

COMMISSION ON THE PROBLEMS OF MENTALLY RETARDED, HANDICAPPED  
AND GIFTED CHILDREN

September 9, 1959.

The meeting of the Commission on the Problems of Mentally Retarded, Handicapped and Gifted Children was called to order by the Chairman, Curtis Warnke, on Wednesday, September 9th, 1959, in Room 113 of the State Capitol.

Roll was called and a quorum present as follows:

SENATORS

Fay George Child  
Walter J. Franz  
Stanley W. Holmquist  
Clifford Uckelberg

REPRESENTATIVES

Moppy Anderson  
Ernest Beedle  
George Wangenstein  
Curtis B. Warnke

Absent: Senator Karl F. Grittner and Representative Lawrence P. Cunningham.

Chairman Warnke made a report to the whole Committee of the Executive Committee meeting on September 3rd. A copy of this report is attached to these minutes.

Commissioner Morris Hursh of the State Public Welfare Department was introduced by Chairman Warnke. Mr. Hursh said he had a statement about their responsibilities to the mentally retarded, a copy of which he handed to the Commission and is attached to these minutes and marked Exhibit "A".

MR. HURSH: This statement includes 5 or 6 suggestions as to what we think the Committee might profitably spend some time on the next year and a half as far as the problems of the mentally retarded are concerned. This points out some of the history of the program. In 1879 there was a legislative authorization for the establishment of an experimental department for "feeble-minded children" at the Minnesota Institute for the Deaf, Dumb and Blind. This developed into the Faribault State School and Hospital. Let me point out the various hospitalized groups we have at present. Faribault has about 3,200, Cambridge 2,000, Brainerd 88 (it will be 550 next March--projected for 2,000), Owatonna, the only one that has educable retarded, about 370 and at Shakopee at the cottage we have for children we have 27 or 30 cared for by the women at Shakopee. Lake Owasso has about 108 and at St. Cloud we have between 65 and 70 so-called defective delinquents. We then go on to point out that in addition to this institutional program we have a very large community program. These are operated largely by the county welfare boards. In this area as in all other welfare areas they are the actual operating agency. The state agency is the supervising agency, so the counties are responsible for any case work service as well as any financial assistance that is needed, for example, for boarding care for children who are committed but still out in the county.

In 1917 we got our so-called Children's Code and part of this related to mentally retarded so we have carried on since that time the responsibilities of guardianship and provide leadership in the provision of adequate service to all retarded children, not only children but all adults. Anyone committed as mentally retarded in this State is committed to the guardianship of the Commissioner of Public Welfare. This is also true of the epileptic.

The Section on the Mentally Deficient and Epileptic which for 35 years has been under Miss Thomson, who retired last week, is the agency in our office under Dr. Cameron's medical division that works with the counties supervising and making certain that services are available to children who can't, for some reason, get into an institution (because of a waiting list) and some children don't have to be in institution and it is not planned that they be there but still for their own protection they are committed as mentally retarded and are under our guardianship.

On the bottom of page 2 we point out the groups that have been organized to assist in carrying out the responsibility of this Section for Mental Deficiency. The Conference Committee on Mental Deficiency which have representatives not only from our office and institutions but the counties and Association for Retarded Children. This has been a very worthwhile study. Mr. Walsh has enlarged on the work of that Committee as well as the Inter-Agency Committee. In addition to the work of these Committees which have a pretty broad membership we have the Inter-Institution meetings where the Director of Medical Services meets with representatives of the professional staffs of all of the institutions for the mentally retarded and the Section to coordinate their intra-departmental services.

These are some of the problems that we list as being of most concern to us and some of which, at least, we hope that this Committee will study further.

\* 1. Improved staffing of institutions. Members of the legislature have heard us talk about this before. As community facilities develop and the more able patients are returned to or retained in the community, the institutional population has an increasing proportion of relatively helpless patients and a decreasing proportion of patients who can help care for them. In the earlier days when you went to the institution we had a fair supply of working patients which meant you didn't have to have as many staff people. Now this is becoming more of a residual load you need more paid staff. As you know we asked for several hundred additional staff in these institutions and the mental hospitals and the Governor reduced this to about two hundred additional positions and the legislature reduced them to a minus 34, so we feel the need for additional staff. I should point out that the legislature did give us 29 additional positions at Fariault. The way they did this was by taking 21 of them away from Cambridge which really was not what we had in mind.

2. The development of outpatient services at the institutions and other locations with a view to providing improved diagnostic service. This is something that we don't have that might be worth looking into. If such services are provided it will be necessary to assure that these outpatient facilities do not encroach upon the responsibility of local public schools to provide special education services.

3. The possibility of development of an enlarged program of day-care centers, recreational activities, sheltered workshops, etc. at the community level to the end that all possible retarded and epileptic persons may find a useful and happy adjustment in the community. Some method of subsidy may be needed to foster the development of such services.

4. Something we are all aware of I am sure. There are a substantial number of retarded remaining in the community at the expense of the families and county welfare boards after they have been committed and really need institutional placement. There are about 1200. It takes all the way from 3 to 4 years to get into an institution in spite of all the building we have been doing the last few years. There is still this waiting list and while they are out there the parents take care of them as long as they can but when they are 8, 9 or 10 years old they become a problem to the community and something must be done and the only alternative is to put him in some other kind of facility. We have a few private institutions or homes and a number of foster homes. The younger ones can be put in foster homes, but the older ones when everything else fails we must declare a case of emergency. This is the one exception where there is no waiting list. We have tried everything else and everyone agrees that we must find a place where someone can manage him and so we declare an emergency and he goes to the top of the list. For awhile before the buildings were opened at Cambridge there was a time when even this emergency list got to be a waiting list of about 30. This number 4 - the people for which something must be done brings up the subject of a bill introduced last session. It had no difficulty getting through both welfare committees but got nowhere in either finance or appropriations, which is understandable because it called for around \$275,000. This was to provide a state subsidy to counties which had to provide boarding care for these children which cannot get in. I am sure the welfare committees realize this was something in which the counties are deserving help, but again it becomes a legislative matter as to whether you want to spend money of the State to partially subsidize the counties or let them pay all which they have been doing in the past. This is a matter, I suppose it does not make a great deal of difference to the state agencies as long as the children are taken care of. I think, by and large, this is one group of children the counties will take care of regardless of cost. Unfortunately this was not true in a few of the township distant counties and this meant that we could not get \$125 a month from the township to take care of a child who needed a foster home placement. This family struggled along until his name was up on the placement list. The reason I suggest a partial subsidy is that all other children under guardianship, which are considerable, if they require foster care the county pays cost in the first instance and the state reimburses the county up to 50% of cost. We never have enough money to meet that but it does come to around 38 to 41%. This is a tremendous help to the counties. Counties seem to feel that their being state wards the state should share some of the cost, especially since the cost arises because the State cannot keep up with the building program fast enough to place them all in institutions. I felt that there was very little difference between these dependent neglected state wards and the mentally retarded state wards as to this bill, which I am sure was turned down simply because of finances.

