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conclusion after analyzing the results of various psychological and learning tests that Larry had taken. He reported that Larry, who had lost his hearing during a severe illness, had an intelligence quotient of 60-40 points lower than that of the average person.

The psychologist described the youngster, who at 11 had no previous schooling, as a "mentally retarded child who will require a highly individualized program it retained in the school. Academic progress will be minimal. Vocational training for simple tasks only is indicated."

The psychologist concluded: "It is unlikely the child will ever lead an unsupervised existence."

Fortunately for Larry the psychologist's gloomy forecast was wrong.

Today Larry, now 26, leads a normal unsupervised life. He is married, holds a steady job, communicates in sign language and drives a car. He lives in the metropolitan area.

However, only two years ago the psychologist's prophecy did seem correct. Larry was forced to leave the school for the deaf and might have been doomed to a life of institutional confinement if the Johnson County Mental Retardation Center (J.C.M.R.C.) hadn't come to his rescue.

Larry underwent radical rehabilitation changes under the supervision of the J.C.M.R.C. Mental retardation personnel designed an individual program aimed at helping Larry become self-sufficient.

Larry's "prescription" called for guidance to help him look at things as an adult, education on budgeting money and helping him get along with others. It also called for job training.

Larry moved to Park House, a men's residence in Olathe that teaches mentally retarded persons tasks that many persons take for granted such as dishwashing, cooking, clothes washing, cleaning, how to get along with others, wearing clean clothes, showering and getting up on time.

The former nursing home can handle up to 12 men said Mrs. Vanesa Erwin who along with her husband Murle Erwin supervises the home.

"The men have to be able to take care of themselves—use the toilet, dress and feed themselves—before they are accepted here" Mrs. Erwin said.

Once in the home they are assigned one or more roommates.

"Keeping their rooms clean is one of their duties" Mrs. Erwin said. "They have to decide among themselves who is to sweep the floor in their room."

Learning to make decisions, however simple they may seem, is a step toward self-sufficiency, said Dr. Ibrahim (Abe) Hussein, J.C.M.R.C. executive director. Park House and its mission counterpart, the Linda Dorfman Home for Women, are designed to allow the mentally retarded to live in the community.

"Mentally retarded persons are one of the most highly discriminated against minorities," Dr. Hussein said. "We're trying to bring them back to the mainstream of life so they can live as normal lives as possible."

For those like Larry, who was allowed to move to an apartment in October, 1971, the transition is quick but for others it takes longer.

"We're trying to make parents with adult retarded children realize they can become independent and need not be a burden," Dr. Hussein, a native of Alexandria, Egypt, said.

The programs at the two homes include daily visits to the Industrial Rehabilitation Center in Lenexa where men and women are taught simple jobs or trades, including dishwashing, janitorial work and various assembly line tasks that would be monotonous in many but are particularly suited to mentally retarded persons, said Clair Kuzsmaul, director of vocational services.

The rehabilitation center was established

two years ago, with a federal grant. For some it becomes a place of permanent employment while others learn basic skills and then take jobs elsewhere.

"Our objective is to evaluate the employability of an individual and improve the deficit areas," Kuzsmaul said. Factors such as attendance, work speed, productivity, dexterity and responding to supervision are stressed.

The jobs vary and depend on what Kuzsmaul and Merlyn Bolen, production manager, are able to contract or dream up. Still on the drawing board are plans to have mentally retarded persons operate a service station and provide motel maid service.

The rehabilitation center has a long-term contract with a medical supply firm to assemble hospital patient packets that include soap, lotion, a toothbrush, facial and toilet tissues. The same firm also contracts with the center to lubricate and package disposable plastic enema rectal tubes. Another firm pays for tennis rackets to be strung.

The mentally retarded employees are paid up to \$2 an hour for their work. The center has a job placement program which includes periodical checks with former trainees and their employers.

Larry, after receiving rehabilitational training, went to work for a North Kansas City manufacturing firm. "It's the type of job that would drive a hearing person nuts," said Mrs. Marcia Lopez, J.C.M.R.C. social worker.

