

PCMR | message

PCMR 'NEW THRUST' STRESSES HUMAN ECOLOGY

HEW's Richardson: "We Must Do More"

As Chairman of the President's Committee and as HEW Secretary, Elliot L. Richardson will direct "an extensive re-evaluation of our total national commitment toward alleviation of the plight of the victims of mental retardation," he told PCMR at its San Diego meeting June 21.

In a message brought to the Committee by Ray Chambers, Deputy Assistant Secretary, Mr. Richardson said that his findings plus the Committee's proposals for a new thrust will be brought to the personal attention of the President.

The Secretary reported that he is "asking all the agencies of HEW to evaluate the effectiveness, coordination, and direction of all programs dealing with mental retardation and to present new ideas directly to me."

He added that "Pat Hitt, Assistant Secretary for Community and Field Services, and I are in communication with the President's closest advisors on new ideas for invigorating our drive to seek real solutions to one of the nation's most tragic problems."

Secretary Richardson declared that he has "given a great deal of attention to the field of mental retardation and have concluded that as a government and as the President's Committee on Mental Retardation, we must do more. As a compassionate nation, we can afford no less."

Seek New Ways

The Secretary expressed disappointment at being unable to install the new Vice Chairman, Clair Burgener, whom he described as "one of the outstanding state legislators in the nation." He said, "I look forward to working closely with him and Dr. Douglass and all the members of the President's Committee so that together we may seek new ways to bring understanding, hope, and assistance to mentally retarded Americans and their families."



L. to R., Dr. Robert Aldrich, outgoing vice-chairman of PCMR, turns over the gavel to his successor, State Sen. Clair W. Burgener. Ray Chambers, Deputy Assistant Secretary of HEW for Community and Field Services, swore in Senator Burgener at the San Diego meeting of PCMR. (See story p. 2)

UCLA Doctor Reports Hope of Preventing Prematurity Damage

"We can reduce significantly a major cause of brain damage" by diagnosing the maturity of the fetal lung through amniocentesis, Dr. Louis Gluck told PCMR at San Diego June 22.

Dr. Gluck, Professor of Pediatrics at the University of California San Diego School of Medicine, said that when a child is born before the lungs are properly developed it will either die of hyaline membrane disease—25,000 infants a year do—or if it survives and is not promptly treated is likely to suffer brain damage.

Amniocentesis—tapping and testing the fluid surrounding the fetus—was described by Dr. Gluck as giving far more accurate guidance as to readiness for delivery than other methods, which may be wrong 40 to 50 percent of the time.

If the infant is born prematurely and develops respiratory stress and other problems, dramatic advances

in methods of treatment and cure have been taking place. Dr. Gluck showed via slides the sophisticated respirators, incubators, and even specially equipped helicopters used in the University's program. He called for "regionalization and upgrading of special care delivery to high-risk infants as one major approach to preventing mental retardation."

Dr. Gluck also reported on research showing that toxemia and certain other diseases in the mother speed up maturation of the fetal lung and brain. As a logical extension, he said, "in the next few years one can look forward to eliminating the practical fears of prematurity."

Dr. John O'Brien, Professor of Neurosciences at the same institution, said that the list of diseases that can be diagnosed by amniocentesis is fast expanding. He discussed

(Continued on next page)

Adoption of a "new thrust" program highlighted the meeting of the President's Committee on Mental Retardation in San Diego June 21-22.

The program, submitted by Executive Director Douglass at Committee request, emphasizes human ecology, regarding mental retardation as part of "an interlocking pathological network of problems" bearing heavily on a "great mass of depressed humanity."

It calls for PCMR to provide national leadership in formulating public policy by generating new ideas and acting as a catalyst for their implementation. The program would operate in four major areas:

Research: This embraces both the search for new knowledge and efforts to increase the application of what we know. It takes in the bio-medical, educational, behavioral and other fields, and aims both for prevention and amelioration of retardation.

Services and Habilitation: This involves evaluating innovative programs, especially those that seek to place the mentally retarded in the mainstream of existing community services. It also aims at increasing the supply of manpower, and increasing opportunities of the mentally retarded for economic independence.

Coordination and Cooperation: It is proposed to broaden and strengthen the participation in MR activities by other government agencies, by professional and voluntary groups and foundations, and by international organizations.

Communications: Emphasis will be on reaching through all available media the millions of people who do not know the facts about mental retardation, in order to enlist their support for, and participation as necessary in prevention and amelioration programs.

In discussion of the proposal, Dr. Robert Aldrich, outgoing vice-chairman, said the Committee has a role to play in asking "hard strategic questions," a salient one be-

(Continued on page 3)

Burgener New PCMR Vice-Chairman

Clair Burgener has been named by HEW Secretary Elliot L. Richardson as Vice-Chairman of PCMR. Secretary Richardson is Chairman.

Mr. Burgener, a 49-year-old California State Senator, was appointed to the Committee by the President in July 1970. He previously served it as a consultant.

Mr. Burgener has been a member of the California legislature since 1963, and currently is chairman of its Senate Select Committee on Exceptional Children. He authored the law creating mandatory special classes for trainable children in the public schools, which enables some 5,000 children to live at home instead of being placed in institutions. Another of his bills established a new testing procedure for placement in classes for the educable mentally retarded.

He has been active in voluntary organizations aiding retarded children for more than 15 years, including service as President of the San Diego Association for Retarded Children, President of the California Council for Retarded Children, and Vice President of the National Association for Retarded Children.

PCMR Events

July 30—Law and Ethics Work Group, St. Louis.

Aug. 18-20—Seminar, "Retarded Youth and the Law Enforcement Process," Newport, R.I.

Sept. 28-Oct. 1—First Pacific Forum, Honolulu.

Oct. 2-3—PCMR Quarterly Meeting, Honolulu.

Oct. 18-22—International Symposium on Volunteers in MR, Philadelphia.

Oct. 27-29—Workshop on Screening, Cambridge, Mass.

IQ and grade equivalency tests are "psychological and statistical monstrosities," says Dr. Henry S. Dyer, vice-president, Educational Testing Service.



Specially equipped helicopter of University of California San Diego School of Medicine rushes premature infant to intensive care center, minimizing chances of brain damage.

(Continued from page 1)

Tay-Sachs disease as an example of the payoff of basic research in preventing diseases that are fatal or lead to mental retardation.

"We are all carriers of between three and eight lethal genes, which are recessive unless we marry a person carrying the same genes." Then, according to Dr. O'Brien, the child of such a union may be affected with any of some 1,600 diseases, about 500 of which lead to serious neurological defects or mental retardation.

In the case of Tay-Sachs, Dr. O'Brien noted that carriers can now be detected by a relatively simple blood test, as well as by testing amniotic fluid. Using an automated version of the blood test, Dr. Michael Kaback has checked some 10,000 of the Jewish population in the Baltimore-

Washington area, this ethnic group being particularly prone to Tay-Sachs. Dr. O'Brien said about 150 carriers will be identified, and will be able to prevent the disease. It would cost about five times as much, Dr. O'Brien estimated, to care for fatally affected children in state hospitals as to screen the entire Jewish population of reproductive age.