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5. This is also subject of a bill. Consideration might well be given to a system of grant-in-aid to the county welfare departments for staff expenses to enable them to employ additional staff to improve their services to, and supervision of the retarded remaining in the community and to assist in the community placement of some of the individuals now in institutions. Unless community services can be improved in this and other ways we have nothing to look forward to except the continued building of more and more institutional space for the retarded. The last three years we have made quite an effort to do everything we can to keep children out of institutions. As I recall several years ago I saw some figures on this and it seemed to me that we had a very high percentage of our committed retarded members in institutions as compared to other states. This I was never quite able to understand. It probably means that earlier when we provided services, since services of a few years ago were always provided in the institutions, just like years ago all children who lost their parents usually went to an orphanage, today orphanages have practically gone out of business as such, likewise, I think we have to put more and more emphasis on keeping children out of institutions. We have a project with Federal funds in Fergus Falls (4 counties), we are trying to develop all the resources we can in a local community, day care center where families can send their retarded child to take the load off mothers so they would not have to send their children to institutions, or any other method. This development of state aid for special classes for educable and trainable children, this will have a great effect. It is all geared to the same thing. Keep people out of institutions if you possibly can, keep them home, keep them in the local community. This is better not only economically but also from the standpoint of the child and family. One of the principles of child welfare is whenever possible you keep the child in his own home even though the home may not conform to your idea of what a home should be. We had a bill which would have permitted us to pay these expenses if the county would put up 20% of hiring staff members. It would step up our efforts of having more children remain in the county or possible get them out of institutions. The last few years we have stepped up our educational programs in institutions, that is more activities, training and educational programs, and this will mean that an increasing number of children will be able to get along on the outside. This is something we did not have 25 years ago. All this means under our system where the county has to do the work, the county is going to have to have more staff, and of course these county commissioners have much the same feeling as you people do would get all these requests for services, and particularly for welfare service, welfare covers such a broad range, it has become a tremendously expensive program. They can say "These are state wards, why does the Legislature not worry about them?"

6. The last thing is the revision of our collection laws for the patients in institutions for the retarded. You will recall last session we made what I think is an improvement in our collection laws for the mentally ill. As far as the mentally retarded are concerned it is 52% or nothing. There is no alternative. The mentally retarded group supported a proposal in the 1957 Session to have a sliding scale of charges. This was not brought up in the 1959 Session as I did not want it confused with the mentally ill which is more important in terms of numbers. I think, however, if the Committee does get

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into this Item 6 you might well look back at the report of the 1955 Interim Commission, I think it was, and there is something in there in relation to public welfare laws. They spent a lot of time on this matter of charges at that time.

MR. ANDERSON: Aren't any relatives paying anything?

MR. HURSH: About 300 persons are paying and we have in institutions about 5300 or 5400 - 3 or 4 hundred might be paying.

MR. ANDERSON: Is it your thinking that it should be mandatory. What about those persons who cannot pay?

MR. HURSH: They don't pay of course. It would be on a sliding scale. Actually with the mentally ill we have a very liberal test as to whether you are able to pay. If you are able to pay we ask you to pay, it does give us some basis for asking. Now persons have to be both able and willing and to pay a certain amount - there is no sliding scale. It would be the same as the other one if you were able to pay we would ask you to pay.

MR. WARNKE: On your recommendation Number 1 regarding the improved staffing of institutions, I often hear we are short of staff, do you have any figures available as how we stand on this with other states on their institutions?

MR. WALSH: We are way below. Staff ratio here made us look very good, on the over-all picture we are below the other states, Wisconsin, Indiana, and states like this, however we are way above Illinois.

MR. WARNKE: How about specialized personnel?

MR. WALSH: We are way down there too. It depends on what you compare it to. You can compare it to California and make us look very bad and then to Illinois and make us look very good, but on the over-all picture we are below.

MR. HURSH: I don't know what this committee can do about this except to convince yourselves that if it is a fact that we are way below that by all tests and good programs we should have more. It is particularly bad at Brainard. It is really going to be a bad situation when we get some 550 people in there. The legislature gave us some 30 or 40 jobs less than we needed.

MR. WARNKE: In the act creating the Commission there is a point 4 where it says "research in mental retardation being carried on in our State institutions and possible research that might be conducted in the future", do you have anything to say about that?

MR. HURSH: We do have a research program at Faribault, Cambridge and the other one I mentioned at Fergus Falls, the four counties up there. It is in the community and not in an institution. Dr. Cameron can come in and

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tell you all about this research.

MR. HOLMQUIST: I recognize the fact that the philosophy is to keep as many persons out of the institutions as possible and I am sure you are placing an emphasis on that philosophy, now since the emphasis is placed there how is it that our waiting population is increasing?

MR. HURSH: This is a difficult situation, a child is kept home and taken care of as long as he can be by his parents, but when there are younger children they may be some danger as far as they are concerned, they may become troublesome in the neighborhood. Those we have in our institutions by and large, except Owatonna where they are educable, the others are largely untrainable. Until we develop our local resources parents are unable to handle them. We could certainly handle a lot more by what we know now than we could 25 years ago. As our population is bounding up the percentage born mentally retarded does not change much, but they are going up. In spite of our building the waiting list is about the same as 5 years ago.

MR. HOLMQUIST: Could it be we are becoming more and more aware of the cases throughout the State?

MR. HURSH: At Fergus Falls we have certainly become aware of it. We have turned up children there that noone has ever heard of before, hundreds of them that were really unknown. Statistics, the national figure is between 1 and 3%, children in the lower class, this study involving these four counties up there certainly proves that. That is about the way it runs if you really sought them out and people knew about them. Today is a lot different than 20 years ago because of the work done by Associations and people like Mr. Walsh. People don't hide these children, they are not ashamed that they have them.

MR. HOLMQUIST: Has research given you any information as to the number of years the patients might be in Faribault in 1959 as compared with 1920 in terms of both mortality and discharge?

MR. HURSH: There is no question that among a certain group with the advent of all these drugs children that lived a very short time now might live for years and years. We have prolonged the life of those people just like we have prolonged the life of old people.

MR. WARNKE: How long a waiting list do we now have?

MR. HURSH: 1200.

MR. WARNKE: Even though placement has been away from institutions.

MR. HURSH: If you are going to work on institution programs, you have to have several aspects, one is you have to have more boarding homes because of

the type of care required which is more expensive than other kinds of foster care, you have to have more counties willing to pay the bill and you have to develop more private facilities. The other day a young fellow was in proposing to develop a half million dollar facility for the care of really difficult children, those crib patients from the time they are born. That is a thought. Then you have this thing of developing things like sheltered workshops, day-care centers, something to avoid placing them in institutions. You must develop better understanding on the part of parents as to how they can handle these children in their own home. You have to do all these things simultaneously, plus the development of special classes. All these things going on long enough should start to reverse the trend. Then over against that you have the constant increase of population. If noone discovers a cure of how to prevent children being born mentally retarded, numbers will catch up with what you do in one place with numbers on the other side.

MR. WARNEKE: What do we have now in the way of day care centers and sheltered workshops?

