

SPEECH OF HONORABLE JOHN E. FOGARTY, M. C., 2nd DISTRICT RHODE ISLAND AT THE  
NORTHEAST STATE GOVERNMENTS CONFERENCE ON MENTAL HEALTH AT THE SHERATON-BILTMORE  
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Northeast State  
Governments Conference  
on Mental Health

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This is a very special occasion for me for two reasons.

First, I feel it is a privilege to meet personally at this Conference so many of the dedicated and talented men and women whose names and contributions are already notable in the annals of American medicine, education, and social and public service.

Second, I am honored by your invitation to join with you in discussion of two most serious health and social problems - mental illness and mental retardation - problems confronting not only the ten great Northeastern States represented here, but our entire nation.

I feel sure I can also speak for my State and tell you that Rhode Island is glad to be your host. Rhode Islanders, as other New Englanders, live by a tradition of service and action. We hope you will enjoy being among us and will return, both individually and as a group.

Rhode Island is proud to be linked with the other Northeastern States as the birthplace and cradle of public health consciousness in the United States. We may all be proud as well of our long record of success in maintaining health and preventing disease among our people.

This record of success, I believe, can be traced to a fundamental philosophy of health subscribed to by private citizens and public officials alike in our States. Health is recognized as the well-spring of our security,

our strength, and our satisfactions. It has come to mean much more than freedom from disease, freedom from pain, and freedom from untimely death. We see health as a prerequisite for maximum self-expression and self-development of every person. As such, of course, the measure of good health enjoyed by all the citizenry is an accurate measure of the maturity and strength of an individual State, or, indeed, of the entire Nation.

When I state the issue of health so strongly, it must be clear to you that I have a strong personal stake in good health. As a member of the House of Representatives for the past fifteen years, public health has been one of my fundamental areas of interest. As chairman and member of the House Subcommittee which has the responsibility for recommending Federal appropriations for health, education and welfare, it has been my privilege to serve as an instrument for many of the rapid advances in the nation's health resources during the past decade. Thus, health is both part of my responsibility and part of my devotion; health is part of my life's work.

Many of you here are fully or partially aware of the increasing rôle of the Federal Government in support of health programs of all kinds. Let me say that the Federal legislator is likewise aware of State activities and believes that the increase of funds devoted to mental health services by your States in recent years is especially gratifying. Rhode Island's experience, I know, is only typical, and yet during the past five years, the funds devoted by Rhode Island to support of community mental health services has almost trebled and costs for the care of the hospitalized

mentally ill have ~~almost quadrupled~~ <sup>also tripled</sup>. Let me congratulate you on this kind of marked growth in recognition of the problems of the mentally ill; it is testimony to your earnest devotion and efforts.

The interest of the legislative bodies of the Federal Government in the public health activities of the various States is not a superficial one. The Congress is concerned with State health activities because in their totality they reflect the health needs of the entire Nation. Congress attempts to determine those health needs continually. We do so, of course, when we consider the yearly appropriation requests of the various constituent units of the Department of Health, Education and Welfare - including the Public Health Service, the Children's Bureau, the Office of Vocational Rehabilitation, and the Bureau of Public Assistance. At those times, we ask that both Government and non-Government authorities appear before our Subcommittee. We ask them questions concerning many health problems. We give them the opportunity to discuss the most pressing health needs of the country, how those needs are being met, and what it will take to meet them more quickly and efficiently.

During the course of the year as well, however, our Subcommittee periodically requests information on program areas in which we are specially interested. I have done so many times in regard to problems of mental retardation, calling on those specialists in medicine, education and the social sciences on whose experience and wisdom I have learned to rely. I also receive many spontaneous, useful letters from my constituents, and these too have provided the basis for Congressional consideration of

health legislation and action. I wish to urge all of you here to think of your legislators as eager listeners and ready participants in both your special and your general fields of interest.

As a consequence of the great quantity of information that has been made available to me or that I have sought out over the years, I have been able to acquire some insight into the many problems of mental retardation. I wish to emphasize, however, that I do not regard myself competent in the domain of expert knowledge possessed by the professional worker, nor do I presume to have information which would equip me to advise any of the States and communities on the specific ways in which they should deal with those retarded children and adults who require special attention.

Traditionally, of course, the responsibility for care of the disabled and destitute in this country has fallen to the States and communities. This tradition is a sound and living one, and no one would foresee its fundamental or radical change. Nevertheless, it has been evident for some time that State and community health activities can be implemented and expanded by appropriate support from many sources, and the past decade has seen increasing participation by public-minded individuals and organizations in the effort to render assistance to the mentally retarded. The Federal Government, by virtue of the flexibility with which it can assume new functions in the face of ascertained national need, has come to play a significant rôle in this effort.

Do not misunderstand me, however. The resources of the Government

devoted to health activities are large, but largeness in itself is not the only criterion of significance. I am proud of Federal assistance to aid the mentally retarded child and adult, but I know the enactment of laws and declarations of policy do not in themselves affect the prevention, treatment and care of the mentally retarded. These legislative acts are significant only insofar as they enable dedicated and capable individuals like yourselves better to fulfill your missions.

