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MENTAL RETARDATION AMENDMENTS OF 1967

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HEARING

BEFORE THE

SUBCOMMITTEE ON HEALTH

OF THE

COMMITTEE ON

LABOR AND PUBLIC WELFARE

UNITED STATES SENATE

NINETIETH CONGRESS

FIRST SESSION

ON

S. 1099 and H.R. 6430

TO AMEND THE PUBLIC HEALTH LAWS RELATING TO
MENTAL RETARDATION TO EXTEND, EXPAND, AND IM-
PROVE THEM, AND FOR OTHER PURPOSES

S. 389

TO AMEND THE MENTAL RETARDATION FACILITIES AND
COMMUNITY MENTAL HEALTH CENTERS CONSTRUCTION
ACT OF 1963 TO PROVIDE GRANTS FOR COSTS OF INITIAT-
ING SERVICES IN COMMUNITY MENTAL RETARDATION
FACILITIES

OCTOBER 11, 1967

Printed for the use of the
Committee on Labor and Public Welfare



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CONTENTS

S. 1099.....	Page 2
H. R. 6430.....	9
S. 399.....	16

CHRONOLOGICAL LIST OF WITNESSES

Lee, Philip R., M.D., Assistant Secretary of Health and Scientific Affairs; accompanied by Miss Mary E. Switzer, Administrator, Social and Rehabilitation Service; Dr. James J. Gallagher, Associate Commissioner, Bureau of Education for the Handicapped, Office of Education; Dr. Robert I. Jaslow, Director, Division of Mental Retardation; Dr. James W. Moss, Office of Education, and Dr. Edwin Martin, Office of Education.....	21
Javits, Hon. Jacob K., a U.S. Senator from the State of New York.....	27
Switzer, Mary E., Administrator, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare.....	31
Barnett, Charles D., Ph. D., deputy commissioner for mental retardation services in the Texas Department of Mental Health and Mental Retardation, Austin, Tex., and secretary, National Association of State Coordinators of Mental Retardation Programs, Hartford, Conn.....	56
Boggs, Elizabeth M., Chairman, Governmental Affairs Committee, National Association for Retarded Children; accompanied by Robert M. Gettings, staff assistant.....	69
Morris, Jonas, National Association of State Mental Health Program Directors.....	72
Noone, Dr. John J., executive director, American Association on Mental Deficiency.....	77
Cooke, Dr. Robert E., professor of pediatrics and pediatrician in chief of Johns Hopkins Hospital; member of the President's Committee on Mental Retardation; and chairman of the Scientific Board of the Joseph P. Kennedy, Jr., Foundation.....	78

STATEMENTS

American Public Health Association, prepared statement.....	86
Barnett, Charles D., Ph. D., deputy commissioner for mental retardation services in the Texas Department of Mental Health and Mental Retardation, Austin, Tex., and secretary, National Association of State Coordinators of Mental Retardation Programs, Hartford, Conn.....	56
Prepared statement.....	56
Blasingame, F. J. L., M.D., executive vice president, American Medical Association, prepared statement.....	82
Boggs, Elizabeth M., chairman, Governmental Affairs Committee, National Association for Retarded Children; accompanied by Robert M. Gettings, staff assistant.....	69
Prepared statement.....	70
Bramwell, Donald, M.D., director of mental health, State of New Hampshire; and chairman, Committee on Mental Retardation, National Association of State Mental Health Program Directors, prepared statement.....	72
Cooke, Dr. Robert E., professor of pediatrics and pediatrician in chief of the Johns Hopkins Hospital; member of the President's Committee on Mental Retardation; and chairman of the Scientific Board of the Joseph P. Kennedy, Jr., Foundation.....	78
Fellendorf, George W., executive director, Alexander Graham Bell Association for the Deaf, prepared statement.....	83

	Page
Javits, Hon. Jacob K., a U.S. Senator from the State of New York-----	27
Lee, Philip R., M.D., Assistant Secretary of Health and Scientific Affairs; accompanied by Miss Mary E. Switzer, Administrator, Social and Re- habilitation Service; Dr. James J. Gallagher, Associate Commissioner, Bureau of Education for the Handicapped, Office of Education; Dr. Rob- ert I. Jaslow, Director, Division of Mental Retardation; Dr. James W. Moss, Office of Education; and Dr. Edwin Martin, Office of Education--	21
Supplemental statement-----	22
Morris, Jonas, National Association of State Mental Health Program Di- rectors-----	72
Noone, Dr. John J., executive director, American Association on Mental Deficiency-----	77
Switzer, Mary E., Administrator, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare-----	31
Whitaker, Mrs. Judith G., R.N., executive director, American Nurses' Association, Inc., prepared statement-----	82

ADDITIONAL INFORMATION

Appropriations and approved applications for:	
Mental retardation research centers, January 1, 1967-----	39
University-affiliated facilities for the mentally retarded, December 31, 1966-----	44
Articles, etc., entitled:	
"Lack of Buses Hurts Classes for Retarded," from the Staten Island (N.Y.) Advance, July 23, 1967-----	76
"Staffing of Mental Retardation Facilities," by Senator Javits, from the Congressional Record, January 17, 1967-----	28
"Training and Research and Demonstration Programs in the Educa- tion of Handicapped Children," supplied by the Department of Health, Education, and Welfare-----	26
Communications from:	
Javits, Hon. Jacob K., a U.S. Senator from the State of New York, to Secretary Gardner, U.S. Department of Health, Education, and Welfare, October 4, 1967-----	30
Switzer, Mary E., Administrator, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, to Senator Javits, October 16, 1967-----	30
Dade County (Fla.) Board of Commissioners, resolution of, endorsing in principle proposed Federal legislation providing funds for support of community treatment, education, and training of the mentally retarded.	29
Education for the Handicapped, proposed expenditures for training and research, 1969-72, U.S. Office of Education, Department of Health, Education, and Welfare-----	51
Mental retardation research centers and university-affiliated facilities, progress report on-----	35
Mentally retarded, State facilities for, State by State-----	73
Obligations for mental retardation programs, Department of Health, Education, and Welfare, fiscal years 1966-67—obligations for programs on mental retardation-----	49
Training teachers for the deaf, breakdown on, supplied by Department of Health, Education, and Welfare-----	45

MENTAL RETARDATION AMENDMENTS OF 1967

OCTOBER 11, 1967

U.S. SENATE,
SUBCOMMITTEE ON HEALTH OF THE
COMMITTEE ON LABOR AND PUBLIC WELFARE,
Washington, D.C.

The subcommittee met, pursuant to notice, at 10:05 a.m., in room 4232, New Senate Office Building, Senator Lister Hill (chairman of the full committee) presiding.

Present: Senators Hill (presiding), Yarborough, Javits, and Murphy.

Also present: Robert Barclay, professional staff member; Roy Mil-lenson, minority clerk.

The CHAIRMAN. The subcommittee will kindly come to order.

The Subcommittee on Health is meeting this morning to receive testimony on three bills that would improve opportunities for the mentally retarded. The bills are H.R. 6430, S. 1099, and S. 389.

As passed by the House, H.R. 6430 would extend and expand the existing program of financial assistance for the construction of university-affiliated facilities for the mentally retarded and community facilities for the mentally retarded. This measure would also initiate a program of grants to pay part of the cost of staffing community mental retardation facilities. The staffing assistance provisions are similar to those that now exist for community mental health centers and rehabilitation facilities.

S. 1099 is a companion measure to H.R. 6430 but also provides for extending the existing program for training teachers of handicapped children. I am especially interested in the estimates of the Department for appropriation authorizations for the years 1970-72. As we all know, there are critical shortages of teachers in the field of special education.

These bills will be incorporated into the record at this point.

(The text of the bills, S. 1099, H.R. 6430, and S. 389 are as follows:)

90TH CONGRESS
1ST SESSION

S. 1099

IN THE SENATE OF THE UNITED STATES

FEBRUARY 28, 1967

Mr. HILL introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

A BILL

To amend the public health laws relating to mental retardation to extend, expand, and improve them, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That this Act may be cited as the "Mental Retardation
4 Amendments of 1967".

5 GRANTS FOR CONSTRUCTION OF UNIVERSITY-AFFILIATED

6 MENTAL RETARDATION CLINICAL FACILITIES

7 SEC. 2. (a) The first sentence of section 121 of the
8 Mental Retardation Facilities Construction Act (42 U.S.C.
9 2661) is amended by striking out "and \$10,000,000 each
10 for the fiscal year ending June 30, 1966, and the fiscal year
11 ending June 30, 1967" and inserting in lieu thereof "\$10,-

2

1 000,000 each for the fiscal year ending June 30, 1966, the
2 fiscal year ending June 30, 1967, and the fiscal year ending
3 June 30, 1968, and such sums as may be necessary for the
4 next four fiscal years".

5 (b) Such sentence is further amended by inserting
6 "(which term, for purposes of this part, includes persons with
7 other neurological handicapping conditions found by the
8 Secretary to be sufficiently related to mental retardation to
9 warrant inclusion in this part)" after "the mentally re-
10 tardated" the first time it appears therein, and by inserting
11 "including research incidental or related to any of the fore-
12 going activities," before "there are authorized to be ap-
13 propriated".

14 (c) Section 125 of such Act (42 U.S.C. 2665) is
15 amended by striking out "four", and by striking out "June
16 30, 1967", and inserting in lieu thereof "June 30, 1972".

17 GRANTS FOR CONSTRUCTION OF COMMUNITY FACILITIES
18 FOR THE MENTALLY RETARDED

19 SEC. 3. (a) Section 131 of the Mental Retardation Fa-
20 cilities Construction Act (42 U.S.C. 2671) is amended by
21 striking out "and \$30,000,000 for the fiscal year ending
22 June 30, 1968" and inserting in lieu thereof "\$30,000,000
23 for the fiscal year ending June 30, 1968, and such sums as
24 may be necessary for the next four fiscal years".

25 (b) Section 137 of such Act is amended by striking out

3

1 "four", and by striking out "1968" and inserting in lieu
2 thereof "1972".

3 GRANTS FOR STAFFING OF COMMUNITY MENTAL
4 RETARDATION FACILITIES

5 SEC. 4. The Mental Retardation Facilities Construction
6 Act is further amended (1) by amending the heading
7 thereof to read "TITLE I—FACILITIES FOR THE
8 MENTALLY RETARDED", and (2) by adding at the
9 end thereof the following new part:

10 "PART D—GRANTS FOR THE COST OF PROFESSIONAL AND
11 TECHNICAL PERSONNEL OF COMMUNITY MENTAL RE-
12 TARDATION FACILITIES

13 "AUTHORIZATION OF GRANTS

14 "SEC. 141. (a) For the purpose of assisting in the es-
15 tablishment and initial operation of facilities for the mentally
16 retarded providing all or part of a program of comprehensive
17 services for the mentally retarded principally designed to
18 serve the needs of the particular community or communities
19 in or near which the facility is situated, the Secretary may,
20 in accordance with the provisions of this part, make grants
21 to meet, for the temporary periods specified in this section,
22 a portion of the costs (determined pursuant to regulations
23 under section 144) of compensation of professional and tech-
24 nical personnel for the initial operation of new facilities for

1 the mentally retarded or of new services in facilities for the
2 mentally retarded.

3 “(b) Grants for such costs for any facility for the men-
4 tally retarded under this part may be made only for the
5 period beginning with the first day of the first month for
6 which such a grant is made and ending with the close of
7 four years and three months after such first day; and such
8 grants with respect to any such facility may not exceed 75
9 per centum of such costs for the period ending with the close
10 of the fifteenth month following such first day, 60 per centum
11 of such costs for the first year thereafter, 45 per centum of
12 such costs for the second year thereafter, and 30 per centum
13 of such costs for the third year thereafter.

14 “(c) In making such grants, the Secretary shall take
15 into account the relative needs of the several States for serv-
16 ices for the mentally retarded, their relative financial needs,
17 and their populations.

18 “APPLICATIONS AND CONDITIONS FOR APPROVAL

19 “SEC. 142. (a) Grants under this part with respect to
20 any facility for the mentally retarded may be made only
21 upon application, and only if—

22 “(1) the applicant is a public or nonprofit private
23 agency or organization which owns or operates the
24 facility;

25 “(2) (A) a grant was made under part C of this

5

1 title to assist in financing the construction of the facility
2 or (B) the type of service to be provided as part of
3 such program with the aid of a grant under this part
4 was not previously being provided by the facility with
5 respect to which such application is made;

6 “(3) the Secretary determines that there is satis-
7 factory assurance that Federal funds made available un-
8 der this part for any period will be so used as to supple-
9 ment and, to the extent practical, increase the level of
10 State, local, and other non-Federal funds for mental
11 retardation services that would in the absence of such
12 Federal funds be made available for (or under) the
13 program described in paragraph (2) of this subsection,
14 and will in no event supplant such State, local, and other
15 non-Federal funds; and

16 “(4) in the case of an applicant in a State which
17 has in existence a State plan relating to the provision of
18 services for the mentally retarded, the services to be
19 provided by the facility are consistent with the plan.

20 “(b) No grant may be made under this part after June
21 30, 1972, with respect to any facility for the mentally re-
22 tardated or with respect to any type of service provided by
23 such a facility unless a grant with respect thereto was made
24 under this part prior to July 1, 1972.

6

1 "PAYMENTS

2 "SEC. 143. Payment of grants under this part may be
3 made (after necessary adjustment on account of previously
4 made overpayments or underpayments) in advance or by
5 way of reimbursement, and on such terms and conditions and
6 in such installments, as the Secretary may determine.

7 "REGULATIONS

8 "SEC. 144. The Secretary shall prescribe general regu-
9 lations concerning the eligibility of facilities under this part,
10 determination of eligible costs with respect to which grants
11 may be made, and the terms and conditions (including those
12 specified in section 142) for approving applications under
13 this part.

14 "AUTHORIZATION OF APPROPRIATIONS

15 "SEC. 145. There are authorized to be appropriated
16 \$7,000,000 for the fiscal year ending June 30, 1968, and
17 such sums as may be necessary for the next four fiscal years,
18 to enable the Secretary to make initial grants to facilities for
19 the mentally retarded under the provisions of this part. For
20 the fiscal year ending June 30, 1969, and each of the next
21 seven fiscal years, there are authorized to be appropriated
22 such sums as may be necessary to make grants to such facili-
23 ties which have previously received a grant under this part
24 and are eligible for such a grant for the year for which sums
25 are being appropriated under this sentence."

7

1 ENFORCEMENT OF STATE STANDARDS OF OPERATION

2 SEC. 5. Paragraph (7) of section 134 of the Mental
3 Retardation Facilities Construction Act (42 U.S.C. 2674),
4 is amended by inserting before the semicolon at the end
5 thereof "and, effective July 1, 1969, provide for enforce-
6 ment of such standards with respect to projects approved
7 by the Secretary under this part after June 30, 1967".

8 EDUCATION OF HANDICAPPED CHILDREN

9 SEC. 6. (a) Section 302 (a) of the Mental Retardation
10 Facilities and Community Mental Health Centers Construc-
11 tion Act of 1963 (20 U.S.C. 618 (a)) is amended by strik-
12 ing out "and" before "\$14,000,000", and by inserting "
13 and such sums as may be necessary for the next three fiscal
14 years," after "June 30, 1969".

15 (b) Section 7 of the Act of September 6, 1958 (20
16 U.S.C. 617), is amended by striking out "and" before "\$37,-
17 500,000", and by inserting ", and such sums as may be
18 necessary for the next three fiscal years," after "June 30,
19 1969".

90TH CONGRESS
1ST SESSION

H. R. 6430

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 21, 1967

Read twice and referred to the Committee on Labor and Public Welfare

AN ACT

To amend the public health laws relating to mental retardation to extend, expand, and improve them, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That this Act may be cited as the "Mental Retardation
4 Amendments of 1967".

5 GRANTS FOR CONSTRUCTION OF UNIVERSITY-AFFILIATED
6 MENTAL RETARDATION CLINICAL FACILITIES

7 SEC. 2. (a) The first sentence of section 121 of the
8 Mental Retardation Facilities Construction Act (42 U.S.C.
9 2661) is amended by striking out "and \$10,000,000 each
10 for the fiscal year ending June 30, 1966, and the fiscal year
11 ending June 30, 1967" and inserting in lieu thereof "\$10,-

2

1 000,000 each for the fiscal year ending June 30, 1966, the
2 fiscal year ending June 30, 1967, and the fiscal year ending
3 June 30, 1968, and \$20,000,000 each for the fiscal year
4 ending June 30, 1969, and the fiscal year ending June 30,
5 1970”.

6 (b) Such sentence is further amended by inserting
7 “(which, for purposes of this part, includes other neurologi-
8 cal handicapping conditions found by the Secretary to be
9 sufficiently related to mental retardation to warrant inclu-
10 sion in this part)” after “the mentally retarded” the first
11 time it appears therein, and by inserting “including research
12 incidental or related to any of the foregoing activities,” be-
13 fore “there are authorized to be appropriated”.

14 (c) Section 125 of such Act (42 U.S.C. 2665) is
15 amended by striking out “four”, and by striking out “June
16 30, 1967” and inserting in lieu thereof “June 30, 1970”.

17 GRANTS FOR CONSTRUCTION OF COMMUNITY FACILITIES
18 FOR THE MENTALLY RETARDED

19 SEC. 3. (a) Section 131 of the Mental Retardation Fa-
20 cilities Construction Act (42 U.S.C. 2671) is amended by
21 striking out “and \$30,000,000 for the fiscal year ending
22 June 30, 1968” and inserting in lieu thereof “\$30,000,000
23 each for the fiscal year ending June 30, 1968, and the fiscal
24 year ending June 30, 1969, and \$50,000,000 for the fiscal
25 year ending June 30, 1970”.

3

1 (b) Section 137 of such Act is amended by striking
2 out "four", and by striking out "1968" and inserting in lieu
3 thereof "1970".

4 GRANTS FOR STAFFING OF COMMUNITY MENTAL

5 RETARDATION FACILITIES

6 SEC. 4. The Mental Retardation Facilities Construction
7 Act is further amended (1) by amending the heading thereof
8 to read "TITLE I—FACILITIES FOR THE MEN-
9 TALLY RETARDED", and (2) by adding at the end
10 thereof the following new part:

11 "PART D—GRANTS FOR THE COST OF PROFESSIONAL AND
12 TECHNICAL PERSONNEL OF COMMUNITY MENTAL
13 RETARDATION FACILITIES

14 "AUTHORIZATION OF GRANTS

15 "SEC. 141. (a) For the purpose of assisting in the es-
16 tablishment and initial operation of facilities for the mentally
17 retarded providing all or part of a program of comprehensive
18 services for the mentally retarded principally designed to
19 serve the needs of the particular community or communities
20 in or near which the facility is situated, the Secretary may,
21 in accordance with the provisions of this part, make grants
22 to meet, for the temporary periods specified in this section, a
23 portion of the costs (determined pursuant to regulations
24 under section 144) of compensation of professional and tech-
25 nical personnel for the initial operation of new facilities for

4

1 the mentally retarded or of new services in facilities for the
2 mentally retarded.

3 “(b) Grants for such costs for any facility for the men-
4 tally retarded under this part may be made only for the
5 period beginning with the first day of the first month for
6 which such a grant is made and ending with the close of
7 four years and three months after such first day; and such
8 grants with respect to any such facility may not exceed 75
9 per centum of such costs for the period ending with the close
10 of the fifteenth month following such first day, 60 per cen-
11 tum of such costs for the first year thereafter, 45 per centum
12 of such costs for the second year thereafter, and 30 per
13 centum of such costs for the third year thereafter.

14 “(c) In making such grants, the Secretary shall take
15 into account the relative needs of the several States for serv-
16 ices for the mentally retarded, their relative financial needs,
17 and their populations.

18 “APPLICATIONS AND CONDITIONS FOR APPROVAL

19 “SEC. 142. (a) Grants under this part with respect to
20 any facility for the mentally retarded may be made only
21 upon application, and only if—

22 “(1) the applicant is a public or nonprofit private
23 agency or organization which owns or operates the
24 facility;

25 “(2) (A) a grant was made under part C of this

5

1 title to assist in financing the construction of the facility
2 or (B) the type of service to be provided as part of such
3 program with the aid of a grant under this part was not
4 previously being provided by the facility with respect
5 to which such application is made;

6 “(3) the Secretary determines that there is satis-
7 factory assurance that Federal funds made available
8 under this part for any period will be so used as to
9 supplement and, to the extent practical, increase the
10 level of State, local, and other non-Federal funds for
11 mental retardation services that would in the absence of
12 such Federal funds be made available for (or under)
13 the program described in paragraph (2) of this subsec-
14 tion, and will in no event supplant such State, local, and
15 other non-Federal funds; and

16 “(4) in the case of an applicant in a State which
17 has in existence a State plan relating to the provision of
18 services for the mentally retarded, the services to be pro-
19 vided by the facility are consistent with the plan.

20 “(b) No grant may be made under this part after June
21 30, 1972, with respect to any facility for the mentally re-
22 tardated or with respect to any type of service provided by
23 such a facility unless a grant with respect thereto was made
24 under this part prior to July 1, 1970.

6

1 "PAYMENTS

2 "SEC. 143. Payment of grants under this part may be
3 made (after necessary adjustment on account of previously
4 made overpayments or underpayments) in advance or by
5 way of reimbursement, and on such terms and conditions and
6 in such installments, as the Secretary may determine.

7 "REGULATIONS

8 "SEC. 144. The Secretary shall prescribe general regu-
9 lations concerning the eligibility of facilities under this part,
10 determination of eligible costs with respect to which grants
11 may be made, and the terms and conditions (including those
12 specified in section 142) for approving applications under
13 this part.

14 "AUTHORIZATION OF APPROPRIATIONS

15 "SEC. 145. There are authorized to be appropriated
16 \$7,000,000 for the fiscal year ending June 30, 1968, \$10,-
17 000,000 for the fiscal year ending June 30, 1969, and
18 \$14,000,000 for the fiscal year ending June 30, 1970, to
19 enable the Secretary to make initial grants to facilities for
20 the mentally retarded under the provisions of this part. For
21 the fiscal year ending June 30, 1969, and each of the next
22 five years, there are authorized to be appropriated such sums
23 as may be necessary to make grants to such facilities which
24 have previously received a grant under this part and are

7

1 eligible for such a grant for the year for which sums are
2 being appropriated under this sentence."

3 SEC. 5. Paragraph (7) of section 134 of the Mental
4 Retardation Facilities Construction Act (42 U.S.C. 2674),
5 is amended by inserting before the semicolon at the end
6 thereof "and, effective July 1, 1969, provide for enforce-
7 ment of such standards with respect to projects approved
8 by the Secretary under this part after June 30, 1967".

Passed the House of Representatives September 20,
1967.

Attest:

W. PAT JENNINGS,

Clerk.

90TH CONGRESS
1ST SESSION

S. 389

IN THE SENATE OF THE UNITED STATES

JANUARY 17 (legislative day, JANUARY 12), 1967

Mr. JAVITS (for himself and Mr. PROUTY) introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

A BILL

To amend the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 to provide grants for costs of initiating services in community mental retardation facilities.

- 1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That the Mental Retardation Facilities and Community
4 Mental Health Centers Construction Act of 1963 is amended
5 by adding at the end of title I, the following new part:

II

1 "PART D—GRANTS FOR COSTS OF INITIATING SERVICES
2 IN COMMUNITY MENTAL RETARDATION FACILITIES

3 "AUTHORIZATION OF GRANTS

4 "SEC. 141. (a) For the purpose of assisting public
5 and nonprofit private agencies, organizations, or institutions
6 to initiate, extend, and improve services in facilities for the
7 mentally retarded principally designed to serve the needs
8 of the particular community or communities in or near
9 which the facility is situated, the Secretary may, in accord-
10 ance with the provisions of this part, make grants to meet
11 not to exceed 75 per centum of the costs (determined pur-
12 suant to regulations under section 144) of providing serv-
13 ices in such facilities for the mentally retarded.

14 "(b) In making such grants after June 30, 1968, the
15 Secretary shall give preference to new or expanded services
16 part of the cost of which will be borne out of State or local
17 public funds.

18 "APPLICATIONS AND CONDITIONS FOR APPROVAL

19 "SEC. 142. Grants under this part with respect to any
20 facility for the mentally retarded may be made only upon
21 application, and only if—

22 "(1) the applicant is a public or nonprofit private
23 agency, organization, or institution which owns or oper-
24 ates the facility;

25 "(2) the services to be provided by the facility

3

1 will provide principally for persons residing in a par-
2 ticular community or communities in or near which
3 such facility is situated, one or more of the types of
4 services for the mentally retarded which are determined
5 by the Secretary to be basic and necessary services for
6 the mentally retarded;

7 “(3) the Secretary determines that the types of
8 services to be supported are not sufficiently available
9 in other facilities in said communities;

10 “(4) the Secretary determines that, with respect
11 to the particular type or types of service to be so
12 assisted, Federal financial assistance is not, in fact,
13 available to the applicant under any other Act (or
14 portion thereof) which is administered by the Depart-
15 ment of Health, Education, and Welfare;

16 “(5) the Secretary determines that there is satis-
17 factory assurance that Federal funds made available
18 under this part for any period will be so used as to
19 supplement and, to the extent practicable, increase the
20 level of State, local, and other non-Federal funds for
21 mental retardation services that would in the absence of
22 such Federal funds be made available for the services
23 described in paragraph (2) of this subsection, and will
24 in no event supplant such State, local, and other non-
25 Federal funds; and

4

1 “(6) in the case of an applicant in a State which
2 has in existence a State plan relating to the provision
3 of services for the mentally retarded, the services to be
4 provided by the facility are consistent with the plan.

5 “PAYMENTS

6 “SEC. 143. Payment of grants under this part may be
7 made (after necessary adjustment on account of previously
8 made overpayments or underpayments) in advance or by
9 way of reimbursement, and on such terms and conditions and
10 in such installments, as the Secretary may determine.

11 “REGULATIONS

12 “SEC. 144. (a) The Secretary shall prescribe general
13 regulations concerning the eligibility of facilities under this
14 part, determination of eligible costs with respect to which
15 grants may be made, and the terms and conditions (includ-
16 ing those specified in section 142) for approving applica-
17 tions under this part.

18 “(b) Payments under this part with respect to any
19 project may be made for a period of not to exceed five years
20 beginning with the commencement of the first fiscal year
21 for which any payment is made.