MR. WALSH: We have the day care center in Minneapolis and St. Paul, one in Mankato and Rochester. These are for children who are either too handicapped or too young to participate in the public school plan. As to sheltered work shops, we have Opportunity Workshop in Minneapolis who handles about 35 mentally retarded, Goodwill Workshop in Minneapolis takes some, the Jewish Vocational Center in St. Paul some. We don't have a complete program.

MR. BEEDLE: Is there anything being done in the field of research of genetics?

MR. WALSH: Genetic Institute at the University - that is a long range program. As you know retarded children can be born to anyone and therefore if I were to have a retarded child I would want to know why and I would go to the genetic counsellor at the Institute. Then during the last Session there was a law which enables the Department of Health to do genetic research but they were not given any money.

MR. HOINQUIST: What is the policy in the State of Minnesota and under law regarding sterilization regarding folks who have been in our institutions like Faribault, Cambridge, etc.? Is there a program? Could you tell us something about it?

MR. HURSH: There is a program. I can't tell you too much about it. There is a provision in the law for sterilization of the mentally retarded. As I recall it this must be done at the institution and there must be medical examination advisable, there must be consent of the individual, consent of the spouse if there is one, consent of the parent. We have had it for many years. I don't recall a case in the last 20 years, the last several years, I can't recall anyone has ever approached me and complained that their relatives or friends were sterilized when unnecessary or that we held a club over them and said the only way you are going to get out of here is to submit to a sterilization operation. This is the kind of a law that could have you in hot water all the time, but it is a credit to the way it is administered.

MR. WARNEKE: What would you say about the relationship of the Department with the various private agencies, do you work together well?

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MR. HURSH: Yes very closely. We have to get them the child - the child is our ward. The counties do the work and make the recommendations, but often we are the ones that have to find the facilities for the county. We not only license them but have a very good working arrangement.

MR. WARNKE: Do you run into financial problems?

MR. HURSH: The county has to pay, the parents pay if they are able. Any time that a private facility, a group home of 15 children or a couple that has just a young child, this is a charge upon the county 100% or as much of it as the parent are not able to pay.

MR. HOLMQUIST: What percentage of the graduates of Owatonna are employed.

MR. HURSH: This is hard to answer - the only person we send there are children who are mentally retarded. Just sending a youngster there does not make them self-supporting. They are carefully screened and have the potential to become self-supporting. Actually the best figure they could finally arrive at is about 50% going back over the last 10 years.

MR. HOLMQUIST: Mr. Gehrke does our mandatory law affect the personell of the Owatonna schools, in other words if we did not have the Owatonna school under our mandatory law would those same students be eligible for class room training in the public school system?

MR. GEHRKE: Yes.

MR. HOLMQUIST: Then as the mandatory law progresses then is it conceivable that the need for a school like Owatonna might gradually diminish?

MR. HURSH: I think so. As the law expands and more school establish classes you will depopulate this school. The same thing is happening for the blind. These are the higher grade children at Owatonna and naturally they can get in classes like the other children.

MR. HOLMQUIST: Mr. Gehrke in the few years that the mandatory law has been operative, how many cases have you had, if any, where the state department has had to provide an educational home for the child and charge the resident district because of a non-cooperating Board of Education.

MR. GEHRKE: Never.

MR. HOLMQUIST: Are the school districts throughout the state providing the education needed?

MR. GEHRKE: There has been an 84% increase in the number of special classes.

MR. HOLMQUIST: Is this a proper conclusion, the classes are being organized as quickly as teachers become available. The deterrent is teachers rather than cooperation.

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MR. GEHRKE: That is the real stumbling block - the lack of teachers.

MR. VAREKE: Commissioner, I still don't have this quite clear, is it true that in any case when a child needs aid, whether it be on a county basis or in one of these day to day care center, sheltered workshop, this child immediately becomes under the guardianship of the commissioner? Only in institution cases?

MR. HURSH: If your child at birth is obviously retarded, etc. parents might come in within the first month or so and have the child put under guardianship knowing they will have a problem later on. All this takes a Court action, in the probate court like any other guardianship. However, there are many parents that have a strong sense of responsibility, they may go along for 5, 6 or 7 years trying to cope with this and then finally have them committed to state guardianship because he does need institutional care. There are others who have them committed to state guardianship because something may happen to them and they want to be sure there is someone to take care of them - insurance against the time they cannot do it. We feel, and those studying this also feel that this is a service the State should offer. Being in an institution has nothing to do with guardianship, however, only wards are placed there. Many of our wards are never placed in institutions. This is just to make available a state service.

MR. WARNKE: Then these 1200 are all state wards.

MR. HURSH: Yes they are. Some of these have been on the list 3 or 4 years. It takes that long to reach the older ones on the waiting list. When you fill a place like 500 beds in Cambridge you get rid of a year or two. There are about 235 new ones added every year. We never catch up. Usually once committed they are always our wards. On the other hand there are cases where parents sometimes feel they have made a mistake and petition for discharge of guardianship, and then too sometimes we do this. Say for instance an 18 year old girl who walked away from an institution and goes over to Iowa and gets married, they are living over there and seem to be getting along, there is no point to our being a guardian to someone living in Iowa, we then ask that our guardianship be discharged.

MR. HOLMQUIST: Mr. Gehrke, have you had time to determine if the appropriation for the Department of Rehabilitation was high enough to take 100% advantage of Federal funds.

MR. GEHRKE: Yes, they were.

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MR. JOHN GLEN DENNING, Chairman of the Legislative Association of the Minnesota Rehabilitation Association, Rehabilitation Co-ordinator at Glen Lake Sanitorium. This report should be considered only semi-official because it represents the thinking of our legislative committee, but because of the shortness of time between the notice of this meeting and the meeting was such that we could not have our opinion confirmed by our Board of Directors. We hope we may submit to you what we might call our considered judgment about some of these problems, perhaps appear before you at another time. We understand that you want from us suggestions as to specific areas which you might study. That we are prepared to discuss. The Act which establishes this Commission identifies three areas, the mentally retarded, the gifted children, and the other has to do with the problems and programs related to handicapped persons and their employment and such matters related thereto as the commission deems proper to consider. This is where we would like to focus our and your attention most. The reason for that is that we know that there are groups which are studying the question of the retarded who will appear before you if they have not already. There are those interested in the gifted, the same will hold for them. We then focus our attention on the problems and programs related to handicapped persons and their employment. Before we become specific, however, I would like to introduce a member of our organization who will say a little bit about our Minnesota Chapter and our National organization, what they are, who belongs, how the organization functions, how the Minnesota and National Chapter might be utilized by this Commission in investigations or implementing some of their findings.