Answering questions about the possible risks to mother and child in amniocentesis, Dr. O'Brien said that seven major medical centers will be collecting data on experience with the technique over the next two years, and matching results against a control group. On some 800 taps to date, however, the number of fetal losses has been identical to the random losses during that stage in pregnancies generally.

"America's most under-represented population is the newborn and premature infant. This is a group that does not vote. Most of us in this room never again look forward to being a newborn. Health insurance plans do not cover them for a period of weeks after birth. No society represents them specifically.

"Many of the infants who are later handicapped did not enter life with inherited defects, but developed problems due to lack of adequate care."

—Dr. Louis Gluck
University of California
San Diego School of Medicine

PCMR Contracts For Transportation Study

What are the specific transportation needs and problems of the retarded?

What specialized programs are operating in the United States to meet these needs?

What further actions are practical?

PCMR has awarded a contract to Harold F. Wise & Associates, a Washington, D.C. consulting firm, to make a study of these three questions. The report is due in December.

In addition to the final report, an end product will be an inventory of special transportation systems and programs for the mentally retarded. It will include a description of the service, location, contact people, phone number, etc. The inventory is intended as a resource guide for those interested in establishing similar services.

To help identify transportation needs and problems, the contractor will conduct two surveys, one in an urban area and one in a rural area. Mentally retarded persons, their families, employers, and others familiar with their problems will be asked to respond to a questionnaire.

Areas to be covered by action recommendations will include modification of equipment, development of specialized systems, special training for transportation personnel, safety requirements and legislation, and others that may be identified as problems in the course of the study.

Upcoming Articles

PCMR is working in many directions to increase public awareness. Three forthcoming magazine articles by Executive Director Douglass will further this goal. They are:

"Opportunities and Problems in the Education of the Mentally Retarded," COM-PACT, August.

"A 'New Thrust' Approach to Mental Retardation," AAMD JOURNAL, September.

"The Human Challenge of the Retarded," CIVITAN, September.

Institutions Need More Improvement

Improvements are taking place in residential services for the retarded, but weaknesses continue to necessitate additional change. That is the basic finding of a survey by the National Association of Superintendents of Public Residential Facilities, supported in part by a research grant from PCMR.

The Association obtained responses from 108 public facilities and 44 private to a questionnaire covering points raised in the PCMR's "Residential Services for the Mentally Retarded: An Action Policy."

Public facilities, it was found, persist in being large (average in-resident population 1,000) and deficient in personal attention and opportunities for privacy (68 percent of the residents share dormitories with 21 to more than 75 beds). Forty-four percent reported dehumanizing conditions present to a greater degree than found in most living situations.

More than half the facilities were inaugurated since 1950, but of these, 49 percent of the public ones and 41 percent of the private were at a distance greater than 25 miles from the largest city served.

The Association found the area of interaction between residential facilities and community agencies offering the greatest encouragement. "Residential facilities are offering needed assistance to the community" by assisting the development of boarding homes, home consultation, etc. and by serving outpatients, and "community groups are being brought into the mainstream of the residential facilities' operations via advisory boards, etc."

The few retarded persons in the facilities who were registered voters, holders of driver's licenses, or legally married "suggests complacency" about the protection of legal rights. "Personnel of residential facilities," the Association declared, "will have to show their confidence in the retarded person's ability to assume high levels of responsibilities by actively seeking and obtaining conditions needed for the client's maximum and optimum development. To



L. to R., Mrs. Patricia Hitt, Assistant Secretary of HEW for Community and Field Services, Secretary Richardson, Dr. Douglass, and Mrs. Douglass.

New PCMR Executive Director Launched First Federal MR Drive in 1955

Dr. Joseph H. Douglass, recently appointed Executive Director of PCMR, dates his connection with the MR field to 1955, when he organized an HEW departmental committee as the first coordinated Federal effort on the subject. That was the year he began his association with the Department, where he held executive posts in the Office of the Secretary and the National Institute of Mental Health.

fully implement the concept of 'normalization,' changes of law may well be a requirement."

Public facilities gave priority to admission of the profoundly and severely retarded, while the private favored the moderately and mildly retarded. One-half the respondents in both types of facilities, however, estimated that the percentage of residents eligible for return to the community within 10 years was 25 or less. Nor were they optimistic about the employment outlook. Fifty-seven percent of the public and 70 percent of the private facilities estimated that 10 percent or less of their working population would eventually be gainfully employed performing their present job assignment.

"In order to decrease the anticipated and actual length of stay," the Association commented, "innovative, in-depth, and extensive programming is required."

A 54-year-old native of Washington, D.C., Dr. Douglass received his Ph.D. in Sociology from Harvard, after taking an A.B. and an M.A. in the subject from Fisk.

He has been a college lecturer (Howard University) and dean (Fayetteville, North Carolina State College), executive secretary of the Washington Urban League, and USO director in Boston.

Before coming to the Committee, Dr. Douglass was with the 1970 White House Conference on Children and Youth, which he launched as Executive Director and then served as Director of the Office of Voluntary and Professional Organizations and Advisory Affairs. He has been a Consultant to the President's Task Force on Education of the Talented, and to the Ford Foundation.

'New Thrust' on Human Ecology

(Continued from page 1)

ing "Why is the richest nation in the world acting as if it believed that children are expendable, whether they are mentally retarded or handicapped for other reasons?"

Dr. William Borders commented that within the next ten years "malnutrition is going to be one of our biggest problems."

Luis Rovira expressed the hope the Committee would take an aggressive role in support of or opposition to legislation bearing on retardation.

Dr. Douglass summed up the requirements for success of the program thus:

"Looking at the environment with all the resources we know about and that we can discover in the social arena; coupling this with medical advances and being ahead of the game in terms of our own research; every time we know how to do something, to be unrelenting in our search to see that is applied in the hospital, in the home, in the residence, in the center."

Bookshelf: Recent References on Mental Retardation

PCMR is indebted to the staff of the HEW Departmental Library for the preparation of the following list. It is a first product of the gracious offer by Kanardy Taylor, Librarian, to assist the Committee in its work.

ALLEN, ROBERT M., and ARNOLD D. CORTAZZO. Psychosocial and educational aspects and problems of mental retardation. Springfield, Ill., Thomas, 1970. 123p.

An educator discusses the issues revolving around the school and the retarded, and a psychologist presents the intellectual and behavioral aspects of mental retardation.

ALLEN, VERNON L., ed. Psychological factors in poverty. Chicago, Markham, 1970. 392p. Part 2 discusses learning processes of the poor. Part 3 deals with heredity and environment. Part 4 includes discussions on poverty and mental health.