This is not to say that Congress acts only in supplement to the States' activities. Insofar as we are responsible to the people, the Congress must work with the Executive branch to provide guidance and leadership so that Federal funds will be spent in the most beneficial manner possible. The Congress, however, expects that allocation and administration of these funds will never be undertaken despotically or capriciously.

Just how is the Government presently assisting the mentally retarded?

In broad terms, the activities of the various agencies of the Department of Health, Education and Welfare have been focused on a two-pronged program of research and services. On the one hand, many different kinds of medical studies and investigations must be conducted which will yield knowledge leading to the prevention of mental retardation as well as methods for alleviating this handicap. On the other hand, all kinds of services - medical, psychological, social, educational, recreational, vocational - must be established and skillfully operated if the retarded

are to become independent and useful members of their communities and have the opportunity to satisfy their personal needs and desires. Problems of both research and services, I know, have occupied the deliberations of this Conference in the past.

Essential to both research and services, of course, is trained manpower--personnel to conduct research, to teach, and to apply the many special skills required in community facilities for the mentally retarded.

No less essential, I might say, is the need for better and broader public education. We need such education to create a climate for the constructive understanding and acceptance of the importance of dealing affirmatively with the problems of the retarded individual in his community. Just as important, however, the support and acceptance of your work must inevitably be contingent on a public sympathetic to your goals.

The specific ways in which the Federal Government assists the mentally retarded cannot be reviewed in their entirety here; however, a brief description of recent legislation on behalf of the mentally retarded will, I think, give you a clear idea of how the Federal Government views its responsibilities in this field.

At this last session of Congress, for example, the appropriation for maternal and child health services, the responsibility of the Children's

Bureau, was increased by four million dollars. One million of this amount was specifically earmarked by my Subcommittee for mental retardation projects; and although the Subcommittee did not so stipulate in the appropriations bill, we made it known that we believed another million could be expended on mental retardation. These sums will make it possible for the Children's Bureau to expand its work with State agencies in broadening the medical and social services designed for retarded children. It will make it possible to increase the number of community projects in which sound rehabilitation programs can be demonstrated and carried out through the coordination of the necessary pediatric, educational, psychological, and vocational rehabilitation services.

All of us here would wish to see the retarded individual achieve a better place in our economic and social life. Public Law 565, the Vocational Rehabilitation Act, is a beginning - a good beginning in helping some of the mentally retarded toward the satisfactions of having and holding jobs. Through this Law, the Office of Vocational Rehabilitation is now working with forty of the forty-eight States and the District of Columbia in setting up opportunities for remunerative employment, both within the framework of existing industry and by means of sheltered workshops. By 1958 twice the number of mentally retarded will have received vocational rehabilitation through this program than was true in 1956. While this number will undoubtedly be small, it is well to remember that these services were not possible at all in 1955.

The mentally retarded will be affected as well by new legislation for the Bureau of Public Assistance. The Bureau of Public Assistance is

now enabled, within given ceilings, to match State funds on an equal basis for the medical care of any recipient of public assistance. As you know, mental retardation is the leading impairment among persons under thirty-five who are recipients of such aid, so much of the additional ~~one~~ millions in Federal funds made available under this new legislation will accrue to their benefit. New legislation will also make public assistance funds open to more of the mentally retarded, since the Congress has repealed a requirement of the Bureau of Public Assistance which in effect cut off their funds for aid to children between the ages of sixteen and eighteen who were not attending school. The Bureau of Public Assistance this year will also be better able to extend its consultation services to States in program planning for essential social services and staff training.

I will do no more than mention in passing some of the new, more generalized legislation which indirectly affects the mentally retarded. In this category, Public Law 835 authorizes a \$90 million program of Federal matching grants to medical schools, dental schools and schools of public health which will assist in construction or improvement of research facilities in the medical and allied sciences. And Public Law 911 inaugurates a new program of Federal traineeships in public health and graduate and practical nursing.

I have not yet spoken of the actions of Congress in strengthening the research effort devoted to the prevention, treatment, and education of the mentally retarded. Medical research has come to occupy a special position among the Federal programs devoted to improvement of public



health. That position is partially reflected by the increase in appropriations the Congress has made during the past decade for the National Institutes of Health of the Public Health Service, the largest medical research operation of the government. This increase was from little more than \$8 million in 1947 to more than \$180 million for 1957 - a ratio increase greater than for any other traditional Government agency I believe, during this same period.

The Congress has very simple, direct feelings about medical research: quite simply, medical research is successful. In the years from 1900 to the present day medical research was largely responsible for extension of the life expectancy from 47 years of age to almost 70 years. In this last decade alone, the average life expectancy has increased by five years. Thus, Congress looks hopefully to medical science to continue to halt or moderate the course of those disorders which prematurely kill or cripple our people.

