

"(1) the applicant or other owner of the facility shall cease to be a public or other nonprofit institution or organization, or

"(2) the facility shall cease to be used for the purposes for which it was constructed or for the provision of hospital or other services for which construction projects may be approved under this title (unless the Surgeon General determines, in accordance with regulations, that there is good cause for releasing the applicant or other owner from the obligation to do so),

the United States shall be entitled to recover from the applicant or other owner of the facility an amount bearing the same ratio to the then value (as determined by agreement of the parties or by action brought in the United States district court for the district in which such facility is situated) of the facility, as the amount of the Federal participation bore to the cost of construction of such facility. Such right of recovery shall not constitute a lien on such facility prior to judgment.

"Definitions

"SEC. 625. For the purposes of this title—

"(a) The term 'State' includes the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, and the District of Columbia.

"(b) The term 'Federal share' with respect to any project means the proportion of the cost of construction of such project to be paid by the Federal Government, determined as follows:

"(1) With respect to projects for which grants are made from allotments made from appropriations under paragraph (b) of section 601, the Federal share shall be whichever of the following the State elects:

"(A) the share determined by the State agency in accordance with standards, included in the State plan, which provide equitably for variations between projects on the basis of objective criteria related to the economic status of areas and, if the State so elects, such other factor or factors as may be appropriate and be permitted by regulations, except that such standards may not provide for a Federal share of more than 68 $\frac{2}{3}$ per centum, or less than 33 $\frac{1}{3}$ per centum, or

"(B) the amount (not less than 33 $\frac{1}{3}$ per centum and not more than either 66 $\frac{2}{3}$ per centum or the State's allotment percentage, whichever is lower) established by the State agency for all projects in the State;

"(2) With respect to projects for which grants are made from allotments made from appropriations under paragraph (a) of section 601, the Federal share shall be whichever of the following the State elects:

"(A) the share determined by the State agency in accordance with the standards, included in the State plan, and meeting the requirements set forth in subparagraph (A) of paragraph (1).

"(B) the amount (not less than 33 $\frac{1}{3}$ per centum and not more than either 66 $\frac{2}{3}$ per centum or the State's allotment percentage, whichever is lower) established by the State agency for all projects in the State, or

"(C) 50 per centum of the cost of construction of the project.

The State agency shall, prior to the approval by it, under the State plan approved under part A, of the first project in the State during any fiscal year, give written notification to the Surgeon General of the Federal share which it has elected pursuant to paragraph (1), and the Federal share which it has elected pursuant to paragraph (2), of this subsection for projects in such State to be approved by the Surgeon General during such fiscal year, and such Federal share or shares for projects in such State approved by the Surgeon General during such fiscal year shall not be changed after approval of such first project by the State.

"(c) The term 'hospital' includes general, tuberculosis, and other types of hospitals, and related facilities, such as laboratories, out-patient departments, nurses' homes and training facilities, and central service facilities operated in connection with hospitals, but does not include any hospital furnishing primarily domiciliary care.

"(d) The term 'public health center' means a publicly owned facility for the provision of public health services, including related publicly owned facilities such as laboratories, clinics, and administrative offices operated in connection with such a facility.

"(e) The term 'nonprofit' as applied to any facility means a facility which is owned and operated by one or more nonprofit corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

"(f) The term 'diagnostic or treatment center' means a facility for the diagnosis or diagnosis and treatment of ambulatory patients—

"(1) which is operated in connection with a hospital, or

"(2) in which patient care is under the professional supervision of persons licensed to practice medicine or surgery in the State, or, in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the State.

"(g) The term 'rehabilitation facility' means a facility which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of—

"(1) medical evaluation and services, and

"(2) psychological, social, or vocational evaluation and services,

under competent professional supervision, and in the case of which—

"(3) the major portion of the required evaluation and services is furnished within the facility; and

"(4) either (A) the facility is operated in connection with a hospital, or (B) all medical and related health services are prescribed by, or are under the general direction of, persons licensed to practice medicine or surgery in the State.

"(h) The term 'facility for long-term care' means a facility providing in-patient care for convalescent or chronic disease patients who require skilled nursing care and related medical services—

"(1) which is a hospital (other than a hospital primarily for the care and treatment of mentally ill or tuberculous patients) or is operated in connection with a hospital, or

"(2) in which such nursing care and medical services are prescribed by, or are performed under the general direction of, persons licensed to practice medicine or surgery in the State.