22 “AUTHORIZATION OF APPROPRIATIONS

23 “SEC. 145. There are authorized to be appropriated
24 \$7,000,000 for the fiscal year ending June 30, 1968,
25 \$12,000,000 for the fiscal year ending June 30, 1969,

5

1 \$15,000,000 for the fiscal year ending June 30, 1970,
2 \$15,000,000 for the fiscal year ending June 30, 1971, and
3 for the next four fiscal years, such sums as may be necessary
4 to enable the Secretary to make grants under the provisions
5 of this part."

6 SEC. 2. Subsections (e) and (f) of section 401 of the
7 Mental Retardation Facilities and Community Mental Health
8 Centers Construction Act of 1963, as amended, are amended
9 to read as follows:

10 "(e) The term 'construction' includes construction of
11 new buildings, acquisition of existing buildings, and expan-
12 sion, remodeling, alteration, and renovation of existing
13 buildings, and initial equipment of such new, newly acquired,
14 expanded, remodeled, altered, or renovated buildings.

15 "(f) The term 'cost of construction' includes the cost
16 of architects' fees and acquisition of land in connection with
17 construction, but does not include the cost of off-site im-
18 provements."

19 SEC. 3. This Act may be cited as the "Mental Retarda-
20 tion Facilities and Community Mental Health Centers Con-
21 struction Act Amendments of 1967".

Senator HILL. Dr. Lee, you will be our first witness.

STATEMENT OF PHILIP R. LEE, M.D., ASSISTANT SECRETARY OF HEALTH AND SCIENTIFIC AFFAIRS; ACCOMPANIED BY MISS MARY E. SWITZER, ADMINISTRATOR, SOCIAL AND REHABILITATION SERVICE; DR. RALPH K. HUITT, ASSISTANT SECRETARY FOR LEGISLATION; DR. JAMES J. GALLAGHER, ASSOCIATE COMMISSIONER, BUREAU OF EDUCATION FOR THE HANDICAPPED, OFFICE OF EDUCATION; DR. ROBERT I. JASLOW, DIRECTOR, DIVISION OF MENTAL RETARDATION; DR. JAMES W. MOSS, OFFICE OF EDUCATION; AND DR. EDWIN MARTIN, OFFICE OF EDUCATION

Dr. LEE. Mr. Chairman, I am grateful for this opportunity to appear before you in support of S. 1099, the Mental Retardation Amendments of 1967, introduced by the distinguished chairman, Senator Hill. I have with me today Miss Mary E. Switzer, Administrator, Social and Rehabilitation Service, Dr. Ralph K. Huitt, Assistant Secretary for Legislation, and Dr. James J. Gallagher, Associate Commissioner, Bureau of Education for the Handicapped, Office of Education. This team indicates the importance the Secretary attaches to this particular program. As you know, he has a committee with representatives of all of the agencies working closely to coordinate the various activities of the Department on behalf of the mentally retarded. This particular Secretary's committee is under the chairmanship of Wallace Babington, and, as you know the President has a Committee on the Mentally Retarded, and this is chaired by the Secretary, which indicates the importance that we all, I think, attach to this effort.

S. 1099 would continue Federal support of community and university-based programs in the area of mental retardation. In spite of the gains made over the past few years, I am confident these hearings will demonstrate that a critical need still exists for continued support of these programs.

Although mental retardation is recognized as the major handicapping condition of childhood, services for the retarded have long been neglected in public programs. The mental retardation legislation enacted in 1963 marked the beginning of our attempt to correct this neglect. It provided a start from which the Department of Health, Education, and Welfare could launch a broad attack on the problems of mental retardation through mechanisms such as research, training, and the provision of services in a community setting.

S. 1099 provides the basis for the extension and expansion of the programs authorized in Public Law 88-164, Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963. It would continue through fiscal year 1972 the construction programs for the university-affiliated and community facilities, as well as the professional training programs in the education of handicapped children, and research and demonstration activities in this area.

In addition to extending the university-affiliated facilities construction program, S. 1099 expands this authority in two ways:

First, it authorizes construction of facilities which may include services to persons with "other neurological handicapping conditions

found by the Secretary to be sufficiently related to mental retardation to warrant inclusion" under the university-affiliated program.

Second, it allows a portion of the university-affiliated project to be planned and utilized for research activities incidental or related to the purposes spelled out in the existing law. Such a provision will help to assure continuing and well-directed research in mental retardation.

As to community mental retardation facilities, the bill also authorizes a new program of initial staffing grants to help meet a portion of the cost of professional and technical personnel for initial operation.

This grant program, patterned after the staffing support for community mental health centers, provides for declining Federal participation over a period of 4 years and 3 months: 75 percent Federal share for the first 15 months, 60 percent for the next year, 45 percent for the next year, and 30 percent for the last year. Only services in new federally financed facilities or services not previously furnished would be eligible for Federal assistance. Federal funds would be used to supplement and increase, to the extent practicable, the level of State, local, and other non-Federal funds for mental retardation services.

I would like to include for the record additional information regarding the need for extension and expansion of the mental retardation programs included in S. 1099.

In conclusion of my direct oral presentation, Mr. Chairman, the effort to mount an effective attack on mental retardation has had the interest and dedication of two Presidents, as well as a record of bipartisan congressional support. Nothing has happened to cause us to doubt the wisdom of these efforts. We, therefore, ask for a reaffirmation of this effort.

I appreciate the opportunity you have accorded me in permitting testimony on S. 1099. Miss Switzer has a brief statement to make regarding this bill. After her statement, if there are any questions, we would be happy to answer them.

Senator JAVITS. Mr. Chairman, before Miss Switzer speaks, may I just put a short statement in the record?

The CHAIRMAN. Surely. But for the sake of continuity, we will now receive for the record the supplemental statement by Dr. Lee.

(The supplemental statement of Dr. Lee follows:)

SUPPLEMENTAL STATEMENT OF PHILIP R. LEE, M.D., ASSISTANT SECRETARY OF HEALTH AND SCIENTIFIC AFFAIRS, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

S. 1099 would continue Federal support of community and university based services to the retarded. In spite of the gains made over the past few years, I am confident these hearings will demonstrate that a critical need still exists for continued support of these programs.

There are an estimated 6,000,000 mentally retarded in this country, representing 3 percent of our Nation's population. They are persons whose normal intellectual growth has been arrested at some time before birth, during the birth process, or in the early years. Because of their impaired ability to learn, the mentally retarded usually have difficulty meeting the needs of everyday living. Their problems are medical, social, educational and economic, and require broad and unified resources of health, education, and welfare service programs.

Despite the fact that mental retardation is the major handicapping condition of childhood, services for the retarded have long been neglected in public programs. The mental retardation legislation enacted in 1963 marked the beginning of our attempt to correct that neglect. It provided a start from which the Department of Health, Education, and Welfare could launch a broad attack on the

problems of mental retardation through mechanisms such as research, training, and the provision of services in a community setting.

S. 1099 provides the basis for the extension and expansion of this intensified national effort to combat mental retardation. It would provide for the first time, Federal support for the initial staffing of community mental retardation facilities. It would continue the construction programs for the university-affiliated and community facilities authorized in the legislation recommended by the Committee in 1963. It would also extend through fiscal year 1972, authority for the professional training programs in the education of handicapped children, and research and demonstration activities in this area.

The Department is presently sponsoring a variety of professional and technical services to assist the mentally retarded. In the current fiscal year, an estimated \$403 million will be used for the support of mental retardation programs to be carried out by the operating agencies of the Department. These funds will be used to support research, demonstrations, professional preparation, services and construction. Part of these funds will be used as income maintenance for the mentally retarded. Departmental programs include:

- Research projects relating to maternal and child health and handicapped children's services;

- Support for extension of diagnostic and health services to mentally retarded children and development of new services for such children;

- Support for special projects to help reduce the incidence of mental retardation caused by complications associated with childbearing;

- Preparation of professional personnel for service and research in the field of mental retardation;

- Demonstration of improved methods of care, treatment, and rehabilitation of the mentally retarded in State institutions, and improved and extended in-service training to direct-care personnel in such facilities;

- Construction programs which provide support for communities and universities in their efforts to expand and improve the training, research, and service activities in the field of mental retardation;

- Income maintenance programs, administered through the social security program and public assistance, which provide needed support for designated mental retardation beneficiaries.

To coordinate the wide variety of programs relating to mental retardation the Department has established a Secretary's Committee on Mental Retardation composed of representatives from all agencies of the Department with responsibility to the retarded. Departmental activities are thus administered as a unified, total program utilizing every resource at our disposal. A portion of the programs authorized by S. 1099 will be administered by the newly organized Social and Rehabilitation Service directed by Miss Mary Switzer. This agency brings together various services of HEW that deal with special groups—one of these groups being the mentally retarded.

It is the Secretary's intent that "the aged, the handicapped and children should continue to be given special emphasis, and assigning each of these groups special status within the new Service, while preserving their administrative integrity, insures that each will receive the priority attention it needs and deserved." The newly-formed Social and Rehabilitation Service will be building on a firm base of program achievements which have been made under the legislation passed in 1963; namely the "Maternal and Child Health and Mental Retardation Planning Amendments of 1963" (P.L. 88-156) and the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963" (P.L. 88-164). I am pleased to report the following highlights of these achievements:

Every State has completed planning for comprehensive mental retardation services under P.L. 88-156.

Over 160 community facility projects have been funded to date. With the completion of construction of these facilities, about 45,000 persons will receive day care, diagnostic and evaluation services, and residential care in a community setting.

Fourteen university-affiliated facilities have been funded, and when completed will offer services to approximately 8,000 mental retardates. These facilities will offer training to nearly 10,000 professionals.

Twelve mental retardation research centers have been approved and funded.

Over 32,000 individual grants have been awarded for training in education of the handicapped.

As a result of these achievements, local and State governments have been stimulated through Federal assistance to initiate a variety of new programs for the retarded at the community level. Finally and perhaps most significantly, there seems to be a greater interest, awareness, and concern by the public of the problem of mental retardation.

This progress is encouraging indeed. But, the waiting lists are growing longer and we have not begun to provide enough services to those in need.

Construction Grants

Under Title I of the "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963" (P.L. 88-164) grants are awarded for construction of university-affiliated and community facilities.

UNIVERSITY-AFFILIATED FACILITIES

The authorization for appropriations under P.L. 88-164 for the university-affiliated facilities grants expired on June 30, 1967. S. 1099 proposes to extend this program for five years.

Eighteen facilities with colleges and universities have been approved for funding. Fourteen have been funded.

These clinical facilities are designed to provide a full-range of in-patient and out-patient services for the specialized needs of the mentally retarded. The facilities also serve as training centers for professional personnel needed to staff community facilities. In the 14 university-affiliated facilities already funded, nearly 10,000 professionals will receive training annually in medical, paramedical, educational and other specialties related to the needs of the retarded.

The total construction cost of the 14 projects already funded is \$42 million, of which the Federal share is \$30 million. The other four facilities which have been approved, but not yet funded, require a total Federal share of \$9.6 million.

The amendment would extend the duration of the university-affiliated construction program for five years to include fiscal year 1972, with an authorization of \$10 million for fiscal year 1968, and such sums as may be necessary for succeeding fiscal years.

S. 1099 makes two changes in the law relating to university-affiliated facilities.

First, it authorizes construction of facilities which may include services to persons with "other neurological handicapping conditions found by the Secretary to be sufficiently related to mental retardation to warrant inclusion" under the university-affiliated program.

Second, it allows a portion of the university-affiliated project to be planned and utilized for research activities incidental or related to the purposes spelled out in the existing law. Such a provision will help to assure continuing and well-directed research in mental retardation.

COMMUNITY FACILITIES

S. 1099 extends the community mental retardation facilities program for four years to include fiscal year 1972. It continues the present authorization of \$30 million for fiscal year 1968. For the four succeeding years, "such sums as may be necessary" would be authorized.

A total of 167 construction projects for community facilities have been approved for funding. These will serve an estimated 45,000 mentally retarded persons 23,500 of whom are not now receiving services. The estimated total construction costs of these facilities is \$107 million; the Federal share is approximately \$31 million.

Funds appropriated would be allotted among the States without change from the existing law on the basis of population, extent of need for facilities for the mentally retarded, and financial need of the State. States would set priority among projects competing for approval.

Some examples of projects already funded include facilities which will provide diagnostic and evaluation services, residential care, specialized clinical care, vocational rehabilitation, training and social services.

For example, the Amarillo State Center for Human Development in Texas is adding diagnostic and evaluation services and a day care center to the care and

treatment resources for the mentally retarded in Potter County. The new facility will provide education and training services for 140 retarded persons in the day care program, and diagnostic and evaluation services for 150 to 300 mentally retarded persons each year.

New Jersey is establishing a network of six day-care centers at an estimated Federal cost of \$731,000. The network will service 302 more retardates. The facilities will provide a daily program of planned activity for mentally retarded persons outside their homes.

In New York City the Maimonides School is constructing a new and expanded facility. About 50 retarded persons will be served. This facility will include residential care, a school and a clinic for diagnostic and treatment services. It also will function as an information and referral center.

An example of a facility which will render diagnostic services for the retarded is the Opportunity Center School to be established in Birmingham, Alabama. The facility when completed will provide services to an additional 100 retarded persons.

STAFFING OF COMMUNITY MENTAL RETARDATION FACILITIES

S. 1099 adds a new grant program to assist communities in the initial operation of facilities for the mentally retarded. Such facilities provide all or part of a program of comprehensive services for the mentally retarded, principally designed to service the needs of the community in which the facility is situated. The bill authorizes such grants to meet a portion of the cost of professional and technical personnel for initial operation of new facilities or for new services in existing facilities for the mentally retarded.

The grant program, patterned after the staffing support for Community Mental Health Centers, provides for declining Federal participation over a period of four years and three months: 75 percent Federal share for the first 15 months, 60 percent for the next year, 45 percent for the next year, and 30 percent for the last year.

Only services in new Federally financed facilities or services not previously furnished would be eligible for Federal assistance. Federal funds would be used to supplement and increase, to the extent practicable, the level of State, local and other non-Federal funds for mental retardation services.

An appropriation of \$7 million would be authorized for fiscal year 1968 and such sums as may be necessary for the next four fiscal years for initial grants.

The bill authorizes such sums as may be necessary to enable the Secretary to make grants for fiscal year 1969 and the next seven years thereafter to facilities which have previously received a grant under this part.

State Plans

The bill also would require that State construction plans for community mental retardation facilities provide for enforcement of the States' minimum standards of operation of such facilities.

Training and Research and Demonstration Programs in the Education of Handicapped Children

S. 1099 would extend authority through fiscal year 1972 to prepare educational personnel to work with the handicapped. Also extended under this authority is a program of research and demonstration activities being carried on in this area.

These programs are the core activities of the New Bureau of Education for the Handicapped in the U.S. Office of Education which was authorized by Congress in 1966 under Title VI of the Elementary and Secondary Education Act. The purpose of the bureau—to extend educational opportunity to every handicapped child—cannot be fulfilled without trained personnel to serve these children.

The need for trained teachers to work with handicapped children is enormous. Present estimates indicate that we have only 72,000 teachers and specialists in our Nation's school programs for the handicapped—we need over 300,000.

Since the inception of the trainee program over 32,000 individual grants have been awarded for training in the education of the handicapped and 245 colleges and universities have received Federal funds to prepare teachers of the handicapped.

Research and demonstration activities designed to improve the education of the handicapped are also extremely important and are authorized under this bill. The Bureau of Education for the Handicapped made awards totalling \$8.1 million in fiscal year 1967 in the area of research, demonstrations and developmental activities. This program has made an effective contribution to the development of improved teaching techniques for the handicapped.

An attachment to this statement includes examples of research being carried on, as well as other information on educational programs made possible through this existing legislative authority.

TRAINING AND RESEARCH AND DEMONSTRATION PROGRAMS IN THE EDUCATION OF HANDICAPPED CHILDREN

TRAINING OF PROFESSIONAL PERSONNEL

Some of the major achievements of this program to date are as follows:

(1) Since this grant program began, over 32,000 individual grants have been awarded for training in education of the handicapped.

(2) Since 1964 the number of participating colleges and universities, i.e., colleges and universities receiving Federal funds to prepare teachers of the handicapped, has increased from 154 to 245. One hundred and thirty-six colleges and universities have been able to develop teacher training programs in the various areas of the handicapped through a program development grant under the provisions of P.L. 88-164 as amended. "Program development grants," as the name suggests, are for the purpose of financially assisting colleges and universities in the initial development or expansion of quality programs of teacher education. A major factor in the awarding of a program development grant for handicapped education is a strong geographical need for a teacher training program.

(3) All 50 States, District of Columbia, Guam, Puerto Rico, and the Virgin Islands are now actively participating in the grant program.

(4) Two follow-up studies conducted by the Office of Education show that over 92 percent of the fellowship and traineeship recipients under this program remain in, or go into, the field of education of the handicapped upon completion of their studies. By contrast, only 60 percent of general education majors who are qualified to teach actually do so after graduation.

(5) An estimated 175-200 participating colleges and universities have faculty members and teacher-trainers who are former grant recipients.

(6) Through special study institutes the grant program has brought new knowledge and techniques to thousands of on-the-job teachers of handicapped children. These institutes have been particularly beneficial to rural teachers who have not had ready access to college and university programs.

RESEARCH AND DEMONSTRATION PROGRAM

During 1967 the Bureau of Education for the Handicapped invested \$8.1 million in research, demonstration, and developmental activities designed to improve the education of handicapped children. The most significant grant provided \$2 million for a comprehensive research and demonstration center for handicapped children to be constructed at Teachers College, Columbia University, New York City. The center will bring together leading researchers and educators who will dedicate their talents to the search for new techniques in education for the handicapped.

Other significant advances were made during the year. Researchers in Illinois found that deaf youngsters do not use vision effectively, possibly because of their heavy emphasis on speech and language development. A number of researchers are working on development of a typewriter for the blind that will work without keys or a keyboard. The University of Washington is experimenting with new teacher training techniques for emotionally disturbed children while the University of Texas is exploring the improved use of instructional materials. Yeshiva University in New York City is developing specialized curricula for the mentally retarded.

Applications for model special education components to complement the mental retardation university-affiliated facility will serve as prototypes for similar programs at such facilities. Such a program merges educational and medical efforts in a creative new partnership.

Of the \$11.1 million requested for fiscal year 1968, approximately \$2 million will develop and support eight or ten special purpose research programs. We hope to see research institutes attacking specific education problems in each area of the handicapped. Additional institutes will investigate major problem areas which affect more than a single category of handicapped children. We expect to invest \$4 million in the support of research and demonstration projects with a high priority given to research relating to curricula and to newer media for the handicapped. Almost \$1 million will be invested in research programs while \$750,000 will develop research capabilities in settings where little or no research is now undertaken. Remaining funds will go to a variety of special projects such as our joint OE-SRS program for the deaf, and the Instructional Materials Center Program.

The CHAIRMAN. You may proceed, Senator Javits.

**STATEMENT OF HON. JACOB K. JAVITS, A U.S. SENATOR FROM THE
STATE OF NEW YORK**

Senator JAVITS. Mr. Chairman, I am pleased that the committee is today also conducting hearings on my bill S. 389, the Mental Retardation Facilities and Community Mental Health Centers Construction Act Amendments of 1967. I introduced this bill, with Senator Prouty, of Vermont as a cosponsor, on January 17 of this year, and ask that my introductory statement in the Senate appear in the record at the conclusion of my remarks.

The Board of County Commissioners of Dade County, Fla., earlier this year adopted a resolution endorsing this bill. I ask unanimous consent that this resolution also appear in the record at the conclusion of my remarks.

I am pleased that section 4 of H.R. 6430, the House-passed bill, which provides for grants for staffing of community mental retardation facilities, is almost identical with S. 2836, which I had introduced in the last Congress on January 26, 1966.

Last year the Senate included in S. 3008 an amendment I sponsored to amend section 401 of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 to permit the acquisition of land to be considered as an authorized cost of construction. Unfortunately, this provision was also lost in the House. However, it is my intention to introduce a similar amendment to H.R. 6430.

The mentally retarded can be educated to be useful citizens, self-supporting, and free of institutional care. This legislation will help to achieve this end and also to ease the terrible burden borne by the families of the retarded. Our aid to the mentally retarded can mean the difference between their being a whole human person and being an impersonal statistic in an institution. It is for this reason, Mr. Chairman, that I express my appreciation to the Chair for conducting this hearing.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, sir.

Without objection, the resolution of the Dade County, Fla., Board of County Commissioners, submitted by Senator Javits will appear in the record.

Senator JAVITS. I also want to put a copy of my letter addressed to Secretary of Health, Education, and Welfare into the record reporting a matter brought to my attention by the New York State Association for Retarded Children.

The CHAIRMAN. We will put that in the record.

Senator JAVITS. As well as their response.

The CHAIRMAN. Both will be placed in the record.

(The material referred to follows:)

[From the Congressional Record, Jan. 17, 1967]

STAFFING OF MENTAL RETARDATION FACILITIES

Mr. JAVITS. Mr. President, I introduce for myself and the Senator from Vermont [Mr. Prouty], the Mental Retardation Facilities and Community Mental Health Centers Construction Act Amendments of 1967 to provide Federal aid for the staffing of community mental retardation facilities.

This bill provides Federal matching grants up to 75 percent for staffing and operations of public and nonprofit private mental retardation facilities. Thus, this proposal would extend to facilities for the mentally retarded the same kind of Federal assistance that was authorized by the 89th Congress to meet initial staffing costs at community mental health centers and at sheltered workshops and rehabilitation facilities. After June 30, 1968, preference would be given to new or expanded services part of the cost of which is paid by State or local public funds.

The bill also amends present law to include the cost of acquiring sites as part of construction costs for community mental health centers and mental retardation facilities.

This measure is similar to the amendment I sponsored which was included in S. 3008, which passed the Senate on October 3, 1966, but unfortunately this provision was deleted by the House before the bill was sent to the President for signature into law. It has had the support of both the National Association for Retarded Children and the Council for Exceptional Children, the principal organizations in this field.

The bill authorizes an appropriation of \$7 million for fiscal year 1968, \$12 million for fiscal year 1969 and \$15 million for each of fiscal years 1970 and 1971. These Federal funds must be used to supplement the level of State and local expenditures for mental retardation facility operations.

This measure is, in effect, an investment in rehabilitation. Mentally retarded children can be educated to be useful citizens, in many cases self-supporting, and in most instances to be free of the need for expensive institutional care. If adequately rehabilitated, between 75 percent to 85 percent of the mentally retarded can become self-supporting, and between 10 percent and 20 percent can become partially self-supporting; the remainder will remain completely dependent.

More important—and incapable of measurement—is the effect this rehabilitation will have on parents and family to whom the necessity for institutionalization is a shattering experience. And the meaning to the retarded themselves also cannot be measured in money—it is the difference between being a whole human person and being an impersonal statistic in an institution.

Three out of every 100 children born are destined to be mentally retarded. Mental retardation is the major cause of disability among the young adults, aged 21 to 35, who receive assistance under the Federal program for aid to the permanent and totally disabled.

While communities are spending more than \$650 million annually for treatment, education, and training of the mentally retarded, these services fall short of the need for special training and care that is required. They require the staffing assistance provided by this bill.

The Mental Retardation Facilities and Community Centers Construction Act of 1963 would be further amended by the measure I introduce today to include the cost of acquiring sites as part of construction costs for mental health centers and mental retardation facilities. Experience has shown that the original act was not broad enough to cover critical situations, especially in urban areas where land is expensive and often difficult to obtain. In urban areas, this shortcoming represents a serious deterrent to the public and private agencies desiring to provide buildings for services. The provision to correct this situation follows the pattern of the amendment to the Vocational Rehabilitation Act adopted by the 89th Congress.

While recognizing that the matching formula in the present law is inadequate, I have refrained from including corrective language in my bill at this time. However, when this 90th Congress considers renewal of the present statute, it

is my intention to press in committee for reform of this and other inequitable allocation formulas. Under present law, the Federal share of construction projects varies from 33⅓ to 66⅔ percent among the States. Thus, an organization or community with modest resources would receive the minimum Federal share if located in a high-income State and, conversely, a well-to-do community or organization would receive the maximum Federal contribution if located in a low-income State. This obviously is unfair and demands correction.

I urge all who are concerned with the well-being and rehabilitation of the mentally retarded to join in this effort to bring to these unfortunates the care and training they require and which, all too often, overburdened State, local and private agencies are unable to provide.

The VICE PRESIDENT. The bill will be received and appropriately referred.

The bill (S. 389) to amend the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 to provide grants for costs of initiating services in community mental retardation facilities, introduced by Mr. Javits (for himself and Mr. Prouty), was received, read twice by its title, and referred to the Committee on Labor and Public Welfare.

(The text of S. 389 appears on p. 16.)

DADE COUNTY BOARD OF COMMISSIONERS, DADE COUNTY, FLA., RESOLUTION
No. R-334-67

RESOLUTION ENDORSING IN PRINCIPLE PROPOSED FEDERAL LEGISLATION PROVIDING FUNDS FOR SUPPORT OF COMMUNITY TREATMENT, EDUCATION AND TRAINING OF THE MENTALLY RETARDED

Whereas, the Honorable Senators Jacob K. Javits and Winston L. Prouty have proposed and introduced a bill in the United States Senate on January 17, 1967 under which Federal aid up to 75% of the cost of staffing and operating public or non-profit mental retardation care, treatment, education and training facilities; and

Whereas, local governments throughout the United States spend more than \$650 million annually for the treatment, education and training of the mentally retarded; and

Whereas, the enactment of such proposed Federal legislation would be of great value to Dade County and to the citizens and residents of Dade County: Now, therefore, be it

Resolved by the Board of County Commissioners of Dade County, Florida, that the proposed legislation sponsored by the Honorable Senators Jacob K. Javits and Winston L. Prouty, to provide Federal aid for community programs and facilities designed to care for, treat, educate and train the mentally retarded, is hereby endorsed and approved in principle. The Clerk of this Board is directed to furnish certified copies of this Resolution to the Honorable Senators Spressard Holland, George Smathers, Jacob K. Javits and Winston L. Prouty, and to the Honorable Representatives Dante Fascell and Claude Pepper.

