John E. Fogarty
Member of Congress from
Rhode Island Before the
3rd International Congress of
Physical Medicine, August 25, 1960
Washington, D. C.

THE ROLE OF GOVERNMENT IN REHABILITATION OF THE HANDICAPPED

Dr. Krusen, members of the 3rd International Congress of Physical Medicine, I appreciate deeply the honor of appearing with these distinguished panelists and leaders in the fields of physical medicine and in rehabilitation to discuss a subject of such vital importance.

I have thought much and long about the role of government in the rehabilitation of the handicapped as I have sought to secure legislation, reflecting the wishes of the people, that would advance this most important field of human endeavor. During my 20 years as a Representative from the State of Rhode Island and especially during my past 14 as a ranking member or chairman of the Sub-committee on Appropriations for the Departments of Labor and Health, Education, and Welfare, I have been glad to see that professional and public interest is keeping abreast of new needs. I see the role of the legislator as that of matching this interest with strong support and action programs for meeting the needs. That is how we move forward in a democratic society.

I rejoice that the American people are waking up to what can be done for the handicapped people of our land, and I can assure delegates from the other countries that, as new ways are discovered to help people return to happy, rewarding, useful living, the benefits of discoveries will reach around the world. For as we, who are concerned with rehabilitation, are aware that we must be interested in the whole man, so are we also very sure that we must be concerned with the health and well-being of <u>all mankind</u>. The fullest sharing of progress is our wish, our desire, our dream, and our everlasting hope.

It is important to note that one of the first federally supported peograms in the area of human betterment was that of vocational rehabilitation of disabled adults. The first Vocational Rehabilitation Act was passed in 1920, inspired by the rehabilitation programs of the Veterans Administration. Since this pattern does not exist everywhere in the world, I might state that rehabilitation programs for veterans and rehabilitation programs for civilians are administered separately in the United States.

Under the first Vocational Rehabilitation Act, rehabilitation services were limited principally to programs of vocational training for disabled adults, but amendments in 1943 broadened the scope of the program to include physical restoration services. Now, within the limitations circumscribed by personnel, facilities, and funds, the State-Federal program can provide any service that is required to assist a handicapped adult in becoming employable.

During the 1960 fiscal year, rehabilitation was completed for over 88,000 individuals. It should be remembered that a disabled person is not labeled "rehabilitated" under this program until he is remuneratively employed. We realize that physicians frequently refer to an individual as rehabilitated when he has achieved maximum return of physical function, but this definition is not accepted in the State-Federal Program.

There are several characteristics of this State-Federal Program of Rehabilitation that should be interesting, particularly to those of you from other countries. First, this is a co-operative State-Federal venture, with the Federal government making grants to the states based upon a formula written into the law. State matching of federal funds is required. The average state

share is 40% of the total expenditures. The states operate the programs under conditions specified in a contract called a State Plan.

Second, the program is nation-wide in scope and services must be made available by the states in all their political sub-divisions. This means that rehabilitation services are available at least to some degree in every cross roads of the United States. This, we have been led to believe is different from what is found in many other countries, where rehabilitation services of the finest calibre may be made available in one part of the country, but not in another.

Third, the states depend, in the main, upon local community facilities to provide rehabilitation services. The states operate very few rehabilitation centers and sheltered workshops, although law does not prohibit their doing so. Likewise, the states purchase medical services on a fee for service basis from physicians in the local communities. It is quite encouraging that the State-Federal Program of Rehabilitation has had enthusiastic support of physicians in this country from its very beginning. It would be difficult, if not impossible, to operate this program effectively without the whole hearted support of physicians on the local level.

In addition to the State-Federal Rehabilitation Program, which might be considered the backbone of Federal support of rehabilitation activity, the United States government supports other rehabilitation efforts. I shall list some of these.

1. The State-Federal Crippled Children's Service is another grant-in-aid program providing assistance to the states to enable them to improve physical restoration services for handicapped children. This program was begun in 1935.