Kuzsmaul said the rehabilitation center, which currently is training about 40 persons, is able to place persons in community jobs after 12 to 16 months of training.

"Finding a job for them is no problem. The problem is finding mentally retarded people to train," Kuzsmaul added.

Dr. Hussein, Kuzsmaul's boss, agrees. The mental retardation center offers a wide array of community services for the mentally retarded and their families but is having trouble finding retarded persons living in Johnson County.

Aside from residential living and job rehabilitation the J.C.M.R.C. offers counseling, clinical evaluation, recreation and eventually hopes to offer pre-school education for mentally retarded school children. The Shawnee Mission School District offers a wide range of special education for mentally retarded children and slow learners.

Dr. Hussein said the J.C.M.R.C. is serving about 200 persons, although this does not include most persons enrolled in special education courses. Dr. Hussein believes the 200 represent only a small percentage of Johnson County's mentally retarded population.

Nationally it is estimated that 3 per cent of the population suffers some form of mental retardation. However, Dr. Hussein believes the figure may be as low as 1 per cent or 2,319 persons in Johnson County because of affluency.

Mental retardation can be caused by brain damage at birth, genetic malfunction or severe cultural deprivation. Some forms can be cured or controlled when discovered early by changing dietary practices. The odds of producing a mentally retarded child increase with pregnancies after age 35, Dr. Hussein said.

Dr. Hussein, who received his doctorate degree in educational administration from the University of Michigan in 1968, is trying to develop a model program in Johnson County, which he hopes can be used as a guide for other mental retarded agencies across the nation.

"In the past families with mentally retarded children have had any two choices—keeping them at home or locking them up in an institution," the 36-year-old director said. "We say keep the mentally retarded in the community but provide additional services for them and their families."

The mental health center now offers rec-

reational programs including bowling teams, basketball and dances. At Park House the men receive points for each "duty" they perform—from changing their socks, to bathing and brushing their teeth. At the end of the week the one with the most points receives a free game of bowling. Those with consistently high "duty" scores will soon be allowed to live independently in the community.

On Friday evenings men from Park House, women from Dorfman House and other mentally retarded persons who live in Johnson County bowl in a special league. On Wednesdays human development or group therapy classes are available, Dr. Hussein said.

One of the main topics discussed is sex. Mentally retarded have to learn to cope with sexual feelings. Larry, who is married, looks forward to raising children, Mrs. Lopez said. She added that he and his wife should have no problem adequately caring for their children.

Dr. Hussein, however, maintains that marriage and sexual relationships pose particularly ticklish problems for the mentally retarded and their parents. The problem for most is whether they could care for a normal child. Some mental retardation experts recommend marriage only if the couple agrees to sterilization or to practice contraception.

The J.C.M.R.C. eventually hopes to offer genetic counseling for couples.

"With a blood test we can tell a couple what the odds are of their having a mentally retarded baby," Dr. Hussein said. "When the risks are high they may decide to adopt."

The mental retardation center now offers counseling for families who have retarded children to help them determine what benefits they are entitled to through Social Security aid to the disabled funds, welfare funds or tax deductions. Eventually the agency hopes to offer short term care for children.

"We could take care of children when a parent is ill or when the parents go on a vacation," Dr. Hussein said. He believes money can be found to pay for the services. The center now receives about \$135,000 from the county along with some state and federal aid.

"Our problem is not money. We need to identify the people so we can serve them. We can bill the government for the costs," Dr. Hussein said.

The Johnson County Mental Retardation Center is located in suite 308, 5750 W. 95th, Overland Park. The telephone number is 649-5900.

NORTHLANDS MEDICAL PROGRAM

Mr. MONDALE, Mr. President, I was very disappointed to read in the March 20 issue of the St. Paul Dispatch newspaper that a very successful human program in Minnesota will be phased out as a result of Federal budget cuts.

I am very proud of the achievements of the medical profession in Minnesota. However, one of my major concerns has been that many residents of rural areas of the State have been able to benefit adequately from the great advances originating at the Mayo Clinic, the University of Minnesota; and other medical centers.

