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# HEALTH CARE OF EXCEPTIONAL CHILDREN

## A Challenge to Catholic Physicians

William F. Jenks, C.S.S.R.

THERE is a very definite need for better medical service in Catholic elementary and secondary schools throughout the nation. The responsibility for providing medical and dental care is a family responsibility and school health services merely supplement the health care parents should provide for their children. Enlisting the aid of Catholic organizations does not in any way minimize the responsibility of parents, or our belief that Catholic citizens have a right to health services, transportation, free textbooks and freedom from Federal and State taxes. It does, however, furnish an outlet for charitable experiences by Catholic professional personnel in the line of Christian duty.

The role of physical disability in learning has not been sufficiently recognized. It is estimated that 80 per cent of the school children in the United States who have disabilities are not receiving necessary attention. What provisions are being made in your local parochial schools for the physically or mentally handicapped? Besides sensory deficiencies, there are many limitations imposed on learning because of glandular dysfunction and dietary deficiencies.

Many Catholic educators today fail to realize that chronic illness and fatigue, sensory disorders, "cross dominance" and inadequate diet have a direct effect upon the child's attitude, behavior and ability to learn. Hidden handicaps — such as poor eyesight or poor hearing — may prevent an intelligent child from learning to read or write. These handicaps may be either physical or psychological. When parents or teachers fail to recognize the symptoms, a child is unjustly labeled as mentally retarded, lazy or recalcitrant. Children with major difficulties are receiving better care than those suffering from minor conditions. Unrecognized sensory defects are not only the cause of backwardness in the slow-learning child, but also the core of the delinquent problem.

Both learning problems and disciplinary difficulties have been reduced by proper medical care for defective vision and hearing. Many causative factors in the life of the delinquent child could be removed through the pooling of the resources of our Catholic professional organizations and the cooperation of Catholic fraternal organizations.

A survey conducted by the

United States Office of Education revealed that 93 cities of 100,000 or more population and 87 per cent of the cities under 10,000 population have a school health service. A survey by the American Dental Association found that 87 per cent of the cities of 100,000 or more population have school dental programs, while only 41 per cent of cities under 5,000 reported similar programs. More than 85 per cent of public schools in cities throughout the nation have nursing service.

The health needs of the nation are a long way from being met. The total medical bill for the country exceeds ten billion dollars. There is one dentist for about every 1,800 persons in the country. It is difficult to determine just what the ratio of the physician to the population should be. Many believe that there should be one doctor for every 742 persons. The absolute minimum decided upon for the adequate care of civilian health during World War II was one doctor for 1,500 persons.

There is a tremendous shortage of properly trained psychiatric personnel. More than 15,000 psychiatrists are needed. Only five states have 80 per cent of needed psychiatrists. 35 states do not reach 20 per cent of the standard of psychiatric nurses, and 14,500 more nurses are needed.

There are now more than 55 Catholic Child Guidance Clinics throughout the United States. One of those recently established is on a volunteer basis. In some of the public guidance clinics, there is a waiting period of two or three

years before service can be given. \$70.00 is spent for each new case of crippling polio yearly, and only \$2.00 per victim for each new case of mental deficiency. And yet, mentally ill patients alone occupy more than half of the nation's hospital beds. 120,000 mentally defective children are born each year in the United States.

School health work began in Boston in the year 1894. The war years disclosed great deficiencies and our greatest effort in this field has been since 1915. It is alarming to know that 700,000 men or 16 per cent of the total number examined by Selective Service, were rejected from the draft because of nervous and mental disorders. Another 582,000 (13.8 per cent) were rejected for other reasons, including mental defects. 45 per cent of those discharged from the army for disability were dropped for psychiatric reasons.

This picture takes on a more alarming front when we realize that 12.7 per cent of our children of school-age are either physically or mentally handicapped, and that one out of every twelve children will one day need psychiatric care.

The Selective Service examinations during and after World War II offer the best nation-wide data we have on the physical status of the male population. It is reported that of the sixteen million youths examined, half were unfit for military service. These consisted of five million rejectees; one and a half million men who were inducted but had to be discharged for mental or physical defects not acquired in the service. Some type

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of illness or physical defect was present in eight out of every ten persons examined. During the Korean Police Action, 15 per cent of those examined were totally rejected for medical reasons only. The health of the nation at this time was not improved, but the physical standards for military service had been lowered. The President's Physical Fitness Program today has been sparked by the revelation that the school children in the United States are less healthy than those living in Europe. Probably more than half of the poor physical conditions discovered in our school-age children today could have been prevented with timely care.

Health education must be redefined so that it clearly and completely encompasses the total health of each child — his emotional, moral, social, as well as his intellectual and physical needs. The primary end of school health services is to identify health problems, adjust school programs to the needs of children, inaugurate a program for exceptional children, that is, physically or mentally handicapped children, and make known to parents those children who apparently need medical and/or dental care.

American children in spite of being well fed are not necessarily well nourished. Learning difficulties have been traced to dietary deficiency, especially vitamin deficiency. During the 1954-55 school year, approximately eleven million children participated in the school lunch program and 80 per cent were served Type A lunches. All

of our Catholic schools should have the school lunch program and also the school milk program.

A recent survey disclosed that 32 of the 42 state medical associations had committees concerned with the school health program, and 34 per cent of the local medical associations were concerned with school health. School health service activities include complete medical examinations or health appraisals; dental examinations and cleaning of teeth; screening for vision and hearing; conscientious follow-up after medical and dental examinations to assure the correction of any adverse conditions discovered; communicable disease control; first aid in case of emergency; health counseling and guidance, and provision for physically or mentally handicapped children. It is not enough for a child to have a medical examination or dental inspection; he must understand *why*. An understanding of the reason will alert him to seek these services of his own accord when he becomes an adult.

