

Legislative History for Connecticut Act

SB373 (P.A. 148)	1959
Jud+Gov. : 567-622	56 pages
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JOINT
STANDING
COMMITTEE
HEARINGS

JUDICIARY AND
GOVERNMENTAL
FUNCTIONS

PART 2
444-873

CONNECTICUT
GENERAL
ASSEMBLY

1959

JUDICIARY AND GOVERNMENTAL FUNCTIONS

THURSDAY - 12:30 PM

FEB. 26, 1959

S.B. No. 373 (Sen Healey) THE COMPOSITION AND ADMIN-
ISTRATION OF THE STATE DEPARTMENT
OF HEALTH.

267 Registered in Favor
4 Registered Opposed.

JUDICIARY AND GOVERNMENTAL FUNCTIONS

THURSDAY

FEBURARY 26, 1959

SENATOR JOHN M. SCANLON, PRESIDING

Members Present: Senators: Scanlon, Pickett, Finney
Cady.

Representatives: Shea, Barry,
Carrozzella, Conway, Hammer,
Katz, Lyddy, Mills, Murray,
Satter, Wagner, Schlossbach,
Eddy, Marsters, Dudley,
Shulansky, Finch, Gersten

S.B. No. 373 (Sen. Healey) THE COMPOSITION AND
ADMINISTRATION OF THE STATE DEPART-
MENT OF HEALTH.

Chr. Scanlon: The hearing on S.B. No. 373 is now
open. I'd like to ask anyone that
testifies to use a microphone in order
that we can take it down on our record-
ing system here. When you want to use
a microphone, you'll find a little
button on the desk. If you will push
that, our man can activate that part-
icular microphone in order that we
can record your testimony. We'll take
first Legislators who are proponents
of SB 373. Senator Healey.

Senator Arthur H. Healey, 10th District: Mr. Chairman,
Members of the Judiciary Committee. I
appear before you this afternoon to
support S. B. 373, which concerns
itself with the composition of and
administration of the state department
of health. This Ladies and Gentlemen
of the Judiciary Committee, as you know
is another one of the series of
administration, departmental, reorgan-
ization proposals put forth by Governor
Ribicoff. One of the important aspects
of this bill is the establishment of
an office of Menatal Retardation, which
as well we all know is becoming increas-
ingly important. Under the provisions
of the bill, the administration will be
directed by a commissioner who is
appointed by the Governor with advisory
services from the existing public health
council. A bureau of administration will
provide central office services such as
fiscal and personnel management. There
will be three major divisions under the
bill which you have before you. Each

Senator Healey continues: one of these divisions headed by a deputy commissioner and they will collectively perform the primary omissions of the reorganized department. The Deputy Commissioner heading the office of Public Health with advice from existing licensing and examining boards will administer what under the bill is the successor agency of the present Health Department. The Deputy Commissioner of the office of Hospital care and Rehabilitation with advice from the present commission on Tuberculosis and other chronic illness and a Commission on Alcoholism will make it possible for the functioning of a number of institutions: Loyal Hieghts, cedarcrest, Woodruff Hospital, Seaside Geriatrics Hospital and a new bureau of alcoholism. The third division and a very, very important one, the Office of Mental Retardation will also be headed by a Deputy Commissioner who will be advised by a new council on Mental Retardation and it will include the Mansfield State Training School and Hcspital, the Southbury GF Training School, the Mansfield-Southbury Social Service, which under the bill, for the purpose of administrative ease would operate from the central bureau of administration.

Rep. William J. O'Brien, Portland: I strongly urge a favorable report of this bill. I have a deep awareness of the great tragedy involved in Mentally retarded children. I am aware of the work being done and our concern certainly for such merits have deep consideration. Unquestionably a new transformation in attitudes has taken place in the past ten years in this regard. The mentally retarded are no longer hidden away in institutions or in dark corners or something that people talk about in hushed whispers. Society has finally acknowledged its responsibility to these most innocent of the many children of God. The awareness that retarded can be helped was nurtured in the loving care of parents themselves because from the shadows and the endurance of great sorrow of parents has come the realization that something can be done.

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Rep. O'Brien continues: And, from their knowledge that with perseverance and with affection, patience and understanding the mentally retarded could be better adjusted and more useful members of society. And, I guess all of us know that mental retardation is no respecter of persons of wealth or position in life. An estimated 3- out of every 10 children born in the United States are mentally retarded. The report of the distinguished committee on Mental Retardation estimated some 60,000 retarded children and adults in our population. They live everywhere, in cities, or wherever they may be. 3,200 or 33,00 others are in rural or state institutions, the one in Mansfield or Southbury. Others are in special schools and classes and perhaps most, us realize that for thousands of others there is no State program. Nobody can estimate the great work being done in Southbury, but it is really apparent to me that something more needs to be done for the 90% of the mentally retarded who live in the community and are likely to continue to do so. We need institutions. We need the opportunity of community action too as well. Mr. Chairman, public understanding and support is needed to encourage these programs. We need to help today's retarded children and help tomorrow's children too. The fact as brought out by Senator Healey that it is a sound, departmental, reorganization plan which will promote administrative efficiency and will also for the reasons this bill grants full recognition of the serious problem of mental retardation and proposes to deal with the problem at a high administrative level. I again strongly urge a favorable report on this bill.

Chr. Scanlon: Any other Legislators as proponents?

Rep. Myrtle S. Perri, Shelton: I strongly urge the considerable favor that you will give to this bill. There should be some strong State agency to panel the overall problems of the mentally

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Rep. Perri continues: retarded and I feel that SB 373 carries these provisions. Please give it your utmost consideration and a favorable report. Thank you.

Rep. Paul Andrews, Cheshire: I am speaking in favor of this bill and I would like to emphasize to the committee that I am speaking in the capacity of the representative from Cheshire. This problem is a problem which passes and transcends party lines. In our small community, a recently organized association now has 18 active members and I understand that at least 2 more are about ready to combine their thinking with the others in this association. I don't think anyone can add to the remarks of the gentleman from Portland as to the problem and I don't intend to try. I think my job as representative from Cheshire is merely to leave with your committee a letter which fairly states the feeling of the Cheshire Association in this respect. With your permission, I would like to close my remarks and leave this letter. Thank you very much.

Chr. scanlon: Any other Legislators?

Rep. Everett W. Martin, Orange: Mr. Chairman, Members of the Committee, I have gone over this bill as well as I can and it seems to me that of all the bills of reorganization that have been submitted thus far that this makes the most sense. At least all of the departments to be coordinated will center around health and it seems to me that it is very, very logical to have all of these departments joined together, and I speak from some experience at least in the field. I have talked with many people who are associated with the mentally retarded problem and I can see no objection whatever to joining all of these departments together. I hope that it may bring to fruition many of the programs which will aid these unfortunate persons. Thankyou very much.

Rep. Albert K. Bentley, Harwinton: I would like to go on record as being very much in favor of this bill. I think it's time these bureaus were all integrated.