2. The Hospital Survey and Construction Act, under which the Federal government has assisted the states in a gigantic effort to provide adequate

hospital facilities, has a section earmarking funds for the establishment of rehabilitation centers. This program dates from 1954.

3. The President's Committee on the Employment of Yandicapped, located in the United States Department of Labor for housekeeping purposes, receives a small appropriation from the United States government to enable it to mobilize public support for the employment of handicapped people. The function of this organization is to help to create a climate of acceptance for handicapped people in labor and industry. The United States Employment Service in the United States Department of Labor has a special counseling program for handicapped individuals seeking employment.

4. A beginning has been made in the United States Office of Education in providing technical assistance to the states in helping them improve special education services for handicapped children and a program for training teachers of mentally retarded children is underway.

5. The Office of Vocational Rehabilitation of the Department of Health, Education and Welfare, which administers the Vocational Rehabilitation Act, also has responsibility for programs of research and training of personnel. Coordinating its efforts closely with those of the National Institutes of Health, whose activities will be discussed later, it concentrates upon developmental research in the rehabilitation field and upon demonstrations of methods and techniques that have been found fruitful. It encourages training of personnel to be used in rehabilitation by making grants to colleges and universities to assist them in establishing or strengthening their programs for training rehabilitation personnel. It also makes available stipends to individuals who

may seek training in rehabilitation fields. The training of specialists in physical medicine and rehabilitation is supported under this program.

Closely related to our activities which are specifically labeled "rehabilitation" are those aimed at the prevention of disabling conditions and the general improvement of the health of the American people. As contagious and infectious diseases have been brought more and more under control, we have been able to direct our efforts to chronic illness and disease.

We are now using a larger portion of our tax dollar to tackle the chronic cripplers: such as stubborn old pain causers as arthritis, such debilitators as diabetes, such resistors to research as high blood pressure, and such dread killers as cancer. We are also searching into the causes of blindness, deafness, speech difficulties, mental retarda tion, and neurological disturbances. The National Institutes of Health in Bethesda, Maryland, a part of the Public Health Service under the Department of Health, Education, and Welfare, is continuing to strengthen research and, is fostering many studies that seek knowledge that will be of value to rehabilitation.

Research investigators are learning new facts about the nature of arthritis; they developed a new oral treatment for diabetes; they have developed better pain-relieving drugs, such as phenazocine, which appears more effective than morphine. They are studying the causes of neurological disorders, brain damage, and other forms of mental retardation. They have made tremendous gains in the conquest of the perils of poliomyelitis and are profitably studying such puzzlers as muscular dystrophy and cystic fibrosis.

More recently, new explorations have started into environmental influences upon health. We must learn fully the hazards of air and water pollution and the

threats to life and health that are thrust upon us by chemicals, fumes, and radiation, and we must institute measures and take action to control the harmful by-products of our industrial, scientific age.

Another area of interest to rehabilitation is represented by some of the projects being supported by grants under the health research facilities construction program. They include, in my own home State of Rhode Island, construction of research facilities for psychology and biology at Brown University, a hospital for cancer research in Providence, and facilities for biology research at the University of Rhode Island. They also include research laboratories for orthopedic, eye, rheumatic disease, and nutrition and environmental hygiene research in my neighbor State, Massachusetts.

In New York, Georgia, Florida and New Jersey new facilities for research in radio-biology have been aided. In Pennsylvania there are new laboratories for eye and ear research, as well as for research in rheumatology and orthopedics. An institute for the mentally retarded in Florida has received a research construction grant. A North Carolina medical school was awarded a grant for geriatric research and facilities, and in Indiana new facilities will make psychiatric research possible. At the Ohio Rehabilitation Center a sizeable project in rehabilitation is being carried out in facilities provided by a construction grant, and in Minnesota advanced knowledge in ophthalmology is being made easier to arrive at by improved medical school research construction.

I mention these as only a sprinkling of the types of facilities throughout the nation that, while not primary to the field of rehabilitation, are facilities which are and will become the places from which new research knowledge of importance to all fields will come. You and I and all will share the benefits of the findings

from these.

