

REMARKS OF THE HONORABLE JOHN E. FOGARTY, REPRESENTATIVE,
SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND, AT THE
NORTHERN VIRGINIA ASSOCIATION FOR RETARDED CHILDREN, INC.
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It is a real honor and pleasure for me to be here with you in Virginia tonight. I deeply appreciate the award you have given me. The award and the occasion are a source of inspiration which helps to sharpen our perspective of local and regional efforts against problems common to all of the people of this country. Your closeness to the youngsters in behalf of whom you have banded together is reflected in your enthusiasm and will to spark the actions that will provide better services for the handicapped and lead to an eventual prevention of this human problem.

There are more than five million persons in the United States today who are classified as mentally retarded. Retardation, however, is not a single disease entity -- it is a syndrome arising from a single cause or a combination of causes, many of them not yet even understood. We cannot confine ourselves to searching for one cause or one cure at a time; we must keep our attack diversified to make as much progress as possible on the broadest possible front.

Nationally, the problem is huge. And in each community, the needs for the mentally retarded are almost

universal. I'm sure that you will agree that a variety of facilities and services must be planned for the total life-span of the retarded individual, starting in the earliest weeks of life, and moving through nursery school years, childhood and adolescence, and through adulthood. For all of these stages different programs must be developed. The approach to this portion of the total problem of mental retardation can and must be made by the community. My reason for taking this position is that as individual communities move ahead, we will gradually move from the concept of the large custodial institution where many types of retarded are clustered together to a variety of smaller treatment centers and rehabilitative workshops where services are specially geared to meet special needs.

That we have been moving in the proper direction, I think, is indicated by the report of the Presidential Panel on Mental Retardation, appointed last fall. Asked to prescribe a program of action after reviewing current programs, needs, progress and shortcomings, the Panel has completed its task and submitted its report today -- many weeks before its deadline. Such fast action -- unprecedented among government committees -- at least within my memory -- demonstrates the interest of our citizens in battling this problem.

A progress report on the work of the Panel was made just last month by the chairman, Dr. Leonard Mayo. In it, Dr. Mayo says: "The task confronting society insofar as mental retardation is concerned is two-fold: (1) to push basic and clinical research, seek to improve methods of diagnosis and evaluation, and stress preventive measures insofar as present knowledge permits; and (2) to substantially improve teaching and curricula and methods of rehabilitation to the end that the retarded may realize the highest degree of independence and productivity possible for them."

Dr. Mayo went on to say that one of the major recommendations concerning community services will be for the establishment of a Domestic Peace Corps to make up for the inadequacy of professional trained personnel. Because this inadequacy is expected to continue far into the future, the Panel emphasizes the need for a corps of volunteers in every community.

I am pleased and encouraged to hear that the Panel, in addition to a strong emphasis on research and prevention, is aiming at comprehensive and improved services, including extended educational and vocational opportunities; a

continuance of well-coordinated services available to all retarded persons; and community-centered rather than isolated services, such as regional centers close to teaching and research activities.

Putting the Panel's report and the action which led up to it into historical perspective takes us back to the period just after World War II. At that time the push to solve our nation's health problems -- including those of mental retardation--began. To those of us in Congress at the time, this emerging demand for better health services for all our citizens was unmistakable. The demands came from everywhere, and with relentless favor. They came from dedicated professionals, educators, civic and religious leaders. The people spoke.

We in Congress listened, passed the National Mental Health Act in 1946, and established the National Institute of Mental Health two years later. Then in 1951, the National Institute of Neurological Diseases and Blindness was established. Also during this period a group of forty parents of retarded children met to form the National Association for Retarded Children. Thus we had the organizational framework to do battle with mental retardation, based on many of the actions and thinking of a number of

pioneering individuals and groups who preceded us, some of them by many years.

In Congress we felt that what had been done was an achievement of note. But two events in 1955 helped prove to me that we had just barely begun our great adventure in the efforts to conquer our enemy. I became first deeply and personally concerned with mental retardation when I learned of the plight of the exceptional children in my own home state of Rhode Island. There I met with the Parent's Council for Retarded Children of Rhode Island, where the parents told me of how little was being done for their children, as well as the difficulties they had in obtaining proper medical care and educational opportunities for them. The second event, which showed me that the problem stretched across our country, was a speech on mental retardation presented by His Esinence, Richard Cardinal Cushing, then Archbishop of Boston.