The threatened program, the Northlands Regional Medical program, has provided severely needed health care to many residents of the State who previously did not even have access to a doctor. A mobile van has offered medical services to residents of 18 towns with no doctors at all in one county. Residents of the Nett Lake Indian Reservation, which is 58 miles from the nearest doc-

tor, had been looking forward to daily clinics which were to be provided under the program.

The Northlands program has also helped in the vital work of spreading throughout the State the medical knowledge concentrated in the urban areas, both by improving library access and providing training for health personnel.

I ask unanimous consent that a copy of the article which appeared in the St. Paul Dispatch be printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

QUIET HEALTH PROGRAM WILL END

(By Ann Baker)

Northlands Regional Medical Program, which in the last five years with a \$6 million budget has updated medical libraries across the state, provided mobile health vans in remote districts, sponsored varieties of applied research and dozens of training projects, will end in either June or September.

Program Director Dr. Winston Miller informed the directors of 50 current and 40 planned projects that Northlands has been ordered by the Nixon administration to phase out completely, along with 55 other Regional Medical Programs (RMPs) across the country.

No new funds will be granted after June 30, he said. "A skeleton staff will be employed for a few months after July 1 to completely close out the program."

Northlands has worked quietly, invisible to the man in the street, through public and private medical sources "to get people to work together to provide health services," and to pay for experiments attacking particular health problems, Dr. Miller explained in an interview in his St. Paul office.

When RMPs were established nationwide, a result of the Comprehensive Health Planning Act of 1966, their first goal, he said, was "to bridge the gap between the latest knowledge and the application of it in the care of the person who needs it.

"Though Minnesota is rich in medical care resources, there are still huge voids, where the best of what's known isn't gotten out to the people," he explained.

There are 180 community hospitals in the state, 102 of them with fewer than 50 beds each, too small to provide the full range of care. Many towns have no doctors for miles and miles.

Even in urban areas, said Miller, the medical problems are "devilish," especially for the poor, above all for families earning between \$5,000 and \$10,000, who are not poor enough to get aid, not rich enough to afford adequate care.

Among the projects Northlands has set up or helped set up:

Training more than 600 nurses, 500 doctors and 100 electronic technicians in coronary care units in new techniques to "start" hearts that "stop." So far they've reported a 10 to 15 per cent mortality reduction.

Setting up a network of rehabilitative services, which are more extensive "than any other state but all concentrated in metropolitan areas."

Running workshops and in-service training for all health workers, which have, for example, sent 30 inactive nurses back on the job.

Substantially improving libraries in 112 hospitals and clinics, putting them in touch with central libraries at the University of Minnesota and Mayo Clinic and hooking them up to a national "hotline," where they can dial free for instant information on nearly any subject.

Promoting cooperation among hospitals, clinics and doctors' offices.

Running surveys of needs and analyses of the effectiveness of health care being provided.

"Not every little town can have a doctor," says Miller. "They need some other solutions, but where are they going to get them? They need support."

Traditionally, he explained, hospitals tend to be in competition with one another. "And the physician is by and large an entrepreneur: His responsibility has been to his patients; he didn't have any public accountability."

A large part of Northlands' job was to break down "that rugged individualism, the 'town-gown' syndrome, looking down their noses," to urge health workers to coordinate and consolidate in the public interests. Dr. Miller feels cooperation works best when it comes voluntarily. Through Northlands he says that has happened in many cases, with participants at first reluctant, finally enthusiastic. Much more coordination was expected from projects planned for next year.

Miller argues that unless such coordination takes place voluntarily, it will one day be forced by federal mandate.

Regional medical programs in some states "have been total failures—they couldn't get those power blocks to work together," Miller said. But in Minnesota he feels success has been marked.

One of the 50 projects that will wind down is a rheumatic fever prevention unit run out of the St. Paul Bureau of Health. In the past year it has taken throat cultures of 8,000 children, by school nurses and the Martin Luther King and Neighborhood House clinics. Ten per cent of the children were found to have strep throat, and consequently received treatment. Their families were also checked, to guard against re-infection. If strep goes untreated it could lead to rheumatic fever and possibly severe heart disease.

The project cost \$25,000. Treating one case of rheumatic fever costs \$30,000—"conservatively," according to Project Director Harry Kaphingst, who sees no hope for that work being continued.