I have touched quickly upon a whole array of health and disease problems and resources, not so much to stress what you already know--that they are of importance to the field of rehabilitation--but rather as a reminder of the strong and growing resources for healthy, useful living of which all of you here today are a part.

As I have delved deeper and deeper into the health and welfare of the American people, I have become especially interested in our Nation's growing group of senior citizens. We are getting older as a Nation and, thanks to the extension of life which victory over many infectious diseases has brought, we now have a population that is growing older. I do not mean to boast when I tell you how pleased I was to introduce and be instrumental in the passage of a bill making possible the first White House Conference on Problems of the Aging. Plans and preparations for this conference, to be held in January of 1961, are now well under way and I sincerely hope that a great deal of positive action toward solutions of the complex problem of aging will come about as a result of this conference.

We are proud of the progress we have made in the prevention of disease and disability and the rehabilitation of those who continue to be their victims, but we are fully conscious of the job yet to be done. It is ironic that many of our greatest scientific achievements, which have saved the lives of countless individuals, have at the same time resulted in increasing the number of people affected by these same chronic disabilities. The rehabilitation problem has thus become greater rather than less. In this country, we are dedicated not just to saving life but to making life worth living. Out rehabilitation efforts

must be intensified, therefore, if we are to achieve this goal. Let me speak briefly of some of the unfinished business in rehabilitation.

1. In the first place, the State-Federal Program of Rehabilitation is rehabilitating less than 90,000 individuals per year, which is only about 1/3 of the estimated annual increment of individuals who could profit from rehabilitation services. This program must be expanded to the point that the opportunity to benefit from rehabilitation services is available to every person who needs it at the time it is first needed. This will require much greater financial support, more better trained personnel, and many more rehabilitation facilities.

2. Programs for children must be kmproved. The Crippled Children's Service must be expanded, and new programs for the improvement of educational services for handicapped children mist be developed. In both cases federal support will be needed.

3. The present Vocational Rehabilitation Law limits services to individuals who will be employable. This results in the rejection of many sevdrely disabled people who could benefit substantially from rehabilitation servicess, at least to the point they could take care of themselves. We call this independent living rehabilitation. The existing State-Federal Programs should be broadened to include services to this group of people.

4. Steps must be taken to reduce the time lag in the introduction of new rehabilitation techniques into hospitals, nursing homes, chronic illness institutions, etc. Knowledge and practice are too far apart. The accomplishment of this goal will probably require federal support for a sizeable demonstration program.

5. Public Welfare Agencies must strengthen their programs of self support and self care to make sure the persons who benefit from rehabilitation services do not languish on public assistance roles.

6. Additional rehabilitation facilities are needed. Present law does not provide for federal assistance for workshops for the severely handicapped or for the many auxiliary rehabilitation facilities which are needed to complement the comprehensive rehabilitation centers being built under the Hospital and Survey Constrjction Act. A federal program of assistance for the construction of such facilities will be needed.

7. Finally, research and training must be expanded and improved all along the line, including programs administered by the Office of Vocational Rehabilitation, the National Institutes of Health, the Office of Education and other agencies of the government with responsibilities in this field. At the same time, everyting possible should be done to encourage an increase in voluntary research effort.

This brief survey of unmet needs should emphasize the fact that we have no justification for being complacent with respect to the provision of rehabilitation services to our nation's handicapped people. Meeting these needs will require the dedicated efforts of all of us over a long period of time.

Now, I should like to take a moment to congratulate you, Dr. Krusen, for your leadership of this spelnded 3rd International Congress of Physical Medicine. I wish you the greatest success in your presentations this week. I should like also to extend you and the other members of this assembly a cordial invitation to call upon me at any time when I can be helpful to you. You will

I trust, also take back to your homes our greetings and good will. We pray that you will reach your individual and collective goals in rehabilitation. The strides that have been made in the past offer inspiration for greater achievements in the future. Your own organization, The International Congress of Physical Medicine, has a tremendous part to play in this undertaking. I wish for your accelerated progress in your endeavors.