Federal support of research in mental retardation on a large scale is relatively young. In 1954, the Congress asked the Office of Education to develop plans for programs of research in any pertinent phase of education relating to the mentally retarded. In 1956, we were able to implement those plans by having \$675,000 set aside from the total appropriation for support of such research in universities and other qualified institutions. One of the ways in which this money is being spent is in studies to define what we mean by mental retardation. <sup>Such</sup> ~~such~~ definition is an essential step in order that programs of research and

services may move forward on all fronts. Another use will be to facilitate work in the establishment of a reporting system for the collection of general purpose statistics on the mentally handicapped children in public schools. Techniques for instructing retarded children in various types of school programs will be evaluated.

Medical research in mental retardation was not supported extensively by the Government until two years ago, when I recommended and Congress supported a special appropriation of \$750,000 to the National Institutes of Health for retardation studies. That appropriation was divided, with \$500,000 being allocated to the National Institute of Neurological Diseases and Blindness, and \$250,000 to the National Institute of Mental Health

The interests of both Institutes in mental retardation research is, of course, quite different.

The National Institute of Neurological Diseases and Blindness is concerned largely with the conduct and support of research directed to the ultimate prevention of mental retardation. Extremely strong emphasis is being given investigations of the development of the embryonic brain and to those environmental factors occurring during pregnancy, at birth, or directly after birth which may result in brain damage. A considerable amount of research effort, however, is also being directed to a broad understanding of brain function and brain activity, and eventually it is hoped this work may profitably result in the development of methods for the restoration of brain function in the mentally retarded.

The National Institute of Mental Health may be said to conduct

or support research largely directed to alleviation of mental retardation, especially insofar as the problem is associated with psychological and social factors. The effect of early life experiences, for example, in the evolution of mental retardation is one project this Institute supports. Others include a study on the effects of social and economic structures on learning ability, the development of new methods to measure or test learning ability, and rehabilitation studies designed to maximize or recapture the learning potential of those mentally retarded whose condition may be related to emotional difficulties. The National Institute of Mental Health is also enabled to support mental health and mental retardation projects in institutions and communities.

Increased appropriations for both Institutes this year will enable them to devote a total of more than \$3 million to mental retardation research and to the support of training for needed investigators and workers in this field.

I should like to be able to tell you at this time something about the future of Federal legislation for the mentally retarded. Unfortunately, I cannot foresee the future. It is reasonable to assume, however, that the legislative pattern evidenced by the measures I have just discussed will continue as long as the need for such measures originates with people and can be demonstrated to the satisfaction of Congress.

It is of vital importance, of course, that the needs of the mentally retarded have received initial recognition and are, thereby, being acted upon. These needs are grave; and since they are continuing instead of

intermittent, they are expensive. Their fulfillment, then, by the communities, the states and the Federal Government is likely to be slower than might obtain for more temporary or less debilitating conditions.

Final fulfillment may ultimately come through research which may find the means to prevent mental retardation or perhaps to cure it. We should keep these hopes in mind, but not count on their imminence. We are a nation which tries to take mature action in the light of current reality, and the reality today is our concern for providing sufficient services today for the mentally retarded at the same time as we work toward the solution of the problem through research.

Our needs in both public and private life seem ever to return to money. The support and expansion of existing services for the mentally retarded requires money; the initiation and elaboration of new services require money. Where will it come from?

It is a fact that the past decade has seen a tremendous increase in the assistance given to those afflicted with serious chronic disorders. The increase in assistance has come from many sources, from the States and Federal Governments, of course, but in many instances more directly from the public itself. The rise of the great, national voluntary health agencies is testimony of the extent of direct public participation in public health. From the work of these associations has often emerged the means for undertaking programs which might have once seemed visionary.

I do not know myself what specific attempts have been made to enlist broad public support in behalf of the mentally retarded. I do know that at the community level, no group of parents and professionals are more determined in seeking the means to meet their ends, and these ends in consequence have become accepted more and more by the community. To the bulk of the American people, however, the problems of mental retardation may be no more pressing than those diseases, such as African sleeping sickness and schistosomiasis, which limit their devastation to far-off populations.

To make these problems known and to stimulate an appropriate, useful response is no simple task. It is perhaps complicated in all our minds by the nature of the problem which, in the past, has invited ignorant scorn and mockery. We would be less than enlightened ourselves, however, if we do not now convey our message to and rely upon the understanding and humanity of the majority of the American people. And we would be cowardly not to face those few who have still to emerge from the scientific blindness of the Dark Ages.

Granted our interest in pursuing this end, it is still not a simple task. It is, however, a task that has already been undertaken with some success. The prerequisites <sup>are</sup> many; leadership, skill, devotion and perhaps <sup>^</sup> above all an ability to reconcile diverse interests into a common, strong unity. Yet these are the elements met here today; the life of this very Conference is testimony to them. It does not make it difficult, therefore, for me to state this challenge, fully aware as I am of the manifold challenges you are already facing.