Dr. Jean Smeiker, director of Community-University Health Center, Minneapolis, on the other hand, hopes to find some means of keeping a health educator, whose salary was paid by Northlands. His job was to work with people in the Cedar-Franklin neighborhood, to establish an understanding of the importance of preventive care, regular check-ups, immunizations, nutrition, dentistry.

However, that center's plan to expand from child to adult care, a Northlands proposal offering \$50,000 over three years, is dead.

A mobile health van, serving 18 doctorless towns in Polk County, may be picked up and funded by the county commissioners, according to Director Lilja Snyder.

In one year, the van, staffed by nurses, has provided "nursing assessments," screening, education, counseling, including immunizations and Mantoux testing, through 2,000 patient visits. Only two towns in the county have doctors; they're 45 miles apart. Most bus and train service in the area has been discontinued. A majority of the patients are over 65.

"I'd written to everybody about the idea," Mrs. Snyder recalls. "No insurance will cover it; nobody pays for early prevention. Northlands was the only one that would listen to us." But now she's pinning her hopes on county government.

Less hopeful are the people at Nett Lake and Lake Vermillion Indian reservations, who had hoped to expand a mobile health clinic sent out from East Range Clinic in Virginia.

They had planned with Northlands for a paramedic aide and secretary-receptionist to work full time from a large house trailer, with daily clinics at Nett Lake and several times a week at Vermillion. Currently, staff visit Nett

once a week and Vermillion once every two weeks, a project they began 2½ years ago.

Dr. Gibson McClelland, who works with the project, has found "the whole gamut of major medical problems—low health, life expectancy 10 or 20 years less than the average, a high rate of suicide."

Nett Lake is 58 miles from the nearest doctor; Vermillion, 25.

"With this project," said McClelland, "we hoped to provide day-to-day care—an entry into medical care when one first needs it, instead of waiting till it's critical. It would provide closer contact with the patients and much closer follow-up.

"I think it's too bad to pull the legs out from something like this," he says, "a program sponsored by public funds to be spent for needy American people, to provide them with needed services. This wasn't anything fancy. It's what should be done with the taxpayers' money."

Northlands paid for a year's planning with the Indian Health Council to establish a clinic for Minneapolis Indians at Deaconess Hospital "that would serve them better than Hennepin General, which doesn't meet their needs very well," said Dr. Miller. "Maybe they'll get a grant from a private foundation. That's the salvation, I guess."

He said many other projects need to be developed: More training, better use of medics from the military services, development of new jobs like physicians' assistants.

"There are many more problem areas coming: An emergency medical system of ambulances; this year we planned a statewide system through the state Health Department. We've about finished planning; the operational phase is cut off."

Miller sees lasting effects from the last five years' work: "The concept has been sold that the needs are great. A lot of people are dedicated to solving the problems. There are 12 professionals on our staff, pretty competent people. They'll all get jobs somewhere, but not necessarily where they can use their skills so well.

"We'll have a few missionaries, but not many. And they tend to be ostracized by their peers and regarded as a little odd."

Kaphingst, who has been involved with RMP's in other states as well as Minnesota, says, "There is simply no one ready to pick up the pieces. Unquestionably, many public health efforts will be set back many years."

HITTING THE ELDERLY FOR MEDICARE

Mr. HUMPHREY. Mr. President, the Nation's elderly have been stunned by Nixon administration plans to make them pay higher medicare costs. They recognize the serious threat this move would pose to their struggle to meet the rising cost of living on fixed and limited incomes—and medical care constitutes a major portion of those costs.

President Nixon's fiscal 1974 budget proposals with respect to medicare would:

First, require a medicare patient to pay the actual full charges for the first day of hospital care, instead of the present national average payment of \$72, as well as 10 percent of all hospital charges thereafter—now without cost to the beneficiary for the first 60 days; and

Second, call upon elderly persons whose doctor bills are covered by medicare's voluntary part B insurance, to pay the first \$85, instead of the first \$60, of doctors' services, and to pay 25 percent, instead of 20 percent, of everything above that amount.