BAUMEISTER, ALFRED A., and EARL BUTTERFIELD, eds. Residential facilities for the mentally retarded. Chicago, Aldine, 1970. 405p.

Background, philosophy, current operation, and suggestions for improvement.

BERNSTEIN, NORMAN R., ed. Diminished people; problems and care of the mentally retarded. Boston, Little, 1970. 340p.

Part I deals with social issues which include: professional perspectives; educability; work; parents' reactions and strategies for dealing with the medical care system; legal dilemmas; and psychiatry's role.

Part II is concerned with the clinical issues: psychoses and mental retardation; intellectual defect and personality development; psychiatric assessment; behavior-shaping; and use of psychoactive drugs.

BIRCH, HERBERT G., and JOAN GUSSON. Disadvantaged children: health, nutrition and school failure. New York, Grune, 1970. 322p.

Spells out the nutritional and health consequences of economic deprivation and how they are related to educational outcomes.

BLATT, BURTON. Exodus from pandemonium; human abuse and a reformation of public policy. Boston, Allyn and Bacon, 1970, 268p.

The author says in the preface "—its subject is not so much 'mental retardation' as it is those who offend the mentally retarded. It is not so much about the retarded personality as it is about our retarded civilization."

CRATTY, BRYANT J. Motor activity and the education of retardates. Philadelphia, Lea and Febiger, 1969, 233p.

Covers motor activity from the theoretical aspects to the evaluation of performances of individuals by using different tests suggested by the author and demonstrates the presentation of motor activities within the curriculum.

ERDMAN, ROBERT L. and others. The administration of programs for educable retarded children in small school systems. Arlington, Va., Council for Exceptional Children, 1970. 91p.

"Each chapter is designed to emphasize a major aspect in the initiation of a special class program at the elementary school level."

GRUNEBAUM, HENRY, ed. The practice of community health. Boston, Little, 1970. 868p.

Comprehensive and wide-ranging discussion of major aspects of community mental health and includes chapters on the mentally retarded and the subnormal. These chapters concentrate on programs for the retarded, and there are briefer references to mental retardation throughout the text.

HAYWOOD, H. CARL, ed. Social-cultural aspects of mental retardation; proceedings of the Peabody-NIH Conference. New York, Appleton-Century-Crofts, 1970. 798p.

"The inescapable message of the authors is that retarded performance is brought about with alarming frequency by social conditions that fall far short of the maximum development and utilization of our human resources."

HEBER, RICK F. Epidemiology of mental retardation. Springfield, Ill., Thomas, 1970. 119p.

Reviews and summarizes statistics and epidemiologic aspects of mental retardation in normal and institutionalized populations.

JACOBS, JERRY. The search for help: a study of the retarded child in the community. New York, Brunner/Mazel, 1969. 135p.

Delineation of the past, present and projected careers of a group of 14 retarded children, and the forms of medical, educational and familial interactions these careers occasioned.

JOINT COMMISSION ON MENTAL HEALTH OF CHILDREN. Crisis in child mental health: challenge for the 1970's. Report. New York, Harper, 1970. 578p.

Findings and recommendations about the inseparable health and mental health needs of children in the United States.

LILLYWHITE, HEROLD S., and DORIS P. BRADLEY. Communication problems in mental retardation: diagnosis and management. New York, Harper, 1969. 146p.

Of primary interest to speech pathologists, audiologists and teachers of the mentally retarded. The book describes the functions and duties of the communication specialists.

LOOFF, DAVID H. Appalachia's children; the challenge of mental health. Lexington, University Press of Kentucky, 1971. 186p.

Examines child development in Eastern Kentucky, the future of the children as adults, how they develop toward mental health or psychopathology, and suggests supportive techniques that build upon the strengths inherent in each child.

NOLAND, ROBERT L., ed. Counseling parents of the mentally retarded; a sourcebook, Springfield, Ill., Thomas, 1970. 404p.

Takes up the feelings of parents, interviews with them, case-work, group and pastoral counseling, and genetic counseling.

POSER, CHARLES M., ed. Mental retardation; diagnosis and treatment. New York, Harper, 1969. 271p.

Stresses the role of the neurologist in mental retardation.

SEGAL, ROBERT M. Mental retardation and social action; a study of the associations for retarded children as a force for social change. Springfield, Ill., Thomas, 1970. 211p.

Examines the role that voluntary parents' associations concerned with the general welfare of the mentally retarded have played as a force for social change.

(Continued on next page)

PCMR Active on Law Enforcement

Activity continues brisk on the Law and Ethics front.

The PCMR Work Group on the subject meets July 30 in St. Louis. It will give particular attention to a project for reviewing operation of a Massachusetts law requiring that each resident of a state MR institution receive an annual review of status and need for continued stay. Brandeis University has a grant to conduct such an evaluation, and the American Bar Association Committee on Law and the Retarded, which includes several PCMR members, also will be involved.

PCMR is co-sponsoring a seminar on "Retarded Youth and the Law Enforcement Process" August 18-20 at Salve Regina College, Newport, R.I. It will bring together law enforcement professionals and specialists in retardation to discuss such issues as:

How can law officials be helped to recognize a child as retarded early in the law enforcement process?

What are the legal implications in the defense of the youth who is retarded?

What are the implications for juveniles before the courts when retardation is recognized?

Other sponsors are the State of Rhode Island, HEW/SRS, and the College. Dennis Haggerty, PCMR Consultant, and George Morgan, now back at SRS after a detail to PCMR, will be among the faculty.

(Continued from page 4)

STEPHEN, ELSPETH, ed. Residential care for the mentally retarded. New York, Pergamon Press, 1970. 45p. (Symposium No. 1)

Papers from an English symposium consider the application of social science to medicine and discuss the quality and kind of care.

SMITH, ROBERT M. An introduction to mental retardation. New York, McGraw-Hill, 1971. 272p.

Focuses on particular developmental periods in the life of a retardate, the principal characteristics during each time period, the diagnosis and management techniques at each level, and other relevant issues.

(Continued on page 7)

PCMR Gears for 'New Thrust' By Strengthening Staff

PCMR staff capabilities have been strengthened by recent appointments after a period of several months during which vacancies slowed down activity.

Fred J. Krause, promoted to fill the deputy executive director spot, joined the Committee program staff in 1969, after seven years as executive director of the California Association for Retarded Children. On the program side of PCMR he staffed the work group on residential care which produced the national policy statement on residential services; the work group on employment of the



Krause

retarded which produced the joint publication and policy statement with the President's Committee on Employment of the Handicapped; and those Committee activities identified with workshops and training of the retarded. Mr. Krause entered the MR field at Dixon State School in Illinois and introduced a number of then-new program and service concepts for the institutionalized retarded.

Howard R. (Jack) Dentz has become Special Assistant to the Executive Director. He was formerly Assistant Commissioner of Education and Information, Food and Drug Administration, and Manager of Public Relations and Advertising, Hughes Aircraft Co., Fullerton, Calif. After graduation from Rutgers University, he headed its newly formed television department and initiated one of the earliest educational TV efforts.