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Senator Alfio C. Urbinati, 19th District: Mr. Chairman, I wish to go on record urging a favorable report on this bill. I will concur with the representative from Orange that this is a good bill. I can't agree with him that it is not as good as the rest of the Administration bills, but I know that there's a great deal of heart that goes into this bill. We have known for a good many years the need of this kind of legislation. I think that it is evident here this afternoon of the support that this bill will have. I urge you very strongly Mr. Chairman and your committee, to bring out an early favorable report on SB 373.

Chr. Scanlon: Other Legislators who are in favor of this bill.

Rep. Mary A. Katona, Fairfield: I would like to go on record as favoring Bill 373. I would not like to take up any further time, because I think it will be eloquently brought out by those people who are directly affected by this bill how necessary it is and urge your favorable consideration. Thank you.

Rep. James Farren, Borough of Naugatuck: I would like to go on record as in favor of SB 373.

Rep. Arthur B. Fowers, Berlin: I would also like to register in favor of SB 373.

Rep. Bertha A. Vaidnais, Putnam: I would like to go on record as favoring SB 373.

Senator James J. McCarthy, Jr., 17th District: I would like to go on record as favoring SB 373. Thank you.

Senator Gloria Schaffer, 14th District: I would also like to go on record as favoring SB 373. Thank you.

Senator Norman Hewitt, 25th District: I would like to go on record as strongly favoring SB 373 and urge your favorable report as soon as possible. Thank you very much.

Chr. Scanlon: Other Legislators as proponents? any legislators in opposition?

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senator Florence D. Finney, 36th District: I don't know whether you can properly call me in opposition and of course in the face of this House, I would have to be courageous to say it out loud if I was. First, may I say, and I don't want to take too much time from this hearing, that SB 373, so far as it is a merger is probably therefore proper before your committee. The bill, however includes what is in effect the setting up of a new division on mental retardation which not only contemplates coordination of the two training schools and the activities of other departments in the field, but looks to the initiation of a community service program. There is another bill, SB 374 which I introduced setting up a division on mental retardation in the Health department which is scheduled for a hearing of the Committee on Public Health and Humane Institutions on March 5th. This bill embodies the recommendations of a sub-committee of the Legislative Council of which your House Chairman Mr. Googel was a member, and also Mr. Zambo, who is now Chairman of the Public Welfare Committee and it was to this joint committee that the question was referred by the 1957 General Assembly. This joint committee did a devoted and conscientious job and it seems to me that before the Judiciary Committee takes any action on SB 373 a transcript of this hearing should be made available to the Welfare Committee and a sub-committee perhaps of Judiciary should join in the hearing on SB 374. I should like to point out to you that the administration on the division on mental retardation in SB 373 presents to my mind a picture of confusion. There is an eleven member council charged with planning development administration of the total program who are to work with a deputy commissioner. This deputy is appointed by the Commissioner of Health on the recommendation of this council. According to Section 13 he need be only an administrator and that bothers me a little. I think he ought to have a background in mental retardation. He, too is made responsible under the supervision of the Commissioner

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Senator Finney continues: of Health and with the advice of the council for again, planning and developing a complete program for implementation of their programs and coordination of his office with other State departments. This program includes two things, two training schools. The superintendent of these schools are appointed not by the deputy on mental retardation but by the Commissioner of Health with the consent of the deputy and the approval of the majority of the Board of Trustees of the training school. A similar lack of clear lines of responsibility and authority led to difficulty between the Commissioner of Mental Health and hospital superintendent during the last days of the 1957 Session. A committee appointed by the Governor reported: "Much of this difficulty is due to the laws defining the responsibility and authority of the commissioner." At that time Jerome Bady and I agreed with the Governor that this kind of cluttered administrative set-up made the proper functioning of the department almost impossible. As a result a bill clarifying the situation was passed in the last hours of the 1957 session and the Governor acknowledged it publicly as good. I am sure that Governor Ribicoff and Senator Healey who introduced this bill have not had an opportunity to go into the details of the administrative set-up. I trust that this committee will not now deliberately invite the kind of situation which in the closing days of 1957 made it necessary for the Governor to request and get emergency legislation.

Chr. Scanlon: Any other legislators who wish to speak in opposition?

Rep. Molly Cunningham, New Canaan: It is not strictly accurate to say that I am rising to oppose SB 373. All of us who worked so hard and diligently for so many months on the Interim Committee with the study of mental retardation in this State specifically, but including conditions in other states are more aware than most people of

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Rep. Cunningham continues: the urgent necessity of establishing a coordinated program to meet the needs of the mentally retarded and their families. I'm confining my remarks to the sections of Bill 373 dealing with this subject. I'd simply like to respectfully urge your committee when you consider the provisions of 373 as they relate to a division of the mentally retarded that your committee study the report of the Interim Committee on Mental Retardation and also SB 374, which deals with the same matter but unfortunately is in the Committee on Public Welfare and Humane Institutions. With your permission, Senator, I would like to give a copy of the Committee report to each member of your committee, and beg you all to read it. Health is a very broad term, almost as hard to define as goodness. But for practical purposes we all know what it means. Statistics show that the aspect of health that would come under the heading of mental health covers a very wide area. Some years ago the State of Connecticut established a Department of Mental Health, not if you please a department of mental illness, a Department of Mental Health, with emphasis on HEALTH. This Department is charged with the responsibility for the care and cure of mental illness, the prevention of mental illness and the maintenance of mental health. Under SB 373 the division of mental retardation would be under the Department of Health whereas in 374 it would be under the Department of Mental Health. In the '57 Session, there were several bills on retardation, one called for a separate Department of Mental Health. The word retardation always is modified or practically always is modified by the adjective mental. We must I think, accept the fact that the condition in which we are concerned is in the area of a mental development. The Federal Security Agency Vocational Rehabilitation of the Mentally Retarded states:

" Mental deficiency maybe defined from a medical point of view as a condition of arrested or incompetent mental development."

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Rep. Cunningham continues: SB 374 is based on the recognition of the fact that a Department of Mental Health is a logical department for coping with the complex problem of mental retardation in all its aspects. and especially for doing research on the causes of this condition in the hope that when the causes are found it can be prevented. It is proved sound practice for the Legislatures to respect the reports of its committees. I will again ask that you do us the courtesy of studying our report and I would like to finish by saying that the statement has been made that the Department of Mental Health is not interested in taking this added responsibility. I notice there are some representatives from the Department of Mental Health and I wonder if you would mind asking them how they feel on that point.

Chr. Scanlon: Are there any other Legislators who would like to heard in opposition?