"(i) The term 'construction' includes construction of new buildings, expansion, remodeling, and alteration of existing buildings, and initial equipment of any such buildings (including medical transportation facilities); including architects' fees, but excluding the cost of off-site improvements and, except with respect to public health centers, the cost of the acquisition of land.

"(j) The term 'cost' as applied to construction or modernization means the amount found by the Surgeon General to be necessary for construction and modernization respectively, under a project, except that such term, as applied to a project for modernization of a facility for which a grant or loan is to be made from an allotment under section 602(a)(2), does not include any amount found by the Surgeon General to be attributable to expansion of the bed capacity of such facility.

"(k) The term 'modernization' includes alteration, major repair (to the extent permitted by regulations), remodeling, replacement, and renovation of existing buildings (including initial equipment thereof), and replacement of obsolete, built-in (as determined in accordance with regulations) equipment of existing buildings.

"(l) The term 'title', when used with reference to a site for a project, means a fee simple, or such other estate or interest (including a leasehold on which the rental does not exceed 4 per centum of the value of the land) as the Surgeon General finds sufficient to assure for a period of not less than fifty years' undisturbed use and possession for the purposes of construction and operation of the project."

(b) The amendment made by subsection (a) shall become effective upon the date of enactment of this Act, except that—

(1) all applications approved by the Surgeon General under title VI of the Public Health Service Act prior to such date, and allotments of sums appropriated prior to such date, shall be governed by the provisions of such title VI in effect prior to such date;

(2) allotment percentages promulgated by the Surgeon General under such title VI during 1962 shall continue to be effective for purposes of such title as amended by this Act for the fiscal year ending June 30, 1965;

(3) the terms of members of the Federal Hospital Council who are serving on such Council prior to such date shall expire on the date they would have expired had this Act not been enacted;

(4) the provisions of the fourth sentence of section 636(a) of the Public Health Service Act, as in effect prior to the enactment of this Act, shall apply in lieu of the fourth sentence of section 644(a) of the Public Health Service Act, as amended by this Act, in the case of any project for construction of a facility or for acquisition of equipment with respect to which a grant for any part thereof or for planning such construction or equipment was made prior to the enactment of this Act;

(5) no application with respect to a project for modernization of any facility in any State may be approved by the Surgeon General, for purposes of receiving funds from an allotment under section 602(a)(2) of the Public Health Service Act, as amended by this Act, before July 1, 1965; or before such State has had a State plan approved by the Surgeon General as meeting the requirements of section 604(a)(4)(E) as well as the other requirements of section 604 of such Act as so amended.

Mr. HARRIS (interrupting reading of the bill). Mr. Chairman, I ask unanimous consent that further reading of the bill be dispensed with, and that it be open to amendment at any point.

The CHAIRMAN. Is there objection to the request of the gentleman from Arkansas?

There was no objection.

The CHAIRMAN. Are there any committee amendments?

AMENDMENT OFFERED BY MR. HARRIS

Mr. HARRIS. Mr. Chairman, I offer a committee amendment.

The Clerk read as follows:

Amendment offered by Mr. HARRIS: On page 100, line 15, strike out "644(a)" and insert in lieu thereof "624(a)".

Mr. HARRIS. Mr. Chairman, this is purely a typographical error in the bill, and this amendment is for the purpose of correcting that error.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Arkansas [Mr. HARRIS].

The amendment was agreed to.

The CHAIRMAN. The question is on the committee substitute amendment to the bill.

The committee substitute amendment was agreed to.

The CHAIRMAN. Under the rule, the Committee rises.

Accordingly the Committee rose; and the Speaker having resumed the chair, Mr. VANIK, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 10041) to improve the public health through revising, consolidating, and improving the hospital and other medical facilities provisions of the Public Health Service Act, pursuant to House Resolution 715, he reported the bill back to the House with an amendment adopted by the Committee of the Whole.

The SPEAKER. Under the rule, the previous question is ordered.

The question is on the amendment.

The amendment was agreed to.

The SPEAKER. The question is on the engrossment and third reading of the bill. The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER. The question is on the passage of the bill.

The bill was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE TO EXTEND REMARKS

Mr. HARRIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to extend their remarks in the Record on the bill H.R. 10041, just passed.

