



February 1970 **23**

# PCMR message

## PCMR Releases Television Spot on Volunteering

Released in early November was a PCMR-produced television spot announcement that seeks to stimulate volunteering in programs for the retarded. The announcement is in three lengths—60-second, 30-second and 10-second. Filmed in sound and color, it has been listed in the Advertising Council Bulletin and distributed to television networks and local stations nationwide.

The film footage from which the announcement was made was shot at the New Haven, Conn., Regional Mental Retardation Center. Tempo and mood of the announcement stem from Nat King Cole's rendition of "Love." Filming and production were carried out by Directors Group, New York City, under the direction of John Ercole.

Television viewers who write to the committee after seeing the announcement receive a copy of the committee's basic information booklet, *Hello World!* with a special insert that suggests community agencies and groups that need volunteers in their programs for the retarded. State associations for retarded children are following up to suggest specific volunteer opportunities.

Interested organizations and agencies might wish to suggest that their local television stations keep the film in the "ready" slot year-round so that it can be tied in with seasonal volunteer recruitment efforts.

## PCMR To Hold Conferences on Residential Service in Mid-1970

Six New PCMR Members Named by President Nixon  
in October Join in Deliberations

Meeting in Washington in early December, the President's Committee on Mental Retardation voted to call a conference series on residential services for the mentally retarded. The series, probably regional, will be held in mid-1970.

The committee also gave preliminary review to a national policy guideline statement on residential care for the retarded. Developed in association with the National Association of State Coordinators of Programs for the Mentally Retarded, the policy statement will be acted on at a later meeting of the committee.

Joining with the committee for the first time at its December meeting were the six members appointed by President Richard Nixon in mid-October: Mrs. Marianna Beach, Hays, Kansas; William H. Borders, Jr., M.D., Atlanta, Georgia; David Echols, Chicago, Illinois; Mrs. Susann R. Ora, Franklin, New Jersey; Mrs. Louise Ravenel, Charleston, South Carolina and David K. Udall, Mesa, Arizona. Reappointed to the committee in October was Vice Chairman Robert A. Aldrich, M.D. *{See page 2}*.

*... it is time to declare total war on the causes of mental retardation.*

ROBERT H. FINCH *{see page 3}*

**Seven  
PCMR Members  
Named  
by  
President Nixon  
in October  
Join in Deliberations**



**Robert A. Aldrich, M.D.**



**William H. Borders, Jr., M.D.**



**Mrs. Louise Ravenel**



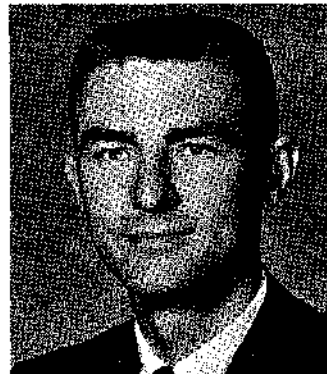
**Mrs. Susann R. Ora**



**Mrs. Marianna Beach**



**David H. Echois**



**David K. Udall**

“ *it is time to declare total war  
on the causes of mental retardation!* ”

BY ROBERT H. FINCH

*Secretary of Health, Education, and Welfare, and Chairman,  
President's Committee on Mental Retardation,*

**As in so many areas of deep human concern . . .** concerns that reach to the entire race of man . . . the World Health Organization is providing the spark and serving as the focal point. These functions are indispensable to the success of each nation represented here today . . . each in its own national context . . . in coming effectively to grips with the whole matrix of problems that we label "mental retardation."

Insofar as you are able to add to the refinements of our diagnostic tools . . . the uniformity of classification systems . . . and the accumulation of definitive statistical data . . . to this same extent, we all will increase our understanding of the problems of mental retardation. With increased understanding will come greater capability for an effective response.

It occurs to me that mental retardation constitutes an almost classical model—a problem-area in which a multiplicity of factors so intersect and so interact as to merge into a single, unbroken continuum. This is true with respect to my own department's total involvement . . . and with respect to the over-all federal effort. And, in society at large, the contributions of thousands of local, state, and voluntary agencies are crucial to our chances for ultimate success.

When I speak of "ultimate success," I move beyond mere rhetoric. Only very recently have we in this nation become aware of the appalling dimensions of the problem of mental retardation—directly affecting some six million Americans . . . tens of millions more in the families of the

handicapped . . . and with social and human costs that barely can be measured.

Yet, the more we do become aware, the more are we faced with one inescapable conclusion: *Mental retardation is very nearly 100 percent preventable. With tools we now are able to identify . . . with expanding knowledge even now emerging on the horizons of the biomedical and behavioral sciences . . . mental retardation can be all but eradicated.*

This is not just wild euphoria. It is hard-headed realism. And without in any way downgrading the ongoing and continuing importance of better care and rehabilitation, I submit that it is now time to declare total war on the causes of mental retardation . . . and to retarget our resources increasingly toward prevention.