One of the main functions of school health service is that of appraising student health. This is achieved through medical examinations and by various screening procedures. More than 28 states, by law, require periodic health examinations, and in the remaining states, many school systems provide them voluntarily. There are many conflicting opinions on the number of medical examinations which are required in elementary and secondary schools.

The trend today seems to have children examined and given bcos-

ter immunizations before they enter school, and then have three or four additional examinations during the child's school life; e.g., at Grade 4; upon entering Junior High (Grade 7); upon entering Senior High School (Grade 10); and finally in the year before graduation from high school. Dental supervision should be given more frequently. The American Dental Association recommends that each child be given an examination by a dentist at least once a year. This examination should be made with mirror and explorer; and when advisable, dental x-rays should be taken. The dental hygienist works with the teacher and the dentist and through her preliminary inspections of teeth and her prophylactic cleansing can be of great service in follow-up procedures. In a questionnaire study by Menczer, it was learned that 67 per cent of the 94 superintendents of public schools in cities of more than 90,000 population endorsed the practice of excusing children during school hours to receive dental care.

Catholic dentists should use every means at their disposal to stop the sale of candy in parochial schools and not allow the children's health to be jeopardized for mercenary profit. The Catholic team of professionals should strongly advocate the installation of the milk-bar; the fruit-bar; the fruit-juice bar, and the warm lunch and vitamin program.

A St. Louis study failed to determine which vision screening device was superior to the others. Cromwell's study definitely substantiates the custom of annual

vision screening. Where new parochial schools are being built and old ones renovated, the Catholic team of professionals could advise the Reverend Pastor of the need for a health room which would not only be large enough for the use of the Snellen Chart, but properly fitted and supplied for any emergency. Catholic nurses could instruct the nuns and brothers and lay teachers and also members of the Home and School Association in vision screening procedures. Catholic fraternal organizations could supply glasses to needy children.

Health service programs should provide for regular hearing screening. Portable audiometers are now available. In some states they may be obtained on loan from the Department of Health and Education. Teachers, or parents, could receive special training in conducting audiometric tests and reading and recording the results. A very quiet room — preferably on the top floor — should be used for these tests.

Only 21 states conduct state-wide hearing tests in the schools, and only 14 states have laws requiring a hearing test for all children. 4 states provide mobile speech and hearing units. The cause of the difficulties in many slow learners in reading, spelling, arithmetic and handwriting, can often be traced to some minor physical disability which was overlooked or not discovered, such as poor vision or poor hearing. Discovery at the earliest possible moment is of the utmost importance not only to the child but to society.

A major problem in parochial

school circles today is providing for the care and education of the large number of emotionally disturbed children. There is a great need for screening school children for mental and emotional needs and problems, since one out of every twelve children will eventually need psychiatric care. In a study at the University of Florida a significant positive relationship was found between the existence of certain emotional problems and the frequency of somatic illness.

Cumulative health records for each student are an absolute necessity in all Catholic schools. The overcrowded classrooms of parochial schools prevent the care and consideration that should be shown to pupils returning to school after a serious illness.

Large numbers of school children are not protected against diphtheria, tetanus and smallpox. Due to the 80 to 90 per cent effectiveness of the Salk vaccine, poliomyelitis vaccination should become routine. Discovering conditions which require professional attention is futile unless a practical follow-through program is planned. Only 44 per cent of the public schools in cities have such a follow-through program.

Children with physical or mental handicapping conditions — so-called exceptional children, which is an umbrella-like term that includes all deviates, from the idiot to the gifted — should be placed in the same school building with the so-called normal children. Special classes should be provided for the educable mentally retarded children with an approximate IQ

50-75, while the trainable children with an IQ below 50 should be placed in a nursery under the care of the Catholic Charities with a teacher trained and appointed by the Catholic schools superintendent. Sheltered workshops for this group should be established by the St. Vincent de Paul Salvage Bureau. A complete listing of all residential and day schools: clinics and facilities for more than a million and a half Catholic exceptional children, that is, children who are either physically or mentally handicapped, emotionally disturbed or socially maladjusted, is published in the *Directory of Catholic Facilities for Exceptional Children in the United States*, published by the Special Education Department of the National Catholic Educational Association, 1785 Massachusetts Ave., N.W., Washington 6, D. C. (\$1.75).

With professional advice from members of the Catholic team of physicians, dentists and nurses, parochial school administrators should welcome physically or mentally handicapped children and open their doors to them, so that they might be taught the truths of our holy Faith. Epileptics with infrequent seizures, cardiacs, children with rheumatic heart conditions, cerebral palsied children and the like should not be deprived of religious training in parochial schools simply because of their handicaps. The professional team made up of these outstanding Catholic men and women could convince the Reverend Pastor and his school principal that a withered hand or leg does not mean a

crippled brain, and allowance should be made for individual differences. God has willed these physical or mental defects and consequently these children should not be discriminated against because of some physical or mental disability.

Three very fine Catholic organizations exist in the United States today — the Federation of Catholic Physicians' Guilds, the groups totaling 71 in 31 states; the Apollonia Guilds of Catholic Dentists, 9 in 6 states, and the National Council of Catholic Nurses with 97 diocesan councils, numbering about 20,000 members. If these organizations were to join forces under the direction of the superintendent of their diocesan schools

and supplement the meager offerings in the field of health services in parochial, elementary and secondary schools, Catholic institutions would report better scholastic results in schoolwork and would graduate healthier students. We are advised that in some areas of the country, the Catholic Physicians' Guilds have taken on as a continuing project the physical examinations of school children. This is a good beginning and more are encouraged to participate in these health efforts. An active team could mean that each physician need give only a few hours a week of his valuable time for this worthy cause and merit the appreciation of the grateful community in which he lives.

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