Raymond Nathan, the new director of communications, had been vice president and Washington manager of Ruder and Finn, a national public relations firm. His work with them included arranging the National Conference on Rehabilitation of the Disabled and Disadvantaged in 1969 for HEW/SRS, and preparing for PCMR a study on increasing public awareness of mental retardation needs, using Atlanta as the study site. Mr. Nathan has had twenty years of public information experience with Government, serving most recently as special assistant for public affairs in the Office of the Secretary of Commerce. He has published two books, has a journalism degree from New York University and a doctorate in law from Georgetown University, and has been admitted to the Bar of the District of Columbia.

Stanley J. Phillips, the Committee's new management officer, came to PCMR from the Federal Assistance Streamlining Task Force, a special unit in the Office of the Secretary, HEW. Earlier, he was administrative officer for the toxicology program of the National Library of Medicine; staff assistant to the Library's executive officer; budget and accounting analyst with the National Institute of Arthritis and Metabolic Diseases; and a grants management specialist for the National Institute of Neurological Disease and Blindness. He is a business administration graduate of Duquesne University in Pittsburgh.

Alfred D. Buchmueller has become a consultant, and will specialize in liaison with national voluntary and professional organizations. He has been with the National Congress of Parents and Teachers as Program Director,



Dentz



Nathan



Phillips



Buchmueller

Children's Emotional Health Project, and previously was Executive Director, Child Study Association of America. Holder of an M.S.W. from Washington University, St. Louis, he headed a number of mental health programs for children in that city.

Four HEW Agencies Tell of Forward MR Moves

Representatives of four HEW agencies told PCMR at its San Diego meeting June 21 what they are doing on the MR front, and responded to questions from PCMR members about possible additional activities.

Dr. Donald Cohen, Special Assistant to the Director, Office of Child Development, reported that OCD is concerned about physical health, nutrition, the sequential mastery of broad developmental tasks—"the biologically based processes of optimal development which are dependent on the provision of an adequate environment"—rather than "gimmicks to maximize the rate and content of learning."

Unfortunately, Dr. Cohen warned, "the children most in need of special environmental attention, such as health care, intensive child development services and the like, are from the families most stressed in their attempts to provide even the basic affection, stimulation, and continuity of care necessary for human survival. These are the children born prematurely to mothers who received too little and inadequate prenatal care, received it too late, and received it too close to the birth of another sib. This population of children, in large part poor and from minorities, is vulnerable to the development of a wide range of social, emotional, and cognitive disabilities such as mental retardation.

of biology and environment. One was of the personality development of preschool children with severe eczema. They were profoundly retarded in social development and speech, but after intensive psychological and mental treatment developed into normal preschoolers.

Dr. Cohen saw three immediate, concrete goals in prevention and early intervention in mental retardation:

1. Basic research on causes of prematurity and

agencies, such as the Child Advocacy Project, where the end product is new and different from what either agency might have come up with individually. In this case, six different ways of determining and procuring the needs of children are being funded.

A third element is an information system which will track children being served to determine what kinds of intervention work best. Dr. Ackerman said his Bureau has

and 16 types of services—diagnostic, evaluation, treatment, personal care, day care, domiciliary care, special living arrangements, training, education, sheltered employment, recreation, counseling of the disabled individual and his family, protective and other social and socio-legal services, information and referral, follow-along, and transportation.

The Act represents a change in grant approach from the categorical to the formula. That is, money is given to the States on the basis of per capita income, population, and need, and the States draw up plans for its allocation. Assessment of the plans will be done in ten regional HEW offices.

State Planning and Advisory Councils are called for, as well as a National Advisory Council. Mr. Lynch listed three ways in which the latter differs from PCMR.

1. It is appointed by the HEW Secretary rather than the President.

"The growth of broad competence depends on a complex of conditions involving early endowment, good health, and a good enough environment. For poor and minority children, these optimal conditions are often not met. These children are thus vulnerable to the development of a wide variety of disabilities."

—Dr. Donald Cohen
Office of Child Development

other biological factors which influence central nervous system patterning during the first years of life.

2. Application of the tremendous amount already known about prenatal care, maternal nutrition, and psychological and physical care of infants, newborns, and families.

3. An advocacy thrust, especially for all vulnerable children, to assess early development, integrate services, and to strengthen the family, and meanwhile, focus community concern on the children in need.

done a year's development on such a system for children who are both deaf and blind, and will try to get every child into such a system.

In answer to a question about the danger of fragmentation of services to children, Dr. Ackerman saw coordinating mechanisms developing. Dr. Cohen added that "there can be good competition between agencies if people really want to do a good job. The bad competition diverts the small amount of resources that are available and makes less use of them than is possible."



Lynch

Education

Dr. Paul Ackerman, Acting Chief of Program Development, Bureau of Education for the Handicapped, voiced hope that services which now reach an estimated 45 percent of handicapped children can be extended to an eventual 100 percent.

He based his optimism on three factors. One is a commitment by the Commissioner of Education that funds will be targeted on the area of the handicapped. Good planning by special education personnel in the States, he predicted, will assure continuation of this trend if a revenue-sharing system comes.

A second hopeful trend cited by Dr. Ackerman is that of joint efforts by Federal

Developmental Disabilities

The Developmental Disabilities Act's significant new feature is that it mandates coordinated planning, Francis X. Lynch, Director of the Division in the Rehabilitation Services Administration charged with its implementation, told PCMR.

The mandate extends to nine types of state agencies

2. Its responsibility is limited to the Developmental Disabilities Act.

3. It will include people from other disciplines than MR, such as epilepsy, cerebral palsy, etc.

Mental Health

Nathan Sloate, Director, Office of Program Liaison,
(Continued on next page)



Cohen

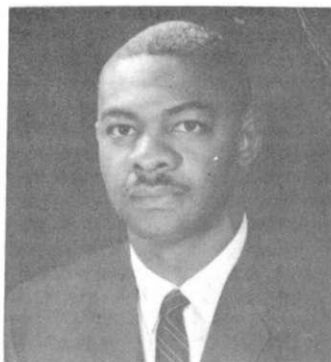
"The prevention of many different conditions may be really quite similar, and in large part may consist of adequate prenatal and early childhood medical care, and support, emotional and financial, to the family."

Dr. Cohen presented several clinical studies illustrating the complementary role

"One hundred percent service to mentally retarded children, something we had not thought possible before, now becomes possible within our lifetimes, because we are having more manpower available, because we have service patterns becoming more firmly established covered by State and local funds, and because we are developing better follow-through systems of tracking."

—Dr. Paul Ackerman
U.S. Office of Education

Staff Seminars With U.S. Agencies Develop Additional 'New Thrust' Resources



Laster

(Continued from page 6)

National Institute of Mental Health, reported that in line with the Institute's Number One priority on children, at least 100 staff members have been engaged in blueprinting a program for them. Under 1970 legislative amendments, the Institute is authorized to provide services to children through the Community Mental Health Centers.