We begin with the generally accepted hypothesis that in about 25 percent of all cases, the causes are biomedical—the result of disease or injury or deleterious genes. Here, the achievements of fundamental research hold promise of fabulous dividends.

For example: "Rh" blood incompatibility need not result in brain-damaged children. Fetuses with abnormal chromosomes are subject to early de-

**\*These remarks were delivered to the International Seminar on Diagnosis, Classification, and Statistics of Mental Retardation, Washington, D.C., October 29, 1969. The seminar was co-sponsored by the World Health Organization and the U.S. National Institute of Child Health and Human Development.**

tection. Certain inborn errors of metabolism can be corrected and damage averted. And such infectious diseases as rubella may, in the next decade, be eliminated altogether as a source of congenital defects and thus of retardation.

These are just some of the promises of fundamental research—but promise is not the same thing as performance. The gap between biomedical and on-line health services is wide and hard to bridge. I enter this caveat. And, in a moment, I will return to the critical point involved.

The other 75 percent in the mentally retarded population are victims of sociological factors—of deprivation, of what can only be termed "the culture of poverty."

Every new input of survey data tends only to deepen this conclusion. In recent weeks, I have seen the results of three surveys in which the incidence of mental retardation . . . in both urban and rural populations . . . correlates to conditions of poverty by factors of two, five, and up to an incredible fourteen times.

We know that three-fourths of this nation's mentally retarded live in isolated, impoverished urban and rural slums. We know that 45 percent of the women who have babies in public hospitals have received no prenatal care . . . thus, no safeguards against avoidable complication of pregnancy, which in turn are principal causes of birth defects. And we know that the incidence of premature births . . . among whom neurological and physical disorders are 75 percent more frequent than in full-term babies . . . is almost three times as great among lower-income women as among those in other social groups.

We know, too, of mounting evidence that points to intimate relationships between nutrition and both mental and nervous disorders. And we know that the children of poverty often arrive at school age with neither the experience nor the skills necessary for systematic learning. Many are functionally retarded in language . . . in capability for abstract thinking . . . and an appalling number fall further behind with the passing of each school year.

Now, I realize that I have tended to draw a sharp line between the biomedical and sociological factors leading to retardation—but the boundary is, in fact, imprecise.

Poor nutrition . . . prematurity . . . the absence

of prenatal care and health-care in early childhood—all these causal factors may have effects that are measurable in biomedical terms. But also—all are inherent to the culture of poverty.

In the same connection, one condition of poverty is lack of access to precisely the information . . . the facilities . . . the services . . . that for tens of thousands of children may mean the difference between a normal life style, and the handicap of retardation.

This brings me full circle. What I have tried to suggest is that the promise of fundamental research, either biomedical or behavioral, is not enough. Nor is it enough to identify the conditions inherent in the culture of poverty.

From promise we must move to performance. Where access is lacking, it must be made available. Insofar as the conditions of poverty lead to retardation, we must find new avenues to self-support and self-sufficiency.