Rep. Jack McCullough Turner, Bethany: I spent all last evening on this bill and I think I know a little bit about it. I am not going to speak for the bill, I am not going to speak against the bill. I'm going to talk about the bill. And, I'll take a few of the possible number of points and just highlight them and let others touch on the other points. In Section I, we see the proposed division of the Department of Health into three sections, and the third one is an Office of Hospital Care and rehabilitation and a Bureau of Administration. This is a 14 page bill and that's the last you hear about the Hospital Administration. I wonder where the author of this bill went when that section was to have been written. In Section II, three lines from the bottom, we are eliminating from the qualifications of the Commissioner of Health, the fact that he should have Graduate instruction in Public Health, as evidenced by a certificate of graduation or a degreee of public Health. In place of that is substituted Instruct-

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Rep. Turner continues: ion in Administration. As a professional educator I frankly confess to you Sir, I don't know what in blazes this bill is talking about. Perhaps there are so many people here from the general public that I should curtail my further remarks to just one additional point. But, I sincerely plead with the Committee to comb through this bill before even entertaining the thought of favorably approving it, because it is filled with all kinds of mouse-traps. Section X would provide for, and Section XI, the commissioner on Alcoholism to be put under the Department of Health. I call your ATTENTION Mr. Chairman and members of the Committee to HB 3471 which you have before your Committee, but not scheduled for a simultaneous hearing, which I was happy to sponsor and which would put the Commission on Alcoholism under the Department of Mental Health which is where it belongs. We have here the Chairman on the Commission of Alcoholism and the Director of the Blue Hills Hospital and I wonder if I might impose upon the Committee to introduce them to you at this time.

Chr. Scanlon: sir, we have several people who have asked to be introduced ahead of time, however we will have to conduct it in our usual order and get the Legislators out to other meetings if they have any. Are there any other Legislators now in opposition?

Rep. Marjorie D. Farmer, Darien: Mr. Chairman and Members of the Committee, I'd like to say first that I favor every possible reorganization to effect greater efficiency, greater service and greater economy. However, there are ways and ways of which to swing it. Two of the specific things I object to about 373 are the transfer of the mentally retarded and the problems of alcoholism to this Department. I agree with the previous speakers, they have no place in this department, as I would hope to show particularly in regard to mentally retarded. I presume to talk on the subject of the mentally retarded because for the last three years I've had the

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Rep. Farmer continues: honor to serve as the Chairman of a National Committee on Retardation. You may know this committee is composed of some of the foremost people in the field, professional people from all over the United States. Our main couple which the people connected with retardation certainly, Dr. Herschel Neifounder, whose conducting the research project at Columbus for the American Association of Mental Deficiency and Dr. Passamaneck. There are also superintendents of institutions for the mentally retarded, there are educators, there are all kinds of professional sources represented on this committee. At our last meeting, a two day meeting in New York, in November, we studied three phases of the problems of mental retardation. The first is a State-administrated organization, the second was commitments and discharge legislation, and the third was methods of financing services to the retarded. I think you can see that this is a fairly broad program of study and I believe that it should result in plans which would provide the very best possible services in all of these fields. Now, the first recommendation made by our committee was this and it contrasts very greatly with the provisions in 373. The first one is that all States should establish an interdepartmental committee of workers which would represent every state agency which provides services to the mentally retarded. There isn't a person here who doesn't realize that one of our greatest weaknesses is that a variety of agencies and institutions are providing some service and nobody knows whether there are duplications, nobody knows how much lack falling in between departments and agencies there is in providing these services. Now this committee would be like the Board of Directors of a corporation and the first job of each one of these people representing any agency or institution in the State, would be to report on the services which the law allows it's department to provide for the mentally retarded. And, the second job would be to report on exactly how many of those

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Rep. Farmer continues: services and to what extent
they are being provided for the
mentally retarded to get a picture
in the State of what is now being done
and what could be done under present
law. And the third job of this
committee would be to recommend addition-
al laws as they may become necessary.
Now I suggest to you Ladies and Gentl-
men of this committee that that is
the first step in really assuming to
provide all of the services necessary.
The second principle which we enunciated
is that all possible services to the
retarded should be provided at the
local level. Now all of us know that
there are not enough of these services
provided so that all children possible,
at least of a high enough grade
could stay at home and have the necessary
training and services which they need.
Those are the only two items in our
report which I am going to mention.
But, I would like to get back to this
bill now. We have before us a good
many pieces of legislation as you know
in addition to this one. Bills
which will provide community resident-
ial facilities, would provide diag-
nostic clinics, day care centers,
public education, etc. And all of
these services are very necessary. As
a matter of fact I've been the sponsor
of some of these bills for public
education, grants for public education.
I've been working in the field for
some time. I don't intend to be an
expert on the subject and I submit no
one is more interested than I am and
I don't have a retarded child. If I
did I don't think I would be any more
interested. Some of the provisions
of this bill really frighten me a little
or rather I think I should say some
of the provisions of the present law which
are deleted. If you will notice
the items provisions that are in brackets
you will see that the present mental
health council is going to be reduced
to nothing but an advisory council, it
won't have any authority whatever, the
advisory council to the retarded won't have
any authority whatever and there are
a number of similar instances where I
believe that the concentration of

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Rep. Farmer continues: authority in one person is a dangerous one and will not produce the best results. I think I should say here, I'm not talking against the Department of Health. I've known that department for 30 years and the Commissioner and I can tell you that he's build up a wonderful department. He's been a very efficient commissconer and I admire him. There are some things in this bill about which I am doubtful, how they would be implemented. For instance in Section 22, 23, and 24 provides that the Office of Mental Retardation shall develop and maintain a day care program for mentally retarded children, and maintain a system of diagnostic clinics, maintain a program with the State Board of Education for vocational training I don't see any appropriation for these State services. Now it has been the policy here in the past, I think, that community services for any group of people should come about as a result of the initiative on the part of the people in the community and certainly no group of people in the country has taken the initiative and provided the money for services which the State has not been able to provide in the way that the Parents and Friends of the Retarded children have. They've done a wonderful job, but I believe that the approach that these things should come down from above is the wrong approach. And I know many parents feel that way. And, I would like to say that grants be made, which I had the honor to sponsor for clinics for emotionally disturbed children. These are grants in aid from the State to stimulate the community to take the initiative to set up these clinics and at this place I would like to remind you that we do have a number of these clinics in operation today and I think it's going to be very difficult to get the money to set up a clinic in the same community, a diagnostic clinic for retarded children. Now, I am expressing only my own views, but that is that we should take the clinics that are already established for children and

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Rep. Farmer continues: through additional state funds we should enable them to enlarge their staff, because I think most people who have worked in the field of retardation and certainly most parents realize that when a child is small and the parents need a complete evaluation of that child that it's very difficult to tell unless the child is severely handicapped physically, to tell whether that child is emotionally disturbed and therefore unable to learn in school, or whether he is in fact retarded. And, I am afraid many children have been sent to schools for retarded who originally were emotionally disturbed and if they had been treated in the proper way I think they could have been kept out of these institutions. I think professionals will agree with that. I think the approach as I say on all of these services is wrong, that the State should establish them and hand them down to people. I am very much in favor of a diagnostic clinic a day care center, a shelter workshop, of every kind of vocational training that we can offer these children in the community. I think the initiative should come from the communities as it has from the other clinics. I think they should be supported by State grants, and I would like to say again that I feel that this problem as well as alcoholism should be in the Mental Health Department because they are already operating and supervising clinics, they are operating institutions they've had a great deal of experience in supervising then operations of institutions and I believe that this is the place where this service should be and I hope that your committee will meet with the Public Welfare committee when it hears SB 374. I'm sorry to take so much of your time and I thank you.