The foregoing Resolution was offered by Commissioner Earl M. Starnes, who moved its adoption. The motion was seconded by Commissioner Alexander S. Gordon, and upon being put to a vote, the vote was as follows:

Joseph A. Boyd, Jr., Absent
Alexander S. Gordon, Aye
Harold A. Greene, Aye
R. Hardy Matheson, Absent
Thomas D. O'Malley, Absent
Arthur H. Patten, Jr., Aye
Earl M. Starnes, Aye
Lewis B. Whitworth, Absent
Chuck Hall, Aye

The Mayor thereupon declared the Resolution duly passed and adopted this 20th day of March, 1967.

E. B. LEATHERMAN, *Clerk.*
By EDWARD D. PHELAN, *Deputy Clerk.*

U.S. SENATE,
COMMITTEE ON LABOR AND PUBLIC WELFARE,
Washington, D.C., October 4, 1967.

Hon. JOHN W. GARDNER,
Secretary, Department of Health, Education, and Welfare,
Washington, D.C.

DEAR MR. SECRETARY: Recently, one of the Chapters of the New York State Association for Retarded Children indicated its intention to apply for funds under P.L. 88-164 to augment its complex of services for the mentally retarded. The facility for which they intend to apply is a sheltered workshop which would be part of a complex that includes a clinic, counseling, school for pre-school, school-age and post-school age retarded youngsters, camping and recreation.

The organization was informed that a sheltered workshop must be erected on the ground of the general services for the mentally retarded being maintained by that organization. This statement is purported to be based on a ruling by counsel for the Department of Health, Education, and Welfare.

I am informed by professional opinion in the field of mental retardation that the one facility which should not be part of a school, clinic, etc., is a sheltered workshop, which is vocational and industrial in character. On the contrary, it is important that this be in an industrial part of town, to provide the retarded with a normal manner of work rather than tie them in with children forever to a "school" situation.

The State Plan in New York State, accepted by the Federal government, clearly states that a mental retardation center may be a complex of services, not necessarily centralized and, in fact, in many areas decentralized.

May I have clarification of this situation as such a ruling, if it exists, is contrary to the New York State Plan, is not contained in the Regulations for P.L. 88-164, and is contravened by all professional opinion I have been able to adduce.

Sincerely,

JACOB K. JAVITS, U.S. Senator.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
SOCIAL AND REHABILITATION SERVICE,
Washington, D.C., October 16, 1967.

Hon. JACOB K. JAVITS,
U.S. Senate, Washington, D.C.

DEAR SENATOR JAVITS: Your letter to Secretary Gardner dated October 4, 1967, regarding a proposed sheltered workshop for mentally retarded persons has been referred to me for reply.

You advise that one of the chapters of the New York State Association for Retarded Children had indicated its intention to apply for funds under P.L. 88-164 (Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963) to construct a sheltered workshop which would be part of a complex offering many other services, but located at a different site. As a result the potential applicant was informed, on the basis of a "ruling" of counsel of this Department, that a sheltered workshop must be erected on the same site at which general services for the mentally retarded are provided.

There are certain limitations in P.L. 88-164 applicable to the construction of sheltered workshops which are not applicable to the construction of other facilities for the mentally retarded. Thus, the statute expressly provides for Federal assistance in the construction of a sheltered workshop "only if such workshops are part of facilities which provide or will provide comprehensive services for the mentally retarded." After full consideration of the statute and the legislative history, and after advice from the Office of the General Counsel, we have concluded that a project for the construction of a sheltered workshop alone is not eligible where the applicant does not own or operate other facilities providing comprehensive services, even though the applicant might be able to enter into arrangements with other separately owned and administered facilities for access to such other facilities by patients in the sheltered workshop. We believe that the statutory requirement that the sheltered workshop be "part of facilities" providing comprehensive services, was intended to require more than that the workshop be part of a community program under which comprehensive services would be provided by independent and separate organizations. Congress has provided

elsewhere (section 12 of the Vocational Rehabilitation Act) for grants for construction of rehabilitation facilities and workshops for the physically and mentally handicapped without the requirement that they be part of facilities providing comprehensive services.

However, after further discussion with the Office of General Counsel, we are of the view that an applicant which operates facilities providing comprehensive services for the mentally retarded would not be precluded from receiving Federal assistance for construction of a sheltered workshop by reason of the fact that the workshop is not on the same site as that used to provide general services for the mentally retarded by the same organization.

I hope this clarifies our position in this matter.

Sincerely yours,

MARY E. SWITZER, *Administrator.*

Senator JAVITS. That is all.

Forgive me, Miss Switzer.

Miss SWITZER. It is wonderful to have your statement in the committee.

STATEMENT OF MARY E. SWITZER, ADMINISTRATOR, SOCIAL AND REHABILITATION SERVICE, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Miss SWITZER. Mr. Chairman and members of the committee, I welcome this opportunity to once again appear before this committee in my new role of Administrator of the Social and Rehabilitation Service of the Department of Health, Education, and Welfare. The Social and Rehabilitation Service was established to bring needed services to our citizens in a more coordinated and comprehensive manner. By combining the functions of the Welfare Administration, the Vocational Rehabilitation Administration, the Administration on Aging, and the Mental Retardation Division of the Public Health Service into a single agency, we believe that greater progress can be made to solve the special problems faced by this Nation.

The area of mental retardation is one example of that type of problem into which we must put our wholehearted combined efforts in order to meet the tremendous challenge facing us.

During the last few years much has been done to help the mentally retarded. However, much remains to be done. Our increased concern with mental retardation in recent years has enabled us to see something of the depth of the problem. As the President's Committee on Mental Retardation has said, "we have learned that problems ignored or neglected do not go away. On the contrary, they grow, both in urgency and cost, until at last we are forced to contend with them, often at enormous expense for measures that can only hold the line." This applies not only to mental retardation, but as we found in the whole field of physical disability, this applies across the board in the field of public welfare also.

The CHAIRMAN. We have waited all too long in attacking these problems, have we not?

Miss SWITZER. That is right.

A few weeks ago the report of the President's Committee on Mental Retardation was released to the public. That report pointed to the fact that three-fourths of the institutionalized mentally retarded live in buildings 50 years old or more—many of the "hand me down" mental or tuberculosis hospitals or abandoned military installations.

In addition, the committee estimated that the full-time staff now in public facilities for the mentally retarded must be almost doubled to reach minimum adequacy.

These are indeed sobering facts. The committee further indicated that the mentally retarded in disadvantaged neighborhoods often receive significantly less service from public and private agencies than do the retarded living in other neighborhoods and that an estimated 2 million retarded persons capable of learning to support themselves need job training and placement services. Even at minimum wage, these individuals have a potential annual earning capacity of \$6 billion.

I was in Hartford, Conn., last Saturday at the annual meeting of the Connecticut Association of Retarded Children, and this very question came up in a very dramatic way. The voluntary organization in Connecticut has determined to try to reach out to the inner city of Hartford which has many problems, because it was clear from the discussion at that meeting that many of these people were not being reached by the conventional means. And this is a problem all over the country, and we want to get at it as fast as we can.

We intend to work hard to meet these needs through the combined programs of the Social and Rehabilitation Service and especially through the Rehabilitation Services Administration. I know that greater progress can be made to solve these problems. We have learned through the years that a pinpointed attack on specific problems is a very important and almost indispensable way to spread the results of good knowledge.

The reorganization has brought about a regrouping of several existing programs in the Department into the Rehabilitation Services Administration of the Social and Rehabilitation Service. States and communities that want help in mental retardation programing will now be able to get more help through a single agency.

In the brief weeks that I have been Administrator, the stepped-up momentum that comes from being associated with the Bureau of Mental Retardation which came to us from the Public Health Service—it is also very significant and something we should repeat over and over again—that one of our strongest elements in spreading the improvement of service and the expansion and understanding of services for the mentally retarded is the strong voluntary effort that exists all over the country. The National Association for Retarded Children, particularly the State and local units, are absolutely indispensable. They are responsible for highlighting the problem; they are responsible for bird dogging it, if you will, and their support and their understanding is, to me, one of the most encouraging optimistic aspects of this whole problem.

The CHAIRMAN. They are seeking to meet the challenge.

Miss SWITZER. Seeking to meet the challenge, and they have met it in their own way, and now they must take satisfaction, as we do with them, at the combined effort of Government and voluntary organizations from the very smallest units in the smallest community in the country up to the mobilization of national public opinion that is really one of our greatest assets. So, I would like to make this very, very clear for the record.

A major problem in mental retardation has always been the coordination of services, for many agencies and programs have been

involved in meeting the needs of the retarded and their families. I would like to emphasize "their families" for which Senator Javits made such a plea. In the Department the Secretary's Committee on Mental Retardation has served well in coordinating the variety of mental retardation programs which we administer. Now, the resources of our specialized mental retardation programs can form an even stronger striking force to attack the problems of mental retardation. Through a central focus on the retarded and their families, more effective approaches can be developed to meet their needs. Professional staff whose work has been well coordinated, even though they were formerly separated by agency lines will have the opportunity to work even more closely together in a unified approach.

The CHAIRMAN. You will have a better team, will you not?

Miss SWITZER. A better team and better day-by-day relationships, and this makes all the difference.

In addition, many activities for the retarded in those programs serving the general population or broader groups of handicapped persons can be coordinated for more efficient and effective operations. Furthermore, many retarded persons who are also multiply handicapped can now benefit from the services of the various agencies joined together in the Social and Rehabilitation Service. Our basic guideline will be the rehabilitation philosophy that each handicapped person should be helped to realize his maximum potential.

The President's Committee listed 10 areas as most urgently in need of attention. The program to be extended or initiated by S. 1099 were developed to meet the first two of these areas of need: (1) availability of mental retardation services to more of the Nation's people, and (2) more effective and extensive manpower recruitment and training programs for work with the mentally retarded. The community facilities construction program is probably doing more to stimulate expansion of mental retardation services than any other Federal program.

The CHAIRMAN. That bring it home to the community.

Miss SWITZER. That brings it home to the community and is visible evidence for the community.

The CHAIRMAN. They can see the challenge and see what is being done and what needs to be done.

Miss SWITZER. This is what happened in the hospital construction program under the Hill-Burton, and this is what happened in the rehabilitation facilities development program under vocational rehabilitation, and I think we need to have some visible evidence in a good many more of our public programs.

The CHAIRMAN. Under the Switzer program.

Miss SWITZER. Thank you, Mr. Chairman.

Continuing with reference to the community facilities construction program. This is and will continue to be a formula grant program to States with approval of individual construction projects by the Social and Rehabilitation Service staff in the Department of Health, Education, and Welfare regional offices.

The Mental Retardation Amendments of 1967 authorize initial staffing grants for these facilities, along with other improvements in the legislation. This will assist States and communities to begin service programs not heretofore developed. In this program, funds will be

reserved for each State, and individual projects will be approved after review by a panel of experts in the field. Advice on individual applications will be sought from State agencies concerned with the respective program areas.

The university affiliated facilities construction program will begin to have a marked impact on the manpower situation in mental retardation as the new facilities are completed and go into operation. This is a project grant program which is administered in light of recommendations made by a committee of outstanding experts who assure programs of the highest quality and encourage innovation. There is doubt that the great bulk of professionals trained in the future to provide services to the retarded will come from training programs in the newly constructed facilities.

I would like to mention here and remind the committee that the vocational rehabilitation program has over the past several years established research and training centers directed particularly to mental retardation in nonmedical settings, and we now have over three or four of these. We have one in Wisconsin, one in Texas, one in Oregon, and one or two others.

The CHAIRMAN. Any in the eastern half of the United States?

Miss SWITZER. We do not have any here, but we should.

This is another evidence of the importance of bringing together these programs.

These three programs are basic to our attack on mental retardation: Training facilities, service facilities, and adequate staff. Around this core will be grouped those other programs which round out the complement needed for effective action—research, demonstrations, improvement projects, and training. Together, they will force retardation out of the grip of despair in which it has held too many, too long.

The CHAIRMAN. We very much need all of these, do we not?

Miss SWITZER. All of them, yes, and we strongly urge the committee to do the very best it can.

The CHAIRMAN. How many research centers have been funded under this legislation?

Dr. LEE. The university research facilities, I believe 14, Senator Hill.

The CHAIRMAN. How about the others?

Dr. LEE. The university affiliated training centers?

The CHAIRMAN. Yes.

Dr. LEE. We can get those figures.

The CHAIRMAN. You can supply them for the record.

Dr. LEE. There are 12 research centers and 14 university affiliated training centers.

The CHAIRMAN. All in operation now?

Dr. LEE. No, sir. The construction, of course, requires planning, and the construction requires time, and they are not yet in operation, but some of them soon will be.

Dr. JASLOW. Out of the 12 research centers, 11 are funded out of Public Law 88-164. The one that is in operation at the University of Chicago is considered one of the research centers but it is funded out of a different source. However, it is considered in the same grouping, the 12th one. That is in operation at the present time.

The CHAIRMAN. What source is it funded out of?

Dr. LEE. They had a \$66,000 grant, Senator Hill, and went into operation in March of this year, I believe.

Dr. JASLOW. They primarily required only movable equipment, so they did not require the construction lag period which others had. The University Affiliated Centers, there is one in operation in Boston opened for approximately 4 weeks.

The CHAIRMAN. I see.

Senator YARBOROUGH. Did you say "of the universities"; is this a university research center?

Dr. LEE. Yes, sir.

Senator YARBOROUGH. How many, did you say, were in operation?

Dr. JASLOW. One of each in operation; one of the research training centers and one of the university affiliated training centers.

Senator YARBOROUGH. One each in operation?

Dr. JASLOW. Yes.

Senator YARBOROUGH. You said there were 12?

Dr. LEE. Twelve research centers and 14 of the university affiliated training centers.

Senator YARBOROUGH. What is the difference between the 12 and 14, and one of each in operation?

Dr. LEE. The research centers are health research facilities in which basic research is conducted. The university affiliated facilities are for training, and these are primarily for the referral of severely handicapped patients and for the training of needed personnel. As Miss Switzer indicated, this makes a considerable difference in meeting the service needs in communities. One of the great shortages is in the skilled manpower needed to provide the services.

Miss SWITZER. We might give an example—

Senator YARBOROUGH. The reason for my interruption is to learn whether we have 14 of these centers, or whether we have one.

Dr. LEE. There are 14 that have been funded.

Senator YARBOROUGH. You mean the money has been set apart. It is there. It has not been cut back to the budget. Are we going to end up with 14 centers or one center? That is what I am driving at.

Dr. LEE. We will end up with 14.

Senator YARBOROUGH. When?

Dr. LEE. The dates on completion we have, and we can submit this for the record. I do not have those figures.

Senator YARBOROUGH. I would like to have those before we vote on this bill.

I do not want to delay the bill, and I apologize for this interruption, but I think this information is important and should be available for our consideration.

Dr. LEE. The construction dates and the university affiliated training centers, the fundings, total cost, Federal share, and estimated completion dates—we have those figures available, and we will be glad to submit them.

(The material referred to follows:)

PROGRESS REPORT ON MENTAL RETARDATION RESEARCH CENTERS AND UNIVERSITY-AFFILIATED FACILITIES

MENTAL RETARDATION RESEARCH CENTERS

One of the programs authorized in P.L. 88-164, "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963," is the con-

struction of centers for research on mental retardation and human development. The grants available under this program are designed "to assist in meeting the cost of construction of facilities for research, or research and related purposes, relating to human development, whether biological, medical, social, or behavioral, which may assist in finding the causes, and means of prevention, of mental retardation, or in finding means of ameliorating the effects of mental retardation."

A total of \$26 million has been authorized for this program over a four-year period beginning in fiscal year 1964. As of January 1967, eleven grants have been awarded. The following summary descriptions indicate the types of centers and programs supported by these grants.

This program is administered by the National Institute of Child Health and Human Development, Public Health Service, Department of Health, Education, and Welfare.

University of Washington, Seattle, Washington

The Mental Retardation Program at the University of Washington is a multi-disciplinary university-wide endeavor involving the Medical School, Dental School, School of Nursing, School of Social Work, the College of Education and the Departments of Psychology and Sociology.

Research in the biological sciences will include developmental biology, perinatal biology and the neurological sciences. Behavioral studies will include individual behavior under carefully controlled environmental conditions, family and peer group interactions, and applied research on testing of educational and treatment techniques. The facility will also be utilized for research on new methods and materials for the retarded.

This Center will feature outpatient and residential facilities for comprehensive clinical studies of retarded children and will provide research training programs to prepare physicians and professionals in the health related disciplines for research in mental retardation and related aspects of human development.

Total cost of project: \$8,290,970.

Federal Share: \$5,700,000.

Date of Award: October, 1964.

Estimated completion date: 1969

Albert Einstein College of Medicine, Yeshiva University, New York, New York

This Program will be a joint effort of the Departments of Obstetrics and Gynecology, Pediatrics and Psychiatry. It will concern itself with research problems involving the total human organism, the family and the community with special emphasis on factors leading to mental retardation. Studies in developmental biology will be conducted at all levels, including molecular and enzymatic studies of the organ systems. Research will also be undertaken in the behavioral and social sciences and ecology.

The College of Medicine has working arrangements with the Edenwald School, a residential treatment center for retarded children, and with the New York City Hospital which will enable them to translate new research findings into patient care.

Total cost of project: \$5,124,815.

Federal Share: \$3,085,000.

Date of Award: October, 1964.

Estimated completion date: 1968.

Children's Hospital, Cincinnati, Ohio

This Research Center will focus on biomedical research. In addition to its pediatric researches the program will include teratology and genetics, physiology, biochemistry, and clinical research. It will stress basic research and research training, and the development of diagnostic and treatment techniques.

Areas of study will include malformations resulting from altered environment during the developmental period and genetic abnormalities, inborn metabolic errors, and various studies of the effects of drugs and infection on the fetus and mother.

Total cost of project: \$3,011,210.

Federal Share: \$1,724,000.

Date of Award: July, 1965.

Estimated completion date: July, 1967.

Walter E. Fernald State School, Waltham, Massachusetts

This Center is located on the grounds of an institution for the retarded and will place heavy emphasis on the retarded person as the object of study. Interchange

with investigators in other fields will be encouraged, and research will focus on prevention and amelioration. Among the disciplines included in this research program are neurology, psychiatry, pediatrics, epidemiology, experimental psychology, cytogenetics and education. An unusual feature of this project is the close cooperation between the Fernald School, Massachusetts General Hospital, and the Harvard Medical School.

Total cost of project: \$1,790,000.

Federal Share: \$827,000.

Date of Award: May, 1965.

Estimated completion date: 1967.

George Peabody College for Teachers, Nashville, Tennessee

This College has a long and productive history of research and training in the field of mental retardation but in a circumscribed area of the behavioral sciences. The new Center will make possible the expansion of interdisciplinary research efforts and research training for a wider range of behavioral scientists.

In the newly created Division of Human Development, the program will primarily be directed at the educational, psychological and sociological aspects of mental retardation with strong emphasis on cultural deprivation. The uniqueness of this research program lies in its relatively narrow but powerful thrust on these vital dimensions of the problem.

Total cost of project: \$3,543,547.

Federal Share: \$2,496,000.

Date of Award: May, 1965.

Estimated completion date: 1968.

University of California, Los Angeles, California

The main focus of the research program in this Center will involve a combined biological and behavioral approach to the problem of mental retardation. It envisions cooperative studies among the Departments of Psychiatry, Neurology, Pediatrics, Biochemistry and other Divisions within the Medical School, as well as the Departments of Sociology and Psychiatry. Collaborative studies of a basic and clinical nature related to mental retardation will be undertaken.

The University has also received approval for the construction of a clinical facility for training and demonstration under Part B, Title I of the P.L. 88-164. These activities will be closely coordinated with those of the research center.

Total cost of project: \$2,588,970.

Federal Share: \$1,660,000.

Date of Award: January, 1966.

Estimated completion date: 1969.

Children's Hospital Medical Center, Boston, Massachusetts

This Center is closely affiliated with the Harvard Medical School and proposes an interdisciplinary research program directed toward the understanding, prevention and amelioration of the handicapped and the mentally retarded. The research team will include representation from experimental neurological sciences, behavioral sciences, genetics, metabolism and clinical research. Three additional senior scientists will be appointed to the Staff to man posts in genetics and metabolism, the neurosciences, and the behavioral sciences. This action is the largest single commitment in the Institution's history to research in a given field.

Total cost of project: \$4,140,337.

Federal Share: \$2,470,000.

Date of Award: January, 1966.

Estimated completion date: 1970.

University of Kansas, Lawrence, Kansas

The University of Kansas has a unique plan for the location of three research and research training units—at the Kansas Medical Center, the main campus of the University at Lawrence, and the Parsons State Hospital and Training Center, an institution for the retarded.

The long-range multidisciplinary research program is broadly conceived and focuses on biomedical and behavioral research relevant to mental retardation. Each of the three settings will emphasize a specific area of research. Studies at the Medical Center will include reproductive physiology, biochemistry, neurophysiology and fetal and neonatal pathophysiology. Studies on learning, language, and social behavior will also be conducted. At the Lawrence campus, research will feature residential and preschool studies of behavior, and the processes of socialization, communication, and learning. The program at Parsons will stress research

in training of children with deficits in language, socialization and adaptive behavior, in academic attainment and vocational skills.

Total cost of project : \$2,921,978.

Federal Share : \$2,150,000.

Date of Award : September, 1965.

Estimated completion date : 1969.

University of Colorado, Denver, Colorado

Strong research programs in neurophysiology, neuropharmacology, behavioral sciences, developmental pediatrics, cytogenetics, nutrition, developmental and lipid biochemistry, and neurochemistry form the basic science research core of the Colorado center.

The Wheatridge State Home and Training School, the Colorado mental retardation training facility, and State and community health resources will provide additional resources for research through a coordinated program. Special studies in family and community health will be possible through these extra resources. Epidemiological and population genetic studies will be conducted among the special populations resident in Colorado and the Southwest.

Total cost of project : \$442,647.

Federal Share : \$331,985.

Date of Award : December, 1966.

Estimated completion date : 1968.

University of North Carolina, Chapel Hill, North Carolina

The University of North Carolina Child Development and Mental Retardation Research Center plans a broad program of research involving medical, psychological, educational and social sciences.

Two separate but administratively unified facilities will be constructed. The medical research facility will house a comprehensive research program including research in the clinical and basic sciences of medicine and health related disciplines.

The psycho-educational facility will consist of a unique arrangement of educational and care facilities with supporting research laboratories. The central research theme will be long-term, longitudinal studies of retarded children and children at risk of becoming retarded. Beginning in infancy or early age and continuing through the elementary school years of the children will be provided with a carefully engineered program and environment designed to enhance their intellectual, social and emotional development. Medical research here will include studies of the impact of optimal health care and the consequences of infectious diseases on development.

Total cost of project : \$3,423,241.

Federal Share : \$2,439,400.

Date of Award : September, 1966.

Estimated completion date : 1970.

University of Chicago, Chicago Illinois

An award for movable research equipment was made to the University of Chicago to assist in equipping their Joseph P. Kennedy, Jr. Mental Retardation Research Center located in Wyler Children's Hospital. The research center is contiguous with the Chicago Lying-in-Hospital which provides a resource for studies of prematurity and obstetrical conditions leading to retarded development.

Research in the center will focus on cytogenetics and population genetics, enzyme development, neurological and hematological investigations, biochemistry, virology, respiratory physiology, and development studies.

Moveable research equipment award only.

Amount of Award : \$66,375.

Date of award : September, 1966.

Activation date : 1966.

RESEARCH CENTER AWARD MADE AFTER JANUARY 1, 1967

University of Wisconsin Center

The grant program planned at the University of Wisconsin Center is comprehensive and broadly focused. A Bio-medical sciences unit will provide for research in neuro-physiology, neuro-metabolism and nutrition, and neuro-endocrinology and reproduction. The programs in the behavioral sciences unit range from those concerned with the effects of experience or social environment on human develop-

ment to those directed toward the specific behavioral processes and deficits in the retarded. The Central Wisconsin Colony, designed as a research and training facility as well as a residential unit for care and treatment, will work in close coordination with the University of Wisconsin Center.

Total cost: \$3,017,335.

Federal share: \$2,263,000.

Date of award: January 26, 1967.

Estimated completion date: January 1971.

APPROPRIATIONS AND APPROVED APPLICATIONS FOR MENTAL RETARDATION RESEARCH CENTERS, JAN. 1, 1967

Fiscal year	Appropriation	Applications approved	Federal share
1964.....	\$6,000,000	0	0
1965.....	8,000,000	4	\$12,108,000
1966.....	6,000,000	3	56,854,000
1967.....	6,000,000	4	4,987,000
Total.....	26,000,000	11	22,949,760

Institutions	Total cost	Federal share	Estimated completion date
University of Washington, Seattle, Wash.....	\$8,290,970	\$5,700,000	1969.
Albert Einstein College of Medicine, Yeshiva University, New York, N.Y.....	5,124,815	3,085,000	1968.
Children's Hospital, Cincinnati, Ohio.....	3,011,210	1,724,000	July 1967.
Walter E. Fernald State School, Waltham, Mass.....	1,790,000	827,000	1967.
George Peabody College for Teachers, Nashville, Tenn.....	3,543,547	2,496,000	1968.
University of California, Los Angeles, Calif.....	2,588,970	1,660,000	1969.
Children's Hospital Medical Center, Boston, Mass.....	4,140,337	2,470,000	1970.
University of Kansas, Lawrence, Kans.....	2,921,978	2,150,000	1969.
University of Colorado, Denver, Colo.....	442,647	331,985	1968.
University of North Carolina, Chapel Hill, N.C.....	3,423,241	2,439,400	1970.
University of Chicago, Chicago, Ill.....	(1)	66,375	1966.
Total.....	35,277,715	22,949,760	

¹ Movable research equipment award.

UNIVERSITY-AFFILIATED FACILITIES FOR THE MENTALLY RETARDED

Since its inception in 1963, fourteen Federal grants totaling \$30,348,901 have been awarded under the program of Federal assistance for the construction of university-affiliated facilities for the mentally retarded. This program, authorized under P.L. 88-164, "The Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963," was established to provide clinical facilities to assist in training physicians and other specialized personnel in the field of mental retardation, or in demonstrating new techniques of specialized services for the mentally retarded.* As nearly as practicable, a full range of inpatient and out-patient services for the mentally retarded must be provided in facilities constructed with such grants.

The project grants to university-affiliated facilities represent a step forward in providing professional and technical manpower essential to the care, education, training, rehabilitation, and diagnostic services required by the mentally retarded. Following are summary descriptions of the types of facilities and programs which have been supported with these funds.