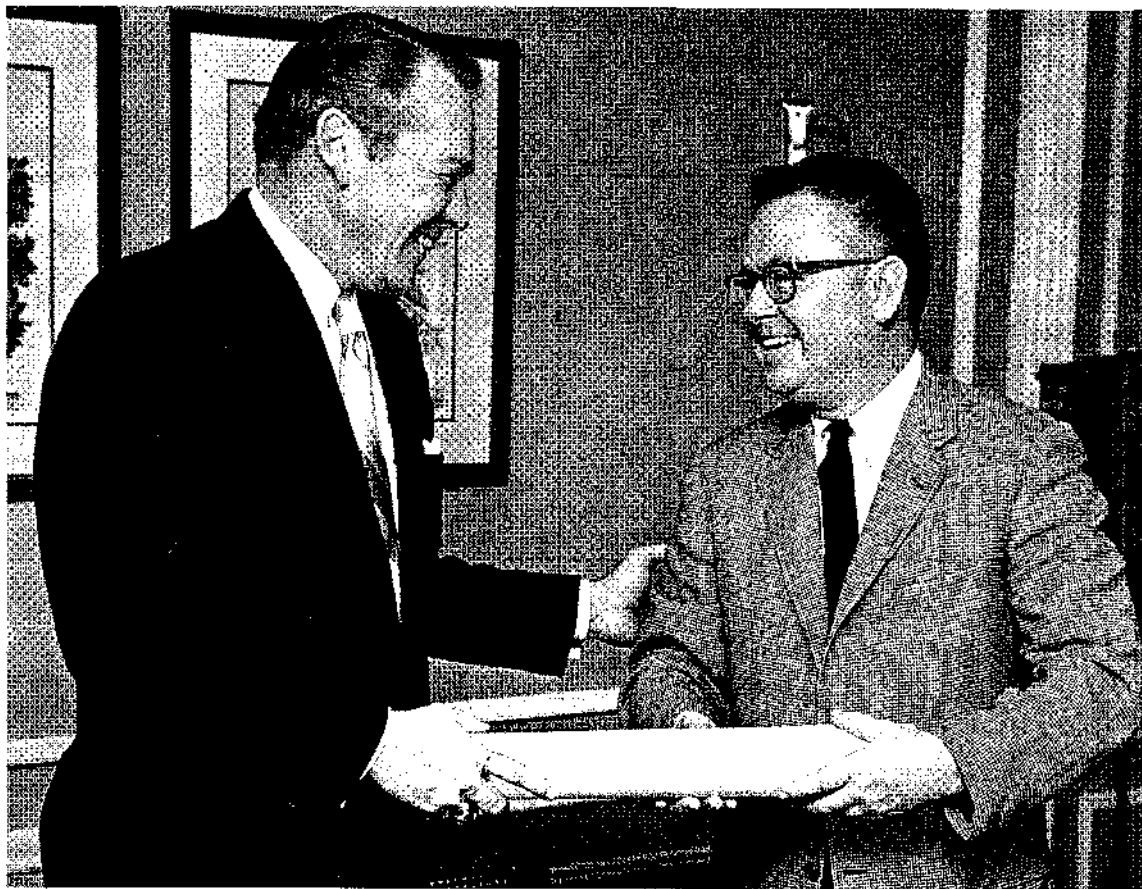
Perhaps I have overused the phrase "we must" but that indeed is the beginning of effective action. We cannot assign a terminal date to the assault on the causes of retardation—but wage it we must, with every resource we have available.

Nor will we ever be able to command resources wholly adequate to the task. But that simply counsels us to use every resource we do command with maximum focus . . . thus with maximum effectiveness.

In the nation, and within my own department, we have begun to mobilize and to retarget our resources. I need not spend the time of this group to praise the efforts of the President's Committee on Mental Retardation—but they certainly have earned our praise . . . for creating a public awareness of the dimensions of our task . . . and a willingness *to* respond in kind.

All across the spectrum of federal programs, we have put initiatives in motion that address these causal factors of which I have been speaking. Let me just cite some of them . . . in a brief checklist:

- intensified research in nutrition, and the impacts of malnutrition;
- the transformation of wastefully utilized health-care resources into effective health-care delivery systems, accessible to all;
- a new Office of Child Development, to focus



**PCMR *Chairman* ROBERT H. FINCH presents ROBERT A. ALDRICH, M.D., PCMR's *Vice Chairman*, with commission of reappointment to the Committee. Presentations to Aldrich and six new members named to the Committee in late 1969 by President Nixon took place during the Committee's December meeting in Washington.**

attention and impact on the critical early years of life during which so many human development deficiencies begin, and become entrenched;

- an Office of New Careers, to stimulate the development of new categories of manpower, professional and paraprofessional, in every field that relates to the assault on the causes of retardation;
- the reassessment of all our programs in support of education, to find out what impact they are having on the actual learning experience of our target-groups . . . the children of the disadvantaged;
- the development of radical new departures in family assistance and income maintenance, to

break out of the cycle of perpetual welfare dependency.

These are first steps, we genuinely believe that they address root-causes . . . that they represent preventive action, and not just a catch-up crisis management. It may be that altogether different initiatives will be required . . . as our understanding deepens.

What will not change is the depth and intensity of our resolution—our total dedication to grappling with all those problems of the human organism . . . and of the human family . . . that are involved in the continuum we label "mental retardation."

## ALL POINTS

A digest of public information and education activities by PCMR members, staff and consultants, to December 15, 1969, as reported to the PCMR information office.