Rep. Ina Vestal, Woodbridge: I am opposed to the portion of this bill which would put the problems of the mentally retarded under a deputy within the Department of Health. From the intensive studies made by the Public Welfare Interim

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Rep. vestal continues: We, who are on that committee concluded that a central agency was needed and that the greatest amount of help to be given to the mentally retarded and their parents would be forthcoming from the Department of Mental Health. One of the first steps to be taken in assisting the mentally retarded and also their parents is to provide adequate diagnostic clinics for complete evaluation at an early age. The child guidance clinics under the Department of Mental Health is already providing such a system, but these clinics should be expanded for a more adequate assistance. Besides providing conclusive diagnosis such mental health clinics are equipped to help children who are mentally retarded to learn to live within their capabilities and to help the parents to accept their special problems and to learn to live comfortably and happily with them. These areas I think you will agree with me would be more appropriately handled by the Department of Mental Health than the Department of Health. I urge you on the committee to study the report of the Interim Committee before making up your minds on this section of the bill. Thank you.

Rep. Dominic J. Badolato, New Britain: I am going to briefly state that I am in favor of SB 373. I won't take up any more of your time. I simply want to say that I think there are enough qualified people here who want to speak on it. Being a Legislator here I will briefly state that I am infavor of the bill and hope that others will think of the public that are here today and would give them the opportunity to be heard.

Rep. Ralph L. Earle, North Haven: I also do not want to take any time. I have no quarrel with the section of the bill 1-12, I oppose sections 13-24 dealing with mental retardation. I came here a short while ago to speak in favor of these sections, but once I had done a little research on this thing I found that I had to oppose it as a Legislator. I know that

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Rep. Earle continues: the people who are in favor of it, the public, have some good reason, but I think that the reasons that are against it are multitude. I heard a gentlemen over here say a little while ago that a lot of heart went into this bill. Well, I would agree with that, and I have a lot of feeling for every person in this State who has a retarded child. Well, maybe a lot of heart went into the bill, I don't think enough thought went into it, and I would urgently request you to consider before the magnificent job which was done by the Interim committee. This report should be recognized as authoritative. I should just like to say one small thing and that is so many people attach a stigma to the words mental health. I think we all recognize that this is a disease and it should be treated as a disease well, perhaps it isn't a disease, I'm not a doctor, I don't know, but there's the words mental hygiene and we've been dealing with those for years and nobody seems to think anything about those. Now that's a clean line, all we want here is to help these children have a sound mind and sound education as much as we can give them. I think we deserve to give them every consideration that they possibly should have but I think that that consideration should be given by the department which can adequately handle this problem, the Department of Mental Health, they are the people to do this, they should be prepared to do it and I would submit to you that they must be prepared to do it in order that these children will get the best possible care they can possibly get. Thank you very much.

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Chr. Scanlon: Any other legislators now who wish to be heard on this?

Rep. Edward Petela, Branford: Mr. Chairman, Members of the Committee, I would like to go on record as favoring SB 373. Thank you very much.

Chr. Scanlon: We will now open the public hearing with Commissioner Philips.

Perry Philips, Deputy Finance Commissioner: I am here to urge your committee to render a favor-

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Commissioner Philips continues: able report on SB 373
Before presenting as briefly as possible the Administration case for this bill, I think it should be pointed out that this was not a bill drawn in a vacuum, this was gone over very carefully with certain of the affected groups. I think later speakers on behalf of this bill will bring out the point of view which I just want to make very briefly which is that the recommendation as to the placement of so grave and emotionally charged a problem as mental retardation should not be made without regard to the feelings of those most intimately concerned with the problem. Our bill as it is presented took those feelings very carefully into account. I think your committee should take that into consideration. Now in speaking of the bill as a whole, I would like to point out from the Administration stand-point at least we welcome suggestions which will in the judgment of the committee make this bill better if there are areas in which it should be improved. I have heard certain suggestions already. I'm sorry I can't remember who it was who made the point, I think it was Rep. Turner, that there is a brief technical error in the second section of the bill, where the word public health is deleted where the word administration is substituted. Various speakers on this measure will present to you vocally and in writing their suggestions for improving sections of the bill which perhaps through sloppy draftsmanship on my part, there are weaknesses. But I do want to speak on the content of the bill. It represents the concensus of a large number of people concerned in the reorganization. It isn't an attempt to provide an integrated approach of the state to a variety of health problems. Senator Healey already summarized the three principal offices of the bill. There is a statement I gather, to be made later in the day, indicating that there is substantial sentiment both on the part of the Commissioner of Alcoholism and the Mental Health Department that this

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Commissioner Philips continues: section appropriately belongs in Mental Health. In the discussions held with these gentlemen earlier these conclusions were not reached, however this is not something that we're going to live or die of, this is something which we feel is up to the committee to study in the light of testimony presented here and to determine whether in its judgment each of the proposals which we make are sound. There is another section of the bill which has not been touched on other than by Representative Turner, by omission really, he said that the first section of the bill mentions a Bureau of Administration and he didn't
a know where else it was mentioned in the bill. If you will look at Sec. 12 it spells out in part the function of this Bureau of Administration. We are attempting to survive centralized fiscal and administrative services to a number of examining boards and commissions which now operate independently of any centralized fiscal or administrative control and it is not our intent to interfere with any of the policy-making functions of those boards, but we do want where possible to eliminate the situation where you have in one small board an employee who is perhaps paid full time and only working part time. We want to eliminate the situation where forms and records required by the State which aren't properly processed and have to be sent back, we want to provide within the Health Department for the service of these groups a housekeeping unit in essence which would relieve them of any but the policy burdens which they carry. I don't want to take up any more time on this.. I'd welcome questions from the Committee.

Acting Chairman Shea: Thank you Mr. Philips, we will now hear from Dr. Osborne.