This construction program is administered by the Division of Mental Retardation, Public Health Service, Department of Health, Education, and Welfare.

Children's Rehabilitation Institute (John F. Kennedy Institute), Reisterstown, Maryland

One of the first applications to be approved under the program was submitted by the Children's Rehabilitation Institute, Reisterstown, Maryland. A grant of \$2,360,250 was awarded, which will aid in the construction of a \$3 million facility to be known as the John F. Kennedy Institute. This new clinical facility, to be

*See "Mental Retardation Report" for November 26, 1965 and August 22, 1966 for additional information regarding this construction program.

located at the Johns Hopkins University, will train medical students, interns, residents, post-doctoral fellows, psychologists, hospital and public health nurses, social workers, and other specialists in the care of the mentally retarded.

The center will occupy 90,000 square feet of space specifically designed for the conduct of treatment, training, and research. In addition to a 60-bed inpatient unit, a full range of diagnostic and therapeutic services for outpatients will be provided.

Total cost : \$3,147,000.

Federal share : \$2,360,250.

Date of award : February 4, 1965.

Estimated completion date : June 1967.

Georgetown University, Washington, D.C.

Georgetown University has been awarded a grant of \$1,500,000 to aid in constructing a new four-story addition to the Gorman Diagnostic Building on the Georgetown University campus. The new facility will allow for the expansion of the existing mental retardation clinic at the University. The new program will provide complete diagnostic and evaluation services, parent and child counseling, improved professional training programs, and a base for clinical and statistical research in mental retardation. The Georgetown Center will provide a valuable clinical resource to the retarded children of the Washington metropolitan area.

Total cost : \$2,000,000.

Federal share : \$1,500,000.

Date of award : February 5, 1965.

Estimated completion date : January, 1968.

University of Colorado, Denver, Colorado

A Federal grant in the amount of \$369,000 has been awarded to the University of Colorado to assist in the construction of a new mental retardation center. The three-story building will provide some 6,400 square feet for medical personnel, clinical psychologists, social workers, nurses, nutritionists, dental hygienists, audiologists, and speech therapists working with the mentally retarded. The project is designed to coordinate existing services and to provide both a regional evaluation and consultation center and a continuing care plan for retarded children from nearby counties. The facility will serve as a regional referral center for mentally retarded children with difficult diagnostic problems or those in need of special laboratory services.

Total cost : \$602,84.

Federal share : \$369,000.

Date of award : January 3, 1966.

Estimated completion date : January, 1968.

Walter E. Fernald State School, Waltham, Massachusetts

Established in 1947, this school is affiliated with Massachusetts General Hospital and associated with a number of educational facilities in the Boston area.

The Federal grant of \$724,725 will aid in the construction of a Community Evaluation and Rehabilitation Center on the grounds of the present school. The new facilities will provide programs for carrying out diagnostic and evaluation procedures and for training in most of the medical specialties, special education, psychology, social work, nursing, and other areas. The total construction cost will be approximately \$2.6 million.

Total cost : \$1,347,000.

Federal share : \$724,725.

Date of award : April 10, 1965.

Estimated completion date : September, 1968.

University of California, Neuropsychiatric Institute, Los Angeles, California

A grant of \$2,638,335 was awarded to the University of California, Neuropsychiatric Institute to assist in the addition of four more floors which will comprise a mental retardation unit. This unit will provide three 20-bed wards for young, severely retarded children, ambulatory retarded children, and older children with varying degrees of retardation. Diagnostic studies of both outpatients and inpatients will be conducted in the facility. Attention will be focused upon the differentiation of functional retardation associated with emotional disorders from true retardation.

Total cost : \$3,517,780.

Federal share : \$2,638,335.

Date of award : July 29, 1965.

Estimated completion date, October, 1969.

University of Alabama Medical Center, Birmingham and Tuscaloosa, Alabama

The University of Alabama is the second institution to receive a grant for the construction of two university-affiliated mental retardation centers. An award of \$2,180,494 has been made to construct training facilities at the University of Alabama Medical Center, Birmingham, and on the main university campus at Tuscaloosa. The Medical School presently maintains a variety of services for the mentally retarded which will be expanded to include an increase in diagnostic capacity and capability and a program of treatment and professional training in the various disciplines. The satellite facility at Tuscaloosa will provide facilities for specialized training of Ph. D. level psychologists in clinical and experimental psychology with content emphasis on mental retardation which will then balance the overall training program insuring truly collaborative, multidisciplinary training.

Total cost : \$2,907,326.

Federal share : \$2,180,494.

Date of award : November 24, 1965.

Estimated completion date : January, 1968.

Children's Hospital Medical Center, Boston, Massachusetts

The Children's Hospital Medical Center, Boston, was awarded a grant of \$863,250 to assist in the construction of a Child Development Research and Evaluation Center. The grant will aid in the addition of two and one-half floors to a new eleven-story outpatient department building which is part of the Medical Center complex, located within the Harvard Medical School area.

In 1929, the Children's Hospital created one of the first inpatient units in the country in which retarded children could be studied and evaluated by a team composed of pediatricians, neurologists, psychologists, and social workers with consultation available in other appropriate specialties including orthopedic surgery, psychiatry, and neurosurgery. The new facility will permit the hospital to expand its services. Patients will be referred to the new center by other clinics and divisions of the hospital and by physicians and community agencies. Not only the immediate Boston area, but much of New England, will share in the use of the additional services and training resources provided by the new clinical facility.

Total cost : \$1,276,500.

Federal share : \$863,250.

Date of award : July 6, 1965.

Estimated completion date : June 1967.

Indiana University Medical Center, Indianapolis and Bloomington, Indiana

The mental retardation facility to be constructed at the Indiana University will be operated in two separate physical units: one to be located within the James Whitcomb Riley Hospital Child Development Center, Indianapolis, and the other—the Indiana University Development Training Center—to be located on the campus in Bloomington.

The center at the James Whitcomb Riley Hospital has served as a referral center for all difficult cases in pediatric diagnosis and treatment, and at least 40 percent of these patients are diagnosed as mentally retarded. This center has concentrated a major portion of its activities in the development of programs in all aspects of mental retardation. The new unit will serve primarily as a diagnostic and outpatient treatment center and as a training resource in the field of pediatrics. It will provide consultation services to physicians throughout the State and will screen admissions to the residential center at Bloomington.

The Bloomington center will house 40 children in eight "home units" under the supervision of cottage "parents." Training of specialists in behavioral sciences, speech and hearings, special education, and other areas will be conducted at Bloomington.

A Federal grant of \$3,157,231 has been awarded to assist the two Indiana University projects.

Total cost : \$4,277,635.

Federal share : \$3,157,231.

Date of award : December 9, 1965.

Estimated completion date : April, 1968.

University of Tennessee, Memphis, Tennessee

The University of Tennessee has been awarded a grant of \$3,199,710 to aid in the construction of a Child Development Center as a part of the University of

Tennessee Medical Center which serves Western Tennessee, Eastern Arkansas, Northern Mississippi and the Southeastern tip of Missouri. Although a Child Development Center was established in December, 1956, this grant will provide the applicant with an opportunity to plan additional training programs for the disciplines in such a way as to bring about an interdisciplinary effort and will emphasize the contribution that each discipline will make in the amelioration of the problem for the mentally retarded. The Center will serve as a referral center to meet the increased demands for services to the mentally retarded in the service area. Close liaison will be maintained in developing Special Education classes in public schools for the educable and trainable and the development of a day care program for the severely retarded. A pre-school program for the mildly and moderately retarded and the development of sheltered workshops and the development of special classes for children with visual perceptual motor handicaps is planned.

Total cost : \$4,266,280.

Federal share : \$3,199,710.

Date of award : March 30, 1966.

Estimated completion date : November, 1969.

University of North Carolina, Chapel Hill, North Carolina

University of North Carolina will receive a Federal grant of \$500,811 for the construction of a University-Affiliated Facility for the Mentally Retarded which will be known as the Child Development Center. The Center will have as its primary function the training of professional and specialized personnel in the diagnosis, treatment and management of retarded children. Other major responsibilities include the development of working relationships with practicing physicians and State supported clinics with problem patients who will be accepted and returned to the community after a comprehensive work up at the Center. The Child Development Center will have two related units: (1) the outpatient facility for intensive evaluation and (2) a day care facility for the retarded children. The outpatient facility will be staffed by a multidisciplinary team which will evaluate deviations from normal development and the establishment of treatment programs for the retardate and their problems. Longitudinal follow up will be a part of the clinic operations. The day care center will also be utilized as part of the treatment program and will likewise involve a wide variety of the necessary disciplines needed for the care, education and training of the mentally retarded.

Total cost : \$667,748.

Federal share : \$500,811.

Date of award : November 17, 1966.

Estimated completion date : November, 1969.

New York Medical College, New York, New York

The New York Medical College has been awarded a Federal grant of \$3 million for assistance in constructing a center for mental retardation as an integral part of the Medical Center complex. The Medical College has operated a retardation center since 1950 and has an ongoing multidisciplinary approach to service, training, and research in the field. The expanded facility will allow an additional 500 patients annually to be accepted for evaluation and service. A 28-bed inpatient wing will provide intensive diagnostic, treatment, and training resources. Training programs will be conducted in pediatrics, neurology, psychiatry, and ophthalmology as well as in nursing, rehabilitation, and behavioral sciences.

The professional staff at the New York Medical College has gained national recognition in the field of mental retardation, and this Federal support will allow the applicant to enlarge the spectrum of training in mental retardation for all disciplines. All levels of retardation, from profound to mild with associated handicaps, will be represented in the clinical population, and provision is made for reevaluation and follow-up therapy. Additional numbers of professional and specialized personnel interested in the field of mental retardation will be accommodated within the proposed facility.

Total cost : \$4,000,000.

Federal share : \$3,000,000.

Date of award : December 10, 1965.

Estimated completion date : May, 1969.

Georgia Department of Public Health, Atlanta and Athens, Georgia

The Georgia Department of Public Health has been awarded a grant for the construction of a University-Affiliated Mental Retardation Center known as the

Georgia Retardation Center located in Atlanta and a satellite facility of the Center to be built at the University of Georgia campus in Athens. The Atlanta facility will house a high calibre treatment program that provides the basis for the clinical training of a complete range of professional personnel to work in community and institutional programs for the retarded. The Athens facility will provide space for an indepth evaluation of outpatients with emphasis being placed on training in special education, the habilitative services, and speech and hearing. In addition, professional training will be conducted in the other disciplines needed for the diagnosis and treatment, education, training and care of the mentally retarded.

Total cost: \$4,125,550.

Federal share: \$3,094,163.

Date of award: August 25, 1966.

Estimated completion date: November, 1970.

University of Oregon, Portland and Eugene, Oregon

University of Oregon and the University of Oregon Medical School has been awarded a grant totalling \$3,706,500 with which they propose to construct a university facility for the mentally retarded consisting of two facilities, one in Portland on the Medical School campus and one in Eugene. Both units will become the components of an ongoing professional training and demonstration program for the mentally retarded. The proposed interrelationships between the two centers and the intercampus plan is based on the successful experience in a similar program in speech pathology and an ongoing pilot project in mental retardation which is presently being carried on at both campuses. The School of Social Work and the Department of Special Education at Portland State College will also participate in the training program to meet the training needs for the mentally retarded of the State. The proposed center will make it possible to coordinate and expand present clinical services presently being provided into one coordinated exemplary program directed towards the diagnosis and treatment of the mentally retarded. The Center will have as its objectives the further development of ongoing training programs; the expansion of the mental retardation laboratory clinic; the development and enrichment of curriculum development; the provisions of an adequate number of specialized personnel needed within the communities of the State for the mentally retarded; and the introduction of the multidiscipline team concept for exemplary patient care; and the training of graduate and post-graduate students in the biomedical and behavioral sciences; development of short term courses in institutes for practitioners in medicine, dentistry, and the allied health professions.

Total cost: \$5,072,000.

Federal share: \$3,706,500.

Date of award: July 27, 1966.

Estimated completion date: June, 1970.

University of Miami, Miami, Florida

The grant awarded to the University of Miami for the construction of a facility for the mentally retarded will be located on the campus of the School of Medicine and within the immediate vicinity of the Jackson Memorial Hospital and the National Children's Cardiac Hospital which are teaching hospitals for the Medical School. The proposed program will provide clinical services for the mentally retarded and will serve as a focus for model of training practices and management of the mentally retarded. The promotion, expansion and initiation of training for research and biomedical, behavioral, educational, and social areas will be some of the objectives of the training programs. The programs will be devoted to seeking the causes and means of prevention as well as the methods of ameliorating the effects of mental retardation. The facility is expected to provide an opportunity to make training in mental retardation a part of the learning experience of all medical, nursing, and of undergraduates and graduate students in psychology, social work, special education, speech, and law. It is proposed that in addition to providing specialized services for the diagnosis and treatment, education, training and care of the mentally retarded that this facility will be a training site for professional personnel which will be interrelated on a multidisciplinary basis with the biomedical, social and behavioral aspects of mental retardation. Patient services will be on a multidisciplinary integrated approach to all clinical activity and comprehensive diagnosis will be a multidisciplinary function.

Total cost: \$4,872,575.

Federal share: \$3,054,432.

Date of award : November 16, 1966.

Estimated completion date : October, 1969.

APPROPRIATIONS AND APPROVED APPLICATIONS, UNIVERSITY-AFFILIATED FACILITIES FOR THE MENTALLY RETARDED, DEC. 31, 1966

Fiscal year	Appropriation (millions)	Applications approved	Federal share
1964.....	\$5.0	0	0
1965.....	7.5	4	\$7,223,310
1966.....	10.0	6	12,769,685
1967.....	10.0	4	10,355,906
Total.....	32.5	14	30,348,901

Institutions	Total cost	Federal share	Estimated completion date
Children's Rehabilitation Institute, Reisterstown, Md.....	\$3,147,000	\$2,360,250	June 1967.
Georgetown University, Washington, D.C.....	2,000,000	1,500,000	January 1968.
University of Colorado, Denver, Colo.....	602,884	369,000	Do.
Walter E. Fernald State School, Waltham, Mass.....	1,347,000	724,725	September 1968.
University of California, Neuropsychiatric Institute, Los Angeles, Calif.....	3,517,780	2,638,335	October 1969.
University of Alabama Medical Center, Birmingham and Tuscaloosa, Ala.....	2,907,326	2,180,494	January 1968.
Children's Hospital Medical Center, Boston, Mass.....	1,276,500	863,250	June 1967.
Indiana University Medical Center, Indianapolis and Bloomington, Ind.....	4,277,635	3,157,231	April 1968.
University of Tennessee, Memphis, Tenn.....	4,266,280	3,199,710	November 1969.
University of North Carolina, Chapel Hill, N.C.....	667,748	500,811	Do.
New York Medical College, New York, N.Y.....	4,000,000	3,000,000	May 1969.
Georgia Department of Public Health, Atlanta and Athens, Ga.....	4,125,550	3,094,163	November 1970.
University of Oregon, Portland and Eugene, Oreg.....	5,072,000	3,706,500	June 1970.
University of Miami, Miami, Fla.....	4,872,575	3,054,432	October 1969.
Total.....	42,080,278	30,348,901	

Miss SWITZER. The center at Johns Hopkins is almost ready to go. It is awaiting availability of money.

Senator YARBOROUGH. I think this is important.

The CHAIRMAN. You supply those for the record.

Dr. LEE. The children's center in Boston is expected to be completed just about this time, and also the one at Johns Hopkins. I think the one in Boston also.

Senator YARBOROUGH. You complete one and start another one, or are you going to build these 14 simultaneously?

Dr. LEE. The completion dates are estimated to be anywhere from this fall to November of 1970 which is the last one.

Senator YARBOROUGH. That is all 14?

Dr. LEE. Yes, sir.

Senator YARBOROUGH. What about the 12 research centers? How many of those have been built already?

Dr. LEE. The one that is in operation is in Chicago, and that only required movable equipment. The first of these that is expected to go into operation will be the University of Washington at Seattle, and that will be February of next year.

Senator YARBOROUGH. Have all of these locations been settled upon?

Dr. LEE. Of those that we have listed, of the 14 and the 12, we have detailed reports on all of those.

Senator YARBOROUGH. Will you file with the committee the locations and expected dates of completion for each of these facilities?

Dr. LEE. Yes, sir.

The CHAIRMAN. Give us a detailed report on that.

Senator YARBOROUGH. Pardon the interruption. I get confused on what one witness gave us and what the other one gave us.

The CHAIRMAN. We need that for the record so we will know just where we are.

Let me ask you this: S. 1099 authorizes such sums as may be required to train teachers of the handicapped.

Do you have estimates of the appropriation authorizations that would be required for training teachers of handicapped children?

Dr. GALLAGHER. Yes, sir; I do. I am pleased to have this opportunity to be here. This is the first chance I have had.

The CHAIRMAN. We welcome you here. You are the new Commissioner for the Handicapped?

Dr. GALLAGHER. Yes, sir.

We have for fiscal 1968, \$24.5 million, and the projected plans for 1969, \$37 million; 1970, \$55 million; 1971, \$60 million; and 1972, \$60 million.

We have made training teachers our highest priority. The President's Committee on Mental Retardation suggests that there is still half of the 25,000 school districts that do not have special services for the mentally retarded—

The CHAIRMAN. As I introduced the bill, we authorized such funds as may be required. So, these figures would not necessarily be binding. If we need more money, we could appropriate more money; is that right?

Dr. GALLAGHER. That is right.

The CHAIRMAN. This is your estimate of what you think would be needed? Is that correct?

Dr. GALLAGHER. Yes, sir.

The CHAIRMAN. How do the requests for the funds for the training of teachers of the deaf compare with the appropriations that have been available?

Dr. GALLAGHER. In fiscal 1967 we were able to provide \$2,800,000 for training and this includes over 1,000 trainees for graduate fellowships and traineeships.

The CHAIRMAN. How many applications did you have?

Dr. GALLAGHER. I will have to provide that for the record.

The CHAIRMAN. In other words, how many were denied because you did not have the funds?

Dr. GALLAGHER. Yes, sir.

The CHAIRMAN. Supply that for the record.

Dr. GALLAGHER. Yes, sir.

(The information referred to follows:)

BREAKDOWN ON TRAINING TEACHERS FOR THE DEAF SUPPLIED BY DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

A total number of applications received or funded might not provide a clear answer since one application may be for two post masters year-long fellowships and another for fifty teachers to attend a three day institute. We can provide a figure which represents the total funds requested for training teachers of the deaf including senior year traineeships, masters and post masters fellowships, summer school traineeships and special study institutes. Those figures are:

Requested	\$4, 452, 074
Available	\$2, 651, 516
Percent of requests funded.....	58

The CHAIRMAN. Are the research funds sufficient to fund approvable applications?

Dr. GALLAGHER. Sir, in the whole research area in the Bureau, the research authority, we had total requests for research projects, and it is \$37 million, and the total amount that is available for approval is \$9,980,000. Some of this request would not be funded, of course, because they were not adequate for the job. We could have funded a good deal more than we had in this area.

The CHAIRMAN. You had requests for \$37 million, you say?

Dr. HILL. That is right.

The CHAIRMAN. Do you have any estimates of how many of these requests were adequate?

Dr. GALLAGHER. Dr. Moss is Director of the Division of Research. Perhaps, he could make a comment on that.

Dr. MOSS. About \$15 million was requested for research and demonstration centers and a good portion of those were very good applications that we did not have the funds for. We had only \$2 million for this purpose.

The CHAIRMAN. Just did not have the money.

Dr. MOSS. Right. The remaining amount, I would say about 10 percent, or about \$2 million worth, would represent fundable projects.

The CHAIRMAN. Tell me this, and you may have to supply this for the record: How many teachers of handicapped children have been trained?

Dr. GALLAGHER. I have an interesting report from the Coordinator of the Deaf, Dr. Rosenstein, who has prepared this for us which goes into detail on the preparation of professional personnel.

Over a period of time that the U.S. Office of Education approved the training authority in 1962, under Public Laws 87-276 and 88-164, a total of 2,673 graduate fellowships and senior year traineeships have been allotted for teaching the deaf and an additional 536 teachers and students received special institute traineeships.

In addition, we have a great deal of information on where these people are now employed.

The CHAIRMAN. That is what I would like to know. How many of those trained with Federal funds have stayed in the teaching profession?

Dr. GALLAGHER. We are very pleased with the results of this survey, because of what we have found, that 75 percent of the students who were trained under this authority are working now in education of the deaf, only 6 percent are in regular classroom work—6 percent are regular classroom teachers and, considering some of these are young girls and would be married to husbands who had moved to an area where there would not be training programs for the deaf, we consider this a rather remarkable performance. An additional 6 percent are still continuing their studies, and another 37 trainees say they are unemployed with the reason given that they are raising children.

The CHAIRMAN. Can you not train them so they can carry on their work and also raise children?

Dr. GALLAGHER. Not simultaneously, sir.

I have an answer to that other question.

The total is 32,000 grants that were given to persons for full- or part-time training in the whole area of the handicapped.

This is Dr. Ed Martin who is the deputy.

The CHAIRMAN. Glad to have you here, Doctor.

How many teachers are needed today?

Dr. GALLAGHER. As we estimate it, in the entire area of teaching the handicapped we would need around 300,000. Currently employed are 65,000 to 70,000. As I say, although we are interested in training a broader spectrum of professional personnel to work with the handicapped, we feel training teachers is our first priority and so we are spending the majority of our funds in this area.

The CHAIRMAN. In this area?

Dr. GALLAGHER. Yes.

The CHAIRMAN. How many applications did you have to turn down?

Dr. MARTIN. We had requests for about \$50 million, a little over \$50 million for training teachers in 1967, and at that time we had \$19.3 million available to give to universities and to colleges; so about two and a half to one we had to turn down.

The CHAIRMAN. Turned down about two and a half to one.

Dr. MARTIN. That is last year.

The CHAIRMAN. Do you think most of them were qualified?

Dr. MARTIN. We think most of them were qualified. Some of them were not. The Advisory Committee had to turn them down. We funded a number of programs in a very small way, giving, for example, in one area an average of only three or four fellowships to each university whereas they might have a need for many more than that. But we are giving some awards to provide a nucleus for future growth of that institution.

Dr. GALLAGHER. It is not only the turndown of unacceptable programs in which the money gets reduced. The money also gets reduced in the terms of a qualifying university requesting 10 people and our ability to provide only four or five. We also are spending money on program development in which universities and colleges do not have programs to prepare people in this area. We give them some planning money for a year or 2 years which will enable them to staff their program to organize a program so that we can give them more extensive funding for fellowships.

The CHAIRMAN. I believe you were in Alabama, Dr. Martin?

Mr. MARTIN. I was director of the speech and hearing program down there at one time and project director for a VRA project as well as the Office of Education training project.

Miss SWITZER. You see, we infiltrate everywhere.

Dr. MARTIN. This gives me a chance to see both sides of this.

The CHAIRMAN. Both sides of the picture.

You got both sides of the picture, did you not?

What about the training of researchers in the area of handicapped children?

What are you doing now?

Dr. GALLAGHER. Let me call on Dr. Moss again.

The question is: What are we doing about training researchers in this area?

Without even referring to Dr. Moss now, I am sure we are not doing as much as we could. My own background is research in this area, and, as I say, our first priority where we have to make these kinds of decisions is for the classroom teacher. We have looked longingly at this

area of research training, and I do not think we have done a great deal.

Dr. Moss. That is right. The research authority does not permit training of research under that portion of the bill. The only possibility for research training at this time is under the professional program and the priorities there are for training teachers.

Now, we are hoping this year, under an amendment to the bill, which was Public Law 89-105, to do research training in that context. The wording of that amendment does permit research training in that setting.

Dr. LEE. I would like to add a personal note here, Senator.

We talk about expenditures for these various activities, and I could think of few areas where the funds really represent a greater investment. If you see what can be accomplished with some of these handicapped youngsters who may be perfectly normal mentally, or of superior intelligence, but either have learning disabilities or some physical handicap that prevents them from normal achievement, we see the results with these teachers who have special training and with new approaches. In reaching these youngsters, you realize how important this particular program is, and it is just repeated time after time and you realize it really opens the door of opportunity for these kids which would be forever closed if we can't reach them at this early stage.

The CHAIRMAN. If you do not get them now, you do not get them at all; is that right?

Dr. LEE. That is right.

The CHAIRMAN. Senator Murphy, any questions?

Senator MURPHY. I have no questions. I am most sympathetic. I had a close association for over 20 years with Mrs. Tracy. She had a child with this problem, and she has done remarkable work. I have been very close to her operation. I agree, I don't think there is anything more worthy of consideration than in giving these youngsters a chance—just a little of the right thing.

One question, I think maybe you have answered: I wonder what percentage is being spent in research and training as opposed to the amount that is being spent in actual program work?

Dr. LEE. Of the total, Senator Murphy, we have to supply that for the record, because the expenditures in the Department are through a variety of activities—the basic research at the National Institute of Child Health and Human Development, for example, so this would be somewhat more of applied research, the educational research, the expenditure of funds purely for the support of individuals who are retarded. We would be glad to supply those total figures broken down for the record.