DR. C. E. TEBERMANN, past-president of the Minnesota Association, member of the national executive committee of the National Rehabilitation Association, member of the Minnesota Rehabilitation Association Legislative Committee at present, chief of vocational rehabilitation and education of the Veteran's Association at Fort Snelling. - This Association that Mr. Glendenning has spoken of is known as the National Rehabilitation Association, it is not exactly a professional organization but it is an organization of professional people who are concerned in one way or another with disability and rehabilitation. We have in this organization the whole range of professional people that are interested in disabled persons and rehabilitation - physicians, nurses, occupational therapists, psychologists, etc. The whole organization is composed of about 18,000 members of that type and they try to keep abreast of what is going on about the country, they are interested in Federal legislation that concern handicapped, they promote institutes and gatherings of professional people and generally try to help in situations like you might have here. Our state chapter of this Association is a replica of the national. We have membership in our Association coming from no less than 75 different agencies and therefore we are not the tool of any particular agency. We think we might be able to help you. We have a great deal of talent. We have no paid persons. Our dues are very modest. These people give a staggering amount of time every year on call. We want very much to have you come to us with any problem that you think that we could or should have an opinion on. We have a great deal of information that we think might be useful to you. We have sponsored various types of inquiries and research in the last few years, one now we think we have been instrumental in pushing along is the one in which a survey is being made of all of the rehabilitation resources in the state of Minnesota. That job is

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being done under a grant of money from the office of Vocational Rehabilitation, Washington, it is under the sponsorship of Mr. Gehrke's Division and Mr. Potter's Blind Division. They are the sponsors of this but we have an advisory board to that project from our Association which we think has been very, very helpful in guiding it and suggesting emphasizing this and giving guidance. We have discovered that there are possibly about 140 to 150 resources in the State of Minnesota scattered all over the State but most of them in the Twin Cities. This project is about ended. The next phase of that project will be to try to get various sections of the State to coordinate their services for disabled persons, to insure that disabled persons in these areas have as good resources for achieving rehabilitation as we have in the cities. That is always hard to do because you have distances involved. We believe that the State of Minnesota can do better than it is now doing if we can get these various little spots in the various parts of the state to coordinate their work. Our Association will help with that second phase by accepting invitations to go out to those communities, help interpret what rehabilitation is, it is not just the matter of getting the patient well, physical therapy, but also help to overcome some of the doubts that he has about himself, his problems resulting from his difficulty, etc. I don't know what directions your inquiries might go, but I hope you will look to us as a source of assistance. We think we can mobilize for you some very able people in the areas of inquiry concerning disabled persons.

MR. JOHN GLENDENNING: As to specific areas of study we have a few which we think are basic. We would call your attention first of all to the second injury provision in the state law. Those of you familiar with the action of the legislature previous to the last one know the intent of the amendment to the second injury law was to promote employment of handicapped persons without losing any of their protection under workmen's compensation, to promote their employment by limiting employer liability to 104 weeks. That was the big thing, but there was also a matter of registering pre-existing conditions. The point is this that I will refer to this Commission Report, a copy of which you all have. The second two years under this law is beginning and it seems well for someone to conduct an extensive study of this law. What is the accomplishment, if anything, what good has come of it, what is bad about it. We feel that it is most important that there be good workmen compensation laws. This commission might assume responsibility of an objective appraisal because questions will be raised about that second injury provision.

A second thing we might direct your attention is what is the size of this rehabilitation problem, how many of our handicapped persons could be rehabilitated. From the Report of the Interim Commission of January 1959 there are 288,000 handicapped in the labor force age range from 16 to 54 years of age. If my mathematics is correct it would appear that 58,000 would be in gainful work if they did not have a handicap. 34,000 who are not working have

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worked since becoming handicapped, 22,000 are actively seeking work. You know those figures but I have some questions about them. Of those 58,000 how many need rehabilitation, that we do not know. How many could be rehabilitated. Who knows. I don't. Out of those 34,000 who might have been in gainful work and were not working, why weren't they working? The same thing might be asked of those 22,000 who were actively seeking work. Why weren't they working? Were they fully qualified for employment consistent with their disability? Did they need the services of the Department of Vocational Rehabilitation. What has been attempted with them? Why weren't more of them qualified for work and working? That whole area needs a great deal more work, work which was started by the previous commission on employment of handicapped persons.

We would also direct your attention to the matter of handicapped males in families receiving aid to dependent children. We are just picking out a few of these things. The whole matter of handicapped persons on welfare is big and needs to be further explored, but as an illustration we mention the matter of aid to dependent children families. In the report you cannot add up the various sections in regard to Ramsey County, St. Louis County, Hennepin County and find out the whole number of ADC families in which there was a disabled male. At least I could not find it. In the report we do have the total cost of ADC and medical expenses to families who have a disabled father, the total cost is in excess of one million dollars. That is a lot of money. We would raise these questions. How many of those disabled fathers could be rehabilitated? Do you know? I don't. In how many cases was rehabilitation attempted? Was rehabilitation attempted and if so what was the outcome? That illustrates this big area in these welfare cases.

We might speak about labor management responsibility. In this report of this Interim Commission many questions are raised in this particular area. I wonder sometimes does management really accept the responsibility which it should for employment of the handicapped. Is it using as many handicapped as it could? You know that when we speak in regard to hiring the handicapped you know that we think in terms of using the ability the handicapped person has, so that he is not disabled, he has a handicap but he is not disabled and he can be used and compete successfully with the non-handicapped worker. All right, is management using as many handicapped persons as it could and should? Does labor do as much as it could in terms of facilitating and promoting the hiring of the handicapped. We know that right now at the national level of the AFL and CIO they are conducting a study around these various questions. They are asking throughout the country "What jobs do you have at which you could use handicapped? How many do you have? What percentage of your total work force is handicapped? This study is asking the question What would be a reasonable percentage? What can management and labor do working together to arrive at some factual agreement under which seniority provisions will not prevent the utilization of the handicapped worker, under which promotional requirements will not have to be met, where there will be no restrictions other than the fact that here is the handicapped worker

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and we can use him in this job and this job alone and therefore we won't hire any other. This Committee might ask itself "Can you do something here in Minnesota to stimulate a study like that and an approach like that through cooperation of labor and management?"

There is the matter of old age and survivors insurance disability payment clause. We believe, I am referring to the fact that when a person is under social security has reached or passed the age of 50 and becomes disabled and can prove it, who then receives disability benefit. Now, that administration is within the frame work of Federal law which cannot be changed at this level. This is what happens - we have first of all the registration with the social security office, we have the submission of the application and medical evidence, we have a finding on the basis of that evidence in accordance with rules laid down by Washington that this person is disabled, now therefore he is entitled to disability payments. Now, let me ask you, does it not seem a little bit peculiar to have this procedure occur and then have the counselling part of the Division of Vocational Rehabilitation come to this man and say wouldn't you like to be rehabilitated. The problem arising there, trying to get the person back off disability payments when he can be rehabilitated and qualified for a useful occupation, the problems are tremendous. I would merely ask you, is it something you would want to study? These are Minnesota people, Minnesota disabled, they were Minnesota taxpayers, some of them could be again.

Finally, I will call your attention of page 39 of the Report of the Interim Commission of Employment of Handicapped Persons where you have a number of things under non-legislative recommendations. I am thinking especially of paragraph 2. I can make reference to some of those today, but we might put everything I have said in one package and say "If you can accept responsibility for doing these things that are numerous, on page 39 and 40, you would be making a tremendous contribution toward fulfillment of one of those three objectives which is set forth in the Act which establishes this Commission.

I want to thank you for letting us be heard. I would like to say that we have here with Mr. Obermann Miss Mary Sweeney a counsellor in the St. Paul Public Schools and is on the Executive Committee on the National Association, and also on the Board of the Minnesota Rehabilitation Association.