Dr. Osborne, Commissioner of Health: Mr. Chairman, Members of the Committee, SB 373 is of course of tremendous interest to the Public Health Council of the

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Dr. Osborne continues: State Department of Health and of course to myself. And at the last meeting of the Public Health Council held this month a vote was passed that the Public Health Council request and instruct the Commissioner of Health to attend and represent it at the hearing on SB 373 on February 26th to express general feeling on the premise of the bill and to submit and recommend on behalf of the council, certain recommendations for revision of the bill to clarify the provisions thereof and to take care of administrative problems which might arise therefrom as set forth in the memorandum entitled Suggested Revisions for Senate Bill 373. These suggestions were submitted to the Chairman of your committee. I will now take the high points in regard to what seems desirable to administer this bill at the top level. There's no attempt made to go into the intricacies of the operation of such things as mental retardation or tuberculosis, because those are all being handled by committees set forth in the bill. The important point to remember I think for the committee is that your Department of Health is set up to prevent and control disease. We are set up to maintain health. We are set up to try and keep everybody in the State of Connecticut in such a condition that you would be able to carry on your ordinary livelihood and not be ill and not be injured, for in addition to the disease end of it we are actually at work with your State Commissioner on accident prevention. Anything to keep the people you might say, playing and working, not only for enjoyment purposes but we are not for anything that is going to increase the load on the public through taxation for unnecessary crippling conditions or crippling diseases. Under Section 1 of the bill we have suggestions in defining what the Department of Health is. At the present time the Department of Health is your Public Health Council consisting of 6 members and the Commissioner. Whenever hearings have to be held or anything else that has to be done under the name of the

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Dr. Osborne continues: Department of Health, that small group of top brass, you might say, does it, and there's no need of collecting anybody else to hold those hearings. Those things have been carried on under the opinions of the State Attorney General. Now, the bill provides for additional people representing Rehabilitation, and Mental Retardation and others so that the numbers are increased, which makes it awkward. We believe that all the activities of the different programs carried on by the Department of Health should be thrashed out at a lower level and that is in accordance with provisions of the bill scattered through it through these different advisory groups, advisory council on chronic disease, and rehabilitation on TB, advisory council on mental retardation and your Board of Trustees of the Training schools, so that we would like very much to have an amendment made so that your Department of Health consists as it is at the present time. On the other hand, we do recommend that in Section 1 you establish and maintain the following officers: in place of the three mentioned in the bill, we recommend Mental Retardation, Hospital Care and rehabilitation, medical services, community health services, sanitary engineering services, and laboratories. There are six offices set up compared with the three in the original bill. The reason for the six are four of those are already in existence in your State Department of Health. I have distributed to the members of the committee at the beginning of the meeting a one sheet paragraph of your present set up of the State Department of Health. You see there is at the left a block of administration, and the other four are the four that I've recommended there, now the other two that this bill provide for, mental retardation, and your hospital care and rehabilitation. Under that set up of those four plus the two you have six offices and that is what is recommended by your Public Health council. In addition a central bureau of administration shall serve the entire department as is mentioned in the bill. Now, under Section 2, the Council recommends the deletion of all changes and

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Dr. Osborne continues: that the present setup for your qualifications of an administrator be left as is now in existence. The reason is that the only administrators trained to take care of your Health Department are set up as Public Health administrators, and that's been going on now for over 40 years. Trained administrators by the different universities such as Yale, Columbia, Johns Hopkins, California, Michigan, etc. so that should be restored. Then comes provision in place of three deputies commissioners, we represent deletion of the three deputies and put in 6 assistant commissioners in accordance with the 6 offices mentioned in Section 1 which we are trying to amend. The interesting thing is that of those 6 offices at the present time some are already in existence so there would be no additional funds needed. The sixth one since five are already in existence, would be mental retardation, so you'd be saving the funds on appointing 6 assistant commissioners. The other point for not having three deputies is that for years the State Health Department was advised by the State Department of Finance and the Budget Department of recommendations by people who had surveyed the State Government, that we establish four sections in the State Health Department and a fifth on administration. That was done and has been existing for the last several years so that we are in good administrative procedure as recommended by everyone who has recommended anything in the past. We have four activities, or sections, or services in the State Health Department and you'll see the names of the services listed in those blocks which incidentally for those interested, are listed every month in our Connecticut Bulletin. You'll see that there's tremendous responsibility in a varied line of activity such as anything from air hygiene and air analysis to vital statistics and disease, and have been planning for the last few years on a \$50,000 program on mental retardation in the field and that has now stopped. In section 3 of the act

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Dr. Osborne continues: we merely want to restore the Public Health Council to certain qualifications of employees because there are certain scientific employees where it is very necessary to have top advisory services. Under section 4 we want to add to the scope and powers of the administrators of the Health Department those things which I mentioned in the bill and we have gone to some extent to mention those activities. Section 5 merely refers to annual reports Section 6 deleted all the bureaus in your State Health department feeling that your Legislators and others would want to know what the State Department of Health is doing. In accordance with the provisions of this bill 373 we discussed things with the other agencies affected and redefined the things that would be done if the bill passed, so that you have everything covered in mental retardation and the chronic disease and the Health Department, and we think that should be an excellent recommendation. Under Section 13.

Acting Chairman Shea: Dr. Osborne, may I ask a question, in the Chairman's absence you have filed these recommendations with the Chair. Is that correct?

Dr. Osborne: That's correct.

Acting Chairman Shea: If you have done that I would suggest that because there are so many people here that might like to make statements that you allow us to take this up and if there are anything else that you might like to add concerning the bills that we hear that now orally and that we would consider the suggested changes that the Council has recommended in an Executive session. I'd like to hear now from Mr. White, please.

Francis White, Stamford, President of Connecticut Association for Retarded Children: Our association represents 26 local organizations of parents and friends of retarded children. I wish to express to the Committee our association's earnest and enthusiastic support of SB 373. We feel it important that the committee know how we arrived at this decision

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Mr. White continues: requesting your support of this bill. Members of our organization have been vitally concerned with entire study of the field of mental retardation since our formal incorporation as a Connecticut State organization in 1951. However, with respect to the current bill 373. In the fall of 1957, the Connecticut Association established a committee to formulate a total program for retarded children in the State of Connecticut. After many meetings and intensive study, a program was submitted to the Association's council this was unanimously approved. With this as a basis, legislative principles that we believed necessary for the retarded children in our State were established and these likewise received unanimous approval of our local organizations. From these legislative principles, tentative bills were drafted they were likewise unanimously approved SB 373 insofar as it related to the mentally retarded was submitted to our council and it likewise received the unanimous approval of our members. The parents here today to register their approval for this bill is indicative of our entire support. SB 373 to us would be a happy climax to many years of hard work, of hoping and reaching for the height of the needs that our children so vitally require. The provisions of this bill, which establishes an office of mental retardation represents to us a goal we set for ourselves a long time ago. We are grateful to those who have brought this bill to the Legislature. And we are grateful to those Legislators who over the years have worked with us hand in hand looking forward to a permanent office for mental retardation within the structure of our government. We feel that the whole future of Connecticut's progress in this particular field rests on the foundation of an office on mental retardation. The State department of Health seems to us a logical area for accomodating the office of mental retardation so long as the office will be administered by the deputy commissioner of mental retardation. Public Health services can be of great assistance in approaching the whole and total pictures of the retarded. Through the Health

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Mr White continues: Department with its various facilities with dealing with physically handicapped, with a complete program for the mental retardate under a Deputy Commissioner of Mental Retardation, we believe the best interests of our children will be served. SB 373 is a sensible plan for integrating into one department those agencies and services now operating in and on the edge of the Public Health field. The Connecticut Association for retarded children whose parents and friends represent the more than 41,000 retardate in this State enthusiastically support SB 373. We urge the support of your committee. Thank you.