The SPEAKER. Is there objection to the request of the gentleman from Arkansas?

There was no objection.

VIETNAM

(Mr. SIKES asked and was given permission to address the House for 1 minute and to revise and extend his remarks and include a letter from the Secretary of the Air Force.)

Mr. SIKES. Mr. Speaker, there has been much comment about the use of outmoded or obsolete aircraft in Vietnam. Unfortunately, these statements are ill founded. They miss the mark a country mile. The aircraft which have been used in Vietnam are those which are best suited for the job to be done. They were chosen for that reason. And, each of them was overhauled and brought into first-class condition before being used.

A letter from Secretary of the Air Force Eugene M. Zuckert, to the Honorable CARL VINSON, chairman of the House Armed Services Committee, dated May 13, 1964, brings out these facts in detail. This letter has been made public, and I can see no justification for the continuing criticisms which simply

to magnify a news story that happened to make headlines.

The men who are doing the fighting know that among all the planes we have, these are best for the job to be done for the mission in Vietnam. They are simple to maintain and particularly well adapted to operating from undeveloped airfields. The requirement in Vietnam simply is not one where high-proficiency aircraft, such as advanced jets, are best fitted.

One paragraph in particular from Secretary Zuckert's letter is worthy of consideration. He stated:

In Vietnam, our pilots have performed with marked skill and valor. Other Air Force men have contributed importantly to training the Vietnamese in radar, weather operations, photo processing, and air transport. For the mission assigned the T-28 and B-26 aircraft have also performed outstandingly. Maintenance rates for these aircraft, under hard circumstances, have been comparable with the Air Force average. The ordnance employed—primarily rockets, conventional bombs, and napalm—has given satisfactory performance, with expected reliability standards achieved.

Through the use of these aircraft, it is possible for air cover and air scrutiny to be maintained for long hours over designated target areas. Slower speed provides closer ground support and more careful scrutiny of ground targets but without undue vulnerability to Vietcong weapons. Importantly, the casualty rates are low.

The Air Force knows what it is doing. A copy of Secretary Zuckert's letter is attached for reprinting in the Record:

DEPARTMENT OF THE AIR FORCE,
Washington, May 13, 1964.

HON. CARL VINSON,
Chairman, Committee on Armed Services,
House of Representatives.

DEAR Mr. CHAIRMAN: Before he departed on his trip overseas, Secretary McNamara asked me to reply to your letter of May 5, to him, inquiring about equipment provided by the United States and used in the Republic of Vietnam. As indicated below, this equipment was selected with precise mission suitability in view, was carefully tested and improved prior to use in Vietnam, and has performed outstandingly ever since its assignment there.

Our country is committed to advising and training the Vietnamese for their fight against the Communist insurgency which seeks to take away their freedom. It is the Vietnamese who will determine the outcome, and the equipment we provide must fit their needs and skills. The war is being fought in a less developed land, where equipment must be suited to both the job and the facilities, and able to meet the unique problems encountered.

Any discussion of U.S. Air Force activities in Vietnam must begin with the activation of the Special Air Warfare Force which was started in 1961 to assist in countering Communist-inspired insurgencies. From this force was developed the 1st Air Commando Squadron which was deployed in Vietnam in November of the same year. Its mission then, as now, was to advise and train the Republic of Vietnam Air Force (VNAF). As a key element of this training function, American pilots in the squadron began at that time to fly the operational training missions which they continue to fly so effectively and bravely today.

When the Special Air Warfare Forces were organized, they were equipped with B-26 and T-28 aircraft because of the particular

suitability of these aircraft to the Vietnamese environment and the mission at hand there. Both aircraft were relatively simple to maintain, and were particularly well adapted to operating from undeveloped airfields.

Prior to being dispatched to Vietnam, the B-26 and T-28 aircraft were modified for combat operations, inspected, given major overhaul, and brought to "like new" condition.

At a cost in excess of \$3 million, 31 T-28 aircraft were modified and overhauled as follows:

- (a) Wing modification to assure structural integrity at 10,400 pounds maximum gross weight (increased from 7,000 pounds).
- (b) Installation of self-sealing fuel tanks.
- (c) Installation of six-sealing fuel tanks.
- (c) Installation of six "hard points" on wing on which to carry ordnance (bomb racks for 500-, 250-, 150-pound bombs, automatic gun chargers, gun pods for M-3 50-caliber machineguns, 2.75 rockets).
- (d) Complete airframe overhaul, including corrosion control and repaint.
- (e) Beefed up engine firewall to accommodate the H-1820-86 1,425-horsepower engine.
- (f) Beefed up the nosewheel steering and the wheel assembly for rough terrain operation.
- (g) Armorplate installed on seats and floor.

