Speech

Mr. Fogarty--Nat. Rehabilitation
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Rehabilitation -- A Nation Looks Forward

I should like to thank you, Mr. Shaughnessy, for inviting me to meet with the Community Council of Greater New York and the New York Chapter of the National Rehabilitation Association.

It is certainly fitting that these two great organizations should meet to discuss their mutual concerns and interests in the cause of rehabilitation, for it is becoming increasingly clear that rehabilitation has advanced to the point where an all-out effort aimed toward independent living for all our citizens can go forward. And basic to this is the closest kind of cooperation between those who provide rehabilitation services(and those who provide rehabilitation services)and those who help provide support for rehabilitation.

I am indeed honored to be on this distinguished panel with Dr. Rusk and Mr. Pohlmann. Mr. Pohlmann's work with the industrial rehabilitation of injured members of the United Mine Workers Union and their families is a splendid example of recognition that responsibility does not end when the injured worker is physically well. Dr. Rusk, whom the Koreans call "Dr. Live Again," has achieved an enviable reputation at home and abroad while pioneering in rehabilitation and developing new perspectives and dimensions

in meeting the needs of the handicapped. I consider it a privilege to be on the same platform with these gentlemen, because as a legislator, I have been immediately concerned with the creation and expansion of programs in support of the Nation's health for thirteen of my nineteen years in Congress.

Rehabilitation -- designed to preserve, develop, or restore the ability of physically and mentally handicapped persons to perform work -- is an interest you and I have in common. Not only are you engaged in health and related programs, but also you are transforming into sound action on the community level much of the legislation that it has been my privilege to sponsor in Congress. Ladies and Gentlemen, you identify the needs and the hopeful ideas that in time become health measures and together we are moving forward some of the programs that are closest to the National heart. And so, ours is a common goal -- independent and productive living for all our people.

For 39 years, the Federal Government and the States worked hand in hand in this endeavor to rehabilitate the disabled. Then, in 1945 something happened to put highlights into this picture. That was the year when millions of Johnnies came marching home from the battlefields of the world with a need we all wished to serve -- the need to help them readjust to a new civilian life.

Yes, something happened in our thinking about rehabilitation at that time. For all the Kilroys who were there in World War II did not come marching home; many came home in wheel chairs or were carried on stretchers -- minus limbs, sight, or hearing; and behind those Purple Hearts were the special psychological problems that demanded a new look at this entire matter of rehabilitation.

Never before in our history had we been more concerned on a national level about rehabilitation than we were at that time.

Never were we so willing to support new and expanded programs to the end that our complete potential as a Nation might be known and utilized, and to the greater end that the pursuit of happiness by all of our people would become as sacred a fact as our life and liberty.

The immediate urgency of rehabilitation for veterans was one of many common pressures to appropriate unprecedented amounts of money for health and welfare programs. At the time, the figure seemed large to us because it was bigger than it had been before. But we were yet to discover not only how much needed to be done, but also how much could be done in this field. Since then I have given much of my time and energy, as Chairman of the Health Subcommittee on Appropriations or as ranking minority member of that Committee, to the goal of seeing that the levels of our appropriations

for these programs were more closely identified with the needs.

Rehabilitation is a subject I have explored considerably in my legislative efforts to improve the health of the American people. I have been fortunate to be in a spot where I could work for legislation to expand health measures. Americans can be pleased and proud of the laws we have passed in this field during the decade we have just completed, for we have met in medicine and in rehabilitation the challenge and opportunity that attest to genuine greatness in our Nation. You who are engaged in the closer personal touch of direct community welfare work are helping the rest of the people to see the needs. Those of you in the medical and allied professions: physicians, nurses, trained therapists, orthotists, prosthetists, audiologists, speech pathologists, and research people are discovering the miraculous ways and means of rehabilitating in theory and in fact.

