

~~DEPT~~

Mr. Fogarty
Regional Conference
Council for Exceptional Children
Nov. 17, 1959
Providence, R. I.

EXCEPTIONAL CHILDREN DESERVE EXCEPTIONAL EDUCATION

I am honored by your invitation to address this Regional Conference of the Council for Exceptional Children. As a member of Congress and as a citizen of the community in which you have chosen to meet, I have long had an active interest in the field to which you are dedicated. I do not feel like a guest speaker, but rather like a member of your group. I hope you will accept me in that light.

Some of you may know that it has twice been my privilege to represent the United States as an official delegate to the World Health Assembly. It was through that affiliation that I became familiar with a World Health Organization Technical Report on "The Mentally Subnormal Child," which charted a kind of Bill of Rights for exceptional children. The Report stated in part that: "Every child...has a right to develop his potentialities to the maximum. This implies that all children, irrespective of whether or not they suffer from mental or physical handicap, should have ready access to the best medical diagnosis and treatment, allied therapeutic services, nursing and social services, education, vocational preparation, and employment. They should be able to satisfy fully the needs of their own personalities and become, as far as possible, independent and useful members of the community."

Although this is the desired objective, the Report states that:

"Today it is still rare to find existing the conditions which would render

it possible for subnormal children to make full use of their limited abilities and potentialities. In school, they are very often educationally more backward than they need be; and in both adolescence and adulthood many of them present serious problems which would not have arisen had they been properly cared for in childhood. These problems of childhood which lead up to the difficulties in adulthood can be treated with greater prospect of success, or even avoided, given timely and adequate assistance."

The Report then goes on to enumerate the many kinds of educational opportunities that need to be provided various categories of mentally subnormal children of school age, the problems of programming and providing these types of supplementary and special education, and the needs for special training and vocational guidance for mentally subnormal adolescents and young adults. I was extremely impressed by this Report because it seemed to me that the general principles enunciated in it applied equally to all types of handicapped people.

The Council for Exceptional Children, dedicated as it is ~~is~~ to the improvement of educational opportunities for all kinds of exceptional children, including the mentally retarded, is working in the front ranks and carrying out, for North America, the goals set forth by the World Health Organization. The work of your organization in improving the professional background of the people who work with exceptional children, and your efforts toward coordinating various activities for the benefit of exceptional children, have my utmost support and admiration.

I am always extremely grateful when I find a group of professional workers who are devoting themselves to the cause of mentally subnormal and other exceptional children. My feelings are particularly strong on the subject because it is only very recently that many professional groups have begun to take a hopeful attitude toward the problems of mental subnormality. It is of course still possible today to find among lay groups certain of the old hopeless attitudes that prevented progress in this field for so many years. Fortunately, however, these attitudes are rapidly becoming a thing of the past. Instead, there is greater knowledge, greater understanding, greater motivation, and more and more productive and constructive effort directed to meeting and overcoming the problems presented by retardation and other special physical and emotional handicaps in children.

I am proud, as I know you are proud, to have been associated with the movement which has helped to bring about this change.

As you know, for a long time I have campaigned for action on behalf of the retarded, and for support of activities in this field both by private groups and by the Government. I would like to review for you first of the ways in which the Federal Government is discharging its responsibility for providing services for, and helping to meet the needs of, the mentally retarded.

Practically all of the Government's mental retardation programs are located in the Department of Health, Education, and Welfare. I have a special reason to be familiar with the work of that Department, since I have served on its Appropriations Committee for nearly two decades and have been chairman

of that Committee for eight of the last ten years. These activities of the Department fall into three main categories: providing services, preparing professional personnel to work in the field, and carrying out research and special studies. Since a number of agencies within the Department are involved in this work, a special committee has been set up to coordinate their activities. Each year, out of funds appropriated for these purposes by Congress, the Department as a whole expends about \$10 million for work in the field of mental retardation. The Department as part of its program cooperates with voluntary organizations and assists State agencies by means of grants, special reports, technical consultation, and informational services.

