

are aimed at reducing the resident population of our large institutions," says Dr. Alan D. Miller, commissioner of the New York State Department of Mental Hygiene. "Our new, small facilities are designed to develop a new model of services, including residential and out-patient care, which integrate their services with all other community services."

"Lifelong institutionalization will no longer be the pattern of care, and the retarded person, whatever his level of disability, will have his rightful place in the community."

But the new trend is not finding its way out of society's closet easily. The task of shifting years of health care from custodial treatment of outcasts to a coordinated effort of community interaction, and to break down psychological barriers, is almost as formidable as finding a cure for mental retardation.

"Thousands of children labeled 'autistic' make up only a fraction of the handicapped patients who have been deprived of essential services in the shuffle of diagnostic con-

fusion and through the misguided efforts of an unwieldy bureaucracy," Dr. May Goodwin, a consultant with Miller's department, told a joint legislative investigation subcommittee. She also charged that New York State's mental hospitals are just as "intolerable" today as they were in 1965, when the late Sen. Robert F. Kennedy said

Willowbrook "bordered on a snakepit."

"I don't think the attendants are at fault," Kennedy said then. "We're all at fault."

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