Absolutely. I think the black areas have to have the action, and they have to provide services to themselves. Otherwise, how are they ever going to learn to provide those services? I think this is the way it's going all across the country and certainly the way it will

go here, I imagine. On Staten Island, where you don't have big minority communities, the problem is an overt between the white professional community and the white middle-class community when we talk about handicapped children. It doesn't matter what color you are if you can't get services, because they don't exist. I think as that relates to Staten Island, you have the same kind of problem between a white professional community and a white middle class community here

think for upper-class and middle-class white people this is true. But if you're from a minority area, it's a very sad fact that medical care is inadequate.

I think their complaints are certainly justified. How this system will change to meet the needs of minority groups I frankly don't know at this time. We really don't have the physician manpower, in terms of minority

manpower, to really provide a good community program at that level. One that the people are going to be satisfied with.

In relation to that, what special problems are there regarding treatment of retarded minority group children?

The special problems are for example in California, the Mexican American where we have a hard time getting professional people who are bilingual (i.e. speak Spanish and English). The Spanish-speaking person wants his services from a Spanish-speaking professional. By and large this is not available, so it is a tremendous problem.

The black person doesn't like to come into a white agency for his service, so wer're trying to hire black professionals. Though I would say we're more successful in getting black professionals than we are in getting bilinguals.

n.d.