### Talks to Groups, Meetings Participation, Interviews

American Public Health Association, annual meeting, Philadelphia: *Robert A. Aldrich, M.D.*

American Association on Mental Deficiency, Region I, annual meeting, Seattle, Wash: *Robert A. Aldrich, M.D.*

University of California at Los Angeles, dedication of mental retardation center: *Robert A. Aldrich, M.D.; George Tarjan, M.D.*

National Association for Retarded Children, national meeting, Bal Harbour, Fla: *Leo F. Cain, Ph.D.; Mrs. Winthrop Rockefeller; Bernard Rosenberg; David B. Ray, Jr.; Francis X. Lynch; Maurice Flagg; Robert M. Gettings; Fred Krause; Edward L. Johnstone; Darrel J.*

*Mase, Sr., Ph.D.; Norman B. Pursley, M.D.*

American Society of Internal Medicine, annual meeting, Chicago: *Victor R. Fuchs, Ph.D.*

University of Alabama Mental Retardation Staff Development Project, annual superintendents' seminar, Morrilton, Ark.: *Mrs. Winthrop Rockefeller, David B. Ray, Jr.; Gerard J. Bensberg, Jr., Ph.D.; Norman B. Pursley, M.D.*

National Mental Retardation Research Centers, annual meeting, Nashville, Tenn.: *George Tarjan, M.D.; Richard C. Thompson; Donald J. Stedman, Ph.D.*

Wayne County, Mich., Council for Retarded Children: *Thomas A. Tucker.*

Arkansas Children's Colony, Arkadelphia Unit, dedication: *David B. Ray, Jr.*

American Association on Mental Deficiency, Region IX, annual meeting, Philadelphia: *David B. Ray, Jr.*

Columbia University, special study institute for chief education officers, New York City: *David B. Ray, Jr.*

National Committee on Children and Youth, annual meeting, Washington, D.C.: *David B. Ray, Jr.*

University-Affiliated Mental Retardation Centers, annual meeting of directors, Seattle, Wash.: *David B. Ray, Jr.*

West Virginia Division of Vocational Rehabilitation, annual promotion dinner, Wheeling: *David B. Ray, Jr.*

Yeshiva University, dedication of Rose Kennedy Center for Research in Mental Retardation and Human Development: *David B. Ray, Jr.*

First Annual Statesmen in Medicine Award Dinner, Warrenton, Va.: *David B. Ray, Jr.*

Canadian National Institute of Mental Retardation and York University, meeting on information and resource service centers, Toronto: *Francis X. Lynch.*

Colorado Association for Retarded Children, annual meeting, Denver: *Francis X. Lynch.*

Lynchburg, Va., School and Hospital, dedication: *Francis X. Lynch.*

World Mental Health Assembly, Washington, D.C.: *Francis X. Lynch; Robert M. Gettings.*

U.S. Jaycees, national seminars on health programs, Flint, Michigan: *Maurice Flagg.*

Kanawha Association for Retarded Children, annual meeting, Charleston, W. Va.: *Maurice Flagg.*

New Haven, Conn., Association for Retarded Children and New Haven Regional Mental Retardation Center, joint meeting: *Maurice Flagg.*

New Jersey College of Medicine and Dentistry, inauguration of inner city communications project, Newark: *Maurice Flagg.*

North Carolina Council on Mental



Retardation, annual communications workshop, Raleigh: *Maurice Flagg*.

American Association on Mental Deficiency, Region VIII, annual meeting, Sioux Falls, S. Dak.: *Fred Krause*.

National Association for Retarded Children, national conference on residential care, Dallas, Texas: *Fred Krause*.

National Conference on Rehabilitation, sponsored by the Association of Rehabilitation Centers, Association of Sheltered Workshops, and the National Rehabilitation Association, Washington, D.C.: *Fred Krause*.

Washington Area Council of Governments, Task Force on Mental Disabilities, organizational meetings: *Fred Krause*.

Symposium on Mental Retardation,

St. John's Church (Church of the Presidents) Centenary observance on services to children, Washington, D.C.: *Richard C. Thompson*.

Kaiser Foundation Hospital's Permanente Medical Group, Pediatric Multiphasic Program, San Francisco: *Mary K. Walsh*.

## HONORS

MRS. WINTHROP ROCKEFELLER: The Distinguished Service Award of the National Association for Retarded Children, at Bal Harbour, Fla., during the association's annual meeting.

MRS. WINTHROP ROCKEFELLER: Named to Chairmanship of White House Task Force on Mental Disabilities; among members are

PCMR member George Tarjan and PCMR consultants Mrs. Eleanor Elkin and Mrs. Nan Ulle.

ALLEN R. MENEFFEE: Elected first chairman of the newly formed Accreditation Council for Facilities for the Mentally Retarded, Joint Commission on Accreditation of Hospitals.

SYLVIE REICE: Received Penney-Missouri Magazine Award for story, "But Mom, Everybody Smokes Pot," published in McCalls Magazine.

## PUBLICATIONS

DONALD J. STEDMAN, PH.D.: A *Recipe for Improving Residential Care: Add A Dash of Capitalism*, in MIND OVER MATTER, Tennessee Department of Mental Health, June 1969 (14, 2).