To validate the load-carrying capabilities of this aircraft for both the 3,000 and 4,000 pounds external load capacity wing, two wing static tests were accomplished at an additional cost of more than \$1 million.

At a cost in excess of \$5 million, 41 B-26 aircraft were modified and overhauled at Ogden air materiel area as follows:

- (a) Complete airframe and engine overhaul.
- (b) Replacement of all tubing and wiring.
- (c) Replacement of fuel cells.
- (d) Corrosion treatment.
- (e) Removal and inspection of all wing attachment fittings. Inspection of the wing structure, ribs, stringers, and wing bulkheads for cracks, missing rivets, corrosion and repair as required.
- (f) Propellers replaced.
- (g) All armament was checked for condition, security, and serviceability.
- (h) Flight tests were conducted by qualified personnel. Discrepancies noted were corrected.

Like the equipment, the men being assigned to Vietnam have received special attention. All pilots of the 1st Air Commando Squadron undergo an intensive 60-day training course at Hurlburt Air Force Base. The proficiency of all pilots is carefully evaluated. Each must meet and pass inspection by a special standardization board established to insure crew proficiency. When these men are sent to Vietnam, they are ready for the assignment.

The tour for pilots in South Vietnam has been increased within the past year from 6 to 12 months. During a 12-month tour a pilot will normally fly approximately 100-150 operational training sorties. Neither the length of the tour nor the number of sorties flown is considered excessive. To date the Air Force has experienced 19 fatalities in T-28 and B-26 aircraft resulting from actions by hostile forces and 6 fatalities in these aircraft from other causes. Three men are missing in action.

In Vietnam, our pilots have performed with marked skill and valor. Other Air Force men have contributed importantly to training the Vietnamese in radar, weather operations, photo processing, and air transport. For the mission assigned, the T-28 and B-26 aircraft have also performed outstandingly. Maintenance rates for these aircraft, under hard circumstances, have been comparable with the Air Force average.

The ordnance employed—primarily rockets, conventional bombs, and napalm—has given satisfactory performance, with expected reliability standards achieved.

In 1962 the 1st Air Commando Squadron supported the VNAF with an average of 375 operational training sorties per month. In 1963 this support was increased to an average of 750 sorties per month. During the 4,500 sorties flown in 1962, 4 strike aircraft were lost to hostile action; during the 9,000 sorties flown in 1963, 9 strike aircraft were lost. Due to the increased effectiveness of Vietcong antiaircraft fire, 8 aircraft have been lost to hostile action so far this year.

In three of these cases, one in 1963 and two in 1964, the precise cause of loss is not known, but it is possible that structural failure may have been a contributing factor. However, there is no positive evidence of T-28 structural failure within design limits. In one case, structural failure in a wing may have occurred as a result of extremely high stresses in excess of design limits during pull-up by a T-28 in an attack on a heavily defended target. In the other two cases, it was impossible to determine the specific cause because efforts to obtain the entire wreckage were not successful, but ground fire was experienced in both cases.

In addition, five aircraft, two B-26's and three T-28's, were lost to causes other than hostile action. Of the two B-26's one indicated structural failure. The aircraft had been repaired for control difficulties. During the subsequent test flight, the tail section failed. Investigation indicated the aircraft was overstressed in flight. The other B-26 went down on a photo mission in deep water and the cause is unknown. The T-28 noncombat incidents are not attributable to structural failure.

The B-26 has been used for reconnaissance and bombardment, and has clearly demonstrated its effectiveness. However, as a result of the accident investigation of B-26 crash in February of this year at Hurlburt Air Force Base, Fla., which gave the first positive evidence of an accident resulting from structural failure, immediate action was taken restricting the flying of the aircraft. All of the B-26's have now been withdrawn from operational flying throughout the world, to permit additional modification.