Acting Chr. Shea: In the absence of the Chairman I would like to call upon Mrs. Marjorie Campbell to speak.

Mrs. Marjorie Campbell, New Canaan, Chairman of The Mansfield Training School and Hospital, Legislative Chairman for the Joint Committees of Training Schools: It is with great pleasure that our committee endorses Senator Healey's Senate Bill 373. However there are several suggested changes which we would like to present at this time, which we feel would strengthen the bill and the committee has been provided with copies of our suggestions. We have discussed our suggestions with the Governor and several of the Majority and the Minority Leaders and a number of the representatives. May I present at this time, Mrs. Agnes Fawcett of Ridgefield, representing Southbury Board of Trustees and a member of our Legislative committee of the Joint Committee. Following her remarks, I would like to make a few remarks on our suggestions. Thank you.

Mrs. Agnes Fawcett, Ridgefield, representing Southbury Board of Trustees: The first point that we would like to raise is one that has already been discussed to a certain amount by Commissioner Osborne. This is the appointment by the Commissioner of Health of a Deputy Commissioner who shall be in the unclassified service and 6 assistant commissioners who shall be in the

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Mrs. Fawcett continues: classified service. The suggestion of classified service for these assistant commissioners is one that the joint committee wishes to stress. We want to provide the Deputy on Mental Retardation with complete protection and tenure. We want to remove any kind of possibility of any kind of political appointment and make this purely one in which a man is qualified to hold. In line with that also in Section of SB 373 we have spelled out qualifications for an assistant commissioner, which read as follows:-

The assistant commissioner on Mental Retardation shall be a person whose background, training, education and experience qualifies him to administer the care, training, education, treatment and custody of mentally retarded and epileptic persons.

We feel that this tightens the bill to that extent. May I return this to Mrs. Campbell:

Mrs. Campbell: I will not go along with every detail in this, but I would just like to bring to the attention of the committee that there is a change in the setup of the Council for retardation to a committee of 9 members representing the Boards of Trustees and 5 members to be appointed by the Governor and a certified doctor certified by the American Board of Pediatrics, which is in the present bill. We also would suggest an advisory committee which we have now, it has been most helpful over the years, the last 12 years, to the Joint committee, the commissioners of Education, Health and Welfare, the Superintendents of the Training Schools. In Section 18, we find it rather unwieldly, referring to SB 373, we would suggest and this is a change in what we have submitted to the committee, in the last sentence: Each superintendent shall in accordance with the policies established omit the council on

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Mrs. Campbell continues: mental retardation and the Board of Trustees of the respective institutions and substitute the direction of the Commissioner of Health leaving out the Assistant Commissioner on Mental Retardation and leaving the rest of the sentence in. We feel that it's very important that the Superintendent should have jurisdiction over the transfer of their patients, they are the ones who know how and where they should be transferred to and it sometimes is necessary to do in very short order. Therefore we have suggested in Section 20 that the complete statute as they stand at present on Page 13 of the Social Welfare laws be reinstated and we have substitute suggestions in our report. I would like to remark that in the budget Sections 22, 23 and 24 have been provided for on pages 180 and 181, the day care program, the diagnostic and treatment clinics and the vocational rehabilitation centers. We have added three very important sections which would cover civil action for damages and liability cases for superintendents, trustees, members of staff and employees which have been completely left out of SB 373 and we have added three new sections, 25, 26 and 27. We sincerely hope that the Committee will give consideration to these suggested changes and that we will have a Department of Mental Retardation so that we can go ahead with community services that are very much needed and continue on with the splendid work that has been done at the Training School. Thank you.

Mrs. Gertrude Koskoff, Plainville: I am a representative of the Business and Professional Women of Plainville, Bridgeport, New Haven, the League of Business and Professional Women of Hartford and in behalf of many business and professional women whose clubs did not have time to officially endorse this proposal. We are particularly interested in the provision for an office of Mental Retardation, headed by a Deputy Commissioner. We support the program as outlined in SB 373 to meet the needs of Connecticut's 40,000 mental retarded. At the present

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Mrs. Koskoff continues: community services for retarded are extremely limited and this results in a tragic waste of human material. The mentally retarded can be helped. They need education, training, both vocational and rehabilitation, health services, and they need this in an integrated program of the system. The retarded deserve our help from a humanitarian point of view. But, materialistically, the majority of them can become partially and some completely self-supporting. Therefore, helping them to do this is economically sound. If we do not do this, we will have to take care of many of them, but much worse than this, some of them will get into trouble, and sometimes they get into very serious trouble. Colombe, accomplice of Taborsky was mentally retarded. Barrett was known to be mentally retarded in grade school. And, you have read about others. If there were adequate facilities for the mentally retarded, Barrett and Colombe with proper guidance and with their limited potentialities properly channelled to useful work might not to have had to seek the satisfaction in crime. Certainly with proper guidance, Colombe need not have fallen prey to the likes of Taborsky. Now over the years the parents and friends of retarded children have worked hard towards the goal, which is contained in this bill. It has been my privilege and the privilege of many other Legislators and ex-Legislators to work with these people. I have found them to be earnest, honest and intelligent in their efforts. I believe they are qualified to evaluate the program proposed in SB 373. I understand they have carefully evaluated it and they support. I am happy to concur with them and to urge your favorable consideration of the Office of Mental Retardation. Now evidently there are sections that need clarifications. I urge you to consider the suggested changes and alterations and to favor the principle of an integrated health department. But most important I urge your favorable consideration of the Office of Mental Retardation, as outlined in this bill.

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Mrs. John R. McElraevy, Manchester: Mr. Chairman, Members of the Committee, Ladies and Gentlemen assembled here today: My son is a mentally retarded boy, sixteen years of age. An account of the years that followed our discovery of his condition would not paint a very pretty picture. My husband and I spent years travelling from one large city to another. Boston, New Haven, New York, Baltimore. and, everywhere the answer was the same. We can't tell you much, we don't know why he is this way, do the best you can for him at home, and when he's older, you'll have to start to think about making other plans for him. You cannot begin to imagine the great sorrow that results from a situation such as this. In recent years an active parent movement has alerted the public to the needs of the mentally retarded, until today, it is openly and frankly admitted that mental retardation is one of the greatest humane obligations confronting society. Because of the varying degrees of mental retardation a number of different services are required to meet the needs of all the retarded. Connecticut can be proud of its two fine training schools in Mansfield and Southbury. It can look with pride too on the fact that many communities are offering special education to the retarded. And, organizations such as the Manchester Association for the help of retarded children, of which I am privileged at present to be president, along with similar organization in the State, have established day care centers for the retarded. In all there are 12 such day care centers in Connecticut. The center in Manchester exists only because of the sweat, mud and tears of a small group of dedicated parents, who literally used their hands and their hearts to repair and renovate a decrepid and abandoned wooden school building, leased to them by the Town of Manchester. It has been proven in more than four years of operation of the Manchester center that retarded children can be helped if diagnosis is made early in life and if an early program of training is started. Many youngsters in Manchester have received adequate training in the

