

Statement

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Today, Dr. Howard Rusk and Dr. Frank H. Krusen, two of the nation's foremost leaders in the field of rehabilitation, met to discuss the start of two precedent-setting medical research and training programs sponsored by the Federal Government.

These programs will be conducted under a research grant of one million dollars which has been awarded by the Office of Vocational Rehabilitation to Dr. Rusk's New York University Rehabilitation Center at Bellevue Hospital and to the combined facilities of the University of Minnesota and Kenny Rehabilitation Institute. Dr. Krusen, who is on leave of absence from the Mayo Clinic, is director of Kenny Institute and president of the Sister Elizabeth Kenny Foundation.

These institutions were selected to conduct these pilot studies because they are recognized as the two leading centers for rehabilitation of the chronically ill and physically disabled in the United States.

The launching of these programs represents a turning point in the field of rehabilitation. This is the first time that the Federal Government has appropriated funds specifically earmarked for medical research and training in rehabilitation.

While the purely vocational aspects of rehabilitation have received considerable support from Government sources, medical research and training have received relatively little attention.

While the sum involved is comparatively modest, the attitude evidenced by these grants marks an important breakthrough. It indicates that the Federal Government views chronic illness and physical disability as a national health problem which ranks with heart disease, cancer, mental illness and blindness.

The aim of these pilot programs, as outlined by the House Subcommittee on Health, Education and Welfare Appropriations, is to develop programs as

comprehensive in support of rehabilitation as those conducted by the National Institutes of Health in other fields. It is, in other words, the first step toward attacking generalized disability on the same all-out basis as heart disease, cancer and other specific conditions.

In terms of numbers of victims, severe disability is decidedly one of this nation's most serious health problems. It is estimated that there are 20 million Americans who cannot move about without help, owing to serious injuries and various types of neuro-muscular and muscular-skeletal conditions. More than 250,000 new victims enter the ranks of the disabled each year, while less than 100,000 are returned to work by our Federal and State programs of vocational rehabilitation. It is fearful to contemplate the consequences to our society if something is not done to restore a greater percentage of these victims to some degree of physical and economic independence.

In contrast to our feelings of alarm over the incidence of other diseases, there is a frightening apathy toward the plight of our disabled population. Dr. Krusen has aptly pointed out that if these millions of sufferers had suddenly become disabled by a single tragic disaster, it would be greeted as a national calamity of devastating proportions. Notwithstanding the fact that these people have been maimed and crippled by countless individual tragedies, this is a national calamity and we should respond to it as such.

A primary goal of the programs being launched by Dr. Rusk and Dr. Krusen is to help fill the acute shortage of personnel in the field of rehabilitation.

Of the 241,000 physicians currently licensed to practice in the United States, only some 350 are specialists in rehabilitation. There is an immediate and pressing need for an additional 500 of these physicians. Because of the shortage of qualified teaching personnel, physical medicine is taught in only one-third of our schools of medicine. In addition, there is a need for nearly 6,000 physical therapists; 1,000 occupational therapists and 12,000 social workers.

Another primary purpose of these programs is to reduce the time lag in the introduction of new rehabilitation techniques into hospitals, nursing homes and other chronic illness institutions.

Through these pilot programs, the New York University Rehabilitation Center and Kenny Rehabilitation Institute with the University of Minnesota, what can be accomplished through present-day rehabilitation?

This effort is closely related to the need for changes in our present Vocational Rehabilitation Law, which limits services to persons who will be employable. This results in the rejection of many severely disabled individuals who could benefit substantially from rehabilitation services, at least to the point where they could care for themselves. These research programs will be aimed at development of methods for rehabilitating not only those with vocational potential, but all those who can attain some degree of independent living.

I am deeply disturbed by the cut of over \$1,000,000 Secretary Ribicoff made in the Research and Training appropriation of the Office of Vocational Rehabilitation. Congress added \$3,000,000 to President Eisenhower's very inadequate budget of \$17,000,000 for this program. \$1,000,000 was for the two fine research training centers we are talking about today under Dr. Rusk and Dr. Krusen. The second million was to increase training to get more people into the scarce professions in rehabilitation. Dr. Rusk always gives our committee a bad time stressing the need for more doctors in Physical Medicine and Rehabilitation, more physical therapists, occupational therapists, rehabilitation counselors, and all the rest. Secretary Ribicoff himself has been saying how important it is to have better trained social workers to do a constructive job in welfare. The Office of Vocational Rehabilitation is the only program of the Department supporting training for social workers in the rehabilitation field. It is only through this Program that social workers can get the constructive rehabilitation approach the Secretary wants. The third million was for two things: \$750,000 for demonstration projects for the severely disabled -- the mentally retarded, those receiving

disability benefits under OASI, the mentally ill, the deaf, and many others not now getting adequate service, and to step up training and demonstration in speech and hearing therapy, a field which Congress has consistently felt to be highly important and to which our committee has given special attention.

We thought we were making some headway in the research and training of vocational rehabilitation. Each year when the Director of the Program comes before my committee, She tells us how many more and better projects are coming in and how the Training Program is attracting more talented and dedicated people. Just when the momentum seems to be gaining is not a fortuitous time to make a large cut of \$1,000,000 in a small program like this which pays such high dividends.

I requested information on what it means right now. I asked how many projects are in hand approved that this cut would affect. I was told that at its last meeting in October, the National Advisory Council on Vocational Rehabilitation reviewed just under 100 projects. It approved 54. Only 16 could be paid I am told, which leaves 38 crying for support. These are all kinds of projects. For example, two are for the mentally retarded in Tennessee and Florida, several were for the blind in New York, Massachusetts, Kentucky and Arkansas, and there were promising mental health projects in Hawaii, Massachusetts and Arkansas. Several projects for the severely disabled had to be dropped after substantial planning had gone on. All this is most discouraging.

Then, I find that although Congress intended each of these new research and training centers to receive \$500,000 for a year's operation, they received only enough to carry them to June 30 of this year, so that something over \$270,000 could be saved as part of the million. All this means is that there will be that additional obligation on next year's appropriation.

In training, it is the same story. Fewer scholarships for students in especially scarce areas of speech pathology and audiology. Eight courses had been planned for people to work assisting the recovery of speech for people with

aphasia, removal of the larynx and so on. Intensive short-term courses had to be almost entirely abandoned this year since the money for the long-term training courses had already been obligated before the cut had been made. This means that important opportunities for workers in special field like the mentally retarded, to get any ideas passed on to them will be indefinitely postponed.

As I say, it is most discouraging and furthermore it is false economy. We have so many examples of how this program makes money. What investment returns, 7 or 8 to 1? That is what a rehabilitation worker repays in taxes for the money invested in his rehabilitation.

Take Workmen's Compensation for example, approximately 2,100 cases were rehabilitated last year. This means again, money saved for insurance carriers, for State Workmen's Compensation funds, and it means that people go to work. In my own State of Rhode Island I was glad to find that we had put 46 people to work who would still be drawing compensation without rehabilitation. This means that 1 out of 20 of the rehabilitants in Rhode Island had been receiving workmen's compensation.

Last year 18,500 people out of a total of 92,500 were taken off relief by rehabilitation. We talk about dependency. Vocational Rehabilitation is the one program with a variety of projects showing how to help people get off relief. Secretary Ribicoff is very concerned about welfare right now. Here is one of his programs really doing something about it. I hope very much that a review of the results of this cut of \$1,000,000 will result in its being restored. I shall bend every effort to this end.