

THE PIONEER SPIRIT IN REHABILITATION*

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From
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For Release at
6:00 p.m.
February 11, 1960

I am particularly glad to be here, for it gives me a warm feeling of participation in the making of rehabilitation history. The fervor of the crusader and the daring of the pioneer are in the spirit that moves our program forward, and it is inspiring to me as a legislator to see some of the ferment of ideas that lead to practical results for rehabilitation and health, based on legislation in whose formulation and enactment I have had some part.

Long before the birth of Christ the Greek historian Thucydides gave us the dictum that history is philosophy learned from examples. There can be no more fitting lyric for the program of vocational rehabilitation than that. We have just entered the stage of building examples of modern rehabilitation methods. As our pioneering projects mature, a more vital and dynamic philosophy of rehabilitation emerges. It is leading to goals that may sound high in casual reading, but we have an aroused people back of us, and the examples and philosophy we are developing will, I am sure, be exciting reading for those who will eventually set down rehabilitation history.

*Before Research and Demonstration Conference on Vocational Rehabilitation of the Mentally Retarded, Dinner Meeting, February 11, 1960, Dallas, Texas.

It is in additional areas of aid for the disabled that we are projecting new thought. If we in the Congress are to continue to give you people in the active program a roadway to progress, we, too, must pioneer in imaginative ideas and legislative proposals. We must take the broadest possible view of rehabilitation needs, and refine adequate proposals to the point where they can be guides and aids to new areas of rehabilitation.

The emerging new philosophy of rehabilitation has widened our concept of an adequate program. In all conscience we have had to give greater attention to the problems of the aging. We in the Congress, those of you in the Office of Vocational Rehabilitation and the State rehabilitation agencies, a special staff in the Department, plus experts outside these groups, are studying ways to bring special rehabilitation service to the aged, in intensive preparation for the White House Conference on Aging, to be held next January in Washington, D. C., under provisions of a measure introduced some time ago.

From the standpoint of the public rehabilitation program, there are many facets to this planning for the aged. The vocational rehabilitation program is usually defined as a process designed to help disabled persons reach vocational, economic, and health potentials commensurate with their residual abilities--- with the avowed purpose of reducing dependency. Yet there are thousands of older persons over the country, clearly unable to gain any vocational or economic benefits from rehabilitation services, yet who could be removed from a state of dependency in institutions, nursing homes and family circles, through special services that will enable them to care for their daily needs, and give them independent lives free of custodial care or constant attendance.

This is one of the things we have been thinking about in Congress. It is my hope here to give you a viewpoint on a legislative proposal that would expand rehabilitation into this field, and on others that have been made.

In January of 1959 I introduced a bill in the House---H. R. 1119---which has the broad purpose of providing rehabilitation services to handicapped persons who can be aided in achievement of an ability for independent living, even though they may not be capable of productive employment.

We who support this measure want to launch a new attack on dependency by rehabilitating many such persons to the point where they are capable of self care. We want to provide the means for public and private workshops and other facilities that will abet these projects, and provide funds that will make this aspect of rehabilitation as flexible as those now in practice. For we continue to believe that dependency is measured both in dollars and human values, and that independence means a saving of dollars and an increase in self-respect. This is a pioneering action that makes sense to us, and we shall continue to press for legislative action on the bill for independent living.

Our new thought on rehabilitation has put in perspective another category of disability, this time running to the other end of the age scale. There are several millions of persons who suffer from speech and hearing defects which hamper them severely in their efforts to become self-supporting members of their communities. Many of them are children, unable to hear their parents' voices, to hear a song, to whom such things as television and movies are almost meaningless. Others are adults, whose hearing is impaired by war, industrial service, or ear disorders.

Perhaps three-quarters of these with speech and hearing difficulties could be helped greatly and many rehabilitated into employment, if enough speech pathologists, audiologists and teachers were available to diagnose, train, and teach them.

Today there are about 2,000 certified speech pathologists and audiologists in the Nation. We need ten times that many. To meet the educational needs of some 30,000 deaf children requires the training of some 500 teachers of the deaf each year. We are presently training less than a third of that number. Some 400 especially trained pathologists and audiologists are graduated each year, against a need for 1,500.

Last August I introduced a bill by which these needs could be met. It provides for grants to public and non-profit institutions engaged in training teachers of the deaf. It provides for grants to institutions of higher learning for training speech pathologists and audiologists. Within a few years after enactment of such a measure we would not be faced with the distressing statistics that scarcely more than one in five children of school age who need the attention of a speech correctionist are getting it. The bill would mean not only the filling of a great rehabilitation need, but would also create the opportunity for many young persons to build careers of lasting humanitarian service for themselves.

One cannot be in my position for so long as I, listening to the views and experiences of medical men, of scientists and researchers, and public health experts, without arriving at some deep convictions about public health needs.

Much of the pageant of medical achievement in the United States and over the world has passed before Congressional committees on which I have served. And on a recent trip to Europe, where I served as a delegate to the World Health Assembly in Geneva, I had opportunity to see both the substance and the spirit of international cooperation in the health sciences. I spent many hours with the more than 80 delegates from nations within the World Health Organization. I came away with a great awareness of the tremendous needs and opportunities for an intensified program of research that would extend into all aspects of the problems of disease in man, and for a marked expansion of these programs which apply today's new knowledge for the improvement of man's health.

There are seven National Institutes of Health just outside Washington, at Bethesda, Maryland, that do a tremendous job of research into cancer, heart, allergic and infectious diseases, dentistry, mental health, arthritis and metabolic diseases, and neurological diseases and blindness.

