

TEXT OF
SPEECH BY THE HONORABLE JOHN E. FOGARTY
TITLED
"COOPERATION AMONG FEDERAL AGENCIES IN REHABILITATION
AND ITS EFFECTS AT THE LOCAL LEVEL"

Thank you very much Tom Kelleher, Mr. Pratt, Dr. Cannon, Reverend members of the clergy and ladies and gentlemen. First I want to apologize for being a little bit late, but I still had constituents in my office when I left to come up here this afternoon. There's supposed to be some kind of a break after election, but I think that's been changed, too. Because we're still doing what we can for the people that we represent.

I'm very pleased to be here this afternoon and also pleased to know of the work of this organization. I think it has been something that has been wanting for a long time, and I hope, because of the intense interest that is being shown now in such an organization, that eventually Rhode Island will become known as the best state in the union as far as rehabilitation is concerned.

I get rather impatient as the years go by because we haven't made more progress than we have in the past. A few weeks ago, President Kennedy, in a White House ceremony, talked about the remarkable record of the State and Federal programs of Vocational Rehabilitation. In the year ending June 30, 1962, more than 100,000 people were rehabilitated in our country under this program.

I remember well back in 1953 and 54 when Mrs. Hobby was our secretary of Health, Education and Welfare. At that time she told our committee that within five years she had hoped to bring this program up to the point where we were able to rehabilitate 200,000 people a year. So here, almost ten years later, we haven't reached half the goal set by Mrs. Hobby back in 1954.

In our country, the concept of social responsibility has grown rapidly

during the twentieth century, developing as one of its facets a deep awareness of the meaning of disability in the community as a whole. We all know that disabilities that go unattended leave in their wake emotional and economic problems that should be, and often are, matters of concern of the entire community; not only as a city in Rhode Island but Rhode Island as a whole. On the other hand, when disabilities are corrected or prevented, when the disabled are guided toward employment and personal independence and the community is made aware of these achievements, I think there is a new sense of well being in that community. There is a renewal in our faith that a humanitarian effort for an individual is worth the expenditure of energy, time and money. No matter what it costs. This brings, also, the confirmation of our knowledge that the community benefits whenever human despair is replaced by hope, and hope in turn by confidence.

I have been asked to point out the beneficial effects that can be achieved by state and community rehabilitation services for the disabled by cooperation among the federal agencies concerned with rehabilitation. But first I would like to mention the present state of the program in our state and some of the new developments.

Under the chairmanship of your able chairman, Oliver Pratt, assisted by a distinguished membership within the Executive Committee, this council has a great opportunity, I believe, to effect closer relationships among the scores of those who conduct the public program of Vocational Rehabilitation. The public program, the state-federal partnership that is represented by the state of Rhode Island and their Division of Vocational Rehabilitation, is the hub of Rhode Island's efforts to aid the disabled. Yet, it could not function nearly so effectively without the support of the volunteer groups that serve it so well.

With all of us, those in the public program, the volunteer groups and we in the national or state legislatures have an expanded scope of rehabilitation activities to consider. There is a huge and growing group of older

people whose rehabilitation problems are intricate and demanding. There are thousands of such persons in nursing and convalescent homes. Perhaps, who are not able to be returned to work, but who may be restored to some degree of independence. New concepts and more physical plans in rehabilitation centers and workshops for the disabled are evolving. All these things and some others are ripe for discussion and for driving action and will need hard and sustained thought from all of us.

Some of these newer concepts and phases of rehabilitation have already come to Rhode Island in practical form. And I'm happy to say that our state rehabilitation agency, under the very able and direct leadership of George Moore, has focused a large share of its attention on them. This is immensely practical in line with current thought.

One of the reasons Rhode Island is able to do so many things can be seen with a few figures, for they reveal the state's enthusiasm for its rehabilitation program. Under a federal grant system that provides federal allotments for availability in proportion to the amount of money a state puts up for its rehabilitation services, Rhode Island is one of several states that has always put up enough to obtain full allotment. This brings forth another cheering fact that Rhode Island, in 1962, spent 77 cents per capita for vocational rehabilitation for its disabled people--well above the national average of 52 cents. The continuing vigor of the state agency enabled 934 of our disabled citizens to become satisfactorily employed in 1962; compared to 861 in 1961. This is 107 rehabilitated people for every 100,000 of our population, compared to 100 in the previous year and against the national average of only 55.

Yet, it is the imagination used in your program that gives it such outstanding quality. There are three exceptional aspects of rehabilitation that are not only currently important but will continue to receive emphasis for some

time to come. They are rehabilitation of the mentally ill, the mentally retarded, and the older chronically ill person. Rhode Island is attacking on all three fronts.