Aside from the humanitarian concepts involved in rehabilitation, what you and I are doing in this public service makes good horse sense too. For the economics of rehabilitation tell an impressive story. Disabled persons restored to productive work or turned into breadwinners for the first time in Fiscal Year 1959 is an impressive story in itself. Those persons increased their combined annual earnings from an estimated $25 million before rehabilitation to an estimated annual rate of $156 million after

vocational rehabilitation. Additional estimates tell us that the U.S. Treasury will receive from these persons about $10 in income taxes for every dollar invested by the Federal Government in their rehabilitation. And your community, State, and Nation will profit from the productive energy of those you rehabilitate at a time when we require total effort as our great new awakening spreads over the land, with education and science flowering as never before.

In the decade ahead, our rehabilitation scope will broaden considerably, our perspectives taking in all that is implied by the word, REHABILITATION. In addition to the obvious benefits that accrue from vocational rehabilitation, we should strive to bring the fruits of research and services to the very young and the very old as well. One subject that received considerable attention at the recent White House Conference on Children and Youth was rehabilitation, and rehabilitation will be discussed even more widely in the White House Conference on the Problems of the Aging to be held next year. I am proud that I had the opportunity to introduce and see enacted the legislation that is making the Aging Conference possible.

I believe that New York State has just held its regional conference on the Problems of the Aging, at Bear Mountain, as a prelude to the White House Conference to be held in January 1961. And I am particularly interested in what you people have been discussing and intend to bring to the White House next year, inasmuch as I understand that New York has a high percentage of older citizens compared with other States. At that regional conference, your State Housing

Commissioner, Mr. James W. Gaynor, placed our aged people in three groups: those who are physically able to compete in the normal housing market; those who need limited care, such as a nurse to look in daily or nearness to medical facilities; and those who need complete custodial care. It is this middle group, those who need only limited care, who offer us the immediate challenge as candidates for rehabilitation. In helping them to achieve greater independence, Commissioner Gaynor proposes to add to their happiness and self-respect and at the same time to release the hospital beds they are now occupying for the use of the more seriously ill.

I would like to cite a specific example to point up the plight of this so-called middle group. At the 3rd International Gerontological Conference in London in 1954, a report was given on a New York hospital with 95 older persons who had spent a total of 266,267 days in that hospital. According to that same report, all but seven of these 95 persons could have been discharged to their own homes or to other types of custodial institutions, but not without adequate rehabilitation training. A conservative estimate of the cost of hospitalizing these 95 patients during their 266,267 days in the hospital was around $2,500,000.

Now the problem of our senior citizens over-crowding hospitals is common to all States. With the increased incidence of chronic disability, resulting from the extension of the life span, many hospitals to handle the acutely ill are crowed with long-term chronically disabled aging patients. Those persons no longer need the full range of hospital care; but they do need rehabilitation in order to achieve some degree of independence.

Commissioner Gaynor's proposal at Bear Mountain recommended special types of housing for that great number of older persons who are today lingering in overcrowded hospitals because they need rehabilitation presently unavailable to them. As these regional meetings take form and meld into a national posture in Washington next year, many of these proposals will help provide our blueprint for the years ahead. From this great ferment of ideas will come pioneering approaches to the problems of our senior citizens in need of rehabilitation. Truly, we are launched upon a fruitful decade, one that well may belong to health even as we assigned prosperity to the roaring twenties, depression to the 30's, war to the 40's and education to the 50's.

While we have become increasingly conscious of the need for making disabled persons employable, greater attention must be given during the decade ahead to those persons who cannot become employable as a result of age or severe disability, but who could still profit from rehabilitation training. This would release, at least to some extent, the person or persons who presently devote considerable time to the care of these chronic patients.

Our early 20th century custom of caring for the aged and infirm in their own homes was a feasible solution to the care of the aged and it is still being carried out in rural areas. With our spcial and scientific revolution of the past 20 years bringing more and more families to the city, this home care has become more and more difficult for many families. The three-way pressure brought about by construction

of smaller homes, apartment-type dwelling, the population swing from rural to urban and suburban areas, and the tendency to have larger families practically has crowded out the possibility for taking an older person into the home for long-term care by children or other relatives.