Questions and discussion indicated a desire by Committee members that NIMH



Sloate

exert its influence to have the centers hire and train more people with qualifications to serve the mentally retarded. It was estimated that about eight percent of centers now have identifiable MR programs.

Mr. Sloate noted that Dr. Bertram Brown, NIMH Director, had long been involved with MR problems, and will do anything he can within the range of his resources.

As part of the "new thrust" effort to extend its areas of cooperative activity, PCMR has inaugurated a series of seminars which bring together Committee professional staff and policy-level spokesmen from other government organizations.

Meetings have been held with representatives of the Department of Transportation, the Office of Economic Opportunity, and the HEW Departmental Library. Through informal discussion of the agencies' missions and priorities and those of PCMR, it has proved possible to develop new resources for achievement of the Committee's MR objectives. In turn, the agencies have found that identification with the President's Committee aids them in fulfilling their missions. It is expected that the ties established will be continuing ones.

Leading off the series, Dr. Ira Laster, Office of the Secretary, DOT, discussed design requirements for subway cars and other equipment to permit easier use by the handicapped, including the retarded; experimental, special purpose buses and bus systems following less fixed routes; demand-response systems that in effect offer door-to-door service; and other attempts by DOT to see that the handicapped have access to transportation. Dr. Laster expressed recognition of the dependence of retarded workers on appropriate transportation, and the need for transportation from home to clinic, workshop, or other MR facility. An outgrowth of the meeting was an invitation from the Secretary of DOT for the PCMR Executive Director to serve on the Secretary's Advisory Council.

(Continued from page 5)

WILLIAMS, FREDERICK, ed. *Language and poverty; perspectives on a theme*. Chicago, Markham, 1970. 459p.

Text commissioned by the Institute for Research on Poverty to provide a comprehensive review of language problems encountered as they affected children in various educational programs. The question it poses is whether there is a language deficiency or a language difference among poverty children.

WORTIS, JOSEPH, ed. *Mental retardation; an annual review*, I. New York, Grune, 1970. 321p.

Two chapters on poverty and retardation. One deals with social aspects, and the other with biosocial factors.

Merritt Van Sant, OEO's liaison to the Committee, introduced a presentation of that agency's activities. OEO educational programming was highlighted, with emphasis on demonstration projects in performance contracting, where a company or education system is paid only to the extent the student learns, as shown by "before and after" testing. Also discussed was the OEO experiment in vouchering, where the student (or parent) receives a credit voucher to purchase education at a school or institution of choice, public or private. OEO programs intended to aid the American Indian were another subject covered.

At a third meeting, Kanardy Taylor, HEW Librarian, offered the assistance of the professional reference personnel in preparing MR bibliographies, making searches of the literature (including unpublished doctoral dissertations), etc. Because of the HEW Library's considerable capability in the broad subject areas covered by the Department, and its access to reference libraries in all parts of the country, PCMR expects the relationship to be increasingly productive.



Taylor



Van Sant

PCMR Aids Planned Day Care Manual

With expanded programs of day care on the horizon, special timeliness attaches to a contract just let for development of a manual "to assist in achieving successful integration of handicapped children into all varieties of existing and anticipated day care programs."

Abt Associates, Inc., of Cambridge, Mass., is the contractor, with Office of Child Development and Bureau of Education for the Handicapped providing major funding. PCMR will cover the costs of consultants.

In launching the project, it was noted that the few publications dealing with day care services for handicapped children focus on those who require special care apart from other children. The proposed guide will assist planners and operators of day care programs that include both handicapped and non-handicapped children.

It will provide criteria for identification of handicapping conditions, guides for facility design adjustments in meeting the needs of handicapped children, models for educational and other services to children and their parents, guides for staff training, and guides for program evaluation. Also covered will be such matters as use of volunteers.

The contract period is seven months.

Pollution

All forms of pollution, especially pesticides, herbicides, insect repellents and food additives, may lead to birth defects, according to Dr. Sydney Gellis, Chairman, Department of Pediatrics, Tufts University School of Medicine.

Lead Poisoning and MR: The Situation Today

By Dorothy Stroman, M.A.
Summer Intern, PCMR

Each year children needlessly die or suffer brain damage brought on by lead poisoning. Many of those who survive severe lead intoxication are left with such permanent defects as mental retardation, recurrent seizures, and cerebral palsy. Many more of the mildly retarded may suffer subtle learning impairment.

This disease has been recognized for over 2,000 years, yet only in the recent past has any kind of systematic attention been directed toward it, and then only in a few large cities. Such neglect of a major health problem is particularly unusual since the causes of this disease and methods for preventing, diagnosing, and treating it are well established.

In our urban, technological environment there are many sources of lead: air pollution from leaded gas, improperly glazed earthenware, and, in spite of self-regulation by the paint industry, some lead-based paints are being sold and used today, even on such surfaces as wooden pencils.

The chief victims of lead poisoning are children between the ages of one and five who live in deteriorating housing built in the years before World War II when heavily leaded paints were extensively used on interior surfaces. Such children, as a result either of normal oral exploration or of pica, an exaggerated tendency to eat non-food items, may ingest chips of leaded paint flaking from the walls of their homes. As little as a few small chips of heavily leaded paint several times a week over a period of two to three months is enough to bring on the clinical symptoms of lead poisoning.

The most serious consequence of lead poisoning is encephalopathy, or inflammation and swelling of the brain. Before the development of treatments, most children who reached this stage died. Although the mortality rate is now much reduced, as many as 80% of those children who survive lead encephalopathy incur some kind of permanent

neurological damage such as mental retardation or epilepsy. Milder lead poisoning may cause anemia, kidney dysfunction, and peripheral nerve damage. Further studies are needed to test the hypothesis that even low levels of lead intoxication may cause slight psychomotor and learning disabilities.

Since the damage that is done by lead poisoning is frequently irreversible, it is important that the disease be identified at an early stage. Diagnosis has been difficult in the past because the medical community has generally been unaware of the prevalence of lead poisoning. It is just beginning to be made a reportable disease by the public health departments in

at the time, had the only health department with both health professionals familiar with the problem, and free diagnostic blood lead tests for children. Since then, a number of cities have instituted lead screening programs which indicate the problem is by no means concentrated in Baltimore. Their surveys have revealed that between 10 and 25 percent of young children in urban slum housing have increased body lead content and between 2 and 5 percent have evidence of poisoning due to lead.

The elimination of poor housing conditions from our society should nearly eliminate lead poisoning. Until this is possible, the best course seems to be the establishment of screening programs in high-

from the environment include softening the paint and removing it down to the wood, and covering the old paint with wallboard up to a height of 4 feet. Repainting the walls is not sufficient, since the old paint usually continues to flake off, even when covered with a coat of fresh paint. In New York City, landlords are required to eliminate the hazard, but they are given tax relief to pay for up to 75 percent of the costs incurred.