(The information referred to follows:)

DEPARTMENTS OF LABOR AND HEALTH, EDUCATION, AND WELFARE APPROPRIATIONS FOR 1968

APPENDIX A

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE OBLIGATIONS FOR MENTAL RETARDATION PROGRAMS, FISCAL YEARS 1966-67—OBLIGATIONS FOR PROGRAMS ON MENTAL RETARDATION

Agency and appropriation	1956	1964	1965	1966	1967 estimate	1968 estimate
Office of Education:						
Elementary and secondary education activities	0	0	0	\$20,962,742	\$26,725,000	\$34,750,000
Educational improvement for the handicapped	0	\$6,753,364	\$7,234,956	8,976,636	10,380,000	11,548,000
Research and training	0	422,447	566,461	254,960	91,546	26,804
Total, Office of Education	0	7,175,811	7,801,417	30,194,338	37,196,546	46,324,804
Vocational Rehabilitation Administration:						
Grants to States	\$375,000	5,500,000	7,500,000	13,764,150	23,104,000	31,080,000
Research and demonstration projects	99,000	2,278,000	3,090,000	3,133,000	3,005,000	2,953,000
Training and traineeships	0	878,000	1,213,000	1,501,000	1,870,000	1,950,000
Special rehabilitation research and training centers	0	0	385,000	500,000	750,000	1,050,000
Innovation grants	0	0	0	225,000	300,000	300,000
Expansion grants	0	0	0	86,500	200,000	300,000
Research and training (special foreign currency program)	0	175,000	93,000	80,000	408,000	408,000
Total, Vocational Rehabilitation Administration	474,000	8,840,000	12,281,000	19,289,650	29,637,000	37,633,000
Public Health Service:						
Community health services	0	2,011,000	9,712,000	28,811,000	43,485,000	42,420,000
Exclusively mental retardation	0	0	(9,712,000)	(28,811,000)	(43,485,000)	(42,420,000)
National Institute of Neurological Diseases and Blindness	919,000	20,376,000	22,636,000	23,808,000	23,861,000	24,867,000
National Institute of Child Health and Human Development	0	5,991,000	7,279,000	8,500,000	12,078,000	20,628,000
Exclusively mental retardation	0	0	(3,642,000)	(5,368,000)	(7,788,000)	(8,496,000)
Grants for construction of health research facilities	0	0	14,745,000	6,234,000	6,025,000	0
Exclusively mental retardation	0	0	(13,740,000)	(6,234,000)	(6,025,000)	0
Mental health research and services	923,000	7,303,000	11,466,000	15,334,000	6,379,000	6,670,000
Exclusively mental retardation	0	0	(8,325,000)	(2,522,000)	(2,528,000)	(4,900,000)
National Health Statistics	0	10,000	11,000	21,000	21,000	21,000
Total, Public Health Service	1,842,000	35,691,000	65,849,000	82,708,000	91,850,000	94,806,000
Total, exclusively mental retardation	0	0	(35,419,000)	(42,935,000)	(59,826,800)	(55,816,000)

See footnotes at end of table.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE OBLIGATIONS FOR MENTAL RETARDATION PROGRAMS, FISCAL YEARS 1966-67—OBLIGATIONS FOR PROGRAMS ON MENTAL RETARDATION—Continued

Agency and appropriation	1966	1964	1965	1966	1967 estimate	1968 estimate
Welfare Administration:						
Bureau of Family Services: ³						
Grants to States for public assistance.....	\$12,000,000	\$38,000,000	\$44,000,000	\$51,000,000	\$53,000,000	\$57,000,000
Salaries and expenses.....	7,000	25,000	44,000	55,000	65,000	75,000
Children's Bureau:						
Grants for maternal and child welfare.....	88,000	12,858,000	23,029,000	49,600,000	54,885,000	78,895,000
Salaries and expenses.....	3,000	330,000	737,000	1,030,000	969,000	1,025,000
Total, Welfare Administration.....	12,098,000	51,213,000	67,810,000	101,685,000	108,919,000	116,905,000
Social Security Administration:						
Estimated benefits payments from the trust funds.....	0	(63,700,000)	(70,900,000)	(84,500,000)	(88,400,000)	(96,200,000)
Trust fund obligations incurred to adjudicate claims of beneficiaries.....	0	(1,600,000)	(1,900,000)	(2,800,000)	(2,100,000)	(2,100,000)
Total, Social Security Administration.....	0	(65,300,000)	(72,800,000)	(86,300,000)	(90,500,000)	(98,300,000)
Office of the Secretary:						
Office of General Counsel (legal services).....	0	22,000	42,000	42,000	44,000	46,000
Intradepartmental coordination ⁴	0	(39,000)	(198,000)	(238,000)	(105,000)	(105,000)
President's Committee on Mental Retardation.....	0	0	0	0	0	0
Grand total, general funds.....	14,414,000	102,941,811	153,783,417	233,918,988	267,646,546	296,111,804
Grand total, trust funds.....	0	65,300,000	72,800,000	86,300,000	90,500,000	98,300,000
Grand total, all funds.....	14,414,000	168,241,811	226,583,417	320,218,988	358,146,546	394,411,804

¹ Estimated.

² Not including funds authorized under title VI of Public Law 89-10 as amended by Public Law 89-750.

³ Exact information is not available on the costs due to mentally retarded people who are receiving public assistance because data secured does not single out this one cause as a factor of disability or dependency. However, it is known that mental retardation is an important cause of disability for those receiving aid to the permanently and totally disabled under the Federal-State public assistance pro-

gram. The amounts shown here are estimates based on a constant percentage of total payments under this part of the program.

⁴ Includes funds from proposed supplemental for public assistance grants for 1967.

⁵ Shown as nonadd items since they were derived from funds available to other agencies for mental retardation activities.

⁶ Beginning in 1968, this item is included in direct funding as a part of the account "Mental health research and services."

The CHAIRMAN. I have some figures that you supplied me about proposed expenditures for training and research in the field of the education of the handicapped I will insert at this point.

(The material referred to follows:)

BUREAU OF EDUCATION FOR THE HANDICAPPED, U.S. OFFICE OF EDUCATION
PROPOSED EXPENDITURES FOR TRAINING AND RESEARCH IN EDUCATION FOR THE HANDICAPPED

	1969	1970	1971	1972
Training.....	\$37,000,000	\$55,000,000	\$60,000,000	\$60,000,000
Research.....	14,000,000	18,000,000	20,000,000	22,000,000

Note: This material was prepared at the request of the Senate Committee on Labor and Public Welfare and represents estimates of future expenditures.

The CHAIRMAN. It may be that you want to revise these figures. If you think it wise, do not hesitate to do so.

Senator MURPHY. One of the reasons I bring it up, it is a great temptation, and it is also comfortable. Also, I find now that more and more people get into school and develop scholastic habits. I had a fellow call me up the other day, and he was a sophomore. I said, "How old are you?" He said, "47." He is worse off than I was. I was a freshman twice. But this is a temptation. It is comfortable. It is easy, you know. That is good. I want everybody to live in full comfort, but the main thrust of the program is lost. Getting the show on the road where it has to go is the most important thing.

The CHAIRMAN. These figures that you provided me, I do not know whether they were figures of the budget or whether they were figures of the experts in the Department.

Dr. GALLAGHER. These are just projections of what we think might be the growth in this area.

The CHAIRMAN. These are not budget figures, just projections compiled by you, sir?

Dr. GALLAGHER. That is right, projections of growth, not need or budgetary figures.

Senator MURPHY. I notice the research figure there stays pretty constant.

Dr. GALLAGHER. This reflects to some extent the substantial need for training in the area. I would like to remark on your comment, that one of our major efforts in the research program is to disseminate information into the classroom for the teacher so we are involved in a network of instructional material centers and these are being funded out of our research authority. These centers are to make readily available to the classroom teacher the latest materials and to evaluate these materials so the teachers have these resources at their disposal. So, we are going to spend a good deal of our research effort in trying to get this material into the hands of the teachers, so that the materials will have a direct contact with the youngster himself.

So, it is not as easy as the academic research.

Senator MURPHY. Sometime, if you have a moment, come on up and I will show you some ideas that I have had about ways. I am still hopeful that I will get a degree someplace.

The CHAIRMAN. Come up and talk with the Senator.

Is there anything you would like to add, Miss Switzer?

Miss SWITZER. It is interesting in vocational rehabilitation that the research and training appropriation is evenly divided between research and training, but it is a relatively small part of the total program, because most of the money goes for service to the States, you see. That portion might be a little bit—it is clear what is going on.

The CHAIRMAN. Anything else you want to add?

Senator MURPHY. I have another question, Mr. Chairman.

My staff has remarked that in a 1964 AMA handbook on mental retardation, there is an indication that there is a great gap between the present knowledge and its application. In other words the first indication would be picked up by the doctor. There has been a gap between present knowledge and the doctor's awareness of the state of the art. Is that being taken care of? Is that gap being closed?

Dr. LEE. I think, Senator Murphy, as a physician, I could speak to that question. There is no question but what this is a very significant gap. As a result of this program and the outreach of it, there is much more awareness on the part of the physicians, and I could cite as an example: I was recently in Georgia visiting with the State society of obstetricians and gynecologists and there they have developed over a 2-year period of time a document relating to mental retardation—it is about 500 pages—an excellent analysis of the problem and role that the physician can play. They now have the full support of the physicians of Georgia spearheaded by the obstetricians who are concerned particularly about prevention and the provision of good maternity care, prenatal care, good care at time of delivery, care for the women of childbearing age as a major thrust, but their focus on this has interested physicians in many other areas in the total problems of the retarded, so that we are beginning to see, as a result of this program—this did not occur until there was a Federal program—where they stayed in local participation as Miss Switzer indicated—a tremendous effort on the part of the voluntary agencies, but I think there is a big change in the last 3 or 4 years on the interest and knowledge of physicians in this field.

The CHAIRMAN. That is very encouraging. That message ought to be carried to each one of the other 49 States.

Dr. LEE. I think they have done a superb job on this in Georgia.

The CHAIRMAN. Any other questions?

Senator MURPHY. No, sir.

The CHAIRMAN. We want to thank you all very much for this.

Senator YARBOROUGH, do you have any questions?

Senator YARBOROUGH. You are spending about \$11 million a year on research for education of handicapped children?

Dr. GALLAGHER. This was within the Bureau of Education of the Handicapped. There are other parts in the Department that are also spending research money. It would be \$11 million.

Senator YARBOROUGH. Where is that being spent?

Dr. GALLAGHER. There are a variety of places, Senator.

Senator YARBOROUGH. Maybe the more precise question is: "How?"

What type of research is funded by this \$11 million?

I tried to teach school one time. My first year I taught grades one through eight. Everybody came—handicapped and not handicapped, and I did not know what to do. I am curious about how you go about educating these children.

Dr. GALLAGHER. First, there are the individual investigators who are taking on a project and conduct a research project that may be on a variety of subjects. They would all have some application to education. We are also funding a research and development center. This takes a comprehensive look at all areas of education for the handicapped. This has been awarded to Teachers' College at Columbia. I mentioned earlier the 14 instructional material centers, Senator, which is a part of our research program where you get the latest type of instructional material in the hands of the teachers.

Senator MURPHY. Who makes the instructional material?

I ask this for a purpose. Way back in the beginning of my interest of visual education, I could not get anybody to make the things that I felt were necessary. I found that professors wanted to make something that would impress other professors. In music you get an arranger. We used to have great difficulty in Hollywood making these fellows orchestrate for the general public, not for Johnny Green and other experts.

Let us begin at the beginning. I had to go into my commercial project—I had to go to England and make some pictures there, because we could not get them made here. So, I had to go to England, bring them back and then the Encyclopedia Britannica and McGraw-Hill wanted some. This was about 6 years ago. But everybody said, "Yes, let's get in research." For instance, I was very bad in chemistry and physics. "Let's take the first 15 experiments that you do—freshman chemistry in the Yale Sheffield Scientific School—and put them on film." Then I could go to the library and look at them 10 times in the evening if I wanted to. I will never forget it. I have not been able to get it done yet. But this is the reason I say: Who is doing it? You have to find out what and then you have to find out how. The storyteller, getting back to that: Who was the first fellow? And this is extremely important. Very often I find fellows who wanted to be storytellers that should not be storytellers; they should have been carpenters or something else. This is very important, because you can waste a lot of time. I have tried to train Joe here—"Just say quickly and simply, so I can understand it." He is trained legally, and I am not.

Dr. GALLAGHER. That is a very perceptive question.

One of the problems we have had in the education of the handicapped is in adapting instructional materials for their particular use. These instructional material centers are collecting information, evaluating it, making it suitable for the teachers and students to develop additional materials on their own. We are looking forward to this phase where the most knowledgeable practitioners can produce more materials.

One of the research projects that we are supporting, for example, is a social studies curriculum development program that Dr. Goldstein has at Yeshiva University. This is a special curriculum that fits the needs of mentally retarded youngsters and is built around them. Instead of trying to adapt the program for regular fourth graders or fifth graders, this is a program that meets the age level of the youngster, but is appropriate for his degree of mental retardation. So, we are funding this kind of research just as well.

Senator YARBOROUGH. You would not have the same type of curriculum for the mentally retarded as for one who is physically handicapped?

Dr. GALLAGHER. That is right. This example was for the mentally handicapped.

Senator YARBOROUGH. Would you tell us what some of these research projects are?

Dr. GALLAGHER. I might mention a few.

Senator YARBOROUGH. I would think it would be well to file a list with the committee. At least, file with the committee staff.

(The material referred to may be found in the files of the subcommittee.)

The CHAIRMAN. We will have that information. Just give us a few now, and you can submit the rest.

Dr. GALLAGHER. Well, there is one at the University of Illinois called "The Principles of Programed Learning Materials and Self-Instruction Devices for Mentally Retarded Children." This, in effect, means that the youngsters are able to use and know how to make use of materials that are on machines so the teachers are free to work individually with youngsters who need special help. These youngsters can go on and respond to a training program that is given on a console, like a television set. This project was to develop materials that would go on this set.

At North Carolina State they are doing a study on cognitive training with retarded children. One of the things we have found over the last couple of decades is that perhaps we have—maybe we have been too pessimistic about the degree to which the retarded youngster can respond to direct intellectual stimulation. So this project is for the development of materials that are designed particularly to study the intellectual abilities of the youngsters, not just to teach them in the area of social studies or arithmetic, but actually to stimulate the basic intellectual processes themselves. This is a long-range project, which attempts to develop materials which are put in sequence so the teachers can give these youngsters special training.

We have another kind of study, comparisons of the differences in abilities between children with normal and defective hearing.

Senator MURPHY. Incidentally, I have a friend in New York that I have known for, I guess, 7 years, and I did not know that he had been stone deaf from birth. He was president of a very important bank in New York, and he had a frightful time because he could tell all the conversation in the room.

The CHAIRMAN. You had to be very careful what you said about him.

Senator MURPHY. He came one time—there was a contest between two banking organizations and Paramount Pictures, and they said do not worry, he can't hear. Little did they know; it is amazing.

Dr. GALLAGHER. We have some others which would investigate the ability of blind students to listen and to use their hearing apparatus most effectively. An interesting study concerns the possibility of stimulating new visual abilities of children educated as though they have no vision—children who read Braille. We have, as you know, many youngsters who are called blind but who still have residual vision which has been virtually unusable. It is an interesting thing for us to investigate as to what extent they can use the vision that remains. The same can be said for youngsters who are deaf. That does not mean that they cannot receive some sounds and might be able to profit from education using new kinds of amplification devices. This is trying to

stimulate the usable remainder of ability which has been damaged, as well as trying to compensate by developing other organs.

Senator YARBOROUGH. Dr. Gallagher, I assume you already have developed or are developing tests to measure the degree of mental retardation?

Dr. GALLAGHER. Yes, in addition to the usual methods of measuring intelligence, we have some research which allows us to look more thoroughly at the particular ways the retarded child is hampered in learning, such as memory, or perceiving relationships, and so forth.

Dr. LEE. There is another important aspect to this, Senator Yarbrough, in many of the projects that the Office of Education has supported, and that is building an evaluation component so they can evaluate the effectiveness of one method versus another and determine in these new research areas which methods we need to continue and disseminate widely and apply which are not successful. A very good friend of mine is involved in such a project in the District this summer, and they are now extending it. They got the idea of using art would be a way to reach the kids with apparently normal intelligence but impaired learning for a variety of reasons, and this is now very carefully evaluated to see if this approach, which is a very wise and neat one, is the way to interest this intellectual process to capture the imagination and stimulate it so that they can then learn in other areas. I think that this is just one example of a very important element in many of these projects. This is just research for the sake of research and is carefully evaluated to find the most effective means of doing the job.

Senator YARBOROUGH. I think that is very valuable, Doctor, and I congratulate you on this evaluation. I think this research into the degrees of deafness and of how and to what degree vision is impaired is important. I think it is valuable to have in the record a report of the research being conducted. There is too great a tendency today to subjugate all of our vital domestic endeavors to the involvement in Vietnam. In the last 10 years we have made a good start in many important areas, including health, but now some are ready to destroy that start by withholding necessary money. Frankly, I think it is more important to build America than to destroy Vietnam.

I have no further questions.

The CHAIRMAN. Do you have any further questions?

Senator MURPHY. I have no further questions.

The CHAIRMAN. We want to thank you all very much.

Dr. Martin, from Alabama, that includes you, too.

This is very fine testimony.

Now, Dr. Charles D. Barnett, deputy commissioner, Mental Retardation Services, and secretary, National Association of State Coordinators of Programs for the Mentally Retarded.

Senator YARBOROUGH. Mr. Chairman, I would like to note that my State is fortunate not only to claim this witness as a Texan, but also in the fact that under the Hogg Foundation at the University of Texas work has long been going on in this field of mental retardation under a grant left by the family of Gov. James Hogg, who was rated as one of the two greatest Governors of Texas. Some historians say that Governor Hogg and Sam Houston were the two greatest in history. Certainly, they were preeminent, Hogg having been Governor in the early 1900's at the time of the great populist movement in the United

States. After he retired from the governorship, he farmed the gulf coast, struck oil and left an immense fortune. His children left this fortune to the University of Texas for a foundation to be concerned primarily with mental retardation.

So, under this grant, Texas is one of the early States to work in this field, and we are proud of the fact that Dr. Barnett comes here so highly qualified representing one field in which we feel our State has made a fine contribution.

The CHAIRMAN. All right, Doctor, go ahead.

STATEMENT OF CHARLES D. BARNETT, PH. D., DEPUTY COMMISSIONER FOR MENTAL RETARDATION SERVICES IN THE TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION, AUSTIN, TEX., AND SECRETARY, NATIONAL ASSOCIATION OF STATE COORDINATORS OF MENTAL RETARDATION PROGRAMS, HARTFORD, CONN.

Dr. BARNETT. I appreciate Senator Yarborough's kind remarks.

As I look around the room here, I would like to have in the record—and, of course, I speak from a little different point of view than the people who preceded me. We are the implementers of the legislation and the resources that the legislature makes available to the States. We have been very deeply appreciative of this and very grateful for the excellent leadership that is being given and has been given at the Federal agency level, and I would be remiss if I did not point out the honestly good work that Miss Switzer is doing now and has done in the past; and Dr. Robert Jaslow, who is here, and all of his staff, and certainly Dr. Gallagher's office, and all the agencies that we deal with through our regional offices.

I might also say that we are fortunate in Texas to have a very fine regional office in Dallas.

In order to have some perspective on what this legislation means to a State, and Texas in particular; I would like to comment just briefly, and I have submitted to the committee an official statement.

I would like to comment as to some of the points here.

The CHAIRMAN. We have your statement. You may make such comments as you see fit.

Dr. BARNETT. I think, by any measure, I would like to comment on this.

(The prepared statement of Dr. Barnett follows:)

PREPARED STATEMENT OF CHARLES D. BARNETT, PH. D., DEPUTY COMMISSIONER, MENTAL RETARDATION SERVICE, TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION, AUSTIN, TEX.

Mr. Chairman, distinguished Committee members, my name is Charles D. Barnett, and I am Deputy Commissioner for Mental Retardation Services in the Texas Department of Mental Health and Mental Retardation, Austin, Texas. It is my pleasure to represent our Commissioner, John Kinross-Wright, M.D., and the Chairman of our Board, Horace E. Cromer, M.D., in basic support of H.R. 6430, the "Mental Retardation Amendments of 1967." Additionally, and in the capacity of Secretary, I have the honor of representing the National Association of State Coordinators of Mental Retardation Programs, Bert W. Schmickel of Hartford, Connecticut, President. The National Association of State Mental Retardation Program Coordinators also supports H.R. 6430, and in the comments that I shall now make, I represent both this Association and the Texas Department of Mental

Health and Mental Retardation. Although most of my comments will be directed to H.R. 6430, I will also comment briefly on S. 1099 (Hill) and S. 389 (Javits), since I feel these companion bills both offer specific points of considerable merit.

From almost any vantage point, Texas has a king-size mental retardation problem. It is estimated that approximately three percent of the State's population is directly affected by this condition which means, theoretically at least, that there are some 300,000 individuals in our State who are afflicted with mental retardation. If we consider the numbers who are both directly affected as well as those immediate family members who are intimately involved with the mental retardation, the total number swells to an estimated ten percent of the population, or over one million persons. As we look at the various Texas State agencies having responsibilities for programming for the mentally retarded—and these include our Texas Education Agency, Texas State Department of Health, Texas Department of Mental Health and Mental Retardation, and the Texas Department of Public Welfare—an enumeration of known mentally retarded individuals being served by these various agencies reveals that only about fifteen to twenty percent of the estimated 300,000 individuals who are thought to be retarded are now being served in ongoing programs of one type or another. Even if one concludes that the three percent figure is high and that in actuality some smaller percentage of the retarded population in our State, or in any State for that matter, actually requires special services, we would still have to conclude that a sizeable portion of those mentally retarded individuals who are in need of services are not receiving them at this time. There are undoubtedly many reasons for this state of affairs, but probably one of the most prominent is simply the fact that Texas, like many states, until recent years has focused primarily upon the institutional approach to meeting the problems of the retarded. However, the experience of recent years has shown that such an approach is undesirable from a humanitarian point of view, uneconomical from a fiscal point of view, and is virtually impossible from a logistical point of view. In short, we have come to realize that the continued construction of institutional beds can never adequately and fully deal with the mental retardation problem but, rather, that increased emphasis on the development of a broad array of services for the retarded and their families at the community level is required. Such an approach does not place the residential institution in a polar position with community programs but views the residential center as an integral and catalytic part of the "continuum of care" which the retarded and their families require.

Let me cite some specific figures to assist in more clearly defining the problem that we are facing in Texas, and then I would like to mention briefly some of the approaches that we believe to be possible in coping with the situation. During the seven-year period of 1960 to 1966, the Texas Department of Mental Health and Mental Retardation received 10,767 applications for admission to its then existing six residential facilities or Special Schools as we call them in Texas. During this same period we actually admitted some 7,000 individuals to our institutions, this being largely made possible by an intensive construction program which added new beds at a number of locations throughout the State. Despite this increased admission activity, new applications continue to come into our Department at a rate of 1,200 to 1,500 annually, and we currently find ourselves with a waiting list of 1,500 completed applications, with another 400 applications pending completion. Based on our present care and treatment cost, we conservatively estimate that every eight admissions to a residential facility will eventually commit the Texas taxpayer to approximately \$1 million in long-term support and maintenance expenses. This means, for example, that the 7,000 individuals admitted during the period 1960 to 1966 will eventually cost the State of Texas in the neighborhood of \$875,000,000, and it means that the current waiting list of 1,500 represents an additional investment of over \$200,000,000. One quickly notes that the total potential commitment entailed by the 7,000 admissions in the period 1960 to 1966, plus the waiting list population as it now stands, represents a total commitment of the Texas taxpayer of in excess of \$1 billion—an awesome sum, to say the least.

Yet, recent studies conducted by our Department indicate that beyond a shadow of a doubt there are many individuals coming into our institutions who simply do not need to be there. For example, approximately fifty-three percent of the 876 applications to the Austin State School last year involved individuals whose intellectual functioning fell in the mild to moderate range of retardation. These individuals can and ordinarily should be cared for in their respective communities in proximity to their family and homes if (1) an adequate array of services is

available; (2) if these services and programs are staffed by a sufficient number of professional and technical-level personnel who are adequately trained to carry out their assignments; and (3) if there is available a continuing and stable source of support monies. The necessary services I refer to include diagnosis, parent counseling, day care programs, preschool training, special education, pre-vocational training, sheltered employment, and a host of other individualized services which, depending upon the retarded individual's age and needs, can be brought to bear on his situation. All three prerequisites for the development of community programs are directly related to and are supported by the "Mental Retardation Amendments of 1967."

This year the Texas Department of Mental Health and Mental Retardation will spend in the neighborhood of \$25,000,000 on its programs for the mentally retarded. These programs include direct services to some 11,000 residents of six existing Special Schools, along with an array of commitments to an evolving network of community programs. As such, the Department is the official mental retardation authority in the State of Texas, and we are the agency which administers the mental retardation facilities construction monies. Additionally, we presumably would be the agency which would administer any mental retardation staffing monies that might be forthcoming. As an agency, we are deeply committed to and strongly believe in the partnership arrangement whereby local services and programs are initiated and funded through the cooperation of and interaction between local, state, and federal resources. We have enjoyed an excellent and productive relationship with our Region VII HEW Office in Dallas and especially with Dr. Robert Jaslow's Mental Retardation Division in the new Social and Rehabilitative Service Agency here in Washington. We have been amazed and grateful for the outstanding leadership role played by these key mental retardation groups, despite severe staffing and program support limitations.

Essentially, the Department has five chief means of delivering services to the retarded and their families or for participating in the catalyzation process which leads to the services being rendered. The media for providing these services include: (1) the provision of direct services by various programs operated out of our central administration in Austin; (2) the provision of direct services as may be provided by our various residential centers either on a direct basis or through numerous satellite programs; (3) contractual arrangements with various private and public organizations, agencies, and individuals for specific service programs; (4) a system of State grants-in-aid to locally organized and established boards of mental health and mental retardation; and (5) the administration of available federal support programs, such as community facilities construction and staffing. You will have to pardon me for sounding like a Texan, but please believe me when I say that the problem of delivering services to a State with 254 counties and in which almost two-thirds of the total State's population reside in twenty-one urban areas separated, for example, by such distances as 864 miles between El Paso and Texarkana or the 658 miles from Amarillo to Port Arthur, is no small chore. Nor is there any single approach which can be identified as the most effective for all areas and for all populations. A customized approach is called for, and this is true in all states. Yet, certain commonalities and similarities do exist in both problems and approaches; hence, H.R. 6430 does have certain projected benefits for all of our states. Obviously, a combination of approaches is called for.

Since time will not permit any further elaboration on these points, let me summarize thus far by saying that the primary thrust of mental retardation programs in all states is to the community level and that the provisions of the "Mental Retardation Amendments of 1967" will significantly enhance the movement toward realization of strengthened programming at the community level. I would now like to comment briefly on several of the specific sections of H.R. 6430, and in so doing, point up several specific amendments that the Texas Department of Mental Health and Mental Retardation as well as the National Association of State Program Coordinators for the Mentally Retarded feel are worthy of your consideration.