Our Lady of Fatima Hospital, for instance, with the aid of a research grant from the office of Vocational Rehabilitation has conducted a study that has to do with our aging population. This is one of the mounting concerns in the public program because of the increase in proportion of older persons in our population and the chronic illness that besets them in their later years.

The purpose of the project was to determine the effects of a comprehensive program of rehabilitation services among a group of 400 chronically disabled among older unemployed persons in Rhode Island. After intensive diagnostic therapeutic procedures including medical care, social service and various forms of therapy, it was found that some 58% of the group were able to enter into paid employment at wages which were substantially equal to the state average. An additional 14% became homemakers. The results of the project have been such that it's a prototype for others about our country today. This, in my opinion, is convincing proof that many of our older handicapped people need not be dependent just because of calendar age.

There are other projects in Rhode Island that are contributing to our knowledge about disability and rehabilitation.

The Butler Health Center has completed a project that has demonstrated the effectiveness of a combination of physical and psychiatric treatment administered to the disabled in the setting of a community center. Another project in progress there is designing a program for a special group of adolescents who are emotionally disturbed to the extent that their probabilities for employment or further education are threatened.

Such studies are helping to find ways in which the principles of

psychiatry can be applied to various phases of the rehabilitation process; thus reducing the potential load of dependency that is such a burden to private and public resources.

Two other projects of the kind that are called special demonstrations are in operation in our state. A most productive occupational training center is conducted by the Parents' Council for Retarded Children where young retarded persons are trained in the kinds of work in which they are individually capable. This is an exceptional project, for it is working mostly with those youths who are not regarded as educable but only trainable. Some excellent results have already been achieved in making some of them employable. This was thought not to be possible two or three years ago.

Another project operated by the Rhode Island Association for the Blind is for the benefit of those who have serious visual handicaps. It's one of the several optical aid clinics over the country established with the aid of the Office of Vocational Rehabilitation grants to provide modern optical devices for those whose job opportunities can be improved with better vision.

There is innovation too; some months ago, under a joint training grant from the Office of Vocational Rehabilitation to Boston College and Simmons College, graduate students began to go into the Rhode Island agency under qualified field instructors and social workers. They are trained to give special assistance to clients and to work with Vocational Rehabilitation counselors in the more difficult cases that involve family relationships and similar matters. This course, we are sure, is pointing the way to making many more cases feasible for rehabilitation services. This sort of project was unique to Rhode Island and as a result has excited national interest.

More than a year ago we became concerned about the future of handicapped students in Rhode Island schools. With the aid of a grant from the

Office of Vocational Rehabilitation the state agency took the lead in trying to find the solution to some of the problems that were apparent with handicapped students. The state-wide school system joined in and workshops and other facilities over the state have contributed their services, so the rehabilitation needs of handicapped students in junior and high school years can be identified.

To me, this is one of the most important programs going on in Rhode Island at this time because if there is one word that is important today, that word is education. Unless we see to it, one way or another that our children are given a decent and comprehensive education, it's going to be just too bad for them when looking for a job ten or fifteen years from now. With automation upon us, any person without a high school education or maybe a college education is going to find it most difficult in the next five or ten years even to get a so-called laborer's job with a construction firm. This program is pointed toward that end. It is trying to find out why some of our students are handicapped and, if possible, to correct that particular handicap so that the child can go on and finish his or her education and go on to get a high school diploma or a college degree and compete in society in the years to come.

It is my particular pride that I can speak to you here on special terms of intimacy with rehabilitation because for more than 16 years now, I have been supporting this federal program with every dollar that could be expended in this particular area. And every year, without fear of contradiction, we have been able to tell the Congress of the United States that if we are able to rehabilitate more people in our country, we can save the tax payers of our country money in this regard. Because in this effort, the more money that we appropriate on the federal level for rehabilitation, the more money we are making for the federal government. Because it has been for some years now,

fifteen years to my experience, that for every dollar we spend in the office of Vocational Rehabilitation on the national level, the federal government will get back at least ten dollars in return.

Now if that is so on the national level, it must dwindle down to the state level and to the community level also. But there always is effort at the federal level to enlarge the scope of the national program of vocational rehabilitation in keeping with current thought. And I'm reminded of what Thomas Jefferson once said when he said "Laws and institutions must go hand in hand with the progress of the human mind." As that becomes more developed, more enlightened, as new discoveries are made, new truths discovered, and matters and opinions change with the change of circumstances, institutions must change also and keep pace with the times. So, in order to meet all our obligations to the disabled, there must be a liaison between all those agencies that have a bearing on the welfare of the disabled in such handicapped conditions as heart disorders, mental troubles, neurological diseases, and blindness and others where research is paramount and urgent. There is close cooperation between constituent parts of the National Institutes of Health and the state-federal programs of vocational rehabilitation so that appropriate rehabilitation practices can be based on new knowledge.