The USAF initiated action in September 1963 to modify A-1E aircraft to replace the T-28 aircraft. The modifications involved extensive engineering and complete overhaul, which have been carried out as quickly as possible. The replacement of T-28's was programmed to occur as the VNAF transitioned from T-28 to A-1H aircraft, the single-seater counterpart of the A-1E. The first A-1E aircraft are enroute now and will arrive in Vietnam early in June.

The overall effectiveness of our Air Force's support of VNAF operations has become very clear:

First, by virtue of air operations the Vietcong do not enjoy their former freedom of movement.

Second, in the absence of roads, the air capability has provided a timely and vital communications asset.

Third, air cover of convoys and trains has reduced Vietcong ambushes.

Fourth, airpower now provides Vietnamese villages with a measure of security from Vietcong surprise attacks that could previously be resisted only passively or ineffectively.

Fifth, attacks on villages, day or night, frequently cease with the arrival of aircraft overhead.

Sixth, one characteristic of guerrilla operations is that initiative lies largely in the hands of the insurgents. Flexibility and speed of response are essential to counter this. Particularly in the Vietnamese environment, airpower offers a critical equalizing measure.

If you have any further questions, I would be pleased to provide any additional information you may desire.

Sincerely,

EUGENE M. ZUCKERT.

NORMAN REDLICH AND THE WARREN COMMISSION

(Mr. JOHANSEN (at the request of Mr. KUNKEL) was given permission to extend his remarks at this point in the Record and include extraneous matter.)

Mr. JOHANSEN. Mr. Speaker, one can only wish that the Warren Commission—named to investigate the assassination of President Kennedy—had as much gumption and good judgment as Norman Redlich has gall.

Redlich is a professor of law at New York University. Since December 20 of last year he has been a \$100-a-day legal consultant to the Warren Commission. Meanwhile he has continued to lend his name and support to Communist front groups—a practice he began 9 years ago.

Redlich has maintained his membership on the National Council—the governing body—of the Emergency Civil Liberties Committee—identified by two congressional committees and FBI Director J. Edgar Hoover as a Communist front.

His name appeared on an April 13, 1964, New York Times advertisement, lauding the work of the ECLC and soliciting funds for its support. Formation of the Emergency Civil Liberties Committee—not to be confused with the American Civil Liberties Union—was announced in October 1951 by the Communist Daily Worker. It serves, among other things, as a propaganda and legal defense arm for Communists.

Redlich's name also appears on ads published in the December 21, 1963, Nation and the February 1964 Frontier. These ads solicit funds for legal defense of three youths indicted by a Federal grand jury last September for illegal travel to Cuba as guests of Castro's Government and for "conspiring illegally to organize and promote a trip to Cuba in violation of U.S. travel laws."

Early last year this man Redlich, who is now "helping" the Warren Commission investigate the assassination of President Kennedy—by a self-styled Marxist, 3-year defector to Soviet Russia, and member of the Fair Play for Cuba Committee—joined in a statement protesting hearings of the House Committee on Un-American Activities on violations of State Department travel regulations and pro-Castro propaganda activities in the United States.

Also since joining the Warren Commission staff, Redlich's name was carried in the February 21, 1964, Abolition News, the bulletin of the National Committee to Abolish the House Un-American Activities Committee, as one of the organization's sponsors. Seven of the 13 top leaders of this organization are identified Communists.

Because the Warren Commission has followed a "hire first, investigate later" policy, it was not until last week that it got around to reviewing the report on an investigation of Redlich. And the Com-

mission then cleared him for the duties he has been carrying on since December 20—including access to classified material.

The Commission cleared Redlich on the grounds that there was no evidence of actual Communist Party membership. Standard government security criteria include many other disqualifying factors—among them "unsuitability and pressure risk" and "sympathetic association with subversive individuals or groups."

The Commission, incidentally, rejected a motion by Congressman GERALD R. FORD of Michigan—one of its members—to terminate Redlich's employment.

Last February the Commission chairman, Chief Justice Warren, told reporters that "because of security precautions, some of the testimony might not be released to the public within their lifetimes."

The Commission's laxity in the Redlich matter makes a mockery of "security precautions."

At the time of the Warren statement, I warned in a House speech that "public confidence is a very fragile thing."

By its hiring and retaining Norman Redlich, the Commission has shown about as much concern for public confidence as a clumsy and careless baggageman does for the "handle with care" labels.