There are a number of ways individuals and groups can help to combat the problem of lead poisoning. They can encourage State and local health departments to make lead poisoning a reportable disease so that the extent of the problem will be recognized. State and municipal governmental units can set standards for interior paint and the adequate labeling of lead content in paint.

High lead content in painted walls can be declared a health hazard and its removal required. In the latter case it would be well to establish standards relevant to the new portable lead detectors which give readings in amount of lead per centimeter rather than in the percent of weight obtained in older laboratory tests. Educational programs which inform parents of the dangers of using lead-based paints and of allowing children to play in areas where paint is flaking could also be extremely helpful. Finally, only screening in high risk areas will really reveal the degree to which a problem exists.

Lead poisoning remains with us because of the complexity of the problem and the high cost of solving it. Local units of government often find lead programs prohibitively costly, and frequently refuse even to investigate the problem for fear it will be too large for them to handle once it is exposed. Federal legislation has been enacted to help cope with this situation.

Public Law 91-695, signed into law January 13, 1971, is described as a law to "provide Federal financial assistance to help cities and communities to develop and carry out intensive local programs to detect and treat incidents of such poisoning, to establish a Federal demonstration and research program to study the extent of the lead-based paint

"Until society recognizes that permitting children to be killed and crippled by lead through paint ingestion is a crime not very different from permitting massacre and maiming of children by use of lead bullets, this needless manmade disease will continue to victimize children."

—Jane S. Lin-Fu, M.D.

Maternal and Child Health
Service, HSMHA, Public
Health Service

a few areas. Some of this neglect is due to the nature of the disease. The early symptoms, which include headache, irritability, inability to sleep, stomach ache, weakness, loss of weight, vomiting, and loss of appetite, are vague and could indicate several other types of medical problems. Many cases of lead poisoning whose symptoms become no more serious than these may never be diagnosed.

Even the more severe symptoms, which include dizziness, staggering, paralysis, pains in joints, convulsions, and blindness, may be attributed to other diseases, particularly such nerve diseases as viral encephalitis. Only laboratory tests, the most reliable of which seem to be blood tests, can definitely establish a diagnosis of lead poisoning.

The incidence of lead poisoning is difficult to estimate, because it is a disease which largely goes unrecognized until it is actively searched for. In 1950 about 80 percent of the cases of lead poisoning reported in the U.S. were in Baltimore, which

risk areas to find exposed children before they reach a high level of intoxication.

A report of the Surgeon General recommends investigation of the environments of all children with more than 40 micrograms lead per 100 milliliters whole blood, further medical followups of those with lead levels higher than 50 mcg/100 ml., and immediate treatment by chelation therapy of all with lead levels higher than 80 mcg/100 ml.

In chelation therapy, chemicals are injected to bond with lead ions in the blood and cause them to be excreted. When cases of elevated lead levels or lead poisoning are discovered, it is essential that the environmental hazard be removed to end exposure to lead. This is especially important in cases where the child has actually developed encephalopathy. Reexposure to a leaded environment after a preliminary episode of encephalopathy almost invariably results in severe or profound mental retardation.

Methods which have been used to eliminate the lead

(Continued on next page)

"With regard to childhood lead poisoning, we know enough to act. It is impermissible for a humane society to fail to do what is necessary to eliminate a wholly preventable disease."

---J. Julian Chisholm, Jr.
SCIENTIFIC AMERICAN
February 1971

(Continued from page 8)

poisoning problem and the methods available for lead-based paint removal, and to prohibit future use of lead-based paint in Federal or federally assisted construction or rehabilitation."

Though this bill authorized \$30 million to be appropriated during fiscal years 1971 and 1972, no money was appropriated in 1971 and only \$2 million is in the budget request for 1972. (N.Y.C. alone spends \$2.2 million on its lead control program.) Other funds might be obtained if the states put a higher priority on lead programs in their use of federal funds for comprehensive health plans provided under Sections 314(d) and (e) of the Partnership for Health

Legislation. Some cities are receiving support for lead programs through Model Cities.

Research is continuing into the effects of lead poisoning and better methods of screening and paint removal. Further information useful for community action can be obtained from the Bureau of Community Environmental Management of the Department of Health, Education, and Welfare, which has recently prepared a publication to assist cities in the development of their own programs. Other useful publications are those of Dr. Jane Lin-Fu, available from the Maternal and Child Health Service of the Health Services and Mental Health Administration.

First Pacific Forum Set by PCMR for Honolulu Sept. 28 - Oct. 1

The President's Committee on Mental Retardation, in concert with other agencies of the Federal Government and representative organizations in the private sector, will sponsor the First Pacific Forum on Mental Retardation at the Princess Kaiulani Hotel, Honolulu, Hawaii, Sept. 28 - Oct. 1. The quarterly meeting of PCMR will take place immediately after the Forum.

Delegates expected from Hawaii and the United States Trust Territories, Taiwan, Korea, Japan, Philippines, Australia, New Zealand, Indonesia, Malaysia, Singapore and Hong Kong will be representative of the widest range of professional disciplines. They will include educators, behavioral, social and environmental scientists, pediatricians, geneticists, nutritionists, public health authorities and administrators of residential services.

Priority objectives of the Forum will be to bring such Pacific area personnel together for the first time for a significant interchange of information in the field of mental retardation, exposure of innovative programs and methodology, and exploration of problems, issues and possible solutions. While so-

cial differences in administrative structure, resource availability and service delivery systems exist among the nations represented, PCMR believes there is sufficient commonality of problems and potential solutions to warrant an interchange of ideas among professionals working in this geographic area.

The Forum will focus on challenges significant to the four life stages: prenatal and infancy, early childhood, school-age, and adulthood. The "Challengers" will present papers entitled, Prevention of Mental Retardation in Today's Environment, Risk Determination and Amelioration of Suggested or Detected Early Signs of Developmental Deficiencies, Provision of Relevant Learning Experiences to the Handicapped, and Serving the Adult Retarded as an Integral Part of Today's Complex Competitive Society.

Although the "Challengers" will use experiences in their own countries as points of reference, the basic issues will be common to direct service personnel in all the participating countries. The program format will be structured to give all delegates an opportunity to respond to

Give Priority to Environmental Factors, Pursue Research, Douglass Urges at AAMD

"In the 70's priority efforts must be directed toward those complex environmental factors which can cause not only mental retardation but considerable anti-social behavior," PCMR Executive Director Douglass told the American Association on Mental Deficiency annual meeting in Houston June 18.

He included among such factors slums, inferior schools, inadequate health and welfare systems, poverty, broken homes, and ethnic minority status.

Pointing out that 75 to 85 percent of the retarded show no demonstrable physiological damage, Dr. Douglass said that the environmental aspects of mental retardation may prove to be the most fruitful attack both for prevention and positive modifications. Among promising approaches he listed improved parental counseling and family planning, immunization programs, well-baby clinics, improved diets, upgraded education and recreation facilities and services, and more adequate income floors.