And on this new knowledge, I made the point in Boston last week when I was asked to speak to the Rehabilitation Centers' Conference on last Tuesday I thought in order to meet this challenge of disability, we shall meet the challenge of disability only when restorative medicine is joined to the main stream of our national health effort. I said further, lately there has been a great deal of talk about comprehensive health services, about continuity of care and coordination of community services. These words have been passed back and forth across countless conference tables and incorporated in endless reports

over the years. Everybody agrees that they are highly desirable goals but lip service isn't health service. I said at that time, where is the action? But the action, I believe, is here at such a meeting as we are attending this afternoon.

I also made mention of the fact that a year ago last week one of the most comprehensive meetings was held in the city of Providence sponsored by our Health Department and Dr. Cannon; and I was told at that time that it was one of the most successful ones held on the problems of rehabilitation and disability in the northeastern section of our country. I was told by people in rehabilitation and by the medical profession that one of the main reasons it was so successful was because we had one of our leading physicians as chairman of the committee at that time; that has been because of the close cooperation of the medical profession in Rhode Island and with the other voluntary agencies and with those concerned with rehabilitation that Rhode Island is doing such a wonderful job today.

I'm very pleased this afternoon to see so many members of the medical profession who have taken time out to come here and to take part in this discussion today. I think that is a wonderful sign for the state of Rhode Island and another added reason why I think that with a little added effort and cooperation of all of us working for the same goal and for the same cause, we can attain the best result. I don't know what the best methods are to obtain this kind of cooperation and the end results, but I am for whatever the best method is determined to be by groups like yours. Whatever it is, I will be for it because I want to cut out duplication of effort by voluntary agencies, by professional groups and concentrate in one area in a small state and try to do a better job than is being done at this time.

We have other areas now; in the past two years the manpower

development training acts that provide state vocational rehabilitation agencies with opportunities to foster a cooperative relationship with the agencies responsible for this program and I'm very happy to see the state employment agency represented here today in Mrs. Walsh and others working together with the vocational educational agencies. And we have the Congress forging a new link in the health and rehabilitation chains by enacting the public welfare amendments of 1962. They gave our whole system of public welfare a new direction that promises real hope for our dependent elderly, blind and disabled adults and our needy children. All through my talk today I've been talking about the elderly, the blind and the disabled, but I have never once mentioned the problems of the deaf. I always thought it was worse to be blind than deaf. It wasn't until two or three years ago that we were told in our committee by doctors and some of those who have the experience in the field of rehabilitation that it is worse being deaf than blind; and we are doing so little about it. It was only in the past year that we were able to get through a bill in Congress that will provide funds on the federal level to train teachers to teach the deaf. This has been one of the areas that Congress should be blamed for not taking on this added responsibility, but I would like to say now, this is an omission in this talk and I think whenever I mention any of the handicapped I should also pay special attention to those who have the problem of being deaf.

I think President Kennedy summed up the hopes embodied in the legislation when he signed the law saying, "This measure embodies a new approach, stressing services in addition to support, rehabilitation instead of relief, and training for useful work instead of prolonged dependency.". This important legislation will assist our state and local public welfare agencies to redirect the incentives and services they offer to needy families and children and to the aged and disabled persons. Our objective is to prevent or reduce dependency

and to encourage self-care and self-support, to maintain family life where it is adequate and to restore it where it is deficient.

The Department of Health, Education and Welfare through its Office of Vocational Rehabilitation and the Bureau of Family Services has this responsibility. These agencies are working together to develop new ways and means to prevent dependency and widen the scope of rehabilitation. As long as Congress and the Federal Government continue to spend money, and I believe it should, in the field of medical research and, therefore, extend the life expectancy of human beings throughout our country, this problem of chronic illness is going to grow and grow and grow. The problems of rehabilitation are going to continue to grow and grow and grow and this is going to be a more expensive job than in the past. But all of us, I think, want to go in that direction. We want to keep on spending money for research and training professional people and training doctors and building new medical schools to provide the medical and professional personnel that will be needed in the future to take care of these problems.

I said in Boston the other morning, we have 6,000 physical therapists and about 8,000 occupational therapists and if we were to give only ten hours of service to the handicapped people in our country, we would need seven times these 14,000 trained therapists that we have today. When we are going to reach that goal, I have no idea. But it's going to take money, it's going to take leadership at the federal level, and it's going to take the cooperation of the members of the organizations that are represented here today.

I think I have talked long enough. I have some other things here, but I think this has been such a wonderful meeting and an inspiration to me that I don't want to have people walking out. I just want to say that I was very pleased that I was invited; whoever idea it was to get together like we are here in Rhode Island I think is one of the finest, and I hope that the results will show that we in Rhode Island will lead the way in the nation as far as rehabilitation is concerned.