The Office of Vocational Rehabilitation makes rehabilitation services available to the mentally retarded on the same basis as to other disabled persons. However, there are special problems involved in rehabilitating the retarded. Specialized facilities are needed to evaluate their ability to work and to prepare them for gainful employment. Because of lack of public and employer understanding of the many jobs they can perform successfully, there is general resistance to employing the retarded. The Office of Vocational Rehabilitation is working toward overcoming these obstacles. It awards grants to support pertinent programs, to conduct special studies and demonstrations, and to underwrite the costs of training. As a result, substantial progress is being made in preparing the mentally retarded for work and placing them in gainful employment.

State vocational rehabilitation agencies are carrying on many activities in cooperation with institutions, workshops, rehabilitation

centers, and the public schools. In some cases, rehabilitation counselors have set up offices in institutions for the retarded, where they can help select individuals capable of living and working outside the institution, and can assist in establishing appropriate training programs for them. In other States, vocational rehabilitation agencies help sheltered workshops expand their training and employment programs. Programs operated in cooperation with the public schools bring rehabilitation services to mentally retarded adolescents while they are still attending school.

The Section on Exceptional Children and Youth in the U. S. Office of Education is responsible for assisting with special education programs for all exceptional children, including the mentally retarded. It helps State and local school agencies extend and improve their programs for such children. The Office of Education prepares studies on exceptional children and special reports on mental retardation. It disseminates information, provides consultative services, and it cooperates with State education agencies, colleges, and universities, and professional and lay organizations concerned with education of the mentally retarded. The Office of Education is also vitally concerned with the problem of securing more and better qualified teachers of exceptional children. In addition, it is making special studies on such problems as developing curriculums for severely retarded children and preparing the older mentally retarded for gainful employment.

Besides educational and vocational needs, exceptional children have special needs in living--needs which cause them and their families to require help. Some of this help is being supplied through the efforts of three constituents of the Social Security Administration--The Children's Bureau, the

Bureau of Old Age and Survivors Insurance, and the Bureau of Public Assistance.

The concern of the Children's Bureau with retarded children is part of its overall responsibility on all matters pertaining to the welfare of children and child life. It cooperates with other Federal and national agencies and with professional and parent groups in collecting information about needs of mentally retarded children, and in disseminating this information through publications, conferences, and other means. Children's Bureau staff make technical consultation services available to the States on problems related to programs for the mentally retarded and on training of professional workers in the field of retardation.

The Bureau also assists in extending services to the retarded and in establishing demonstration projects through its grants to the States--grants for Maternal and Child Health, for Crippled Children, and for Child Welfare Services. Special demonstrations made possible as part of the State maternal and child health programs are designed to show the kinds of services that can be provided to preschool mentally retarded children and their families, and how these services can be provided most effectively. The Bureau holds special workshops for all types of professional workers--physicians, nurses, social workers, child welfare workers, etc.--whose work brings them in contact with the retarded. It issues special publications, such as "The Child Who Is Mentally Retarded," which assist in educating the public and in changing prejudicial attitudes about retardation.

The Bureau of Old Age and Survivors Insurance provides benefit payments to disabled children of individuals under the OASI program. These include

payments beyond the age of 18 if the disability began before the person reached 18. The mentally retarded are heavily represented among those who qualify for children's benefits based on disability. In 1957, the first year in which such payments were made, mental deficiency was the primary diagnosis in 45 percent of the cases. The various State public assistance programs also provide financial assistance to the mentally retarded. These programs are aided by grants from the Federal Government under the provisions of the Social Security Act.

Most of the work I have described thus far deals with services for the retarded and other exceptional children and youth. The activities of the Department of Health, Education, and Welfare in this field also include work at a more basic level, aimed at uncovering the roots of retardation and developing preventive measures. This medical research is carried out by the National Institute of Mental Health and the National Institute of Neurological diseases and Blindness--two of the seven research Institutes which are part of the Public Health Service.