Relative to Part B of H.R. 6430, Project Grants for Construction of University-Affiliated Facilities for the Mentally Retarded, we applaud the extension of this program and the proposed increase in funds for fiscal years 1969 and 1970. It seems clear that, if we are to meet adequately the mental retardation problem and if we are to progress to the point of developing an adequate array of services at the community level, a significant number of new manpower training

programs must be evolved. These programs will offer the potential of giving a wide range of professional individuals an exposure to the mental retardation problem, and, in so doing, will strengthen our number one resource for coping with the problem. The proposed legislation would extend the present program by broadening the scope of the centers to include certain research and also would expand the coverage relative to the individuals to be served from the retarded per se to individuals manifesting other neurological handicapping conditions frequently found in close association with mental retardation. I am advised that relative to the fourteen centers which have been approved and funded to date at a total cost of \$30,340,901, it is projected that nearly 10,000 professional persons will each year receive training in the various disciplines related to the prevention and treatment of mental retardation. In short, we feel that the investment in training is a sound one and one that will have multiple benefits in dealing with the delivery of services to the retarded and their families.

Both the Texas Department of Mental Health and Mental Retardation and the National Association of Coordinators of State Mental Retardation Programs offer for your consideration a *suggested amendment to H.R. 6430 which would make available planning grants to selected applicants without an increase in the amount of appropriation now recommended.* In looking at the fourteen projects which have been approved and funded to date, twelve had planning grants from either federal or private sources. Four planning grants were made available from the Mental Retardation Section of the former Division of Chronic Diseases, two planning grant awards were made by The Kennedy Foundation, and six other applicants received planning grant awards from both The Kennedy Foundation and the Division of Chronic Diseases. Since the projects are university-affiliated, this means that not only must a considerable amount of time go into the planning of the precise design and programs which will be housed in the facility, but an even greater amount of effort must be directed to the problem of working out inter-relationships among the various agencies and organizations which will associate or affiliate in the project once it is completed. I am informed by appropriate authorities that the average planning effort to date resulting in a successful application has taken from nine to twelve months of intensive work and that a significant amount of continuity is given this endeavor if at least one individual assumes full-time staff responsibility for the coordination of the application process. It is our firm belief that such a system of planning grants will eventuate in more meaningful and effective applications which reflect better coordination of local or regional resources in the university-affiliated endeavor. *We would specifically propose that up to two per centum of the annual federal allocation be authorized for the purpose of planning grants and that planning be defined so as to include the cost of salaries, travel, consultation, and all other expenses which may be necessary for the development of a sound plan and program for the university-affiliated facility in question.* The specific mechanics of this amendment could be handled by inserting in Section 121 of the bill, under Authorization of Appropriations, the words "planning and" before the word "construction" when it appears the first time and the words "or planning" after the word "construction" when it appears for the last time in Section 121. Further, and in order to maintain the spirit of the partnership arrangement, *we would propose that the total amount of the planning grant would not exceed seventy-five per centum of the necessary cost of planning, the remaining cost to be borne by the applicant organization.*

Before leaving the university-affiliated program, let me also support that portion of S. 1099 which would extend the support program for training teachers of the mentally retarded and other handicapped children. It would be desirable to have this feature added to H.R. 6430, along with the provisions necessary to continue the program of research and demonstration projects in the education of the handicapped.

Part C of the "Mental Retardation Amendments of 1967" deals with grants for construction of facilities for the mentally retarded. Texas, for example, last year received a total allocation of \$835,914 for the construction of community mental retardation facilities, and, as I indicated earlier, this program is administered by the Texas Department of Mental Health and Mental Retardation. Through this program, we are gradually seeing an array of new facilities and new services being developed at the local level, and the number of applications for federal funds in this program are increasing at a rapid rate. In our State, applicants must put up forty-four (44) percent of the costs of construction in order to match available federal monies. Again, both the Department I represent and the National Association of State Coordinators of Mental Retardation Programs endorse in

principle the purpose of this significant section of H.R. 6430, and we are also pleased to note the program's proposed expansion in fiscal year 1970. We do, however, offer for your consideration an amendment to the proposed legislation which we feel would significantly strengthen the facilities and services which are to be developed. *Our recommendation is that State agencies designated to administer this program be authorized an administrative cost allotment which would be based upon the amount of the annual allocation to the state in question. Specifically, we propose that appropriate wording be included in the legislation to permit two per centum of the annual allocation or \$50,000, whichever is less, to be utilized by the designated state agency to secure the staff and other resources necessary to effectively administer the program.* As proposed, this amendment would not necessitate an increase in the total recommended appropriation but, rather, would be taken from each state's individual allocation for the years covered by the legislation.

The administering state agency basically administers this program for the benefit of private-non-profit or public facilities for the mentally retarded located at the community level. Each year the administering state agency must develop or update a state plan which includes a comprehensive inventory of services and facilities available in the state relative to mental retardation. In addition to the rather detailed mechanics of collecting, collating, and publishing this information, provisions of the proposed legislation call for administering state agency to develop and enforce standards of maintenance and operation on all projects approved after June 30, 1967. This enforcement program becomes effective July 1, 1969. Since the recovery clause covering these grants remains in effect for twenty years, it is assumed that the state agency will assume responsibility for surveillance of the programs funded for a like period of time. Such surveillance and inspection procedures will necessarily require onsite visits and rather intensive program analyses involving consultants in a variety of specialty areas. Additionally, the administering state agency is required to have a state advisory council which ordinarily meets quarterly to review applications which have been submitted for funding. Staff of the designated state agency must often make several onsite visits to work with applicants regarding the application, in addition to the travel and per diem expenses that are entailed by the members of the advisory council. Had the full two percent administrative cost allotment been available to the Texas Department of Mental Health and Mental Retardation last year, approximately \$16,000 (two percent of \$835,914) would have been available for offsetting a portion of these costs. Obviously, this allotment would not have covered even the majority of the cost involved, but it would have been of considerable assistance in the assignment of new staff personnel to the over-all review and surveillance process.

The proposed amendment permitting an administrative cost allotment to the designated state agency administering mental retardation community facility construction monies has sound precedent. Somewhat similar federal monies were available to state agencies administering the Hill-Burton Hospital Facility Program beginning in fiscal year 1965 (July 1, 1964). Incidentally, fifteen (15) states have different agencies administering the Hill-Burton administrative cost allotment calling for these monies to be expended over and beyond the regular expenditures of the designated state agency, thereby preventing the administrative allotment from taking place of funds normally spent by the agency, is a sound one and one that we would recommend be incorporated in the mental retardation community facilities construction program. Since a similar formula was utilized as is being proposed here, I am advised that the Texas Department of Health last year utilized the entire maximum of \$50,000 made available to it for the administration of the Hill-Burton program. These monies have enabled the Department of Health to add sufficient staff to not only develop a sound plan but to effectively monitor the entire program. Many states have no persons assigned specifically to administer the mental retardation facilities construction program, and I do not hesitate to state that without increased attention to this area, the development of adequate plans and sound applicant programs of continuing quality will virtually be an impossibility.

There is one portion of S. 389 (Javits) which we feel should be given consideration for addition to H.R. 6430, and this would allow for appropriate expenditures associated with the acquisition of a site for community construction projects to be eligible for matching federal funds. It has been our experience that volunteered or donated sites are not always the best ones.

Let me reiterate again that the requested amendments to Parts B and C of H.R. 6430 would not require new monies over that already proposed. Both of

the recommended amendments are designed to eventuate in sounder and more effective utilization of the available monies.

I am pleased to represent both the state coordinator group and the Texas Department of Mental Health and Mental Retardation in supporting Part D of H.R. 6430, Grants for the Cost of Professional and Technical Personnel of Community Mental Retardation Facilities. We are, however, somewhat disappointed in the dollar amounts per fiscal year allocated to mental retardation staffing, since, based on the projected amounts for fiscal years 1968, 1969, and 1970, the total amount (\$31,000,000) is only \$1 million more than that recommended under the "Medical Health Amendments of 1967" for fiscal year 1968 alone and \$1 million less than that recommended in the Mental Health Amendments for 1970 alone. Under present mental health staffing allocation, Texas, alone, received almost \$1.4 million in funds last fiscal year—about twenty percent of the total proposed mental retardation staffing allocation for F.Y. 1968 for the entire country. The differentiation between the total amount of monies available for mental health and mental retardation staffing approximates the same discrepancy that now exists between mental health and mental retardation community facility construction monies, and I am sure that many of us at the state and local levels would be interested to know how these respective amounts are developed.

It has been a distinct pleasure for me to appear here before you, and I will attempt to answer any questions that you may have. Otherwise, this completes my testimony on H.R. 6430 in behalf of the Texas Department of Mental Health and Mental Retardation and the National Association of State Coordinators of Programs for the Mentally Retarded. Let me also thank each of you dedicated gentlemen for the past support you have given the mental retardation legislative and appropriative processes. We have come a long way in our programs at the State and local levels, and with your continued assistance, further gains will be realized.

Dr. BARNETT. Mr. Chairman, distinguished committee members, my name is Charles D. Barnett, and I am deputy commissioner for mental retardation services in the Texas Department of Mental Health and Mental Retardation, Austin, Tex. It is my pleasure to represent our commissioner, John Kinross-Wright, M.D., and the chairman of our board, Horace E. Cromer, M.D., in basic support of H.R. 6430, the Mental Retardation Amendments of 1967. Additionally, and in the capacity of secretary, I have the honor of representing the National Association of State Coordinators of Mental Retardation Programs, Bert W. Schmickel, of Hartford, Conn., president. The National Association of State Mental Health Retardation Program Coordinators also supports H.R. 6430, and in the comments that I shall now make, I represent both this association and the Texas Department of Mental Health and Mental Retardation. Although most of my comments will be directed to H.R. 6430, I will also comment briefly on S. 1099, by Senator Hill, and S. 389, by Senator Javits, since I feel these companion bills both offer specific points of considerable merit.

From almost any vantage point, Texas has a king-size mental retardation problem. It is estimated that approximately 3 percent of the State's population is directly affected by this condition which means, theoretically at least, that there are some 300,000 individuals in our State who are afflicted with mental retardation. If we consider the numbers who are both directly affected as well as those immediate family members who are intimately involved with the mental retardation, the total number swells to an estimated 10 percent of the population, or over 1 million persons.

As we look at the various Texas State agencies having responsibilities for programing for the mentally retarded—and these include our

Texas Education Agency, Texas State Department of Health, Texas Department of Mental Health and Mental Retardation, and the Texas Department of Public Welfare—an enumeration of known mentally retarded individuals being served by these various agencies reveals that only about 15 to 20 percent of the estimated 300,000 individuals who are thought to be retarded are now being served in ongoing programs of one type or another. Even if one concludes that the 3 percent figure is high and that in actuality some smaller percentage of the retarded population in our State, or in any State for that matter, actually requires special services, we would still have to conclude that a sizable portion of those mentally retarded individuals who are in need of services are not receiving them at this time. There are undoubtedly many reasons for this state of affairs, but probably one of the most prominent is simply the fact that Texas, like many States, until recent years has focused primarily upon the institutional approach to meeting the problems of the retarded.

However, the experience of recent years has shown that such an approach is undesirable from a humanitarian point of view, uneconomical from a fiscal point of view, and is virtually impossible from a logistical point of view. In short, we have come to realize that the continued construction of institutional beds can never adequately and fully deal with the mental retardation problem but, rather, that increased emphasis on the development of a broad array of services for the retarded and their families at the community level is required. Such an approach does not place the residential institution in a polar position with community programs but views the residential center as an integral and catalytic part of the "continuum of care" which the retarded and their families require.

Let me cite some specific figures to assist in more clearly defining the problem that we are facing in Texas, and then I would like to mention briefly some of the approaches that we believe to be possible in coping with the situation. During the 7-year period of 1960 to 1966, the Texas Department of Mental Health and Mental Retardation received 10,767 applications for admission to its then existing six residential facilities or special schools, as we call them in Texas. During this same period we actually admitted some 7,000 individuals to our institutions, this being largely made possible by an intensive construction program which added new beds at a number of locations throughout the State. Despite this increased admission activity, new applications continue to come into our department at a rate of 1,200 to 1,500 annually, and we currently find ourselves with a waiting list of 1,500 completed applications, with another 400 applications pending completion.

Based upon our present care and treatment cost, we conservatively estimate that every eight admissions to a residential facility will eventually commit the Texas taxpayer to approximately \$1 million in long-term support and maintenance expenses. This means, for example, that the 7,000 individuals admitted during the period 1960 to 1966 will eventually cost the State of Texas in the neighborhood of \$875 million, and it means that the current waiting list of 1,500 represents an additional investment of over \$200 million. One quickly notes that the total potential commitment entailed by the 7,000 admissions in the period 1960 to 1966, plus the waiting list population as it now stands, represents a total commitment of the Texas taxpayer of in excess of \$1 billion—an awesome sum, to say the least.

Yet, recent studies conducted by our Department indicate that beyond a shadow of a doubt there are many individuals coming into our institutions who simply do not need to be there. For example, approximately 53 percent of the 876 applications to the Austin State School last year involved individuals whose intellectual functioning fell in the mild to moderate range of retardation. These individuals can and ordinarily should be cared for in their respective communities in proximity to their family and homes if (1) an adequate array of services is available; (2) if these services and programs are staffed by a sufficient number of professional and technical-level personnel who are adequately trained to carry out their assignments; and (3) if there is available a continuing and stable source of support moneys. The necessary services I refer to include diagnosis, parent counseling, day care programs, preschool training, special education, prevocational training, sheltered employment, and a host of other individualized services which, depending upon the retarded individual's age and needs, can be brought to bear on his situation. All three prerequisites for the development of community programs are directly related to and are supported by the Mental Retardation Amendments of 1967.

This year the Texas Department of Mental Health and Mental Retardation will spend in the neighborhood of \$25 million on its programs for the mentally retarded. These programs include direct services to some 11,000 residents of six existing special schools, along with an array of commitments to an evolving network of community programs. As such, the department is the official mental retardation authority in the State of Texas, and we are the agency which administers the mental retardation facilities construction moneys. Additionally, we presumably would be the agency which would administer any mental retardation staffing moneys that might be forthcoming.

As an agency, we are deeply committed to and strongly believe in the partnership arrangement whereby local services and programs are initiated and funded through the cooperation of and interaction between local, State, and Federal resources. We have enjoyed an excellent and productive relationship with our region VII HEW office in Dallas and especially with Dr. Robert Jaslow's Mental Retardation Division in the new Social and Rehabilitative Service Agency here in Washington. We have been amazed and grateful for the outstanding leadership role played by these key mental retardation groups, despite severe staffing and program support limitations.

Essentially, the department has five chief means of delivering services to the retarded and their families or for participating in the catalyzation process which leads to the services being rendered. The media for providing these services include: (1) the provision of direct services by various programs operated out of our central administration in Austin; (2) the provision of direct services as may be provided by our various residential centers either on a direct basis or through numerous satellite programs; (3) contractual arrangements with various private and public organizations, agencies, and individuals for specific service programs; (4) a system of State grants-in-aid to locally organized and established boards of mental health and mental retardation; and (5) the administration of available Federal support programs, such as community facilities construction and staffing.

You will have to pardon me for sounding like a Texan, but please believe me when I say that the problem of delivering services to a

State with 254 counties and in which almost two-thirds of the total State's population reside in 21 urban areas separated, for example, by such distances as 864 miles between El Paso and Texarkana or the 658 miles from Amarillo to Port Arthur, is no small chore. Nor is there any single approach that can be identified as the most effective for all areas and for all populations. Yet, certain commonalities and similarities do exist in both problems and approaches, hence, H.R. 6430 does have certain projected benefits for all of our States. Obviously, a combination of approaches is called for.

Since time will not permit any further elaboration on these points, let me summarize thus far by saying that the primary thrust of mental retardation programs in all States is to the community level and that the provisions of the Mental Retardation Amendments of 1967 will significantly enhance the movement toward realization of strengthened programing at the community level. I would now like to comment briefly on several of the specific sections of H.R. 6430, and in so doing, point up several specific amendments that the Texas Department of Mental Health and Mental Retardation as well as the National Association of State Program Coordinators for the Mentally Retarded feel are worthy of your consideration.

Relative to part B of H.R. 6430, "Project Grants for Construction of University-Affiliated Facilities for the Mentally Retarded," we applaud the extension of this program and the proposed increase in funds for fiscal years 1969 and 1970. It seems clear that, if we are to meet adequately the mental retardation problem and if we are to progress to the point of developing an adequate array of services at the community level, a significant number of new manpower training programs must be evolved. These programs will offer the potential of giving a wide range of professional individuals an exposure to the mental retardation problem, and, in so doing, will strengthen our No. 1 resource for coping with the problem.

I will point out that our Texas Research Institute has a number of programs for technical personnel.

The proposed legislation would extend the present program by broadening the scope of the centers to include certain research and also would expand the coverage relative to the individuals to be served, from the retarded per se to individuals manifesting other neurological handicapping conditions frequently found in close association with mental retardation.

I am advised that relative to the 14 centers which have been approved and funded to date at a total cost of \$30,340,901, it is projected that nearly 10,000 professional persons will each year receive training in the various disciplines related to the prevention and treatment of mental retardation. In short, we feel that the investment in training is a sound one and one that will have multiple benefits in dealing with the delivery of services to the retarded and their families.

Both the Texas Department of Mental Health and Mental Retardation and the National Association of Coordinators of State Mental Retardation Programs offer for your consideration a suggested amendment to H.R. 6430 which would make available planning grants to selected applicants without an increase in the amount of appropriation now recommended. In looking at the 14 projects which have been approved and funded to date, 12 had planning grants from either Federal or private sources. Four planning grants were made available

from the Mental Retardation Section of the former Division of Chronic Diseases, two planning grant awards were made by the Kennedy Foundation, and six other applicants received planning grant awards from both the Kennedy Foundation and the Division of Chronic Diseases. Since the projects are university affiliated, this means that not only must a considerable amount of time go into the planning of the precise design and programs which will be housed in the facility, but an even greater amount of effort must be directed to the problem of working out interrelationships among the various agencies and organizations which will associate or affiliate in the project once it is completed.

I am informed by appropriate authorities that the average planning effort to date resulting in a successful application has taken from 9 to 12 months of intensive work and that a significant amount of continuity is given this endeavor if at least one individual assumes full-time staff responsibility for the coordination of the application process.

It is our belief that such a system of planning grants will eventuate in more meaningful and effective applications which reflect better coordination of local or regional resources in the university-affiliated endeavor. We would specifically propose that up to 2 percent of the annual Federal allocation be authorized for the purpose of planning grants and that planning be defined so as to include the cost of salaries, travel, consultation, and all other expenses which may be necessary for the development of a sound plan and program for the university-affiliated facility in question.

We would propose that up to 2 percent of the annual allocation could be utilized for this purpose. This does not mean that if there were no applications the money cannot be spent for construction. I am going to propose an amendment in a minute that more clearly follows that precedent in the Hill-Burton program. The precedent here is looking at the 14 grants, initial grants, that had been adopted and funded. There have been in 10 of these Federal money made available for planning. The specific mechanics of this amendment could be handled by inserting in section 121 of the bill, under "Authorization of appropriations," the words "planning and" before the word "construction" when it appears the first time and the words "of planning" after the word "construction" when it appears for the last time in section 121. Further, and in order to maintain the spirit of the partnership agreement, we would propose that the total amount of the planning grant would not exceed 75 percent of the necessary cost of planning, the remaining cost to be borne by the applicant organization.

Before leaving the university-affiliated program, let me also support that portion of S. 1099 which would extend the support program for training teachers of the mentally retarded and other handicapped children.

The CHAIRMAN. I think that is an important point. Do you agree?
Dr. BARNETT. I certainly do.

It would be desirable to have this feature added to H.R. 6430, along with the provisions necessary to continue the program of research and demonstration projects in the education of the handicapped.

We endorse Dr. Gallagher's program on those things.

Part C of the Mental Retardation Amendments of 1967 deals with grants for construction of facilities for the mentally retarded. Texas, for example, last year received a total allocation of \$835,914 for the

construction of community mental retardation facilities, and, as I indicated earlier, this program is administered by the Texas Department of Mental Health and Mental Retardation. Through this program, we are gradually seeing an array of new facilities and new services being developed at the local level, and the number of applications for Federal applicants must put up 44 percent of the costs of construction in order to match available Federal moneys. Again, both the department I represent and the National Association of State Coordinators of Mental Retardation Programs endorse in principle the purpose of this significant section of H.R. 6430, and we are also pleased to note the program's proposed expansion in fiscal year 1970.

We do, however, offer for your consideration an amendment to the proposed legislation which we feel would significantly strengthen the facilities and services which are to be developed. Our recommendation is that State agencies designated to administer this program be authorized an administrative cost allotment which would be based upon the amount of the annual allocation to the State in question. Specifically, we propose that appropriate wording be included in the legislation to permit 2 percent of the annual allocation or \$50,000, whichever is less, to be utilized by the designated State agency to secure the staff and other resources necessary to effectively administer the program. This is what you referred to awhile ago. The Hill-Burton program, which has been an effective program, as I recall in July of 1964, the fiscal year 1965 if I am not mistaken, was amended to make provision for an allotment for administration.

In Texas, I know our department of health, which is administering the program is using the full \$50,000, and this does not begin to cover the total cost.

Let me clarify this amendment to this extent:

As proposed, this amendment would not necessitate an increase in the total recommended appropriation but, rather, would be taken from each State's individual allocation for the year covered by the legislation.

The administering State agency basically administers this program for the benefit of private-profit or public facilities for the mentally retarded located at the community level. Each year the administering State agency must develop or update a State plan which includes a comprehensive inventory of services and facilities available in the State relative to mental retardation. In addition to the rather detailed mechanics of collecting, collating, and publishing this information, provisions of the proposed legislation call for the administering State agency to develop and enforce standards of maintenance and operation on all projects approved after June 30, 1967. This enforcement program becomes effective July 1, 1969.

We feel that we are liable for 20 years to see that these programs that are funded meet certain standards and certain specifications, both from the physical plant and maintenance point of view. We think this is very important. This will give us a lever for the first time to really look at some of the private and other nonstate agencies relative to the matter of developing uniform program quality. So, we welcome this. At the same time, this is a tremendous job. This means an ongoing series of site visits, to these various facilities, to see what is happening there. It means the utilization of consultants. It means a considerable amount of time and people we do not have and other funds are involved

here also. Since the recovery clause covering these grants remains in effect for 20 years, it is assumed that the State agency will assume responsibility for surveillance of the programs funded for a like period of time. Such surveillance and inspection procedures will necessarily require onsite visits and rather intensive program analyses involving consultants in a variety of specialty areas. Additionally, the administering State agency is required to have a State advisory council which ordinarily meets quarterly to review applications which have been submitted for funding. There is a considerable amount of expense in the administration of these moneys. But the big thing I think is the requirement that in 1969 we begin to enforce standards, and this certainly is going to take some enhanced effort on our part, and certainly, we would hope, some enhanced resources with which to accomplish this. Staff of the designated State agency must often make several onsite visits to work with applicants regarding the application, in addition to the travel and per diem expenses that are entailed by the members of the advisory council. Had the full 2-percent administrative cost allotment been available to the Texas Department of Mental Health and Mental Retardation last year, approximately \$16,000—2 percent of \$835,914—would have been available for offsetting a portion of those costs. Obviously, this allotment would not have covered even the majority of the cost involved, but it would have been of considerable assistance in the assignment of new staff personnel to the overall review and surveillance process.

The CHAIRMAN. You could do more; the State could do more.

Dr. BARNETT. It would, certainly. The \$50,000 we are receiving now does not begin to cover the total cost.

There is one portion of S. 389—Javits—which we feel should be given consideration for addition to H.R. 6430, and this would allow for appropriate expenditures associated with the acquisition of a site for community construction projects to be eligible for matching Federal funds. It has been our experience that volunteered or donated sites are not always the best ones.

Let me reiterate again that the requested amendments to parts B and C of H.R. 6430 would not require new moneys over that already proposed. Both of the recommended amendments are designated to eventuate in sounder and more effective utilization of the available moneys.

I am pleased to represent both the State coordinator group and the Texas Department of Mental Health and Mental Retardation in supporting part D of H.R. 6430, "Grants for the Cost of Professional and Technical Personnel of Community Mental Retardation Facilities." We are, however, puzzled and somewhat disappointed in the dollar amounts per fiscal year allotted to mental retardation staffing, since, based on the projected amounts for fiscal years 1968, 1969, and 1970, the total amount—\$31 million—is only \$1 million more than that recommended under the Mental Health Amendments of 1967 for fiscal year 1968 alone, and \$1 million less than that recommended in the Mental Health Amendments for 1970 alone. Under present mental health staffing allocation, Texas alone received almost \$1.4 million in funds last fiscal year—about 20 percent of the total proposed mental retardation staffing allocation for fiscal year 1968 for the entire country. We would like to know a little more about how these figures were arrived at.

I want to represent both our department and our group in coming quickly to the forefront to say that we appreciate all that has been done by this committee and by the legislature in the past. I think we have come a long way. As has been pointed out this morning, I think the gap between what we are doing and what we know how to do is probably greater than what has gone before, and we seek your assistance in arriving at this point.

The CHAIRMAN. We seek your assistance, too. We not only have to pass this legislation; we have to get the appropriations. It is sometimes difficult.

Dr. BARNETT. We will ride with you all the way.

The CHAIRMAN. All right. You saw where the House refused to accept the conference report on the Labor-HEW appropriations bill, did you not?

Dr. BARNETT. Yes, sir.

The CHAIRMAN. I just want to stress what I am talking about. Senator Yarborough?

Senator YARBOROUGH. The hour is growing late, but I want especially to thank Dr. Barnett for his promise to help us all the way. We pass bills here only to have them cut down in the appropriation process. In the Senate we added \$10 million to the budget for emergency disaster relief, making available a total of \$25 million. And that is for all 50 States. The need in Texas alone is going to be more than \$25 million. Yesterday, the House Appropriations Committee cut that entire \$10 million, even though in Texas there are 28,000 homes damaged, lots destroyed, and people displaced by Hurricane Beulah. I am, like you, concerned with requests for money.

You raised another intriguing question. You say there are thought to be 300,000 mentally retarded individuals in Texas. That would affect something like a million people in their immediate families alone. We have some 10,700,000 people in Texas. Call it ten and a half million, roughly; 3,500,000 Texans, a third of the whole population, are in the poverty bracket. That is a high percentage and the highest gross number of poor people in any State in the Union. I think a further study into the correlation between mental retardation and poverty would result in interesting facts, showing the necessity for this mental retardation program and what great things can be done, not only for these individuals, but for the economy as a whole.

Thank you for this constructive presentation on the question of budget funding. We ask your help to get this money.

Senator MURPHY. May I ask a question?

The CHAIRMAN. Yes.