When hearings on the 1956 appropriations bill began in Washington before the Appropriations Subcommittee of which I am chairman, I made inquiries and found that no Federal funds were specifically set aside for programs to combat mental retardation--though more than five million U.S. citizens suffer from this affliction. To get something

started, our Committee appropriated funds over and beyond the budget requests of the Institute of Neurological Diseases and Blindness and the Institute of Mental Health specifically designating that they be spent on problems of mental retardation. Our Committee report that year said:

"So little attention has been paid to the problem (of mental retardation) that we have only the haziest notion of what percentage of unfortunate children, of at least as unfortunate parents, could be helped medically and through educational techniques fitting their needs, so that they could lead useful and satisfying lives. We have an equally hazy notion of the causes of the problem."

Today, in the U.S., the National Institutes of Health serve as the focal point for collaboration in mental retardation research--with the Institute of Mental Health working on problems related to socio-economic conditions, emotional problems, psychosomatic and psychological factors, and with the Neurological Institute concentrating on the determination of causes of mental retardation and developing a program for prevention of retardation due to brain pathology.

Since 1956 my Committee and Congress have increased funds for these programs each year. During

this fiscal year of 1963 we will spend nearly \$30 million at the Federal level on the problem of mental retardation-- and that does not include disability and survivors' benefits paid by the Social Security Administration. I would like to give you a quick run-down of some of the Federally sponsored activities now under way.

Through the National Institutes of Mental Health and Neurological Diseases and Blindness, in Bethesda, research has been stepped up and some encouraging advances have been scored. Among these was the isolation of the virus that causes German measles by two doctors working in the latter of these two institutes in recent months. This discovery is exciting because very soon now we should be able to provide protection for many unborn children whose mothers will be able to acquire immunity before becoming pregnant.

In the Mental Health Institute, biochemists are studying the metabolism of the child with phenylketonuria in relation to his total growth and development. Scientists have detected the chemical that builds up in excessive amounts in victims of this disease. Now they are trying to unravel the problem of the precise way that it affects the brain and causes retardation.

The Office of Vocational Rehabilitation in conjunction with State rehabilitation programs is pushing hard to move the mentally retarded out of the institution into the community and thus facilitating their employment. We estimate that at least 5,400 mentally retarded persons will be rehabilitated through programs at the State level during 1963.

One of the key problems, of course, is the lack of specially trained teachers who can help the school child overcome his handicap. Through Public Law 85-926, resulting from legislation I introduced into Congress, some 25 colleges are now participating in a teacher training program designed to bolster the quality of professional training and increase the number of teachers available to work with retarded children.

Through programs of the Children's Bureau and the Bureau of Family Services of the Social Security Administration, special clinics for the mentally retarded have been established throughout the country. Of the 97 such clinics in existence today 64 were developed through the programs of these two bureaus.

The Children's Bureau is working with State health departments to develop screening, detection, and diagnosis methods for infants and families with phenylketonuria,

responsible for one percent of the population in our State institutions for the mentally retarded. A large-scale study to determine the accuracy of a new blood test developed for newborn infants is now underway.

In addition more than 25,000 public health nurses have been given some training in mental retardation and the home care of mentally retarded children.

These are only some of the programs and projects now underway with Federal support. But as a Federal legislator, I would emphasize that unless the people are behind us, Congressional effort to promote progress-- in mental retardation or any other field--will be to little avail. No effort can succeed without enthusiastic public support, which most often is expressed and implemented by voluntary organizations such as the Association for Retarded Children here in Northern Virginia. The need for research, prevention, care and rehabilitation can be satisfied only with the support of a sympathetic public.

This is the underlying strength of an organization like yours. You can give not only impetus and direction to government programs, you have the flexibility and proximity to do much that a government cannot do.

Although many problems remain unsolved, the progress we have made shows us we cannot afford to slow our efforts. Through research, mental retardation is yielding up its secrets; through community action, mental retardation is losing its stigma and its victims are becoming more useful and happier citizens.

Many of the retarded can look forward to the future with hope -- some of them have already been given life in a much fuller sense; others are waiting for the breakthroughs we can now begin to promise as the result of coordinated efforts on the community, State and Federal level.

Thank you.