The National Institute of Neurological Diseases and Blindness is interested in mental retardation as a form of brain and central nervous system disorder. In collaboration with a number of institutions, this Institute is conducting a long-term nationwide study of 40,000 mothers and children in an attempt to discover the causes of retardation and other neurological conditions such as cerebral palsy. This research is attempting to find out what kinds of things go wrong during pregnancy, childbirth, or early infancy which may give rise to these conditions. It is expected that information gleaned from this research may turn up hitherto unsuspected

causes of mental retardation. Other research by this Institute has implicated lack of oxygen supply to the brain and certain forms of encephalitis as causes of retardation. Basic research on the biochemistry of the body is also expected to yield data valuable in preventing or counteracting the conditions that lead to mental impairment of one kind or another.

The National Institute of Mental Health is also doing important research related to the field of exceptional children. This Institute is studying parent-child relationships and other environmental conditions among normal children in order to discover the conditions which promote or impede emotional and intellectual development. Similarly, it is doing research on cerebral metabolism in normal and abnormal individuals in order to gather basic data about the causes of mental defect. It is supporting a study of 600 pairs of twins, one or both of whom have been in an institution for mental deficiency, in order to learn more about the genetic aspects of retardation. Both Institutes support a great deal of research in this whole field.

In addition, the National Institute of Mental Health has done much to promote scientific and professional growth among people working on retardation. This Institute has given a grant to the American Association of Mental Deficiency to help strengthen it so that it can serve more effectively as a clearinghouse for scientific information. It is of course of utmost importance that new research findings be communicated from one scientist to another, and from scientists to the many workers in the field who can apply the findings. Such communication also serves to point out

needed research and to stimulate further studies. Through its program of technical assistance and consultation to the States, the National Institute of Mental Health is helping in the development and expansion of community and institutional programs for the retarded. Special conferences and workshops have been held for many types of professional personnel who work with the retarded. This Institute also supports the direct training of psychologists and other professional workers in order to give them special competence in dealing with exceptional children.

I would like to comment on one other piece of work supported by the Institutes. Although some of you may have seen the final report, it was my impression that the findings tend to dispel pessimism about retardation and to point the way to productive avenues of research that hold promise for the 5 million retarded people in the United States today. The survey to which I refer was supported by a joint grant from the National Institute of Mental Health and the National Institute of Neurological Diseases and Blindness and sponsored by the National Association for Retarded Children. The two-part survey deals with biological factors in retardation and with psychological and cultural factors. The report on biological factors pointed up a number of prenatal conditions related to the onset of retardation in the infant. These include the expectant mother's exposure to German measles, virus infections, psychological stress, and similar debilitating conditions. This part of the report also stresses the importance of social and economic factors in determining the quality of the mother's diet, her general health, and the measures she takes to prevent disease and infection during pregnancy.

The second report, which concentrates on the psychological and cultural factors involved in retardation, suggests some avenues of prevention which are capable of exploration at the present time. The effects of lack of education, and of cultural attitudes toward education in certain parts of the United States were reflected in the surprisingly high rates of rejection for mental deficiency during World War II. The authors of this report point out the confusion in the definitions of mental retardation, and the weakness of many of the methods used to measure intelligence. They also point out that many children are labelled retarded when actually they are capable of functioning adequately in our society. Conditions in the child's environment or cultural attitudes in his ethnic group may adversely affect both his performance on tests and in school work. In some cases bilingualism results in retardation in school work and inferior performance on verbal tests used to measure intelligence. Unless such children are assisted in overcoming their handicaps and helped to adjust to the demands of society, the report warns, genuine retardation can result. In other cases, what seems to be mental deficiency, may in reality be the effect of severe emotional disturbances. Again, unless special help is given such children, irremediable retardation may result.

Childhood is a period of extremely rapid change and development. It is also a period of high potential. But the potential will not keep. What is neglected or not utilized fully soon disappears. We can only guess at the number of cases of retardation among adults which might have been prevented or alleviated, given appropriate care and education in childhood. We, of course, all have encountered many cases where exceptional promise in childhood was not fulfilled in adulthood, all because the proper opportunities were not provided to help the special talent mature and grow.

I would like to pause for just a moment to describe an opportunity I have recently had to provide personal support for a study of mental retardation that is being conducted by the Parents Council of the State of Rhode Island with the cooperation of the State's public and private agencies. Last month, I received an Albert Lasker Award at the annual meeting of the American Public Health Association. Accompanying the award was a check for \$5,000. Because I had some personal knowledge of the work of the Parents Council, I arranged to have the money deposited to the Parents Council to finance a pilot study of what can be done among parents to give them a better understanding of mental retardation--to help them understand what mental retardation is and what it is not, to help them adjust to the special problems parents face if they have a retarded child, to help them know and use community resources so that a retarded child may have an opportunity to develop to the full extent of his capabilities.