MISS MARY SWEENEY spoke briefly to the Committee again offering the assistance to the Committee previously made by Mr. Obermann.

Wednesday, OCTOBER 14th, at 10:00 was set as the next meeting date by members of the Committee. It was decided that the Committee would like to hear Dr. Cameron and anyone else he would like to bring. Also if possible the Governor's Committee on the Mentally Retarded, Dr. Maynard C. Reynolds, Chairman.

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MR. AUGUST GEHRKE, Assistant Commissioner for Rehabilitation and Special Education, as such responsibilities for the rehabilitation program and special education which was mentioned previously as well as the disability determination unit. Within this springwork we, of course, have a lot of advise from a lot of people. I am responsible to the Commissioner of Education and the State Board of Education. Within this we have three advisory committees, one in the area of special education. This is a committee by Statute which is advisory to the Departments of Health, Education and Welfare, of which Maynard C. Reynolds is the Chairman, who, I believe, you are contemplating inviting. There is another advisory committee, the Governor's Committee - advisory to the Governor, to the State Department of Education on Vocational Rehabilitation, of which Dr. Krusen from Rochester is Chairman. There is likewise the Medical Advisory Committee of which Dr. C. Hodgson is Chairman. I think these people have an interest, but whether or not you may have time to hear from them I think it might be advisable.

Let me begin with a quotation from Dr. Rush who is internationally known which I think will set the stage for this type of a commission. He has stated that "By 1980 every worker must support a person who is either age 65 who is chronically ill or so disabled that he needs support of some type or another. Economists tell us that this is an impossible situation, therefore, rehabilitation efforts are necessary and need to be intensified." We only need to read in the paper the situation with the Indians, some of you recall the interest in the area of having more scholarships for education rather than day to day care, charity on a time basis only. This is only a day to day affair, let us get them out and set example of what can be done. This, I think, is pretty much the same type of thing that we have reference to in rehabilitation. Or again to quote Lincoln "We can only do for people so long the things that they can do for themselves". I think this is an important part in this whole area of rehabilitation. I think to really understand disability, to know why from time to time there has been an attitude of pity, of sympathy, now accepted, now rejected, we need to go just a little bit into a historical setting and say what happened to people with disabilities years long, long before us. We know that in primitive times they were done away with, they just weren't kept. We know that the Hebrews in their times took good care of them but they could not participate in religious rites because they were possessed of the devil, they were unclean. We know that in Roman times the father had to accept the child, he could keep it or it was disposed of. We know that in the middle ages he had a value, here he was a court jester. In "Sampson and Delilah" the dwarf was a jester. You can

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This involves a certain amount of assurance, a certain amount of well being about ourselves. Then too there is the one I am particularly interested in the vocational insecurity - do I have a job, will I have a job or won't I have a job. As one of my paraplegia said when he was finished, had been an outstanding farmer, was trained and there early to apply for a job, the employer looked at him and said "I asked for a whole man not a half man." What did this do to the handicapped individual. These are some of the problems that the handicapped faces. I think it is important that they be borne in mind. One more additional thing along this general area, let us think in terms of cartoons, movies, etc. he is always the villain. They more or less make him off as a simpleton, do they not. This is a problem and it does not help those of us who are trying to do something constructive in this area.

We are now leaving the psychological problems and getting into some of the things that are taking place today. What is being done. Let me first, very briefly, cover something in the area of special education. I would like to recommend that Mr. James Geary, Director of Special Education under me, appear and discuss with you the various things being done on a day to day basis here in Minnesota.

Tremendous progress has been made in special education, however, there has been a lag, it has been not only in Minnesota, but many, many states, of maybe 20 or 30 years, and this lag is very difficult to overcome in a short period of time. As you know the special education law is compulsory yet we have never really encountered any problems. The big problem has been finding adequate teachers, finding adequate room, finding adequate similar situations. We have worked very closely between special education and rehabilitation for special education sets the stage and rehabilitation must be faced later on with the end product that comes out of the special education program. We are hoping to have a sight in the area of building a comprehensive, realistic program in special education particularly in the mentally retarded area. We are thinking at this time about making a request for a Federal grant in this area. As I mentioned today there has been an 84% increase in the number of districts. I notice that there are now 62 counties who have special classes whereas before there was a maximum of 40, consequently there has been a tremendous increase. Maynard Reynolds has said that prior to the special education law the parents who wanted their child committed to an institution one out of ten would say "No, I would rather keep my child at home." With the inception of the special education law that we know of today, one in four said "No." I believe real strides have been made here. These people are now anxious to keep their children at home and have facilities within the community so that they will have the opportunity to work, be educated and become a part of the community.

I made a study in 1956 for my Master's Degree on "Attitudes on Rehabilitation Service" where I surveyed welfare offices, high school counsellors, 50 teachers, 50 nurses, etc. and it was interesting to note that the big emphasis was that they believed with the mentally retarded what we needed was to develop personal faith, the routine vocational skills and things of that nature. In other words with the mentally retarded there are little things that you and I take for granted such as punctuality, dress, neatness, etc. that the mentally retarded

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must learn. These things must be taught to them, consequently it must be done in some facility. The problem we are facing with superintendents is the development of special education classes for the retarded, and they ask me this many, many times, after special education - then what? This is the thing we are concerned about in rehabilitation, as we see the growth, the development of just this one area, of special education for the retarded, something must be done to provide work within the community for them, if not just work then recreational facilities.

Now let me leave this special education and cover rehabilitation, last. But permit me to go momentarily into OASI. You hear Mr. Glendenning talk briefly about this. Social security as you know it has been extended to many other areas, farmers are going to be eligible for disability benefits in October. This was started with the freeze benefits so that if you are in a covered employment and you obtain an injury that period of time when you were ill would not be counted against you when you finally get your pension. As this was organized and determination of the disability needed to be done and since there was an existing program under State Vocational Rehabilitation which was geared to do this, consequently Social Security contracted through the office of Vocational Rehabilitation and various state departments of vocational rehabilitation to do this for them. (Inaudible) If after you became ill you could qualify for your pension at that time. Today, as we know it we have a separate staff of counsellors who will be, after we add the additional people for the agricultural load, a total of 22 people entirely financed by Social Security to something but determined disability, whether or not they are they are qualified for social security benefits within the State of Minnesota. Within this there is also an element which has not been brought up of the mentally retarded, because any child who is totally and fully disabled before the age of 18 whose parents is deceased are also eligible for childhood benefits. There are quite a number who are obtaining benefits today. The trends in this area are to liberalize the benefits of those who reach 60, to remove the age completely, which of course creates certain problems when they have these benefits available. The important thing is the determination of social security benefits is basically through medical, legal decisions. Rehabilitation potential has no bearing on it whatsoever. The one significant thing is that since we have disability benefits under the social security it has considerably reduced old age assistance.

