

treatment, exercises and care. She decried the lack of any out-patient treatment facilities on the Island for continuing therapy and noted that Willowbrook had no out-patient clinic.

FUNDS NEEDED

Dr. Miodrag Rustich, its director, explained that when the patient load is reduced by 800 residents as scheduled by next April, money might then be available for out-patient care.

"Willowbrook was so badly understaffed and underfunded that all of the funds that kept coming our way had to be committed to the most pressing matters of in-patient service," Dr. Rustich continued.

At present Willowbrook is "repaying" other mental retarded facilities throughout the state the personnel loaned to help the institution "get out of the woods." When this gets straightened out, Dr. Rustich said that helping the community at large was a possibility.

"Again the plan has to be joint effort," he continued. He opposes "destructive competition" with UCP and other private agencies.

"It is a fluid situation," he said. "I am not saying there will be an outpatient clinic at Willowbrook. I am saying we can give it some thought."

He thought of the present school building for academic instruction as a possibility for such a clinic and the use of the gymnasium, swimming pool and football field. Such a setup could help "those who keep their children at home and who now get nothing. . ."

Dr. Rustich further thought that a better solution lies in setting up about 10 small private government-funded agencies throughout the Island accessible to those at home to be provided with skilled therapists.

The field of mental retardation at this stage of the game was compared to that of blindness in the early eighteenth century when the blind were left to beg in the streets, according to Dr. Rustich. Or in this century he paralleled it to those suffering with pneumonia before antibiotics.

In mental retardation, patients, unlike those in surgery, "improve a little but

not really significantly. Treatment still eludes us. With all the optimistic talk about it, our results in mental retardation are not that good. It is an art that must be developed.

Yet hope is that it is being developed. At the Down's Syndrome Foundation, 10 Joline Ave., Tottenville, the UCF team evaluates five-year-old Ronnie, who used to hit his head against a wall when he was first released from Willowbrook. The child still needs to learn to "give and take" with other

Down's children, who are more cooperative and were either never institutionalized or for a shorter time.

"Working with kids at Willowbrook, you learn they don't relate to other children," according to UCF team registered nurse Barbara Grant. "They relate to attendants in the wards but don't have a social structure among themselves. If they ever get into the 'real' world they have a difficult time in socializing because they don't know how. They are self-centered and self-stimulated."

Ronnie's own world is tending to break down and he is beginning to improve. UCF speech therapist Terri Hill recommended that Ronnie have to ask for what he wants in

order to improve his speech level. Having to speak up before he is rewarded instead of just having something given to him will help.

At the cerebral palsy unit in Port Richmond, a hemiplegic, Thomas Carbonaro, 22, of 351 Eighth St., New Dorp, took time off from his payroll duties to hear Miss Christensen describe how he could improve his walk by wearing a leather wristlet or carrying something heavy on the paralyzed side. She felt it might help to align his shoulders. At night while watching television he was advised to wear a hand splint on his bad hand seven times surgically operated on.

Carbonaro said that nobody before had ever made these suggestions.

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