This personal involvement in a meaningful program is what excites me about the program and work of your organization. The Council for Exceptional Children is doing the work that will help prevent unnecessary retardation and overcome some of the deficits that result from mental deficiency. The greatest number of retarded individuals are identified as retarded during the school years. I am told that, as a rule, retardation is not recognizable as such before school age and, after school age, the retarded are absorbed in the general population as marginal members of society. Your Council is attempting, in the field of education, to provide the best environment for each child so that he can develop to the best of his abilities. And it is extending this approach to all exceptional children--not merely the retarded.

The importance of this work and its far-reaching effects become apparent when one adds up the numbers of such exceptional children--all of the emotionally disturbed, the socially maladjusted, the partially sighted, the hard of hearing, the pretuberculous, the feebleminded, the crippled and the blind and the deaf, the epileptic, the non-readers, the malnourished, the cardiac, the mentally retarded, and the children with speech defects and glandular defects.

To this large number, your Council has added another group--the mentally gifted--whose potential can be of vital importance to the future of all of us. Bringing to full fruition the mental and intellectual gifts of one exceptional child may result in the addition of new knowledge or the discovery of new forces which could be of great benefit to all mankind.

The approach of the Council for ~~Ex~~ceptional Children is one which I believe might profitably be applied to the education and welfare of all children. Every child, whether he be exceptional or normal, is a unique individual. Though he may in many respects resemble large numbers of other children, he is separate and individual. Though his various traits are shared by others, he himself, in his own unique combination of physical, intellectual, and emotional aspects, is a separate person. The sum of the powers and the potentials possessed by each human being is different from that of other human beings. And each human being, because he is a human being, is entitled to the training and the consideration that can help him develop all of his human potentials.

We have, as a people, depended so much for our progress on the mutual cooperation engendered by group activity that there sometimes is a tendency to forget that the reason we form groups is to help individuals--either those who form the groups or those for whom the groups are formed. We have all types of organizations and societies to aid children whose assets or liabilities enable them to be categorized in some special way. But every child is a special child. Sometimes I wonder whether we don't need to form a special group dedicated to the welfare of the normal child, to help rescue the normal, average child from some of the stultifying effects of mass treatment.

There are so many normal children that even if we were to further develop their potential by only a small degree, the overall improvement in the abilities of our total population would be stupendous. I am sure that this thought has also occurred to many of you here, and that you share with me a concern for the broad medical and educational needs for all children.

I have as you know a great interest in medical research. My interest is predicated on a deep desire to prevent suffering and illness, to alleviate the pain of disease, to make life a fuller and happier experience for all human beings. I am as much interested in research into the normal as into the abnormal. Without full understanding of the normal processes of growth and development, we cannot truly control the forces that produce abnormality, nor can we capitalize fully on the potentials of normality.

In a similar way, I feel that the educational improvement of all children is a prerequisite for the fullest educational development of exceptional children. No matter how normal a child may be, there are areas in which his natural endowments tend to be exceptional. He may be more musical than most children, he may be less able to handle abstract concepts, he may be more skillful than most in social relationships, or he may have some antisocial tendencies. In learning how to cope with these differences, how to minimize the effects of undesirable traits or develop special aptitudes through the educational process, may we not in effect be developing powerful tools for helping children whose differences are more pronounced? Might it be profitable, from the educational point of view, to start from the premise that the differences among children are not differences in kind, but only differences in the degree to which they possess particular traits and abilities? To what extent would such a philosophy alter the educational approach to the normal child as well as the exceptional child?

Your Council for Exceptional Children is itself an exceptional organization, and your members possess exceptional skills. How can these skills and the skills of all educators be marshalled to extend the theme of exceptional programs for exceptional children to all? Is it utopian to hope that we can say: Not only do exceptional children deserve exceptional education--All children deserve exceptional education.