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Mrs. McElraevy continues: areas of self-help and social adjustment at the Center to enable them to go on to special education in the public schools. Others who may not be eligible for special education are at least spending happy and worthwhile hours at the Center. Thereby even the burden of the families involved are eased. Section 22 of SB 373 which provides State Assistance in setting up more of these Day care centers. Right now, many existing State agencies touch on some phase of handling the problem of mental retardation: Welfare, Education, Health, to mention a few. I believe that an Office of Retardation within the Department of Health, and I repeat, within the Department of Health, if it were created by enactment of SB 373 into law, the interest of the retarded could best be served. Such an office would affect coordination of existing services and pave the way for the introduction of many badly needed new services. The mental defective has been with us since the beginning of Man, he is characterized in stories, and plays as the village idiot, he has been laughed at in countless moron jokes, he's been the target of buffonary on radio and television and in some instances he has even been hidden away as the skeleton in the family closet. Too seldom has he been helped or loved, or even understood. I implore you Ladies and Gentlemen of the Committee, give your prayerful consideration to SB 373. Your favorable decision will do much to bring the retarded out of the shadows into the light where they rightfully belong. Thank you.

Dan Rhinehardtson, Guilford: Mr. Chairman, Ladies and Gentlemen of the Committee, I speak first as Vice-President of the Connecticut Association for Retarded Children, second as President of the Shoreline Association for Retarded Children, which encompasses the towns of Branford, North Branford, Guilford,

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Mr. Rhinehardtsen continues: Madison and Clinton, and thirdly, I speak as a parent of a retarded child. I want to only take a few moments of your Committee's time to touch on only one phase of this overall problem. One of the greatest problems of parents of the mentally retarded is the caring and training of this child. I would add that one of the greatest problems of society today is to reduce the incidents of mental retardation. There are presently known approximately 130 causes of mental retardation. As research discovers additional causes, there is reason to hope that if proper safeguards are established, if proper techniques are introduced, the incident of mental retardation can be hopefully will be greatly reduced. Is it so unreasonable to hope that German Measles might be more completely controlled, and thus reduce the incidents of mental retardation? Is it also so unreasonable to hope that incorrect incubation procedures be eliminated? Through corrective, preventive measures, it can be hoped that a smaller percentage of the still unborn will suffer from mental retardation. It is our feeling that the Department of Health, through its many services is the agency which best develops these preventive measures. Thank you for your attention.

Bernard Greene, Legislative Chairman, Connecticut Association for Retarded children:
I am here to speak in favor of the principles embodied in SB 373. I might start by saying that this bill has been scrutinized very carefully by the Legislative Committee of the Association, and very careful consideration was given to the question of placing the Office of Mental Retardation in the Department of Health. Mental retardation is a peculiar problem in that it invades all phases of a person's life who is afflicted with it. It starts with its health, it affects his education, his job

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Mr. Greene continues: possibilities. It is not anything that could easily be put in any single department. However after giving careful consideration, we felt that the Department of Health would be the proper place for the problem of mental retardation to be dealt with. I would like to refer now to Section 14 of SB 373, which provides for a council on mental retardation, which recognizes the inter-disciplinary nature of the problem. In our opinion this council provides for coordination on a level where it will do the most good. The council will consist of representative citizens from the fields of education, welfare, health and mental health. It will be an active working body operating in areas in which its people are knowledgeable and have time to devote to the activity. It will also be a council of citizens with no vested interest except in the welfare of Connecticut's retardate. The council, further incidently, would include representatives from the boards of trustees of the two training schools at Mansfield and Southbury, which are doing such outstanding work for the institutionalized retardate. The question also came up of placing the mentally retarded under the Department of Mental Health and was carefully considered by us. We feel that the Interim Committee did a wonderful job looking into this problem and found that their conclusions asking for a centralized administrative authority would be most helpful. However, careful scrutiny of the report fails to show any compelling reason for placing the mentally retarded in the Department of Mental Health. Outside of the fact that perhaps some of these mentally retarded are also mentally disturbed. This does not surprise me, Mr. Chairman and Gentlemen of the Committee, because I'm sure that crippled children are also mentally disturbed, and I'm sure children with other handicaps, particularly in areas like this one, where solo assistance has been in state in-

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Mr. Greene continues: stitutions until now have also had mental disturbances. I would like you Gentlemen of the Committee to refer to appendix J of the Interim Committee report which makes the point that while 59.3 of mental retardates are behavior problems, 44.3 are people with physical disabilities. I feel that the office of mental retardation, incidently as it's provided for in SB 373 belongs in the Department of Health and urge your support. Thank you.

Chr. Scanlon: Mr. Boynick, are you still here this afternoon. Sir, we were asked a short while ago of the Department of Mental Health's position on this and I wonder if you could state that for the Committee?

Mr. Boynick, Department of Mental Health: Our department is reluctant to say anything to affect administrative plans for departmental reorganization. However, I must say that it is the professional feeling of our department that the interests of the mental retardate and the program now carried on by the Commission on Alcoholism, most appropriately should be accomodated in the Department of Mental Health. Sitting by me is Dr. Elias J. Marsh, who has served as Mental Health Commissioner and is head of our division of community services. If I may I would like to ask him to elaborate briefly on the professional aspects of this.

Dr. Elias J. Marsh, Chief of Division of Community Services in the Department of Mental Health: I regret that our Commissioner is not able to be here this afternoon. I would also say that I am not speaking for the Department officially, as Mr. Boynick pointed out the Department has not taken an official stand on this subject. It has been discussed however and the general feeling is that while health as a whole is an individual program that affects many people in many aspects, mental health is one part of this and from the professional point of

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Dr. Marsh continues: view it is our opinion that the program of the Board of Mentally Retarded is more related to that specialized sub-division of health as a whole that is mental health, than it is to any other program. Therefore from the professional point of view we do believe that the relation of the program to mental retardation to mental health in general is very close to ours. We also recognize that there are often very sound administrative reasons for handling one overall problem, namely health in a couple of different departments. For that reason we are very strongly aware of the desirability under certain circumstances to make administrative decisions that do not necessarily coincide always with that of a professional opinion is the soundest professional thing. I believe that we can say more on this, more appropriately even, when this other Senate Bill is brought up which specifically proposes putting the program for mentally retarded in the Department of Mental Health. Again, I simply repeat from the professional point of view it does seem to us that the program is closely related to the program of the mentally ill in many respects. I'd be very glad to answer any questions.

Rep. Marsters: Dr. Marsh, early this afternoon in this hearing, a specific question was raised as to whether the Department of Mental Health would be willing to accept the responsibility of a division on mental retardation. Would you care to comment on that point.

Dr. Marsh: I would like to comment very definitely on that. If the Legislature sees fit to put the program for mentally retarded in the Department of Mental Health, we would certainly accept, we would try our best to carry out the charge to the best of our professional knowledge. The answer is YES, we would accept it.

