

problem. Many parents predictably blame—and pity—themselves. One of the most difficult decisions is whether to keep the child or have him "put away." For some, an institution is the only answer; the burdens of home care are simply too great, the impact on the family too disruptive. Others, to whom that prospect is intolerable, frequently find good alternative care unavailable.

Most parents and specialists now realize that the typical large state-run custodial institution must be regarded as the very last resort. Even in states that have relatively progressive policies toward the treatment of retardation, such facilities are Hogarthian reflections of a Bedlam approach to the problem. They are chronically short of funds and personnel, do little to train the more seriously afflicted and can rarely maintain even minimal standards of hygiene. One

STEVE HANSEN



WORKSHOP AT HATHORNE SCHOOL
A right to education.

example is New York's Willowbrook State School on Staten Island, where a cutback in state appropriations recently caused conditions to deteriorate to the crisis point (TIME, Feb. 14). Talking about the care in state custodial institutions generally, Willowbrook Director Jack Hammond says: "It's inhuman. We're treating the mentally retarded as if they have somehow offended society."

There is now a consensus that the concept symbolized by the Willowbrook of the U.S. has failed on all counts, that even if more funds were available for them, they would merely become slightly less dismal warehouses for society's rejects. Nor are private institutions a feasible alternative for the vast majority of families; fees run from \$3,600 to \$8,000 a year. Most experts have concluded that all but the most seriously afflicted are best served by normal surroundings. This means living at home and having access to training

and treatment, or living in small residences where close, personal attention is provided.

Such an approach requires large amounts of money and expertise, and some states have begun to supply both. In 1966 Massachusetts passed the Community Mental Health Act, which set up regional boards to evaluate needs and plan facilities. Says Dr. Milton Greenblatt, the state's commissioner of mental health: "We're trying to phase down the institutions and close the snake pits." One large facility has been closed while the patient load at others has been reduced. The Hathorne State School, a new center serving a region with a population of 900,000, provides in- and outpatient services, day care and community residences.

Name Game. Nebraska, Georgia and Illinois have built community facilities where the retarded who continue to live at home can be helped. No other state has gone as far as California, which in 1971 created a network of comprehensive medical and educational facilities designed to supply a complete range of services for some 200,000 retarded. These centers provide diagnosis and continued counseling at no cost, and guide parents to the best available training programs. They also help to find foster homes for children whose parents cannot care for them.

Baltimore's John F. Kennedy Institute for Habilitation of the Mentally and Physically Handicapped Child, one of 27 university-affiliated research facilities created under a 1966 federal law, brings together pediatricians, psychiatrists, speech and hearing specialists. The institute puts children through complete physical and psychological examinations and tests for learning and perceptual disabilities before staff members meet with parents to set what Dr. Robert Haslam, the institute's director, calls "realistic goals for their habilitation." It also provides in- and outpatient services for 140 children. Similar programs are carried out at the Developmental Evaluation Clinic at Children's Hospital Medical Center in Boston, whose director, Dr. Allen Crocker, believes that almost every retarded child can be helped in some way. He spends much of his time training parents to accept the retarded as human beings. Parents must also learn not to give up hope. Joseph and Jean Paulsen of Chicago were told that their son Donny would never sit up or walk, let alone go to school. They were urged to put him in an institution. Instead the Paulsens kept him home and worked with him themselves so that Donny, 15, now not only walks, but dresses and feeds himself. Even mongoloids, once written off as hopeless cases, can be trained or educated to some degree.

Doctors at the Fairview State Hospital in Costa Mesa, Calif., have adapted a musical teaching method to help develop language skills. In one exercise, the youngsters sit in a circle and chant,

"Names, names, what's your name?" As they do, they pass a drum from hand to hand and each tries to say his name while beating out its syllables. Promising results are also being obtained with a behaviorist approach that does not concern itself with the cause of a child's disability or with traditional IQ measurements. It merely rewards positive responses from the child to any kind of lesson. The system seems to work with tokens that the children recognize as symbols of success. The point is to get the child accustomed to learning what he can, whether it is tying shoelaces or writing his name.

There are hopeful trends in other areas as well. Some states have enacted laws explicitly recognizing the rights of the retarded to proper care and treatment. New York provides tuition grants of \$2,100 a year so that children who cannot be placed in public schools can be served at places like the Kennedy Child Study Center, a school run by the Archdiocese of New York, and other private facilities. A federal court in Pennsylvania has ruled that the state cannot refuse to educate a child because he is mentally handicapped, and that decision is expected to encourage favorable decisions in suits now in preparation across the country. Federal Judge Frank Johnson Jr. in Alabama, citing the 14th Amendment, has struck a blow against the inhuman conditions in large institutions. His unusual decision last month laid down specific guidelines for upgrading services for both the mentally ill and the retarded.

Despite the quickening progress in the medical, educational and legal aspects of retardation, it would be illusory to think that any major victory over this age-old affliction has been won. The sophisticated diagnostic and training techniques that seem so promising are available to only a small minority of those who need them. The National Association for Retarded Children estimates that at least half the nation's mentally backward youngsters receive no schooling at all. Among adult victims, a large majority have the capacity for useful work; employers generally find them to be steady and reliable. But the necessary vocational training and special arrangements are often unavailable.

Human Ecology. In its 1971 report, the President's Committee on Mental Retardation appealed for an era of "human ecology" in which the incidence of retardation could be halved by the year 2000. That goal is not impossible, but its achievement will prove arduous. Science has already taken great strides toward the prevention of genetic and chromosomal defects and is likely to make more progress in the next 28 years. Elimination, or at least control, of many of the diseases that cause mental retardation is also within the reach of modern medicine.

But elimination of environmental