Though stressing social factors, Dr. Douglass also emphasized the role of research in the biomedical and behavioral sciences. He noted that medical science now has identified at least 26 viruses suspected or known to be causes of mental retardation; has established direct links between mental retardation and conditions in the mother such as diabetes; and is finding increasing clues that the health of the male, including his nu-

these common areas of need, within the framework of their own expertise and national origins. Professional papers given by the Challengers and ensuing dialogue between delegates will furnish the framework for a subsequent publication.

Joining with PCMR in supporting the Forum are the Social and Rehabilitation Service, Rehabilitation Services Administration, the Bureau of Education for the Handicapped, the National Institute of Child Health and Development, and the National Institute of Mental Health. The Department of State, the Governor of Hawaii, and the Hawaiian Congressional delegation have given their endorsement.

tritional adequacy, may have a bearing on the mental endowment of the child.

Citing findings that the brain develops fastest in the first five years of life, Dr. Douglass underlined the need for infant sensory stimulation, early childhood education, enriched environments, and major explorations into the learning processes and adaptive mechanisms.

Dr. Douglass called for innovative contributions especially by industry to the attack on mental retardation.

Educate Infant, Prevent Retardation

Mental retardation can be prevented in children of mentally retarded mothers by introducing an array of positive factors in the children's very early life.

A four-year experiment in a poor, crowded, run-down section of Milwaukee yields convincing proof of this, according to an article in the July issue of American Education, published by the U.S. Office of Education.

Some 40 mothers with IQ's of less than 70, and their newborn children, have participated in the project. Two-thirds of the children were placed in an experimental program, the balance in a control group. Beginning in the first few weeks of life, the children in the experimental group were exposed for several hours a day to a wide variety of mental stimulation by trained adults.

At 42 months of age, the children in the stimulation program averaged 33 IQ points higher than the control group, and higher than their age peers generally. Some registered as high as 135.

It is expected that the experiment will continue for at least another two years. The team members conducting it plan a series of instructional materials based on their experience.

Rick Heber, Professor of Education and Child Psychology, directed a multidisciplinary team from the University of Wisconsin, which received grant support from the Social and Rehabilitation Service of HEW.

PCMR Explores Indians' Needs

Under the leadership of PCMR member Mrs. Susann Ora, two meetings have been held in Washington to explore the problem of mental retardation among American Indians.

The first meeting, with selected key people in the Federal Government who have responsibility for various American Indian programs, was held May 17, at the PCMR office. Representatives of the National Council on Indian Opportunity, Bureau of Indian Affairs, U.S. Public Health Service, Social and Rehabilitation Services of HEW, Mrs. Ora, Dr. Douglass, Fred Krause and Mary Gray of PCMR staff, and Sam Deloria, Indian advisor to PCMR, attended. The meeting explored the extent and outreach of Federal programs for Indians, with special emphasis on how they are being implemented.



Mrs. Ora



Mrs. Beebe

The second meeting took place on June 10, in conjunction with a conference of the Indian Advisory Health Group of the U.S. Public Health Service. Mrs. Ora, Mr. Deloria and Mrs. Gray met with a group of Indian men knowledgeable in the field of

New PCMR Publications

PCMR has five new publications "in press" as this is written. When completed, they will be mailed around September 1 to persons on appropriate PCMR lists. Individual copies may be requested from PCMR after that date. Titles are as follows:

INTERNATIONAL DIRECTORY OF MENTAL RETARDATION RESOURCES. Edited by Rosemary Dybwad, Ph.D. Lists public and private organizations and their activities, by country.

DELIVERY OF SERVICES TO MENTALLY RETARDED CHILDREN AND ADULTS IN FIVE STATES. By Tadashi A. Mayeda. Surveys programs of California, Colorado, Ohio, North Carolina, and Washington.

CURRENT ISSUES IN MENTAL RETARDATION. Edited by Donald Stedman, Ph.D. Selected papers given at PCMR staff development conferences.

PLACEMENT OF CHILDREN IN SPECIAL CLASSES FOR THE RETARDED. Background position papers given at the PCMR-BEH-CEC conference held at Lake Arrowhead, Calif., March 1971.

PCMR IS FOR PEOPLE. A short statement in popular terms of what PCMR is and does.

Physical Education, Recreation Needs Discussed at PCMR

Seeing a need for more attention to the physical education and recreation requirements of the mentally retarded, PCMR called together some leaders in the two fields for an exploratory meeting in Washington June 25.

Discussion centered on three areas—greater coordination and application of research, more action programs that permit regular participation by MR children, and wider public information on the value of such programs.

Participants found the exchange of views sufficiently valuable to request a second meeting, with additional groups represented, at which the focus would be on more specific identification of gaps and how they could be filled. mental retardation and delivery of services to the retarded.

Among the problems that were discussed at both meetings were: The difficulty of identifying the retarded population, a confusion over the differences between mental illness and mental retardation, reticence among Indians to label their children, massive health problems and lack of services especially in rural areas, disillusion over the educational system, and a distrust of State programs, many of which have often ignored Indian needs.

A meeting of the Indian Inter-tribal Health Board of

Attending for PCMR were Dr. Joseph Douglass, Executive Director; Fred Krause, Deputy Director; and Dr. Raymond Nathan, Director of Communications. James Winthers, Director, Federal and State Relations of the President's Council on Physical Fitness and Sports, William A. Hillman, Jr., Education Program Specialist, and Melvin Appell, Research Coordinator, both of the Bureau of Education for the Handicapped, were the other Federal representatives. Helen Jo Mitchell attended for the D.C. Recreation Department, and Dr. Ted Gordon for the Los Angeles City Unified School District.

From the private sector came Dr. William C. Chasey, University of Texas; Dr. Walter Ersing, Ohio State University; Dr. Donald Hawkins, George Washington University; Dr. Frank Hayden, Joseph P. Kennedy, Jr. Foundation; Dr. Edward Heath, Oregon State Univer-

sity; Dr. Larry Neal, University of Oregon; Dave Park, National Recreation and Park Association; and Dr. Julian Stein, American Association of Health, Physical Education and Recreation.

The Indian Health Service was scheduled for July 27-28 in Durango, Colorado. PCMR member Mrs. N. Lorraine Beebe was to speak for the Committee at the meeting, called to initiate a formal training plan of the board members.

Washington Surveys Users of Services

What do the families of the retarded report about the services given them?

To find out, the Health Resources Study Center, University of Washington, Seattle, conducted depth interviews with 176 such families in five varied Washington communities.

Among the many findings were that 7% to 29% of the children, depending on area, were not receiving schooling of any type at the time of the interview.

Private physicians and the public schools played primary roles in the initial diagnosis of retardation for both urban and rural children, but the schools were more important in the latter cases.

