

CONFERENCE ON REHABILITATION CONCEPTS

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**NEW HORIZONS IN REHABILITATION -
FEDERAL GOVERNMENT INTERESTS**

**Paper prepared for discussion
by**

**Honorable John E. Fogarty
Congressman from Rhode Island**

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I do not believe that it is generally known how profoundly and rapidly the concept of rehabilitation is changing, at the present time. Until recently practically the sole aim of rehabilitation was the training of the least handicapped persons of productive age for a job -- any job. The goal of rehabilitation now, and in the future, will be equality of opportunity for all the handicapped to be trained to the extent of their abilities.

The importance of this change of outlook, its impact on our society, its meaning for the handicapped and their families -- cannot be overemphasized. The Federal Government is, I will show, exploring the present and future possibilities and leading the way into whole new areas of rehabilitation.

As Chairman of the House Subcommittee on Appropriations for the Departments of Labor and Health, Education and Welfare, I have had for many years the opportunity and privilege of hearing the plans and projects of the Office of Vocational Rehabilitation, and of sharing in their successes and frustrations. I have also had the satisfaction of watching the constant advance of medical research in its attack on the causes and cures of the disabling diseases. Although great emphasis is being placed at this time on the prevention and cure of disabling diseases, we are not overlooking the great importance of helping those who must learn to live with their handicaps.

We are not merely rehabilitating more handicapped people each year; we are beginning to rehabilitate those who were never helped before. For the first time in history we are beginning to work with special disabled groups. New types of programs are just being developed for the mentally retarded and the mentally ill, for the restoration of the disabled public assistance recipients, for the rehabilitation of the deaf and for those with speech and hearing disorders. We are beginning to deal with the chronically ill and the aged, and with younger people with special problems. I want to touch briefly on these and other programs that we in the Federal Government are encouraging in an all-out effort to realize the ideal of rehabilitation service for all who need it because of any handicap, physical or mental.

One of the most important and meaningful new horizons in rehabilitation is the extension of services to the mentally and emotionally crippled. Within the past year the President's Committee on the Physically Handicapped by Executive Order dropped the word "physically" from its title, in recognition of the fact that a very large proportion of our rehabilitable do not suffer from overt physical disabilities. The number of people with these difficulties who are being successfully rehabilitated is rising sharply. The number of retarded who were rehabilitated between 1955 and 1961 increased six-fold, from 531 to 3,500. The estimate for 1962 rehabilitations, by States, of mentally retarded people under the State-Federal program is 4,400. And in mental illness,

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I am told, the number has almost tripled -- 5,100, compared to 1,793.

At the same time that we are extending our rehabilitation services in this country recent trends have made imperative the expansion of rehabilitation services to two rapidly increasing segments of our population, the school child and the aged. Great efforts must be made to reach and train the handicapped child and youth so that far fewer of them become unemployable adults. In addition to aiding the deaf, the blind, the retarded, the crippled and those with special diseases, there are some fine combined Federal-local efforts now going on dealing with youngsters who are on the fringes of delinquency.

One of the most promising projects I happen to be familiar with is the one at Butler Health Center in Providence, in my home state of Rhode Island. Dealing with young people near the delinquency level, an effort is being made to give these young people special vocational counseling, training, and selective placement. They have a five-year grant from the Office of Vocational Rehabilitation which will open up many new opportunities for helping our young people at the high school age.

Rehabilitation horizons are opening up before the aged, as both doctors and insurance experts certainly know. At the moment we have 17 million Americans 65 years of age or older; we will have about 25 million, in 1980, in this age group. Our senior citizens are overcrowding our hospitals with chronic disability conditions at the expense of the acutely ill. Many of the older people do not need the full range of hospital care. Appropriate surveys show that after adequate rehabilitation some of these aged can return to work -- at least part-time work -- and thus live independently again.

The problem of our senior citizens concerns me deeply. As many of you will recall, I was instrumental in calling a White House Conference in 1961 to consider the plight of this segment of the population. Thanks to the medical research efforts of the first half of this century, more and more Americans are living to advanced age. It is now possible to study the functioning and general condition of many more people who have no specific disease, but who are growing old. These studies, conducted by physiologists, psychologists, and other workers in related fields are affording us new understanding of the possibilities of complete and of partial rehabilitation for our older citizens. Much of this work is still in the future, to be preceded by long, expensive years of research.

Research is aimed at disentangling the natural processes of aging from the disease conditions that so often accompany it. The Federal Government is carrying out programs supported by the National Heart Institute and the National Institute of Mental Health. In addition, the Division of General Medical Sciences is supporting a variety of projects investigating the basic alterations in aging, and there are five

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large multidisciplinary centers for aging research around the country which are focusing the combined attentions of a variety of specialists on the problem of aging.

An affliction of both the young and old is defective hearing. The Federal Government is making great efforts to broaden and deepen its services to the 8 million people in the United States today who have defective hearing or speech impairments. The Office of Vocational Rehabilitation has supported about 50 research and demonstration projects in speech and hearing, and is supporting studies in the very important and neglected area of the mental health of the deaf and the effects of deafness on the learning process. At Gallaudet College in Washington, D. C., a counseling center for the deaf has been established to attack the problem of psychological services for the deaf by recruiting experienced psychologists and training them in manual methods of communication. Success of this program, as well as of all efforts to work with speech and hearing disorders, is threatened by the shortage of skilled workers. We need 20,000 speech and hearing specialists who can diagnose, train and rehabilitate the millions suffering from these disorders. I am sure that you are aware of a Resolution which I introduced into the House in March of this year which would do something about this shortage. I hope that you will do all in your power to bring about its enactment during this session of Congress.