Senator MURPHY. How much, roughly, does the State of Texas provide in this program that you have just described?

What is the total State effort, in dollars?

Dr. BARNETT. In mental retardation?

Senator MURPHY. Yes.

Dr. BARNETT. I can't answer accurately. Our department has an annual budget of \$25 million, a little over \$25 million. To this we would have to add the expenses, expenditures of our health department and maternal and child health, our education agency which administers special education and rehabilitation programs, welfare department, which has certain programs that apply to it through the

categorical coverage—so I really cannot answer it. Our department is \$25 million. We are the primary department that is involved.

Senator MURPHY. Thank you.

The CHAIRMAN. Doctor, we certainly appreciate your fine statement and we are deeply grateful. Do not forget what we said to you about cooperation. If you do not get the money appropriated, you are not able to go forward with the program.

Dr. BARNETT. I will say this: Our national organization is much concerned. They are going to be of all possible assistance. They have been in touch with their Representatives and Senators, so we hope we will have some impact.

The CHAIRMAN. Thank you very much.

Now, Mrs. Fitzhugh Boggs, chairman of the Committee on Governmental Affairs of the National Association of Retarded Children, and Mr. Jonas Morris, of the National Association of State Mental Health Programs Directors.

We are happy to have you here.

Mrs. BOGGS. I am accompanied by Mr. Robert N. Gettings.

The CHAIRMAN. We are happy to have you.

You may proceed now.

STATEMENT OF ELIZABETH M. BOGGS, CHAIRMAN, GOVERNMENTAL AFFAIRS COMMITTEE, NATIONAL ASSOCIATION FOR RETARDED CHILDREN; ACCOMPANIED BY ROBERT M. GETTINGS, STAFF ASSISTANT

Mrs. BOGGS. The National Association for Retarded Children commends the continuing efforts of the Senate Committee on Labor and Public Welfare to enact sound legislation on behalf of the mentally retarded. Public Law 88-164, whose extension we are considering today, is one of a number of important pieces of legislation sponsored by the chairman during the past decade, and for which we wish to express our warm appreciation.

In the list of community facilities already funded, which you have received from the Department, you will find many that are sponsored by local units of NARC and many more which we have promoted and influenced. There are 167 projects in this list. We have more than 1,100 local associations. More than any other organization, we are conscious of what remains to be done, and of why, in many cases, it isn't being done.

We heartily endorse the extension of part C, title I, of Public Law 88-164 and urge that funding be authorized at the level proposed by the House, recognizing that this funding level is distinctly less than the need. Indeed, the need is estimated to exceed \$2 billion.

We favor equally the extensions of part B and concur in the modified language proposed. The university affiliated facilities funded to date show great promise and more qualified applicants are eagerly awaiting passage of this bill.

We support the proposed extension of title III relative to education of the handicapped. In this connection, we also hope to see similar provisions relative to physical education and recreation of the handicapped as proposed last year and yesterday by Senator Edward Kennedy. We agree with Senator Javits and Dr. Barnett, too, that it

would be very helpful indeed if the acquisition of land in connection with new construction could also be incorporated among the items to be considered under the heading of cost of construction.

We ask that new provisions be added to Public Law 88-164 to authorize assistance on a project grant basis for the initiation, extension, and improvement of services to the retarded in community facilities, both those constructed with Federal funds and those made available with other initiative. Last year, the Senate adopted an amendment to this end introduced by the chairman of this committee in connection with the comprehensive health bill. It would have added a new part D to Public Law 88-164 similar in general intent, but less restrictive in language than section 4 of the House bill now before you. We believe that the language contained in S. 3008 of 1966, as passed by the Senate last October, is superior to that contained in the administration bills of 1967. We are happy that Senator Javits has placed the earlier language before the committee once again in his bill S. 389.

I am going to deviate from the prepared text in order to be brief.

The CHAIRMAN. Your statement will be put into the record in full. (The prepared statement of Mrs. Boggs follows:)

PREPARED STATEMENT OF ELIZABETH M. BOGGS, CHAIRMAN, GOVERNMENTAL AFFAIRS COMMITTEE, NATIONAL ASSOCIATION FOR RETARDED CHILDREN

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The language of Section 4 of S. 1099 is patterned directly on the Community Mental Health Staffing amendment of 1965. This legislation was designed to encourage a particular kind of development in the mental health field under conditions which, generally speaking, do not obtain in respect to mental retardation.

Our objective, especially in these critical times, must be to use every dollar where it will do the most good. Setting up a system which forces applicants to spend their own money in less than optimum ways is not consistent with that object.

Three features of S. 389 commend themselves to us particularly:

1. *Eligible Services.* Under PL 89-333, the Vocational Rehabilitation Amendments, grants may be made for a variety of projects for the initiation, extension, and improvement of vocational rehabilitation services under Section 3(a)(2)(B), Section 4(a)(2)(A), Section 12(f) and Section 13(b), taken in combination. We believe the language of S. 389 if incorporated into S. 1099 would extend the spirit of this act to those direct services for the retarded which are not encompassed under the headings of vocational rehabilitation or of public education. We believe this more consistent approach to be very desirable.

2. *Discretionary Decrement in Federal Share.* The rapid mandatory decrement in the federal share specified in the "staffing" provisions of the Community Mental Health amendment, and of the Vocational Rehabilitation Act as amended in 1965 (Section 12(f)) presuppose a correspondingly rapid influx of funds from other sources. In the instance of mental health centers the withdrawal of federal aid can be compensated for, to a considerable extent, through third party payments, including federal medicare and medicaid funds whose flow will accelerate one a mental health center is "in business". In the second instance, initial staffing aid applicable to new sheltered workshops under the 1965 Vocational Rehabilitation Amendments, is but one element in a complex pattern of federal assistance which can be marshalled to provide continuing support, as well as opportunities for extension and improvement of programs in these and other facilities.

In both instances, there are existing mechanisms for federal formula grants to the states which permit continuing state-federal aid to flow to the program where the special staffing aid declines and expires.

Nothing comparable to these resources is available for augmenting community services to the mentally retarded. These services must, in the future, have greater assurance of ongoing support from local, state, and federal sources. While these new patterns of support are being worked out, it is highly desirable that we have a more flexible authority for non-recurring project grants, if we are to stimulate the most needed programs and use the federal seed-money to best advantage.

3. *Types of Cost Which May Be Included.* Salaries of technical and professional persons are an important part of every health, education, or welfare service. However, as the schools well know, there may be types of expenditures without which the personnel cannot function. In programs for retarded children and adults, such entries as consumable supplies, food, transportation, and building maintenance must also be paid for.

Actual experience in the field shows that where transportation is not provided for seriously retarded youngsters and adults, those clients whose parents cannot make the twice daily trip simply do not enroll. When transportation is provided it constitutes a major budget item. If Congress joins us in believing that services in community facilities must truly serve where the need is greatest it will not only permit but insist approved programs include realistic arrangements for getting the clients to and from the facility.

It is true that the salary of a bus driver directly employed by a facility may be paid under the heading of technical personnel; but this forces the facility to run its own service. There are thousands of school board members who can testify that a contract with a bus company may be more efficient.

We recommend that the most essential and significant of "other costs"—especially transportation—be includable for federal sharing at the discretion of the Secretary.

Recognizing the lateness of the season, and the sensitivities in the other body to any manipulations of figures, we nevertheless believe that, at least on the first and third points, some modifications of S. 1099 in the directions indicated could be introduced to good advantage even at this late date. We hope you will find this possible to achieve.

These are uncertain times. Much of the potential for good which this Committee on Labor and Public Welfare has built into recent statutes is lying unused, for reasons beyond your and our control. That funding to the limit of the authorizations is justified by need, few will deny, but none will expect it in this year of frustration on the domestic front. We do believe, however, that attention given now to the nurture of small but soundly structured programs is appropriate and necessary for the achievements of long-range goals as well as

short term relief. We commend this legislation and look forward to your affirmative action in the creative tradition of this Committee.

Thank you for the privilege of expressing our views.

Mrs. BOGGS. We believe that the objectives of H.R. 6430 in its entirety can and should be simply stated: to extend and improve community services to mentally retarded children and adults. Buildings are only a means to that end. The character of part D is therefore critical.

We believe that this new program should not be encumbered with restrictive language drafted some years ago for another purpose.

Specifically, we believe, first, that the rapid mandatory decrement in the Federal share will inhibit applications from many of the most needy communities.

Secondly, we believe that the costs to which the Federal share may be applied should not be limited to staff salaries and should at least include transportation.

Thirdly, we believe that novelty is not in itself necessarily a virtue, and that section 142(a)(2)(B) should be permitted to apply not merely to new types of service but to any significant extension or improvement.

The very fact that the appropriations will be pitifully small in the immediate future makes it all the more necessary that the funds be most efficiently used. We believe our suggested modifications would contribute to this goal.

We are most heartened, Mr. Chairman, that in the midst of overwhelming major domestic and international pressures here on the Hill you are taking time to consider the welfare of a relatively small and unvocal but seriously disadvantaged segment of our society.

We commend this legislation and look forward to your affirmative action in the creative tradition of this committee.

Thank you for the privilege of presenting our views.

The CHAIRMAN. Thank you very much. You always bring us a mighty good statement.

Mr. Morris?

STATEMENT OF JONAS MORRIS, NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS

Mr. MORRIS. Thank you. I am representing the National Association of State Mental Health Program Directors.

Dr. Donald Bramwell, in whose name the statement was prepared, was unable to appear at the last moment.

The CHAIRMAN. Would you like to have the statement appear in full in the record?

Mr. MORRIS. I would like to submit it.

The CHAIRMAN. It will appear in full.

(The prepared statement of Dr. Bramwell, submitted by Mr. Morris, follows:)

PREPARED STATEMENT OF DONALD BRAMWELL, M.D., DIRECTOR OF MENTAL HEALTH, STATE OF NEW HAMPSHIRE, AND CHAIRMAN, COMMITTEE ON MENTAL RETARDATION, NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS

Mr. Chairman, I am Donald Bramwell, M.D., Director of the New Hampshire Department of Mental Health. I am also Chairman of the Committee on Mental Retardation for the National Association of State Mental Health Program

Directors and I present this statement on behalf of the members of the Association.

In 32 states the members of our Association have *total* administrative responsibility for the treatment of the institutionalized mentally retarded. In these states the members of our Association operate 96 institutions and treat annually 140,512 patients.

In 21 other states and territories our members have *partial* responsibility for the treatment of the institutionalized mentally retarded that are essentially in public institutions.

Last year the states invested over one half billion dollars in the care and treatment of the mentally retarded and over 100,000 persons are employed to carry out this duty.

However, in spite of the tremendous effort by existing public agencies to care for the mentally retarded we are providing adequate treatment for only a portion of those in need.

We are critically short of both inpatient facilities, outpatient facilities and community facilities such as day care programs and sheltered workshops.

Last year our Association surveyed the states and territories to determine the number of applicants awaiting admission for treatment in public residential facilities.

In 49 states and territories responding there were 31,509 persons on our so-called "waiting lists". In most states the duration of wait before admission is about 2 years. In some states it is 5 or 6 years.

And it is a demonstrative fact, Mr. Chairman, that there are 2 or 3 times the number of mentally retarded who *need* help who are *not* now getting adequate care and are *not* now on the waiting lists.

If we wiped out all waiting lists today and started with a clean slate, by tomorrow we would have double the present number of applicants.

The waiting lists are 30,000 instead of 90,000 simply because 60,000 families know the futility of applying for help.

Mr. Chairman, I ask permission, at this time, to submit for the record, a copy of the 1966 survey conducted by the National Association of State Mental Health Directors of the number of applicants awaiting admission to state treatment facilities for the mentally retarded.

AVAILABILITY OF SERVICES

STATE FACILITIES FOR THE MENTALLY RETARDED

State (capacity of facilities)	Applicants awaiting admission	Duration of wait
Alabama (2,200).....	550.....	2 to 3 years.
Alaska (30).....	None. Profoundly or severely retarded are being admitted to contract private facility near Salem, Oreg.	No wait now, but Salem facility near capacity and when filled, waiting list will again build up.
Arizona (1,000).....	254 on active waiting list. There are another 61 on the inactive waiting list.	Waiting time varies from less than 1 year to over 3 years, depending upon cottage classification. Except for some urgent cases, the average waiting time for cottages housing "severely" and "profoundly" retarded children is generally over 2 years. The wait for ambulatory, profoundly retarded boys is over 3 years.
Arkansas (550).....	745 "profoundly" and "severely" retarded.	3 to 4 years.
California (13,000).....	1,000 severely and profoundly retarded; 1,000 not severely or profoundly retarded.	9 months.
Colorado (1,900).....	246 children and adults.	Wait varies according to urgency of situation.
Connecticut (3,650).....	73 on "urgent waiting list." These are mostly profoundly and severely retarded with about 15 percent moderately and mildly retarded range. (See footnote 1.)	Waiting time for profoundly or severely retarded averages out at about 2 years but actual wait is dependent on area of State and timing of request.
Delaware (575).....	17, also have 26 referrals on whom information is being collected before they are put on list.	3 to 6 months in male and female cottages; no pending cases in pediatric wards.
District of Columbia (1,250).		
Florida (4,000).....	1,456, includes 45 critical emergency; 292 active urgent; and 1,119 active non-urgent.	Waiting time depends upon classification of applicant's emergency and availability of beds.
Georgia (1,850).....	1,821.....	30-month average for the last 25 admitted but these were all considered emergencies. Average for all cases would probably be 3 to 4 years.
Guam.....		
Hawaii (800).....		

See footnotes at end of table.

AVAILABILITY OF SERVICES—Continued

STATE FACILITIES FOR THE MENTALLY RETARDED—Continued

State (capacity of facilities)	Applicants awaiting admission	Duration of wait
Idaho (725).....	None.....	Temporary care program has eliminated waiting list.
Illinois (13,000).....	2,227.....	2 to 6 years.
Indiana (3,850).....	1,478.....	Wait depends on type of case. Emergencies are admitted immediately; less emergent cases have been on the waiting list as long as 5 years, and sometimes longer.
Iowa (2,000).....	No waiting lists maintained.....	Admissions may be deferred after pre-admission evaluation.
Kansas (700).....	128, includes 46 boys from ages 2 to 21, and 32 girls from ages 2 to 21.	24 months, approximately for boys, and 18 months, approximately, for girls.
Kentucky (1,100).....	250 as of April 30, 1966.....	Varies from several days to 2 or 3 years according to mental and physical handicaps. Several days to 1 month for ambulatory cases; several years for profound "crib cases."
Louisiana (2,100).....	1,480.....	Not presently available.
Maine (1,100).....	90, approximately.....	Variable wait, depending on need. For example, 2 to 4 weeks for diagnostic evaluation admission; 2 to 4 years or longer for admission for custodial care of diagnosed dependent retarded.
Maryland (2,800).....	156, includes approximately 100 severely and profoundly retarded.	1 week to 2 to 3 years.
Massachusetts (8,700).....	903.....	6 months to 5 years.
Michigan (12,600).....	671, includes 463 profoundly retarded and 208 severely retarded.	For the age group 0 to 7 (nursery) the profoundly retarded with a regular status wait about 34 months for admission, and the severely retarded about 27 months. Both profoundly and severely retarded on regular status, 7 years and over, wait approximately 41 months between commitment and admission. Figures for both age groups vary between hospitals and the latter figure also varies somewhat with sex.
Minnesota (5,700).....	632, total as of Apr. 30, 1966. This includes 452 profoundly and severely retarded and 180 mildly retarded. (See footnote 2).	2.9 years average wait.
Mississippi (1,200).....	536.....	3 to 5 years, usually.
Missouri (2,500).....	531.....	Over 1 year. If a person were added to the waiting list today, there is about a 46 percent probability that the person would be admitted within the ensuing year.
Montana (900).....	261.....	3 years.
Nebraska (2,350).....	60 to 75, at present (except for babies under age 1).	Approximately 1 year.
Nevada (150).....	None.....	None.
New Hampshire (1,000).....	100, approximately, at present. Number constantly increasing.	6 to 12 months. This period is also increasing.
New Jersey (6,000).....	1,213, this includes a total of 745 "severely" and "profoundly" retarded.	At present rate of additions to waiting list, average wait will be 2 to 3 years (until new institution opens in late 1968).
New Mexico (550).....	544.....	An estimated average of 18 months.
New York (24,000).....	942 as of Mar. 31, 1966. This includes 91 under age 5 and 851 over.	Varies from 3 weeks up to 2 years, depending upon location.
North Carolina (4,400).....	663 as of Apr. 30, 1966.....	2 years for severe, nonambulatory. 3 to 6 months for moderately retarded and no wait for mildly retarded.
North Dakota (1,200).....	85 to 90, includes approximately 50 profoundly and severely retarded.	1 to 2 years, approximately. This is expected to be reduced somewhat in about 2 years.
Ohio (10,000).....	Since Ohio operates on a county quota system, no accurate waiting list is available at the institutions. However, it is known that there are at least 500 non-ambulatory patients awaiting admission. At least 300 ambulatory severely and profoundly retarded are known.	2 to 5 years for nonambulatory. 1 to 2 years for ambulatory severely and profoundly retarded.
Oklahoma (2,300).....		
Oregon (2,600).....	150.....	Wait varies considerably with the age and specific problems of the individual retarded, as State is able to accommodate some groups much more readily than others. The longest anyone has been on the active waiting list is approximately 2½ years.
Pennsylvania (11,400).....	3,641 as of Feb. 28, 1966. Includes an estimated 1,014 severely retarded and an estimated 350 profoundly retarded.	4.8 years for profoundly retarded; 2.8 years for severely retarded.
Puerto Rico (175).....	200.....	"Duration of 'wait' is very long."
Rhode Island (1,000).....	No waiting lists maintained.....	See footnote 3.

See footnotes at end of table.

AVAILABILITY OF SERVICES—Continued

STATE FACILITIES FOR THE MENTALLY RETARDED—Continued

State (capacity of facilities)	Applicants awaiting admission	Duration of wait
South Carolina (2,850).....	1,065.....	Approximately 3 years for nonambulatory profoundly and severely retarded; 1 to 2 years for trainable moderately or severely retarded; no wait to 6 months for educable retarded. (Exceptions to the waiting list are made for emergency cases of retarded dependents of military.)
South Dakota (1,300).....	70, approximately.....	Average is approximately 2 years, but varies according to sex, age, level of intellectual functioning and other factors. "If a person were added to the waiting list today, he might be admitted tomorrow or he might have to wait for more than 2 years."
Tennessee (2,100).....	2,000, includes 700 critical and 1,300 non-critical.....	2 years for critical.
Texas (10,100).....	1,200.....	Depends on type. Generally 18 months.
Utah (850).....	300 to 350.....	2 to 3 years.
Vermont (650).....	57.....	1 year for ages 2 to 6; 6 months for ages 6 to 21; 1 year for those over age 21.
Virginia (3,500).....	228 on active list as of April 30, 1966.....	3 to 6 months for urgent cases. Longer for less urgent cases.
Virgin Islands.....		
Washington (4,000).....	1,261 as of April 30, 1966.....	Waiting time estimated to be about 2 years, based on waiting times for admissions in 1964 and 1965.
West Virginia (550).....	117.....	An average wait of 3 years in most categories.
Wisconsin (3,700).....	238 as of March 31, 1966. This includes 2 emergent; 40 urgent; 65 desirable; 118 indefinite; 13 miscellaneous.....	No average wait, as this is determined by the degree and nature of the handicap. Emergent classifications have very little wait while others have varying durations depending on a range of variables.
Wyoming (700).....		
Total.....	31,509.....	

¹ Connecticut.—Prerequisites for the urgent waiting list include willingness of the family to accept placement immediately when offered and the presence of detrimental effects on the family caused by continued maintenance of the retarded member at home.

A sizable number of families have indicated an interest in residential care at some future and not-to-be defined date, but these are not shown on the present urgent waiting list.

² Minnesota.—There is careful evaluation to determine whether the problem presented is primarily one of mental retardation of whether it is one of social maladaptation with mental retardation as an associated symptom. Treatment and training plans would utilize a variety of resources appropriate to the needs of the individual such as more intensive family treatment, use of homemaker services, foster care, private residential care, or a State residential facility.

³ Rhode Island.—All referrals for service or admission are processed by virtue of applications being completed, summaries collected, medical and psychological testing administered. At this point a diagnostic conference is held and admission or community sustaining services is recommended. If admission is denied, Social Service staff are asked to try and sustain the patient in the community by use of whatever service may be available. Periodic review is made when indicated of cases on Community Sustaining Services and new factors are considered and a decision made to admit or not admit. As to numbers, there are currently 110 active referrals on file. Fifty of these have been processed and denied admission. The remaining sixty are either in process, or retardates located in other state facilities, such as Child Welfare Services' Foster Homes, State Institute of Mental Health and Zambiarano Hospital.

Approximate numbers:

	Foster Homes
Child Welfare Services.....	4
Institute of Mental Health.....	16
Zambiarano Hospital.....	20
Own home.....	20

The foregoing, Mr. Chairman, is by way of illustrating to you the magnitude of the problem—and of emphasizing why we are here today asking for further assistance from the federal government in developing programs to help meet the staggering national needs in the treatment of the mentally retarded.

The NASMHPD supports the various proposals now before your committee to extend and expand the federal matching programs providing aid in the treatment of mental retardation.

CONTINUING FEDERAL SUPPORT FOR A BROAD RANGE OF SERVICES

We would like, however, to comment on the need for continuing federal support for a broad range of services.

First, the need for federal support for a broad range of services. Significant costs other than personnel are essential to providing high quality care for retarded persons. Transportation, for example, may represent 25% of the cost of operating an effective day care program for the mentally retarded. Consumable supplies, food, and building maintenance must also be paid for if the facility is

to run an effective program. While it may be possible for the facility to pay the salary of a bus driver which it employs out of the funds reserved for technical personnel, it may also be more economical and efficient to contract with a bus company for these services. This option should be available to the program administrators. And at this point, Mr. Chairman, I offer for inclusion in the record a newsstory which graphically demonstrates how this problem has adversely affected the operation of a mental retardation program on Staten Island.

"[From the Staten Island Advance, July 23]

"LACK OF BUSES HURTS CLASSES FOR RETARDED

"A federally-funded project aimed at providing summer instruction for mentally retarded children is operating with half-filled classes at PS 16, Tompkinsville.

"The low enrollment is blamed partially on the lack of bus service.

"The children, who are educable and trainable retardates, receive free passes to ride public transportation but it's felt parents are skeptical of the smaller ones commuting by themselves.

"No money was allocated in this program for bus pick-ups although such service is provided during the school year.

"The children come from all over the Island.

"The teachers, Mrs. Alma Prosperi and Mrs. Lila Abrams, feel the rolls would increase if door-to-school transportation were made available.

"Mrs. Prosperi said the program's emphasis is on academics. Arts and crafts are included, she added, for recreation and learning purposes.

"As she spoke, children were painting with water colors, cutting flowers out of paper or working on leathercraft items—gifts for their parents.

"The curriculum covers speech, reading and writing and mathematics. The youngsters range in age from six to the teens.

"One young lady, Miss Patricia Pizzuto of 810 Henderson Ave., West Brighton, plans to attend the Richmond Occupational Training Center, New Brighton, in the fall, for vocational training.

"Another will continue her studies at Prall JHS, West Brighton.

"Classes meet from 9 to 12 weekday mornings for six weeks ending Aug. 15. Interested parents may contact the teachers at PS 16, Tompkinsville."

Thus, we strongly concur in the recommendation by the National Association for Retarded Children that the most essential and significant of "other costs"—especially transportation—be includable for federal sharing at the discretion of the Secretary.

Continuing Federal Support

Second. The need for continuing federal support.

A sharply declining matching formula will not work in facilities for the mentally retarded because third party payments from Blue Cross-Blue Shield and the like are not available to fill the gap as they are in the programs for the mentally ill. The variety of kinds of services needed and the duration of individual need in the case of the care and training of the mentally retarded require a federal matching system different than that provided for other federal matching programs.

Thus, we strongly concur in the recommendation by NARC that a program for continuing federal support to facilities for the mentally retarded be provided in the proposed legislation.

In summary, Mr. Chairman, we consider it vital that this program, with all its present features, be continued and that it be expanded as we have suggested. We urge you to accept the appropriation authorized by the House, although you should recognize, as I am sure you do, that the funding level falls far short of meeting the need. We also urge you to accept the House language with regard to the university-affiliated programs and to accept its proposal regarding education of the handicapped. But most of all we urge you to make provision for continuing federal support for a broad range of services to the mentally retarded.

Thank you, Mr. Chairman. We appreciate having had this opportunity to testify before your committee.

Mr. MORRIS. I would just like to point out that the association concurs in the recommendations of the National Association of Retarded Children.

Senator, I would point out that there are two points that are particularly important. The first is the need for support of a broad range of services, particularly transportation, that Mrs. Boggs referred to, and the second is the need for continuing Federal support; since the other funds do not flow into this program the way they do into other programs, the need for continuing Federal support is particularly important.

Thank you.

The CHAIRMAN. Anything you would like to add?

Mr. GETTINGS. No, sir.

The CHAIRMAN. We want to thank you all very much. You always bring in good testimony.

Mrs. Boggs. We appreciate your interest and attention and understanding.

The CHAIRMAN. Thank you very much.

Dr. John J. Noone, executive director of the American Association on Mental Deficiency.

Doctor, good to have you back with us. You may proceed.

**STATEMENT OF DR. JOHN J. NOONE, EXECUTIVE DIRECTOR,
AMERICAN ASSOCIATION ON MENTAL DEFICIENCY**

Dr. NOONE. In the interest of time, Mr. Chairman and the committee, my observations will be very brief.

I wish to commend my colleagues, Dr. Barnett and Mrs. Boggs, for their excellent statements, and we certainly are in support of their comments.

I represent the American Association on Mental Deficiency.

The American Association on Mental Deficiency wholeheartedly supports H.R. 6430. The extension of title I, part B, of the Mental Retardation Facility and Community Mental Retardation Construction Act of 1963—Public Law 88-164—through fiscal year 1970 will permit the construction of 20 additional university-affiliated facilities for the mentally retarded. These facilities will provide specialized training for 2,000 professional personnel, and care and treatment to 2,000 retarded not now receiving adequate services. Although the American Association on Mental Deficiency supports this provision, we recognize that it must be regarded as minimal in terms of the total need for 200 university-affiliated facilities.