The group of aging citizens who do not require hospitalization but who, with a bit of rehabilitation could live happily with others, holds a great potential. At the present time, a little over half a million of our older people are living in foster homes. The fact that they are living independent lives with only a minimum of care may suggest the answer for a more unified and coordinated effort in their behalf. Earlier this spring I had an opportunity to suggest that we make provision for foster homes for the elderly on somewhat the same basis as many local and State foster homes serve children. I hope that the White House Conference on the Aging will consider all of the aspects of coordinated foster home programs for the elderly, including recommendations as to the relative roles of local, State, and Federal Governments.

We have discussed the aging population. Now I should like to say something about our citizens at the other end of the age scale. When we began concerning ourselves with the cause of rehabilitation on a large scale in Congress, the plight of 8 million Americans suffering from speech and hearing defects moved into primary focus. We learned that many of our mature citizens had ear disorders from

birth that prevented them from being self-supporting members of the community; we learned that the largest number of handicapped children include those who are deaf, hard of hearing and with concomitant speech defects. This is an especially important group to salvage, for if we can deal effectively with their problems in the early years of their lives, we will eventually relieve the demands for rehabilitation all along the line.

This possibility of a brighter future for our handicapped younsters prompted me to join in the sponsorship and work for the passage of House Joint Resolution 488; this legislation is designed to increase numbers of specially trained teachers, speech pathologists and audiologists needed to help the deaf develop their abilities and to enable those with less severe impairments to overcome their handicaps.

We know that three-fourths of the people with speech and hearing difficulties could be helped greatly and rehabilitated into employment if enough speech pathologists, audiologists, and teachers were available to diagnose, train, and teach them.

Today, there are only 2,000 certified speech pathologists and audiologists in the Nation. We need 20,000.

To meet the educational needs of some 30,000 deaf children requires the training of some 500 teachers of the deaf every year. We are presently training less than a third of this number.

Some 400 specially trained pathologists and audiologists are graduated each year, against a need for 1,500.

House Joint Resolution 488 provides for grants to public and non-profit institutions engaged in training teachers of the deaf. It authorizes grants to institutions of higher learning for the training of speech pathologists and audiologists. Within a few years after enactment of this measure we would not be faced with the distressing statistics that scarcely more than one in five children who need the attention of a speech correctionist are getting it. This bill will also create an opportunity for many young persons to build humanitarian careers of lasting and rewarding service. Many of you are in a position to guide younger people into this mushrooming field, and I hope that whenever the opportunity affords itself you will do just that.

Another group of youngsters who stand in need of help are that large group known as mentally retarded. I have sponsored and am working for the passage of House Resolution 1119 which will help to make possible the rehabilitation of handicapped to a point where they can live independently. Until now, our interests in rehabilitation have been limited essentially to those who were potential employees, but today we are realizing that much can be done for those who require maximum custodial care. I was delighted to be able to help in my own personal way in this effort when I was presented last October with an Albert Lasker Award for my work on behalf of health; I was pleased to have the opportunity of turning over the $5,000 check that accompanied

the award to the Rhode Island Council for Parents, who are studying better ways for helping the retarded child and his parents understand each other.

At this point I should like to use a word that to me characterizes some of our forward looking concepts, and this is "prehabilitation." This is doing what we can to prevent the condition which would ultimately demand rehabilitation.

One of the areas in which prehabilitation can be applied is that of juvenile delinquency. Once the damage has been done, we know that rehabilitation is as pertinent in this area as it is among those confined to wheel chairs. And since the big problem here is preventing juvenile delinquency from taking root in a generation, I think the word "PREHABILITATION" is applicable. New York City has taken the lead in so many of these rehabilitation programs that I shall be looking forward to a report on your deliberations at this conference this week. It is always to the credit of this great metropolis that you not only identify the problems, but that you also are quick to take steps to correct them.

Much of the research in both the biological and behavioral sciences holds great promise for providing the answers that will move us one step closer to my concept of prehabilitation. A great deal of this research is being conducted or supported by the Public Health Service through its National Institutes of Health in Bethesda, Md.

The discoveries made possible through this research will be shared by all of you who are engaged in rehabilitation work directly and indirectly. One example of the kind of findings you will be hearing about is that made by a scientist working at the National Institute of Mental Health. There is now evidence that environment alone can change the Intelligence Quotient by as much as 50 points. You can readily see the implications for the retarded when it is possible to nurture and encourage a child whose Intelligence Quotient is below normal. On the other hand, a child nearing genius capacity can level off to normal if allowed to languish in an environment lacking stimulation. In a day when we are nationally concerned about our position in science and mathematics, we shall be looking to the near genius portion of our population, and we cannot affort to waste any potential talents.