As far as vocational rehabilitation is concerned, I am going to again try to go over it rapidly. The past year there were 1,167 people of all walks of life, who were rehabilitated last year. We had 111 mentally ill who were rehabilitated, which is considerably above the national average insofar as mentally ill is concerned. We know, however, that there is a backlog of over 22,000 cases who have indicated an interest. This, of course, does not include, as the saying goes, those who have given up. We of course in vocational rehabilitation have difficulty in working with this great number. In other words the maximum that we can work with is approximately in the area of 5,000 a year. This means, of course, that we have a big problem because we cannot attach it in its entirety. We must also consider the cost of aid to the disabled, the

agency cases and various situations where other aids come in and do affect the general program.

We must also bear in mind the impact on medicine. We need only to look at the T.B. Sanatorium, the mental institutions - where are they? They are out in the outskirts, situated way far away from everything else because when we started we were thought only of as custodians. We know what medicine has done, it has practically eliminated tuberculosis. It is bringing out the people in mental hospitals who have been there as much as 30 years who now need rehabilitation to get them back on the job. We know that many of these children who use to die today live. They are the mentally retarded, the cerebral palsy, the difficult ones who need some very comprehensive work. We know many persons who use to die from cardiac conditions. We have the progressive disease cases. Today the rate of progression has been cut down considerably and many of them live. These are the difficult cases. We note the number killed on highways alone - 800 - but there was 23,000 injured. Of this group a conservative estimate is that at least 10% are so disabled that they cannot return to their jobs, this means a figure of 2,300 alone who are in need of rehabilitation. As Dr. Krusen has said many times, medicine has added years to life, and now it is up to society to add life to these years.

In this area the things that need to be done require money as well as other moral support. We need sheltered workshops for all the people, not just one group. In Pipestone at each of the Indian schools they have gone ahead and added a sheltered workshop in the rural community. We are anxiously waiting to see how this will develop. We know that the retarded groups in Austin, Albert Lee and Fergus Falls and other areas are interested and looking for help in the establishment of a workshop in their community. It should, however, be for the total disabled of the community.

One of the things that we have done that we have emphasized is Opportunity Workshop - this is one of the facilities that I hope you have the opportunity of seeing sometime. Opportunity Workshop we gave a grant of around \$20,000, 75% Federal and 25% State. I think they are doing a tremendous job in building job readiness of the mentally retarded. This needs to be expanded. Office service is another program started in Duluth, we have another one in Minneapolis where we place people with severe disabilities, emotionally disturbed. They gain job experience, confidence in themselves, and when office service says to an employer that "I know he can do something" they know it and it does not come from a charitable organization or something similar. We have given a grant to the Homemaker program in the St. Paul Rehabilitation Center which has done much in helping the disabled homemaker.

There has been grants coming to Minnesota from the OVR over \$500,000 to do study in the various areas, one has been to Dr. Kottke at the University of Minnesota in the study of the cardiac, one for the rehabilitation of the mentally ill, etc., all of these will help us do a better job in rehabilitating the handicapped. On top of that Lloyd Lofquist at the University received one for placement and we find now that the Industrial Relation Center at the University has become a regional research facility, so that they will perform research for this region and to whom we can make recommendations. One project they are going to work on is the "Impact of other related resources and agencies upon the handicapped and the total outlook later on in life". There is also one to Sister Kinney on rehabilitation of the epileptic.

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They have done a tremendous job and we have worked closely with them. This has been extended for another year. We are hoping to go to the communities upon invitation and present to them the facts that have been compiled of the resources in their community and in that way stimulate the development of the community spirit in building these programs so that everyone will be doing their part in working together cooperatively.

We have made much progress in our program of job readiness and early referrals. We work closely with the medical profession for early referrals. We also have a homebound program. It is restricted to Minneapolis, St. Paul and Duluth and it is our hope that it can be spread to all parts of the state. This serves as a stepping stone, a constant motivation.

I have mentioned the rehabilitation facility at Pipestone. If you are from southern Minnesota you know about ABC at Rochester which is the support of IBM. We have a development in Minneapolis and also Fergus Falls. I would also like to mention briefly that if any of you come to Duluth that you stop in and see Max Rhinberger, a quadriplegia, who is managing Office Service there. He had to learn to type by putting a pen in his mouth and today is manager of that facility and is self-supporting. There are other like him.

Mr. Gehrke points out other examples of various rehabilitated people.

In conclusion I would like to delve into this thing called independent living which has been discussed on a Federal level. This is somewhat confusing because people do not understand what it is all about, where it is and what it should be. It is for assistance in establishing workshops and would also give funds to do this.

Mr. Gehrke ended by saying he liked to think in terms of a ladder, the first step is complete dependence, complete dependence on everyone; the next step is independent living, so that everyone if they become disabled can learn to take care of themselves; the next step is the homebound program so they can be taught to do things even though a minimum amount; then possibly a workshop and eventually full time employment.

MR. WARNKE: Did the independent living bill ever receive any consideration in Congress.

MR. GEHRKE: He got all tied up on the labor bill.

MR. HOLMQUIST: I would like to make a comment. I feel that this phase of the program is the most important in rehabilitation. In fact I think if properly handled throughout the nation it would help solve our problem. Minnesota takes full advantage of public funds.

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DR. WILBUR L. LAYTON, Minnesota Council of the Gifted. Actually I think that many of the things that has been said about working with the handicapped also apply to working with the gifted, so what we are really talking about is making special provisions for individual differences of human beings. We have singled out certain characteristics of people, ways in which they are different. You have singled out the mentally retarded, handicapped and gifted. We could talk about athletic proneness, etc. I talk this way because I am a psychologist and one of my concerns is behavior of people and the ways they differ.

Perhaps you don't know that I am also on the Advisory Committee for Vocational Rehabilitation. I have several interest relating to this matter. I think our biggest problem in considering the gifted is one of attitude. On the part of many different kinds of people, too often I think we hear the attitude expressed that we don't need to make special provisions for the gifted because they are bright enough to take care of themselves. I hope to refute that argument a little bit this afternoon. Another attitude we have is that at least in these days we don't particularly want to be singled out, we don't want to be different, so we try as much as possible not to call attention to ourselves. Consequently, I find, that parents for example are not anxious to have their children identified as being "gifted", because it immediately sets them apart from other people and you know very well how people talk together about their children. Most parents don't like being singled out for special attention. This is another kind of attitude that we run into in dealing with the problems of the gifted. Many people would rather they not be identified.

Getting back to this first attitude - the gifted taking care of themselves. To a certain extent it is true because these people, at least when we are talking about the ones that are academically talented, the ones talented in getting grades and learning facilities, these people are sharp, they generally able to adjust to life a little better than the average person. But, at the same time, if they are not given special attention, if they are not given a ridged study program, their time is wasted and they never have the opportunity to learn the things at the depths that they might learn and thereby make a greater contribution to society, and I think it is in this area where we face a great loss, a loss probably as great as taking people the relief rolls and getting them paying taxes, because these people in the main are the ones who are going to make outstanding contributions to our society. They are the ones that are going to make the great inventions, be the great scientists, they are going to be the ones who make the positive contribution to our society toward giving us a better life. They are the ones we look to in the main toward doing more than taking care of themselves, they are the ones we are concerned about in building up our progress. It is this particular group of people that I am interested in. They may be handicapped in not being able to make the likely contribution to our society that they are able to do.