Families of higher socioeconomic status obtained a greater number of services for their children. The most frequently given rating of service contacts was "excellent"—34% of all families so responded—while only 10% rated their contacts as "poor."

Project directors were PCMR member Robert A. Aldrich, M.D., and Audrey R. Holliday, Ph.D. The survey was conducted under a grant from the Office of Research, Division of Institutions, Department of Social and Health Services, State of Washington, Olympia. Copies of the survey, titled "The Mental Retardation Service Delivery System Project," may be obtained from that office.

sity; Dr. Larry Neal, University of Oregon; Dave Park, National Recreation and Park Association; and Dr. Julian Stein, American Association of Health, Physical Education and Recreation.

'Grandparents'

Sharing of information on Wisconsin's foster grandparent program with Dutch retardation personnel during exchange visits resulted in inauguration this summer of a similar pilot program in the Netherlands.

Volunteers Topic of World Meeting

PCMR is co-sponsoring with the National Association for Retarded Children an International Symposium on Volunteers in Mental Retardation in Philadelphia, Oct. 18-22.

Objective is to bring together members of the International League of Societies for the Mentally Handicapped and key people in the United States to discuss on an international level:

(a) Selection and role of volunteers in MR programs.

(b) Identification of the training needs of volunteers

Thirty-five participants are expected from other nations, including Brazil, Jamaica, England, Sweden, France, Germany, Denmark, Switzerland, Spain and Italy.

NARC is handling conference arrangements.

Boys Club Helps Retardee Improve

A heartening story of improvement by a mentally retarded boy through participation in Boys' Club activity is told in the Summer 1971 issue of *The Journal* published by Boys' Clubs of America.

Entitled "Joey: A Case-work Report," the article starts with the premise that "the handicapped, including the mentally retarded, have the same basic needs, desires, and rights as anyone else in our community and are entitled to the same opportunities as their peers. Public or private agencies who derive funds from their communities have an obligation to provide these opportunities."

Author Don Uyeda, program director of Columbia Park Boys' Club, San Francisco, tells how Joey, a 12 year old with a test score of 51, benefited from the Club's tutoring program, art program, and summer camp. Joey's teachers reported improved behavior and academic progress, and his mother was elated that Joey no longer wet his bed, which had been a problem all his life.

Uyeda recommends that unless a handicapped youngster requires special facilities, he should be brought into traditional Boys' Club programs but given some additional encouragement by staff. Teachers, parents and peers also should be included in a supportive group.



Trainable retarded children learn swimming best with a non-verbal technique, while the educable do best with a verbal method. That

was the finding of Richard A. Abramson (shown in photo) and David C. Moyer, students at Colby College.

Commerce Aids D.C. Training Center

Another Federal agency has joined the fight on mental retardation in a major way. The Economic Development Administration, U.S. Department of Commerce, has made a \$1,906,500 Grant to help build a District of Columbia center to care for the mentally handicapped and to train young adults in child-health professions.

The National Children's Center, a non-profit organization founded in 1958, will match the grant. The Center now provides training and treatment for 139 children and young adults through residential and day care programs. The proposed expansion will allow it to serve 262.

A major new goal of the Center is to train some 130 persons a year as subprofes-

sional child-care specialists. Most of these will be drawn from the unskilled and unemployed young adults in the surrounding neighborhood.

On the professional level, medical students and residents will receive specialized training at the Center, and monthly seminars will be held for psychologists, teachers, physicians and nurses.

The Center has had good results in rehabilitation of moderately and severely retarded young adults. Ten trainees who were bused to the Center from a state institution last year now are living at home. Eleven of the 40 treated last year now are engaged in productive full or part-time employment.

Conference Set on Early Screening

PCMR and four HEW agencies are co-sponsoring a conference on screening at Cambridge, Mass. Oct. 27-29. Objectives are to develop a consensus on what specific tests should be administered to detect early signs of health and developmental deficiencies among children under five, and what, from a community viewpoint, should be done with the results.

The conference is an outgrowth of studies during the past year by a PCMR work group chaired by Mrs. Jeanette Rockefeller, assisted by Tad Mayeda, consultant.



Mrs. Rockefeller

Joining with PCMR in the project are the Developmental Disabilities Division, Office of Child Development, Health Services and Mental Health Administration, and Bureau of Education for the Handicapped.

Operation A-OK: Apply Our Knowledge

Appearing before the Legislative Affairs Committee of the National Association for Retarded Children in Washington July 26, PCMR Executive Director Douglass outlined a tentative proposal called "Operation A-OK," meaning, "Apply Our Knowledge."

It would involve a controlled experiment to demonstrate the extent to which the incidence of mental retardation can be reduced in a selected community by the intensive application of all available resources. Such a mobilization, he said, would

require the cooperative efforts of several Federal agencies, as well as local resources, both governmental and private.

In the experimental area, which he indicated could be either inner city or Appalachian in character, concentrated efforts would be made to provide, and obtain maximum use of:

Milk and other nutrition supplements;

Family planning and genetic counseling services;

High grade medical care, especially in the maternal and child health field;

Early childhood education facilities.

Testing of both IQ and of socially adaptive behavior, he said, would have to go on for at least five years in both the experimental area and in the control group before any meaningful results could emerge.

Dr. Douglass credited the concept to Raymond Nathan, PCMR Director of Communications, and said it would require considerable exploration before reaching an action stage.

The President's Committee on Mental Retardation

MEMBERS

Elliot L. Richardson, Chairman
Secretary of Health, Education, and Welfare
Washington, D.C.

Clair W. Burgener, Vice Chairman
Sacramento, California

Robert A. Aldrich, M.D.
Denver, Colorado

Marianna Beach (Mrs. Ross)
Hays, Kansas

N. Lorraine Beebe (Mrs.)
Dearborn, Michigan

William H. Borders, Jr., M.D.
Atlanta, Georgia

David Echols
Chicago, Illinois

Donald Lee Fox
Dayton, Ohio

Victor R. Fuchs, Ph.D.
New York, New York

Lawrence A. Kane, Jr.
Cincinnati, Ohio

Susann R. Ora (Mrs. Peter J.)
Franklin, New Jersey

Lloyd E. Rader, Sr.
Oklahoma City, Oklahoma

Louise R. Ravenel (Mrs. Arthur, Jr.)
Charleston, South Carolina

William B. Robertson
Richmond, Virginia

Jeannette Rockefeller (Mrs. Winthrop)
New York, New York

Luis D. Rovira
Denver, Colorado

Kenneth J. Ryan, M.D.
LaJolla, California

George Tarjan, M.D.
Los Angeles, California

Thomas A. Tucker
Detroit, Michigan

David K. Udall
Mesa, Arizona

Raymond W. Vowell
Austin, Texas

EX-OFFICIO MEMBERS

Frank C. Carlucci, III
Director, Office of Economic Opportunity

James D. Hodgson
Secretary of Labor

EXECUTIVE DIRECTOR

Joseph H. Douglass, Ph.D.