In contrast to this single-scientist finding, I would like to tell you about a study being carried out on a large scale, collaboration basis by the National Institute of Neurological Diseases and Blindness. The study now includes the joint efforts of 15 hospitals and medical centers, approximately 50,000 mothers, and hundreds of physicians. Obstetricians, pediatricians, and a dozen other kinds of specialists are working together to make the most careful observations in an effort to find the causes of cerebral palsy, mental retardation, blindness, and kindred defects in children. Observations begin in early pregnancy and will continue umtil the children are 6 years old.

This is a pioneering venture, a quest in which we seek to prevent the causes of conditions we now try to rehabilitate. I know that you who work with these crippled ones will welcome the knowledge that research is being done that may offer us a kind of prevention.

The longer we live and the longer we observe the great panorama of change and progress, the clearer it becomes that ideas, aims, and goals have their appointed hour. This is the hour when we as a Nation are becoming more and more interested and concerned with <u>all</u> of the man.

We are certainly moving full speed away from the concept that restriction, isolation, and withdrawal into custodial care offer adequate solutions to disabilities, whether they be of sight, hearing, loss of limb, mental retardation, or chronic disease.

We are moving closer to the concept that each disabled person has the right to be individually assisted toward the full use and expansion of his own basic adaptive powers.

We are moving closer to the concept that we must preserve the individuality, integrity and self-reliance of the disabled person so that he can re-enter into life's responsibilities and rewards.

Now for a moment, I would like to say a word about the efforts that are being made by Federal, State, ~~local~~, and local governments and by voluntary organizations in the cause of rehabilitation and related problems. Each year there are a few more specialized rehabili-

tation facilities with which to work -- and through which the extremely difficult problems of the severely handicapped may receive the kind of concentrated team attention which they must have if they are to be fully successful in this great goal of independent living for all. There is a constantly improving degree of cooperation between the public program and the many voluntary agencies in rehabilitation, with the result that the resources of both are now doing a better job with the disabled individual.

As you know, the Office of Vocational Rehabilitation, like the National Institutes of Health -- both of whom are so vitally concerned with this problem of rehabilitation - are sister organizations under the U.S. Department of Health, Education, and Welfare. The Office of Vocational Rehabilitation has given assurance that it will accent the broad field of speech and hearing problems during 1961, along with the more specific matter of multiple sclerosis, the widespread problem of alcoholism, and the great complex of mental retardation. It will be working more closely with State agencies, making their expert consultants available to the States on a fuller basis, and emphasizing the flow of special materials from Washington. There will be fuller use of training seminars, a stimulation of research and other measures.

On the State level, your own state of New York can take pride in the fact that 12 of the Nation/s 76 rehabilitation centers are located here; this represents roughly 1/6 of the rehabilitation centers of the Nation. When I am asked about the influences that

are improving our capacity to serve more people and to serve them better, I usually answer that it is because the State agencies, such as yours, are acquiring larger staffs of professional counselors who are better trained and more experienced -- and therefore more competent in dealing with and solving the challenging problems.

As we face the decade that lies ahead, it will be necessary for all of us -- whether we provide services, engage in research or seek to provide funds for these activities -- to be alert to our individual responsibilities; not only in carrying out our daily tasks but in giving that extra thought, extra action and extra consideration that are so sorely needed in dealing with human resources.

In closing, I would like to pose a set of questions we might keep in mind:

... Am I using all of my talents to improve the talents of others?

... Am I encouraging young people to launch a career in rehabilitation?

... Am I keeping abreast of my community's needs in the field of rehabilitation?

... If so, am I making those needs known to the people and their representatives?

... And finally, am I looking to future, ready to accept the challenge and grasp new opportunities for service to others?

Both of your organizations have done a remarkable job in the past, and I look forward with anticipation to renewed leadership and service by the members of the Community Council of Greater New York and the New York Chapter of the National Rehabilitation Association.