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I think, in terms of over-all improvements and facilities for the gifted in Minnesota, actually there is no program, not much attention is paid to the gifted in Minnesota, nothing organized. There are some scattered efforts almost entirely at the local school level. These are not coordinated in any way, they are not given leadership of any kind that they could benefit from, so in terms of things that might be done to begin a program for the gifted, I think quite importance is that at the state level that there be people who can work with the local school system, with the parents, that can give leadership in working with gifted and talented children. I understand that this state legislature this past Session did authorize a position for a consultant in the State Department of Education, but I am also told that funds were not appropriated so that this position could be filled. The position is there and we hope that someday there will be money to hire someone. It is going to take quite a bit of money to hire the caliber of person I envisage as being able to provide the leadership I am talking about. Some program probably in the State Department of Education with a consultant or several people to get out in the State with the local school systems and helping them work with these children. This places a great deal of emphasis on education, as it probably should. We need as part of that educational program to take advantage of the same kinds of facilities that the special education act now provides for the mentally retarded and handicapped child. This is a provision for psychological services, special teachers, and the other things. Getting back to my first point, actually what this Act does it takes account of ways in which children differ and tries to give help to children who are different in certain ways. What we are talking about is in a way "individualization of curriculum of the school system". Ideally we would take every child we would take every child and determine what is best for him to develop him to the maximum and then provide whatever he needs to do it. I am sure there are not enough resources around to do that ideal job, but I think we should do as much as possible. A consultant working with a local school system can make the school administer and the teachers sensitive to the problems of these people who are different, including the gifted. In this way when the administrator and the teachers are planning their local program they can take as much account as conceivable for them to do of these individual differences in planning their curriculum. They can set up special classes, they can obtain special library material, they can do whatever they can to improve their resources over and above what they provide for every child.

In talking about these special programs, I think we should not lose sight of the fact that we need to develop all kinds of talent. In having my kitchen remodeled I got a hold of a "lousy" cabinet maker. As I inquire around there are not many good ones these days. Maybe in having your automobile repaired you could not find someone good. As you well know there are men who have talent along these areas. We should develop mechanical talent, musical talent, talent in the social area. You know, I am sure, that people vary a great deal in their ability to get along with other people, motivate them, get them to

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work to achieve a common goal. We generally think of people with these special skills of going into politics. This is not always true, but we certainly need to develop as much as possible these people who have a particularly good skill relating to getting other to do things for them. They make good negotiators, good administrators, and we could use a few of them at the international level too. I hope you get the picture as I talk of developing these people who happen to be particularly good and developing them to the maximum because they are the ones that are going to feed back into society the results of their utilization and are going to make everything, I hope, better for all of us.

In getting back to the educational area, there needs to be a great deal of loosening up of traditions in education. We need to take the educational tree and shake the devil out of it and stir it up a great deal. One of the worse features I think of the educational system is the lock step business of grades, and I am not advocating that we immediately do away with grades one through eight, but this business of lock step promotion, a child can't enter kindergarden until he is five, he stays in a year there, etc. This takes no account at all of the way that children differ. In practically any characteristic you want to measure that people possess, in any grade level in school you find people at the very bottom, at the very top, on any one of these various characteristics, height weight, intelligence, ability to control their emotions, etc. There is a phantastic difference. That is more relevant in our discussion in the field of reading for example, arithmetic, there are vast differences, so that at the third grade level you may have children who haven't started to read yet and also the children reading at the high school level. Unfortunately the level of teaching is down to the child who hasn't learned to read yet, who never probably will progress very far, and not where I think it should be at the upper end.

MR. HOLMQUIST: One school system in the state of Minnesota has adopted this policy, that no girl may enter the first grade unless she is 6 years old when school begins, the boy must be 6½ years old, studies have indicated that that is a wise decision. I would like to have you argue that pro and con.

DR. LAYTON: I think what happened in that school system as has happened in many school systems the administrator is looking for an easy solution of a complex problem. It is nice to have rules of this kind. On the average this is probably true, but there is this difference. The amount of overlap between the two sections at this grade level is also tremendous so you are doing a great deal of misclassification by looking only at the average. I would rather do away at that kind of rule and consider each individual child as a separate case, make a decision based on him.

MR. HOLMQUIST: How do you contend with the parents? The reason for those rules are not that we fail to recognize individual differences but purely to control the mothers and fathers of these children.

DR. LAYTON: It relates to point "A" - Consultation of Parents and Planning. Instead of having rules, there is a need for some rules obviously, I think these parents can be dealt with and the pressure reduced through adequate consultation. This require pre-school testing, the use of a school psychologist and much more interaction between the school people and the parents.

MR. HOLMQUIST: I agree that the key to your presentation is to properly place each child based on the results of testing, etc. That can be handled very nicely in schools like Albert Lee, cities of the first class, etc., but how would you handle that in small towns? You reach an area of greater adjustment by having no rules and regulations, unless you have proper testing etc. it becomes helter skelter and you create more problems than you cure.

DR. LAYTON: I think one has to set up rules and if those rules are based on good research, you are probably doing better than having no rules at all, without the facilities to do as I suggest. It is a terrific problem. I think one solution out in your area is consolidation of schools. The other possibility is the establishment of some kind of centers perhaps on a county basis or regional basis. There is a beginning at the mental health clinics but there is not enough of them as yet, but it may be possible to do that type of thing - provide psychological services for all of these exceptional children.

MR. HOLMQUIST: Have you found in your study of the gifted that if they are not given an opportunity to develop their abilities that are far above normal that emotional disturbances arise? Is there any trend at all that shows that that is the result of not having a program for the gifted?

DR. LAYTON: There have been several studies that look at the delinquent and indicated that many of these children are above average intelligence and who are bored and as a result of boredom they did this. You get the same thing at the other end of the intelligence scale. There is a famous case of a boy out in the rural area who was in a country school, actually held back one grade and who was either because of this or because of a family situation was emotionally disturbed at that time. This boy was spotted by a psychologist and through a great deal of effort on the part of this person finally got permission for him to go to school in town rather than out in the rural area, but he had tremendous community resistance to overcome because the families in that community said if that child can go to school in town, why can't mine. They were able to work this through, he was then put up a grade there and is now at the University is a Junior doing extremely well. This boy when he was in the tenth grade, to show you how bright he is, was given test at the University of a graduate student and at the tenth grade he ranked in the upper 20%. I hope that this boy is on the rode to being very productive to society.