Despite shortages of professional personnel in many areas we are nevertheless pushing back the rehabilitation frontier in many ways. The Office of Vocational Rehabilitation has pilot research and demonstration programs for those so severely handicapped that they have always been called "incurable." For the first time, projects in such areas as cerebral palsy, multiple sclerosis, hemophilia, drug addiction, and alcoholism are bringing a message of hope into the darkness of despair. While none of these projects has been an unqualified success, still each has been successful enough to show that we must not believe any group to be beyond hope.

I have had the privilege of addressing the young association which concerns itself with hemophilia and I am particularly interested in the tragic problems of those they seek to help. There are about a hundred thousand victims of hemophilia in this country and until recently nothing was being done to get them out of a home environment into lines of work consistent with their conditions. But now we have a project in Los Angeles in which young people are being studied to determine the frame of mind that arises from the necessarily overprotective parent-home environment. This is not much, but it is a good beginning.

In the future I think we can look for new advances in the rehabilitation of drug addicts and alcoholics. The President's Interdepartmental Committee on Narcotics has made recommendations which show the trend. The idea is to provide for greater opportunity for the rehabili-

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tation of certain young addicts, particularly in the groups whose criminal activity is secondary to their addiction. Under this proposal, wider latitude would be given to the courts by authorizing them to commit the convicted offender for a period of hospital treatment, followed by an extended period of conditional release under close supervision of especially trained personnel. This procedure would be limited to those with the best prospects for rehabilitation, and would be applicable only under optimal conditions of post-hospital supervision. This is a careful, tough-minded program which serves to remind us again of the necessity of ever-more effective interagency cooperative effort.

With all the talk about new horizons in rehabilitation, I must not neglect the geographical ones. Within our own country we have only begun to try to meet the needs of those who need rehabilitation who happen to live in sparsely settled areas. As more and more people have come to live in the major population centers, the problems of the rural areas have been intensified. Not enough has been done to help these people. Something has been done -- particularly in the Southern States -- but itinerant counselors and mobile diagnostic teams are not enough, nor are there enough of them. One of the dreams of the Director of the Office of Vocational Rehabilitation has long been rural mobile units -- top-flight rural mobile units -- buses that would be clinics on wheels -- to rove through the rural areas. We must help the realization of this dream.

Outside our own country the expansion of rehabilitation efforts opens up new vistas of international cooperation. As research and methodology in rehabilitation have progressed, our workers have naturally wanted to share our new knowledge and to obtain for Americans the benefits of the work of their foreign colleagues. I think this is commendable. As a member of Congress I naturally believe that an effort which values so highly equal opportunity for every individual can only lead -- through international cooperation -- to a better understanding between the various countries of the world. I recall an Office of Vocational Rehabilitation grant which is enabling the International Society for the Welfare of Cripples to study the current status of rehabilitation research in all countries and to stimulate international rehabilitation research.

Besides such grant contributions, the government has been using United States owned foreign currencies to provide research and training support directly to foreign countries -- in 1963 it is proposed to aid nine countries: Burma, Egypt, India, Indonesia, Israel, Pakistan, Syria, Poland and Yugoslavia. We may have every confidence that international cooperation in rehabilitation will continue to expand.

Meanwhile, in this country we have a rapidly growing America and, with it, a rapidly growing rehabilitation problem which is of such vast dimensions that it will take all our efforts to solve it. Next year our

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Federal-State effort will provide services to 394,000 disabled persons -- 38,000 more than this year. In 1962 for the first time we will cross the 100,000 mark for persons rehabilitated during a single fiscal year. Next year, I am told, we may expect another increase of 10 per cent.

It is estimated that by 1970 more than two-and-a-half million persons will need vocational rehabilitation services, and that 330,000 additional persons will enter this group every year. It is apparent that the upward trend in voluntary agency expenditures must continue, and that the Federal government must expand its current Federal-State programs as rapidly as the States can advance. If current budget proposals are enacted, for the first time since 1955 no State funds will remain unmatched under the basic Federal-State program. But we must continue to raise our sights: We must replace the 100,000 goal -- for the first time realized this year -- with a goal of 200,000 rehabilitations per year, if we are to keep pace with current growth curves. We must not falter.

We must never forget the acute shortage of numbers of trained personnel -- a shortage which arises both from increasing numbers of rehabilitants and from increasing services to the more severely disabled. Approximately \$12 million will go into this training effort this year, to increase long-term training by 46 teaching grants and 875 traineeships, principally in rehabilitation counseling, medicine, speech and hearing, occupational therapy and physical therapy. Institutes will be assisted, too, in short-term intensive courses to increase professional competency of workers already in rehabilitation fields.

In addition, we are reaching as many schools of medicine and osteopathy as possible to increase the number of specialists in physical medicine and rehabilitation. There are about 400 such specialists now; we need 3,000. There is not a field nor a specialty of the many directly involved in rehabilitation which has adequate numbers of trained professional personnel. We must face our expanding horizons in rehabilitation with a far smaller army of professional workers than we need to occupy the hard-won battlefields we are taking from the realms of disease and disability.

For those victims of disease and disability who have been liberated from hopeless lives and made productive members of our society, the new horizons we have been talking of tonight have a vivid meaning. They know, better than we can ever know, the truth of the profound words of Galen, the physician, "employment is Nature's best physician." They only ask for the opportunity to be made whole, in order to work. They have the sure and certain hope that the future holds richer blessings than they have ever known before.