become the pattern reflecting this philosophy.

Let me close by saying that I am privileged to have been one factor assisting in the growth of Government support of medical research for more than a decade. Congress, responding to the wishes and needs of the people, has done much to advance the health of the

country in this time. I am proud of this fact, but I am also aware there is a great deal yet to be done. In decades hence, you who are particularly concerned with mental retardation, and the millions of children and adults who are the focus of your concern will share in the great advances which will result from predictable future progress in the medical sciences.

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