Getting back to what I have prepared here in the academic intelligence area we have got psychological tests that do a good job of identifying the people who are talented. We don't have good musical aptitude tests or artistic aptitude tests. We don't have anything to get at social intelligence, but we can pretty well identify the bright ones. We have in Minnesota a state wide testing program that tests over 99% of the high school juniors. It would be easy to go into our files and identify the top half of 1%. The past two years we have used the Ohio Psychological Examination. We think it is going to be a better test. This test is used by high school counselors in finding scholarship placements. We also operate a statewide testing pro-

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gram at the ninth grade level and we test a rough third to a half of all ninth graders. We miss a lot because the Twin Cities are not in it. This program enables us to identify the very bright students. This program is paid for by the schools themselves and the Twin Cities cannot afford it. With their large system they are much better situated to set up their own testing program, buy their own testing supplies, and they both have good programs. We need to do more earlier, at the pre-school level and the early grades, although most schools give a scholastic intelligence test, a reading readiness test which is very similar early in the elementary grades. Identification really is not the big problem, attitudes, providing leadership and giving local school systems help in adapting to situations. These are the things that need to be done. We also need to do research in this area. It would be nice to take these people we have identified, follow them up to see what has happened to them. It would be nice after they have been identified on a statewide basis and make the names of these children and their parents known to the local school system and say to them, here is a program to follow working with the parent and with the children. We found several years ago in following up high school graduates, particularly those who did not go on to college and had the ability to do it, that of these people in the upper 25% of entering college freshmen, those with the ability to do so, of this group only half said they weren't going because they didn't have money. Of the other there was a big variety of reasons, but one of the most important was the matter of mental attitude. One interesting case we had was a boy whose father was a common laborer, this boy ranked in the upper 1% in ability. He was not planning to go to college, he was planning to be a bricklayer. He felt that he could raise himself that much above the social economic level of his family. He could aspire to skilled labor but if he went to college he would get out of step with his family and friends - that is the kind of attitude I am talking about. Others in some of our communities were rich farm people - the attitude is "Why go to college, I can make more money staying here at home on the farm." "What advantage is there in higher education?" In many cases it is just the parents feeling, I didn't finish high school, why should my children want to go to college? Let him finish high school and then get out and work. These attitudes - assuming that we want to change these attitudes - we have got to start as early as possible because you cannot change them over night. It takes many years.

MR. CHILDS: Have you ever given any thought to the possibility that many who go on to college would have been much better off had they gone to vocational school? Maybe no college at all. They are not that type. Have you any figures on how many students that are going to the University would be much better off not in school?

DR. LAYTON: No I don't figure of that type.

MR. HOLMQUIST: Mr. Chairman - all I know that when I said with the freshman class at the University of Minnesota Dean Johnson of SIA said "Well I am glad to see so many here, four years from now just 50% of you will be back."

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MR. HOLMQUIST: I recall from past studies that Pennsylvania had a teacher's certification program for instructions for the gifted, have other states adopted that program?

DR. LAYTON: I am sure other states have but I cannot name them.

MR. WARNEKE: Could you give us some suggestions as to how we could properly attach this general area? If we set up an Advisory Committee are there enough people throughout the State to sit on there and dig into these points listed.

DR. LAYTON: Actually the Advisory Board that is already in existence with Maynard Reynolds as Chairman, has on it the type of people. Already in existence is the the Minnesota Academy of Science, Mason R. Boudrye, Executive Secretary. The Association of Minnesota College is concerned with this problem.

Dr. Layton was asked to set down some direction and hand it to the Commission.

Meeting adjourned at 3:30 P.M.

Respectfully submitted,

*Moppy Anderson*  
Moppy Anderson 2.10.  
Secretary

IW

COMMISSION ON MENTALLY RETARDED, HANDICAPPED  
AND GIFTED CHILDREN

EXECUTIVE COMMITTEE

September 3, 1959

The meeting of the executive committee was called to order by the Chairman, Representative Warnke, at 1:30 P.M. in Room 231 of the State Capitol. The following members of the executive committee were present:

SENATORS

Walter J. Franz  
Karl F. Grittner  
Stanley W. Holmquist

REPRESENTATIVES

Moppy Anderson  
Curtis B. Warnke

As the first order of business the committee discussed the question of employing an executive secretary. In addition to Mr. Abner Johnsen who was present, the Chairman reported that he had a list of five persons who also indicated an interest in serving the committee as executive secretary. It was agreed by the executive committee that the employment of an executive secretary should be delayed until after such time as the committee had determined the areas of its study, the extent to which assistance could be obtained from advisory committees, and the availability of guidance from professional employees of the departments of welfare and education. It was suggested that secretarial services be obtained from the Legislative Research Committee, and that if the full-committee decided at a later date to employ an executive secretary the people appearing on the Chairman's list should also be requested to appear for interview.

The act creating the commission was then read and it was pointed out that the study assignments were grouped into three categories; (1) mentally retarded children, (2) handicapped persons including adults, and (3) gifted children.

A question was raised as to the power of the commission in appointing additional members. It was pointed out that this commission, like a number of others which were created in 1959, had been authorized to appoint advisory committees, but in no case had any commission been allowed to appoint additional members with the same rights as legislative members. It was suggested that this point be clarified at the next full-commission meeting since some of the members thought the commission could appoint additional members of the commission as distinguished from advisory members.

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In regard to the commission study assignments in the three fields, the work of the two previous interim committees on handicapped were discussed by two members of the executive committee who had served on these committees. Senator Holmquist summarized the work of the 1955 committee which made its report to the legislature in 1957 recommending legislation in the following four areas: (1) Establishment of a permanent advisory board in the Department of Health to continually study the problems of exceptional children; (2) Mandatory law that every school district provide special instruction and services to educable children; (3) Permissive law that every school district provide instruction for trainable children; and (4) Establishment of a division of special education in the Department of Education to assist school districts in such educational programs. It was reported that items two and three were adopted into law. Representative Warnke stated that the 1957 interim committee made a survey of the problems of the handicapped but did not have sufficient time in which to prepare detailed recommendations for future legislation. The committee's main concern was the lack of employment of these people in private industry and it was concluded that the industry shied away from these employees not because of the affect their employment may have on workmen's compensation insurance rates, but because of the affect on industrial fringe benefit programs.

It was then suggested that the Legislative Research Committee supply the next commission meeting with copies of the reports of these two previous committees and a set of the minutes, if available. Also, that a summary be made of references within these reports that relate to or may prove to be pertinent to the assignment of the present commission.

After some discussion concerning the procedure to be followed in making the study, it was agreed that the best way to begin would be to have representatives from existing organizations and state department active in the areas of the study review for the commission the nature of their work, accomplishments and possible suggestions to this commission for its study. The following groups were listed:

- (1) Governor's Advisory Committee on Mentally Retarded, Handicapped and Gifted Children
- (2) The State Department of Welfare
- (3) Minnesota Rehabilitation Association
- (4) Minnesota Council for the Gifted

The secretary was then requested to contact the chairmen of these groups and request that they or one of their members appear at the next meeting to review their work. The following schedule of appearances was then suggested:

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- 11:00 A.M. - Commissioner Morris Hursh  
1:30 P.M. - Minnesota Rehabilitation Association  
2:00 P.M. - Council for the Gifted  
2:30 P.M. - Governor's Advisory Committee

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The secretary was also requested to contact the Commissioner of Education to request that Ass't Commissioner August Gehrke be present at all of the commission meetings. Also, Gerald F. Walsh of the Association of Mentally Retarded was to be requested to attend the meetings.

After it was agreed that the Chairman make a report to the Commission at the next meeting, the meeting was adjourned at 2:30 P.M.

Respectfully submitted,

*Mopsy Anderson*  
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Mopsy Anderson,  
Secretary.

GHS/em