State plans for the construction of community facilities for the mentally retarded indicate that approximately 1,500,000 retarded are in need of services not now available, that is, diagnosis, treatment, education, training, custodial care, and sheltered workshops. An initial start in the construction of specially designed facilities to house the services vitally needed by the retarded has been provided by Federal grants to States under title I, part C of the Mental Retardation Facility and Community Mental Retardation Construction Act of 1963—Public Law 88-164. To date, over 160 projects serving a total of some 45,000 retarded individuals, of which 23,500 were not previously served, have been approved for Federal aid amounting to \$32,400,000. This is only a beginning; much remains to be done.

The extension of title I, part C through fiscal year 1970 will permit the construction of community facilities which will provide services

for 70,000 additional retarded individuals. Even so, the American Association on Mental Deficiency feels that the proposed authorizations are minimal in terms of the total need for facilities for the retarded.

The AAMD also vigorously supports section D. Section D will be an essential catalyst for the development of new community facilities by providing vital support of professional and technical staff in the first critical years of service. Equally important, it will permit established facilities to initiate new services for the retarded. Here again, the AAMD believes that the authorization of fiscal year 1968 through 1970 are minimal.

The AAMD supports the amendment to section 134(7) providing for the enforcement of the standards of maintenance and operation adopted by the State effective July 1, 1969. Adequate standards of maintenance and operation are essential to the development of effective programs. Enforcement of these standards coupled with assistance for construction and staffing will do much to enhance the quality of care and treatment for the retarded.

The AAMD supports the amendment to section 134(7) providing for the enforcement of the standards of maintenance and operation adopted by the State effective July 1, 1969. Adequate standards of maintenance and operation are essential to the development of effective programs. Enforcement of these standards coupled with assistance for construction and staffing will do much to enhance the quality of care and treatment for the retarded.

Thank you very much.

The CHAIRMAN. How about the training of teachers?

Dr. NOONE. We certainly approve of that.

The CHAIRMAN. Wholeheartedly?

Dr. NOONE. Yes, sir.

The CHAIRMAN. Any questions?

Senator Murphy?

Senator MURPHY. No, sir.

The CHAIRMAN. We appreciate the presentation of your statement very, very much.

Dr. Robert E. Cooke, professor, department of pediatrics and pediatrician in chief, Johns Hopkins Hospital.

Glad to have you back with us, Doctor.

STATEMENT OF DR. ROBERT E. COOKE, PROFESSOR OF PEDIATRICS AND PEDIATRICIAN IN CHIEF OF THE JOHNS HOPKINS HOSPITAL, MEMBER OF THE PRESIDENT'S COMMITTEE ON MENTAL RETARDATION, AND CHAIRMAN OF THE SCIENTIFIC BOARD OF THE JOSEPH P. KENNEDY, JR., FOUNDATION

Dr. COOKE. Mr. Chairman and members of the Subcommittee on Health, I am Dr. Robert E. Cooke, professor of pediatrics and pediatrician in chief of the Johns Hopkins Hospital, a member of the President's Committee on Mental Retardation, and chairman of the Scientific Advisory Board of the Joseph P. Kennedy Jr. Foundation. I have been concerned professionally and personally for over 20 years with teaching and research in mental retardation and care of the mentally retarded.

I appear in wholehearted support of the mental retardation amendments of 1967, S. 1099.

The original Mental Retardation and Mental Health Facilities Construction Act embodied in Public Law 88-164 on which I had the privilege to testify before your committee has been, in my opinion, an unqualified success.

Research facilities have been built at 10 major biomedical research centers. University affiliated clinical facilities are now being constructed in more than a dozen areas in the United States. Our own John F. Kennedy Center for Habilitation of the Mentally and Physically Handicapped Child at Johns Hopkins is now completed. A remarkable staff of pediatricians, psychiatrists, psychologists, physical and occupational therapists, nurses, social workers, teachers, and special educators has been assembled to bring the knowledge, experience, and interest of a great university center to the aid of the retarded.

For example, one of the world's leading plastic surgeons is developing surgical approaches for the correction of cosmetic defects of some retarded children which presently isolate them from society. Likewise our orthopedic surgeons are concerned with the prevention and correction of the hip dislocations that so seriously incapacitate the spastic child. My own research staff is actively concerned with the investigation of the many metabolic problems of the mongoloid child, as well as the investigation of the environmental factors that can lead to chromosomal defects.

Senator YARBOROUGH. Pardon me a moment. In the mongoloid child, certain experiments have been carried on at the University of Maryland, have they not, in connection with the relationship between alcoholism and the mongoloid child?

Dr. COOKE. There are studies in this regard.

Senator YARBOROUGH. Any definite conclusions on that?

Dr. COOKE. The two factors which seem to be most clearly responsible represent radiation in early life of the mother. This has been well established now, with radiation exposure, and I believe that there is considerable interest in improving the radiation apparatus in this country, X-ray equipment, so that a minimal amount of radiation will be experienced during examinations. This is very important.

Senator YARBOROUGH. You said "radiation in early life of the mother." You mean, radiation in the early stages of pregnancy or when the mother was young?

Dr. COOKE. When the mother was young. Radiation when the mother was a child. And this is a cumulative effect which seems to alter the egg which remains in the ovary for many, many years in the mother, and from excessive X-rays she may have received as a child, a young child. I am sure all of you are familiar with the apparatus for fitting shoes of one kind, and this undoubtedly has contributed to radiation hazards in mothers, and there is good evidence that this can lead to the birth of mongoloid children in the next generation.

In addition, there is evidence that viral infections may lead to chromosomal defects as well, and these may occur before the birth of the child or even, indeed, before conception. So that, again, we have a cumulative effect. Whether other drugs of one type or another may produce chromosomal defects—at the present time LSD has been indicted for producing serious chromosomal defects—at least in peo-

ple using it. Whether or not we will see a generation of defective children resulting from the use of these drugs is a great worry of medical science at the present time.

Senator YARBOROUGH. This is very beneficial. I hope this information will be disseminated to the entire population. The reason for my question was that I had heard statements that there was certain research at the University of Maryland which indicates that alcoholism has a lot to do with mongoloid children, but that this research had not been made available to the public. Is that true?

Dr. COOKE. There is much research going on. I would not think that that has been clearly demonstrated—

Senator YARBOROUGH. In the case of radiation, there is no question?

Dr. COOKE. That is right.

The CHAIRMAN. There is no question about the radiation.

Dr. COOKE. That is right.

Along other lines our psychologists and educators are preparing new evaluative programs to permit "prescription" teaching. For many years medicine has moved toward specific therapy for specific diseases—penicillin for streptococcal infection; tetracycline for mycoplasma pneumonia—rather than shotgun remedies. Now, in the behavioral area specific learning defects may be identified such as recent or remote memory deficiencies, defects in attention span, or defects in auditory perception, and specific teaching measures may be directed at these defects, specific curriculum materials can be prepared and eventually sent with the child so that his own school and his own family may continue treatment in his own community.

In a sense we are developing a kind of "Mayo Clinic of Special Education" that can assist teachers in schools over a large geographic area.

These approaches, in my mind, will also revolutionize the teaching of normal children in whom specific aptitudes and deficiencies also exist but to a lesser degree. As a byproduct of these university-affiliated facilities for the mentally retarded I believe you will see an increasing interest in individualized education utilizing the principles gained from biomedical research with benefit to the normal or gifted child as well as the retarded.

I am very happy, Senator Hill, to learn that the Office of Education is actually extending studies in this direction.

The CHAIRMAN. We are carrying those on today.

Dr. COOKE. That is right.

For the first time medical students, nursing students, social work trainees, surgical residents and many others may observe the care and treatment of the retarded living in a university setting—in the center of the mainstream of professional education—not hidden away except for the curious.

The public too can see, as thousands drive to work through the busy streets of Baltimore each morning, the rehabilitative and recreational efforts for and accomplishments of the retarded. The retarded have indeed been brought by the wisdom of this committee and of this administration out of the dark corner which they so long occupied.

What I have described is Baltimore 1967. It is not St. Louis, or San Francisco, or Houston or Philadelphia or Buffalo or Little Rock, where no such facilities have been built even though physicians and

educators as competent and eager and interested in mental retardation as myself exist. They have not been built because no further funds exist. Why, gentlemen, should medical students at Johns Hopkins or Harvard or Alabama, where a fine center is being built, learn in depth the care of the retarded but not those in New Jersey? Why should pediatric residents at the Massachusetts General Hospital care for retarded patients as part of their training but equally good doctors in Mississippi have no such opportunity?

The bill which you are considering will provide this chance and will assure good care of the retarded in every State of the Union.

In conclusion, I realize that this legislation is concerned only with construction funds in regard to university-affiliated clinical facilities. However, I cannot urge strongly enough that the appropriation measure to provide support for the training activities in these centers be fully funded to the original authorization of \$10 million rather than the reduced appropriation of \$7 million called for in the administration's budget. Unless funds to operate these centers are provided, universities throughout the country will be discouraged from embarking on a building program and the legislation you consider today will be a fruitless effort. I hope that each member of this committee who believes the care and treatment of the handicapped in this country will be helped by this measure will also make the necessary effort to assure that adequate program support for the facilities now or about to be completed will be provided.

Again, I thank you for the privilege of appearing before your committee.

The CHAIRMAN. Doctor, we certainly appreciate your coming. You have been here with us in the past. You always prepare a fine statement and have been most helpful.

I want to emphasize again how hard it is for the people to understand that we must not only have legislation but also have the money appropriated after we pass the legislation. We are having some pretty difficult times, particularly at this session of Congress as you no doubt know from the press.

We sure appreciate your being here.

How long have you been at Hopkins?

Dr. COOKE. Twelve years.

The CHAIRMAN. You knew my friend, Dr. Al Blalock. A wonderful man.

Dr. COOKE. Yes, sir; yes, sir.

The CHAIRMAN. A tragedy that he had to go when he did. He was not too old, was he?

Dr. COOKE. Sixty-six.

The CHAIRMAN. What is your retirement age?

Dr. COOKE. Sixty-five. But, you are more active after retirement from a university, than before.

The CHAIRMAN. We appreciate your presentation.

Do you have any questions?

Senator YARBOROUGH. No questions.

The CHAIRMAN. At this point in the record I order printed statements and other pertinent information on hand.

(The material referred to follows:)

PREPARED STATEMENT OF F. J. L. BLASINGAME, M.D., EXECUTIVE VICE PRESIDENT,
AMERICAN MEDICAL ASSOCIATION

On behalf of the American Medical Association, I would like to take this opportunity to submit its views on S. 1099 and H.R. 6430, bills which would amend and expand the Mental Retardation Facilities Construction Act by extending the project grants for the construction of public and non-profit facilities for the mentally retarded, and by adding a new part whereby the Secretary of Health, Education and Welfare could make grants to help defray the cost of initial staffing of such facilities.

The American Medical Association is on record as supporting the appropriate extension of facilities and services for mental health and the combatting of mental retardation on the local level through the implementation of local and state programs. The Association recognizes the vast dimensions of the medical, educational and social problems inherent in mental retardation and has stated that care facilities for these individuals must be integrated into every community's mental health program.

The extent to which the problem of mental retardation can be ameliorated in future years depends largely upon continued research. Although some breakthroughs have been effected such as the prevention of some types of mental retardation as a result of our increased knowledge of body metabolism, there are still gaps in research, personnel and financing which must be overcome. While the ultimate answer to the problem of mental retardation is prevention, we recognize that in the meantime, mentally retarded individuals must be cared for and must be educated and trained to the limit of their capabilities.

In this regard, the AMA supports efforts to provide higher standards of care for the institutionalized retarded, special educational programs, day care centers within the community, counseling services for the parents of retarded children, and efforts to create job opportunities for retarded adults. For these programs to be effective, the nation needs additional facilities and an increase in properly qualified personnel. We therefore are pleased to record our continued support of the expansion, extension and improvement of facilities and services through construction, training and research grants. We would urge that the Committee favorably act upon these provisions of S. 1099 and H.R. 6430.

The bills, however, also amend the present Act to authorize grants for meeting a portion of the cost of compensating professional and technical personnel during the initial operation of the facility. Although such federal financial assistance during the early years might enable a mental retardation facility to undertake a more comprehensive program than it might otherwise attempt, it can be demonstrated that once reliance is placed on a federal subsidy for staffing, the role of the federal government as a provider of operating funds will not easily be ended. Once a facility has been constructed, the community can and should assume the responsibility for its operation, including the costs of staffing.

In conclusion, let me again state Medicine's support of the construction and training provisions of the bills before you, and I urge their adoption. Thank you for this opportunity granted to the Association of comment upon this important legislation affecting the health and welfare of the more than five million Americans who are mentally retarded.

PREPARED STATEMENT OF MRS. JUDITH G. WHITAKER, R.N., EXECUTIVE DIRECTOR,
AMERICAN NURSES' ASSOCIATION, INC.

The American Nurses' Association wishes to record its support of S. 1099 and H.R. 6430, which would amend the public health laws relating to mental retardation to extend, expand and improve them, and for other purposes. We believe, that at this time, the need for a categorical grant for the development of programs in the field of mental retardation is essential. Until recent years the services available for the mentally retarded were primarily custodial. This legislation, S. 1099 and H.R. 6430, when coupled with programs carried out by the Children's Bureau, the National Institute of Child Health and Human Development, and the National Institute of Mental Health will contribute to total efforts aimed at the problems of mental retardation.

As states and local areas develop plans for comprehensive health care we believe that this program should be an integral part of the plans. Mentally retarded persons need the same kinds of services which should be provided for all residents of a community.

The identification of this program as an area of special significance is necessary until the program can be properly assimilated into a comprehensive community health care plan. We therefore support the Mental Retardation Amendments of 1967.

We request that this statement be made a part of the record of hearings.

PREPARED STATEMENT OF GEORGE W. FELLENDORF, EXECUTIVE DIRECTOR, ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF

Mr. Chairman, and distinguished members of the Committee, I welcome this opportunity to again appear before this Committee in support of legislation intended to improve the opportunities for handicapped children and adults to become better prepared for productive lives in society. I am particularly pleased that this proposed legislation, Senate Bill 1099, contains in its provisions features which will be of distinct benefit to children handicapped by a hearing loss. In addition, we see in these proposed provisions to the 1967 Mental Retardation Amendment features which will be of benefit also to the parents and families of hearing impaired individuals, which benefit will be a distinct contribution to the mental health of the handicapped individual.

May I take this opportunity to again extend to you, Senator Hill, as Chairman of this Committee, and to your fellow Committee members, both in the majority and the minority, the continuing gratitude of the families of hearing impaired children throughout the country, who have benefited along with their children from the outstanding legislative achievements that have been accomplished in the last four or five years. Throughout the United States teachers, families, and friends of deaf children are aware of the work of this Committee and its counterpart in the House of Representatives. They are eternally grateful for your contributions toward the welfare of the hearing impaired. May I also take this opportunity to extend an expression of gratitude and a vote of confidence to the new Bureau of Education for the Handicapped and to its Director, Dr. James Gallagher. We look forward to the results of the programming and planning which is taking place at this time to carry out the intent of Congress in providing opportunities for the detection, education, and training of the hearing impaired.

We see in the provisions of S. 1099 positive action on the part of Congress to meet the following current problems of hearing impaired children and adults in this country:

1. The need for additional trained teachers of the hearing impaired and researchers.
2. The need for facilities for the diagnosis of hearing impairment at an early age and for the treatment of the physical, emotional, and mental problems in children with hearing losses, as well as in their families.
3. The need for research and demonstration support, including the training of researchers, for programs affecting the hearing impaired, as well as the dissemination of resulting information to the classrooms and homes where it can be used directly with children.
4. The need for continuity of all of the above programs to enable the assurance of stable staffing and program development over a period of at least three years.

May I take the next few minutes to comment on the problems as listed above and the way in which the proposed legislation under S. 1099 appears to meet these problems, in whole or in part.

The Need for an Adequate Supply of Trained Teachers

Several factors have tended to increase the need for an additional supply of trained teachers of hearing impaired children. For one thing, with improved diagnostic tools and techniques, we are now in a position to locate the child with a severe hearing loss while he is still in the cradle. Thus the educational process, taking advantage of the highly important learning years between the ages of one year and four years, can be properly employed even though the child may be

handicapped by a severe hearing loss. By lowering the age at which children with hearing loss are detected and services offered, we are automatically increasing the demand for properly trained teachers. Furthermore, the research undertaken in the last few years has provided us with better tools for identification of children with handicaps, and this has also contributed to the ability to diagnose children at various ages, thus increasing the number of such youngsters being brought into special education programs and providing increased pressure for additional highly trained teachers.

Another cause for increased pressure has been that created by the German measles (rubella) epidemic of 1964-65 which has substantially increased the number of hearing impaired children and, even more importantly, increased the number of multiple handicapped deaf children who are now entering our educational programs. The impact of an attack of German measles on a mother during her first three months of pregnancy has proven to be disastrous for many of the offspring of these pregnancies, and this has called for a teaching profession with additional skills even beyond those normally required of a teacher of deaf children. Predictions of more than 20,000 youngsters resulting from the rubella epidemic have been made. Even if this figure is off by a factor of 50% the impact upon educational programs and the need for teachers will be profound.

There are still many teachers in our educational programs for deaf children who have not the proper qualifications and training. Such teachers, though dedicated and willing, in many instances have earned few if any course credits in the education of the deaf at an accredited university. The growth of day programs in the public schools, a highly desirable trend from the standpoint of the families since it is directed toward the ultimate integration of these deaf children in a hearing society, has been undertaken many times without the availability of properly trained teachers. Such programs, therefore, have not always been successful nor can they be until there is a sufficient number of qualified teachers to undertake the educational programs at this level. With estimates of something in the order of 600 to 700 new teachers of the deaf required each year to meet classroom needs under the traditional settings common just 10 years ago, it is evident that the proliferation of the day classrooms in regular schools will increase this number by a substantial percentage.

The increase in the number of day programs for hearing impaired children, as compared to residential programs traditionally carried out in large state institutions, has placed a tremendous pressure upon the needs for proper supervision. All too frequently today the teachers in these day class situations find themselves reporting to supervisors who are not familiar with the needs of hearing impaired children and are unable to provide the guidance and support which a young teacher has the right to expect from her superiors. At the National Research Conference on Day Programs for Hearing Impaired Children, run concurrently by Teachers College, Columbia University and the Alexander Graham Bell Association for the Deaf, May 10-13, 1967, with the support of the U.S. Office of Education, the participants emphasized the desperate need for developing standards for supervision of day class programs and the training of individuals to fulfill these positions of responsibility. A preliminary report of this conference in pamphlet form is attached to serve as a part of the record because it touches very strongly upon the need for proper supervision of classroom teachers as well as the need for the development of teacher certification standards and a professional organization of educators of the hearing impaired, which can serve to develop leadership, improve standards in educational training, and generally upgrade the teaching profession. I am most pleased to report that a new section of the Alexander Graham Bell Association for the Deaf has been initiated in response to the request of teachers, primarily those in the public school day programs, to carry out the objectives and meet the needs as expressed in the National Research Conference at Lake Mohonk.

It is for the reasons outlined above that we are pleased to support this legislation which will extend the program for training teachers of the deaf and the hearing impaired, as well as researchers, for another three-year period. It is difficult for us to see how these needs will be met were this program not to be continued and expanded in the coming years.

Facilities

By continuing and expanding the legislation for the construction of both university-affiliated and community facilities for the mentally handicapped, we can be assured of assistance both for the deaf child with complications of mental retardation and for those with other neurological handicapping conditions. Fur-

thermore, the additional support for staffing of the university and community mental retardation facilities assures that professional and technical personnel can be trained and engaged to help in the initial periods of growth of these programs till they are on their feet and properly organized. The rubella epidemic, mentioned earlier, is known to have implications far greater than just hearing loss for many of the children whose mothers were touched by this disease. The need for well-staffed community facilities is therefore evident and pressing.

There is a trend toward day programs for hearing impaired children, which has now reached the point where more than 50% of the children in the country are attending day programs. This situation results in no less of a requirement for psychological and consultative help for parents of children with mental, emotional, and hearing loss complications. Likewise the need for diagnostic teaching to arrive at the true nature of a child's handicapping conditions will continue to be required; and it is through university-affiliated training facilities that techniques, equipment, and staffing must be provided to a greater and greater extent.

Today there are a number of children, who have come to our attention at the Alexander Graham Bell Association for the Deaf, whose handicapping conditions are not completely understood. Within the last week I have received a letter from a mother in South Carolina who, after a year of visiting a variety of clinics and programs to the limits of her financial ability, has received a tentative diagnosis of "infantile autism aggravated by a moderate to severe hearing loss." The mother writes asking what she can do with and for her child, and adds that her financial situation is such that she cannot afford a private residential situation. The state school for the deaf is not equipped to handle the child. It is possible then that some treatment at a community or university-affiliated center for the mentally retarded, such as will be provided in S. 1099, might provide the key to understanding the child's difficulties and how he can best be educated.

This case illustrates the doubly unfortunate situation in which parents of mentally retarded hearing impaired children are also handicapped by poverty and thus are unable to take advantage of facilities to help their children if such facilities cost anything more than a very minimal amount.

Dissemination

I can enthusiastically support the provisions of this Bill, as well as H.R. 6430 and S. 389, in support of programs for the dissemination of research and demonstration information to the using teachers in the classrooms. The instructional materials centers, mentioned by Dr. James Gallagher in testimony before this Committee on October 11, represent one of several such moves on the part of the U.S. Office of Education to make available to classroom teachers, therapists, and others working with handicapped children, the latest and best in the way of commercially available equipment. Likewise, the trend toward development of equipment, publications, and techniques (in response to the teachers' requests) at these Instructional Materials Centers represents a further step in meeting the needs of the frontline personnel working with handicapped children. The program, supported by research and demonstration funds of the U.S. Office of Education is a positive stride forward toward meeting the needs of the classroom teachers being trained and who will not be able to fully accomplish their task until they have had the benefit of the latest and best in the way of equipment, publications, and techniques. The Educational Research Information Center—Clearing House for Exceptional Children is another example of steps being taken through the U.S. Office of Education to make researchers, classroom teachers, and others in the field, acquainted with the latest research in education. I am most pleased that the Alexander Graham Bell Association for the Deaf is able to have a share in this information center activity, doing the abstracting of research and other documents in the area of the hearing impaired.

Of course, for years we have had the privilege of working in close cooperation with the John Tracy Clinic under the capable direction of Mrs. Spencer Tracy. We send free kits of information to parents of hearing impaired children when they are referred to us by the Tracy Clinic and, in turn, refer parents of preschool children to the Tracy Clinic for home study.

The Role of the Voluntary Health and Educational Agencies

We fully recognize, Mr. Chairman, that the passage of this Bill is not the answer to providing the facilities envisioned. We recognize the need for an ap-

propriation that will enable this program to go forward as your Committee has visualized it. In seeking to meet the challenge of helping these hearing impaired youngsters, I can assure you that we will bend every effort to encourage the Appropriations Committees of the Senate and the House of Representatives to appropriate for this Bill the complete amount that has been recommended.

May I again thank you for this opportunity of speaking out in support of S. 1099 and the companion Bills.

PREPARED STATEMENT OF AMERICAN PUBLIC HEALTH ASSOCIATION

The American Public Health Association is pleased to give its wholehearted support to the legislation before this Committee, the Mental Retardation Amendments of 1967. The need for broad Federal support for community-based services for the mentally retarded long has been recognized by the APHA. In 1964, following enactment of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, American Public Health Association's Governing Council urged that "Federal, State and local agencies responsible for planning new community mental health and mental retardation facilities and services adopt policies that will direct, guide and develop the maximum use of general hospitals, local health departments and other established community services in extending care to these patients, and overcome the isolation of mental health and mental retardation services."

Since then, the confidence of APHA in the concept of Public Law 88-164 has been reinforced by the heartening results obtained from university affiliated and community based facilities for helping the mentally retarded find useful places in our society. Anyone who has seen the happiness brought to the retarded and their families by the opportunities provided under these programs would find that to be adequate return for the investment in facilities for training and educating these people. But, in addition, significant numbers of the six million or more mentally retarded Americans are being trained to hold jobs that contribute to the economy. This provides a return on the investment made through these programs that promise to make them good business. The retarded, it is being found, can perform many relatively simple but essential tasks that had never before been thought possible.

An interesting example was shown recently by a bank which found that retarded persons could, with great patience, perform check sorting operations more efficiently—and more cheaply—than a computer. As the university and community centers continue to function, more means will be found to keep these people occupied in useful tasks. The more severely retarded, who may not be educable but who can be trained, are being helped in these centers by dedicated workers to care for themselves in order to ease the burden on their families and reduce the number of workers needed to look after them. Then, of course, there are the profoundly retarded who very frankly cannot survive without help.

A center cannot function without professional personnel, however, and it is with this in mind that American Public Health Association particularly wishes to urge the committee to give its approval to provisions in the Mental Retardation Amendments for assisting communities in the initial staffing of facilities for the retarded. This grant program is similar to that which has served Community Mental Health Centers well. Federal participation would be at the level of 75% for the first fifteen months, 60% for the next twelve months, 45% for the next twelve months and 30% for the last year. Initial is the key word in this provision. Only services in new federally financed facilities or services that have not previously been furnished would be eligible for the grant funds. It is quite evident that once the facilities for helping the retarded are provided, there is a need for adequately trained personnel to put them to use. The communities, which already will have provided matching funds to establish the facilities, may be expected to have difficulty financing the services. The APHA believes it is essential to see that these programs for the retarded follow through by insuring availability of necessary professional personnel.

The American Public Health Association supports the provision found in S. 1099 which would extend through fiscal 1972 the authority to train educational personnel to work with the handicapped, as well as extend a program of research and demonstration activities in the area of education.

In addition, the APHA also would like to express support for the concept of S. 2513, before this Committee, which would amend the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 to provide assistance for specialized training of physical educators and recreation personnel to help retarded and other handicapped children. This bill also would support research and demonstration projects relating to the physical education and recreation of such children.

In short, the American Public Health Association believes that the strong support for aiding the retarded, shown by the Congress in 1963 and by the Department of Health, Education, and Welfare since then, has been extremely justified. The APHA would like to see this support continue and grow.

The CHAIRMAN. Thank you.

We know how busy you are and the demands on your time. We certainly appreciate your taking the time to appear before us.

The committee now stands in recess.

(Whereupon, at 12:04 p.m., the subcommittee recessed subject to call of the Chair.)

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