I have had the privilege of actively participating in appropriation actions that have so dramatically increased funds for enlarging the Institutes, funds that have increased from four million dollars in 1946 to four hundred million dollars in 1960, including, for the same period, a rise in funds for research grants from forty thousand dollars to 205 million dollars this year. And, as a corollary, there is provision for 85 million dollars to train researchers and technicians, so that the burgeoning research program shall not falter for lack of trained workers.

In January of 1958, Senator Hill and I were meeting with some eminent medical men in Washington. We had just listened to the President's message on the State of the Union, in which he said it could well be a world objective to make a more unified effort against such diseases as cancer, heart, and mental illness. The subject came up for discussion in our group. It was at this time that we started talking about an effort to provide United States leadership in a program that would in time focus international attention on these and other wreckers and killers of mankind, by lessening the time for world medical knowledge to reach all peoples.

As a result of many discussions with many persons, Senator Hill and I introduced bills to establish another Institute at Bethesda for international medical research. It would become a storehouse for medical information, and a world clearing house for medical advances as they occur. The Senate has passed the measure, which has become known as the Health for Peace Bill. The measure introduced in the House is still awaiting action, which I hope will not be long delayed.

In my view, the measure is a worldwide declaration of war against disease and disability, uniting the fight that is carried on individually in every country. It is a clear and unmistakable act of brotherhood, and more than that is within enlightened self-interest.

Perhaps Arnold Toynbee, one of the eminent historians of our time, summed up some of the hopes for the time after this proposal becomes law, when he wrote in the New York Times a few years ago, "The Twentieth Century will be chiefly remembered, as an age in which human society dared to think of the welfare of the whole human race as a practicable objective."

And Dr. Howard Rusk, in his statement in a hearing on the bill said "Medicine has never been anything but international. Its history is the most beautiful evidence of internationalism that exists in the world... Microbiology came from Holland, bacteriology from France, penicillin from Great Britain, insulin from Canada, cortisone from the United States, sulfonamides from Germany." This is truly an underscoring of the international character of medical progress.

And Miss Mary E. Switzer, Director of the Office of Vocational Rehabilitation, put another aspect of the Health for Peace Bill in eloquent language last Spring, when she said in a hearing:

"It is my firm belief that a well-planned and well-defined international program in these fields would offer an unparalleled opportunity to advance peace and understanding among mankind."

"There are vast areas of misunderstanding and mistrust among nations today, born primarily of differences in social, economic and health standards, national mores, and the problems of education and communication. But, in this sea of differences there are islands of quick understanding, honest affection, and mutual trust. One of these is the internationally shared dream of all peoples that the specter of disease and the humiliation of the dependent cripple shall not forever be an inescapable part of their lives."

This is pioneering into medicine and rehabilitation on a world scale. We have positive need for the benefits that such an Institute could bestow. Certainly some of them could be in the area of mental retardation. A new outlook on this disability has developed in the past few years, simply because more is known about it. There is continuing medical and psychiatric research and this country has taken a strong lead in demonstration of the vocational possibilities of the retarded.

There is a wider understanding of the true differences between mental retardation and mental deficiency. Much is made of the fact that mental retardation is hardly ever to be regarded as a static condition. The slowness to learn that is the mark of the retardate is sometimes so susceptible to special education that results have occasionally been outstanding, with some persons going far beyond usual academic limits, after appropriate services.

Since September of 1958 we have had Federal legislation that will be of pronounced significance to the slow learning child. This legislation, which originated in the Senate, and which I supported with all my energy, authorizes the U. S. Commissioner of Education to make grants to institutions of higher learning to help these schools to train professional personnel in the education of the mentally retarded children. When there has been time for this legislation to show tangible results, I am sure we shall see marked improvement in preparing the mentally retarded for fuller participation in the usual activities of life.

You will undoubtedly be interested, too, in some of the research going on with support from the Institute of Neurological Diseases and Blindness. In collaboration with a number of institutions, the Institute is conducting a long term, nationwide, study of 40,000 mothers and children in an attempt to discover the biological causes of retardation and other neurological conditions such as cerebral palsy. It is an attempt to find out what and why things go wrong during pregnancy, childbirth, and early infancy to cause these conditions, and there is hope that medical leads into the causes of retardation will be found.

Certainly one of the end products of the whole battle against the effects of mental retardation is in the activities of you researchers and managers of special projects for the mentally retarded. The projects that have been in operation for enough time to produce some tangible results that can be measured had given training to well over 750 retarded persons by the end of 1959. Ten of the projects were able to estimate that from 20 to 30 percent of those served in their centers will reach employment. A marked increase is looked for in the number of placements in the years ahead, because of the larger number of persons to be served, greater emphasis on placement and a growing amount of experience.

There can be no ~~gainsaying~~ the enthusiasm of this group to venture further into the lesser known aspects of rehabilitation. They carry on what has always been a pioneering effort, for the public program began only 40 years ago. It has grown by trial and experiment, by perseverance and imagination, and by hard work.

The Nation is being rewarded by the rehabilitation of handicapped persons at the rate of more than 80,000 each year. The Federal government, the State rehabilitation agencies, and the scores of other organizations interested in the welfare of the disabled are tooling up not only for greater numbers, but for methods that will reach more categories of the disabled, with services that will give them greater capacity for employment, for independence and the other satisfactions and privileges that all of us hold dearly.