Blundering is not treason, by any stretch of the imagination. But it can be just as fatal—both to public confidence and to national security.

JOINT CONFERENCE ON MENTAL RETARDATION

(Mr. CLEVELAND (at the request of Mr. KUNKEL) was given permission to extend his remarks at this point in the Record and include extraneous matter.)

Mr. CLEVELAND. Mr. Speaker, mental retardation is a grave national problem. Much has been accomplished in the treatment of mental health, but much remains to be done. On Friday, April 3, a Joint Conference on Mental Retardation was held in Concord, N.H., sponsored by the New Hampshire Council for Retarded Children and the Division of Mental Health of the New Hampshire Department of Health and Welfare.

It was my pleasure to attend this meeting and to bring the conference up-to-date on the important and far-reaching legislation which was passed in the first session of the 88th Congress to help combat the problem of mental retardation. I am proud that New Hampshire was one of the very first States to file an application to participate in the new programs. The New Hampshire application, prepared under the leadership of Dr. Shao-Chi Yu, New Hampshire Director of Mental Health, has been adjudged as an excellent one—one which may well serve as a prototype for other applications.

The legislation which Congress passed will do much to assist the problem of mental retardation, but much remains to be done. The tools have been sup-

plied, but we now must get trained people and put the programs to work. The need for initiative and energy at the local level is great. The mere passage of Federal laws does not solve the problem, although it does help.

This was one of the most successful meetings of its kind ever held. There were more than 500 people in attendance, a fine tribute to the excellent job done by my friend and constituent, Gloria R. Murray of Peterborough, chairman of the conference, and her husband, Fred E. Murray, vice president of the New Hampshire Council for Retarded Children. Harold C. Ladam of Keene, the dedicated president of the New Hampshire Council, is also a friend and constituent. All are long-time leaders in New Hampshire's efforts to combat mental retardation.

Among the featured speakers at the conference were: Samuel Kaminsky, associate executive director of the National Association for Retarded Children; Dr. William F. Windle, research professor, New York University Medical Center; and Dr. Stafford L. Warren, special assistant to the President on Mental Retardation.

New Hampshire Gov. John King and U.S. Senator THOMAS MCINTYRE also addressed the conference.

Other participants in the day-long program were: James J. Barry, commissioner, New Hampshire Department of Health and Welfare; Rev. Hartley T. Grandin, executive secretary, New Hampshire Council of Churches; Conrad A. Cote, vice president, New Hampshire Council for Retarded Children; Dr. Yu; Charles C. Davie, mayor of Concord; Dr. Jackson Wright, president, New Hampshire Medical Society; Dr. Mary M. Atchison, director of public health, New Hampshire Department of Health and Welfare; Dr. Ursula G. Sanders, director, Child Health and Crippled Children's Services; Dr. Walter St. Clair, psychologist, Veterans' Administration Hospital; Paul E. Farnum, commissioner, New Hampshire Department of Education; Dr. Elsworth Tracy; Mrs. Frances P. Fitzgerald, executive secretary, New Hampshire Easter Seal Agency; Dr. Claire McCann, medical director, Crotched Mountain Foundation; Arthur E. Toll, superintendent, Laconia State School; Jere Chase, vice president, University of New Hampshire; Dr. David Sarner, dean of instruction, Keene State College; and Rev. Dennis O'Leary.

Mr. Kaminsky made some remarks of special significance to the general public which I would like to share with my colleagues. Excerpts from his address follow:

EXCERPTS OF REMARKS BY SAMUEL KAMINSKY

As we look at the total spectrum of the community, national, State, and local, we find planning bodies have been organized to help determine and differentiate the responsibilities at various levels. Lest you think this an easy task one only has to glance at the President's Panel report and notice the latitude that is allowed in terms of planning, especially at the local level where different kinds of dispersed, centralized or decentral-

ized, and coordinated efforts are mentioned. Political structure and attitude, population and population distribution, extent and kind of economy, structure of governmental services, are elements that always must be taken into consideration before attempting to plan to meet our various responsibilities to the retarded.

Whether we represent a national, State, or local association our major purpose should be synonymous—that of promoting the general welfare of the mentally retarded of all ages everywhere: at home, in the communities, in the institutions and in public, private, and religious schools, and last but not least, to alleviate or prevent mental retardation in children yet unborn. The problem then is one of trying to meaningfully participate in a plan of action that will change these words from an abstract statement of principle into reality represented by concrete services.

BASIC NEEDS

We might begin by asking ourselves the question: What is the first ingredient necessary to bring about needed services for the retarded? I do not profess to be an authority on this question but I would just about be willing to gamble on the answer resting somewhere in the area of an informed, interested, and willing public. If this is true we can then begin with our first responsibility—that of informing the body politic of basic facts about causes, needs, and methods of treatment for the mentally retarded.

Another basic principle very much in the limelight at the present time is that of emphasizing the necessity for interdepartmental or interagency planning and programming for the retarded. This is coupled with the focus on a continuum of care and services which permits an individual to move with ease from one type of service to another while maintaining at all times the proper attention to his unique requirements. As the President's Panel report indicates: The ongoing process of assuming that an individual receives the services he needs when he needs them and in the amount and variety he requires is the essence of planning and coordination.

PRESENT LACK OF SERVICES

That not many communities come anywhere near offering the total program of services needed by the retarded is a fact that speaks for itself. Recent statistics indicate that less than 25 percent of the retarded who need special education services are receiving them. Only a small percentage are receiving vocational training or employment services. The basic design of many of our programs is not geared toward modern thinking with regard to techniques and research activities that will stimulate program improvement.

ROLE OF ASSOCIATION

Since the purpose is to promote the welfare of the mentally retarded the role of our associations is to individually and collectively stimulate community action to benefit the retarded. This means that we must be prepared to assist in planning new services to help organize public and legislative support for both local and State programs, to initiate demonstration projects which illustrate to the community where the greatest lacks remain. In this respect our greatest challenge is to incorporate from the past that which will enrich the present and aid in coping with the future, keeping in mind at all times, the dynamic and changing nature of our needs and altering the services to meet these needs.

COMMUNITY PROGRESS

To be effective a comprehensive community program designed to meet the needs of

the retarded must be closely coordinated. There is a lot of talk these days about coordination but believe me it is still hard to find truly coordinated efforts. As far back as 1956 at a conference of the Northeastern States held under the auspices of the Council of State Governments a formal resolution recommended that the council consider methods of coordinating the activities of Federal, State, and local agencies among themselves in programs of research, training, and treatment of mentally retarded persons. This was followed by a national conference called by the Council of State Governments in 1958 at which time after exhaustive discussion, the conference agreed that the problems of the mentally retarded are not and cannot be the sole responsibility of any one department of State government. They are important concerns of several departments and require a multiple coordinated attack.

This blueprint for dealing with the needs of the mentally retarded was concurred in by the President's Panel on Mental Retardation in its report to President Kennedy in October 1962 in which it stated: "Each State should make arrangements through such means as an interdepartmental committee, council or board for the joint planning and coordination of State services for the mentally retarded, the Panel went further and added the following * * * in addition to interagency committees, public advisory committees broadly representative of interested lay and professional groups have proved valuable in helping to develop and advise on how to carry out comprehensive programs. In effect what was being said was that community planning cannot be solely from the top down or from the bottom up. It must involve a combination of both professional and volunteer participation and must utilize the maximum resources of both.

RESEARCH

I could not possibly leave the subject of community responsibility and planning without mentioning research. On Monday of this week the New York Times carried a report of a Rockefeller Institute scientist who succeeded in isolating a single gene and transplanting it to another cell thereby altering the trait of the cell. While the extent to which this development will find application eventually in biological research is uncertain, of one thing we are certain: The benefits of research and the promises it holds for the future in terms of prevention as well as new methods of care and treatment appear limitless.

PLANNING

In planning to meet our responsibilities we can expect to meet many obstacles. We should not be surprised because we have faced them before and many times have overcome them. For instance we know the difficulties in trying to plan for such a heterogeneous group as the retarded especially when many have been labeled with inappropriate classifications that do not reflect their true potential. We also know that we still suffer somewhat from the lack of a common language and a common body of knowledge from which to draw and we are certainly aware of such things as the cultural lag between our changing philosophy toward the retarded and the readiness of communities to support needed services. We are aware also of the lack of understanding among many professionals that the retarded can profit from their services, of the demands and priorities of special interest groups, and the lack of skilled manpower and finances to back basic community services.

With the changing focus we are becoming aware of new problems such as those brought about by the shift to modern urban