Dr. Harold Bingham, Executive Director of Connecticut Association for Retarded Children:

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Dr. Bingham: It has been my privilege for the last 18 months to be associated with the parents and friends of the retarded. All that I have learned about mental retardation, I have learned from the parents of this organization. All that most of those here today have learned about mental retardation, they have learned from the parents of the mentally retarded. Ten years ago, a group of parents met in Columbus, Ohio and they said to the professionals, you haven't done the job, move over, give us a chance, and they've done it. Ladies and Gentlemen of the Committee the professionals who today stand and say YES we can perform these services, I must ask of them, why have they not done it before. Mental Retardation is not a new problem. It has been a problem for the United States and for the world for many, many years. The fact is that until the parents took a hand in this movement, nothing was done. They have not only provided imputice, they have provided a great deal of the knowledge. They have provided a great deal of the direction. I must admit to you that when you talk to the professionals, talk to the parents, they are the ones who are knowledgeable in this field. I may say in passing as far as the Interim Committee is concerned, they might have written most of its recommendations long before the committee was organized. I must recommend to you that the parents are the true specialists in mental retardation.

Chr. Scanlon: Thank you Dr. Bingham. Now if there are any further proponents who can add material that has not been covered we'd like to hear from them.

Mrs. Marcia M. McKay, Newtown, Secretary of the Newtown Association for Retarded Children and also a teacher of retarded children: We feel that SB 373 in combination with SB 595, that was discussed here last week on mandatory education for Connecticut will be the foundation of a truly effective program of the State's

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Mrs. McKay continues: mentally retarded. SB 595 will give the school-age child a start, a good start towards making the most of his individual potential regardless of how small it is or the comparison between it and that of a normal child. SB 373, through the new office of mental retardation in cooperation with all other agencies in State government will provide a life-long program for mentally retarded and keep the retarded moving onward and upward towards a useful and satisfying life. Unfortunately and unhappily too, the retarded cannot mature, he cannot come back, but he can however try to make the most of what he has. He can only be helped in his battle for complete, economic independence. SB 373 offers this hope to the retarded and to his family. We look to you the Judiciary and Governmental Functions committee to give us this hope and to give it its first boost on its way to fruition and in passing too, may I say as a teacher my thought is to give these children a background that will help them to adjust to the community living and also to help them to be either partially or self-supporting wholly and we feel that this bill gives them this start. Thank you.

Chr. Scanlon: we ask you to confine yourself to new material please.

Mrs. Raymond A. Gibson, Social Legislation Chairman Greater Hartford Community Council: The Greater Hartford Community Council representing 120 public and private agencies and health and welfare agencies serving the 7 municipalities in Greater Hartford wishes to go on record as in favor of the establishment of a central facility within the State department of the mentally retarded as incorporated in Section 13-24. The special needs of retarded children can be met adequately if they are in one division of State government. Without coordinated planning several

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Mrs. Gibson continues: community services and programs may not be used to the best advantage. We urge your favorable action in the establishment of such an office or division within the existing state department. Thank you.

Harold Gambar, New Haven Association:

I will make my remarks very brief. I am one of the professionals that Dr. Bingham has mentioned. I am the father of a retarded child. Now in the New Haven Association, of which I'm a member, the parents have very closely scrutinized all bills as pertaining to this problem. We like what we find in this SB 373 because it is spelled out and makes sense as to specifically what they are going to do. The others we found rather vague and very limited, so that we as a group and I as individual strongly urgently urge you to bring in a favorable report on SB 373. Thank you.

Wanda B. Carroll, Bridgeport: I have a letter here from my husband, Dr. Philip Carroll, who is the organizer and director of the Retarded children's Clinic at Bridgeport. This is sponsored by the parents and friends of mentally retarded children of which we are members.

Chr. Scanlon: If you have a written document, we would prefer that it be filed with committee. We can read it, because there are a great many people here that want to be heard for and still others against. If you wish comment on it and then leave it with us.

Mrs. Carroll: The letter refers to the section, I believe its Section 23 in support of a diagnostic clinic. We have the diagnostic clinic in Bridgeport, which is functioning at a part-time level, with volunteer help, however with the support of the United Fund of Bridgeport, we have been able to get very excellent personnel. However, we feel that this is something of a problem not only of Bridgeport but we

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Mrs. Carroll: have children attending this clinic from all parts of Connecticut and we feel that this should be a State project. Thank you.

W. P. Spear, Middletown: I am a member of the Middletown Association of Parents and Friends also as a father of a retarded son for over some 35 years I am in support of this bill, and sincerely hope that your committee will find it possible to return a favorable report. I agree with the Lady from Manchester, that down through the years, the retarded have been looked upon with askance, and that would probably be the understatement of the year. We now have a more enlightened view of the situation and it would appear that the retarded of the present and the future are to have a far better opportunity to develop and become a part of our society. I again urge you to return a favorable report on the bill. Thank you.

Mrs. Matthew Hogan, President, Greater Hartford Assoc. ^{Retarded} Child: Representing nine towns in the Greater Hartford area and I would certainly like to say that we are in agreement with the previous speakers with respect to the advisability of establishing the greatly needed office of mental retardation. We are very gratified with the proposal of a deputy commissioner on mental retardation, who will have the responsibility of obtaining community services and coordinating these services with those of the training centers and their facilities. We will fill the gap of a lack of an agency to fill and deal with the most pressing problem in the United States. SB 373 provides for diagnostic centers, vocational training and other programs vitally needed. We hope you will report favorably on this. Thank you.

Rep. Anthony Collelo, Plainfield: I wish to go on record in favor of SB 373 and beg that you give this a favorable report. Thank you.

Mrs. H.M. Dedury, West Hartford, representing the

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Connecticut Tuberculosis Association:
Mr. Chairman and Gentlemen of the
Committee: As Connecticut citizens
we are happy to support the principles
of said bill 373. We believe in
producing greater efficiency and
economy wherever possible through
consolidation of departments. Our
particular interest, however is in
the section dealing with tubercul-
osis controlled program. The
only mention is in Sec. 10 of this
bill. We can support this bill
provided there is written into it
the changes and addition which ap-
pear to us necessary if we are to
maintain a coordinated and integr-
ated Tuberculosis program in the
State of Connecticut. What we have
now has been built up over the years
and we would like to see the effect-
iveness of it maintained. Now our
reasons are these: it is true
that the death rate has decreased
remarkably in Connecticut as through-
out the country. It is true that many
hospitals have been closed or been
put to other uses. It is true that
the period of treatment is very
much shorter than it used to be
thanks to the new drugs and new tech-
niques. But it remains equally
true that the number of deaths from
Tuberculosis in this country are
higher than the combined mortalities
of all the other contagious diseases.
Here in Connecticut, on the average,
one person dies from Tuberculosis
every two and one half days. This
last year there were more deaths than
the previous year, for what reason I
do not know. It has been declining
but now this last year the increase
was about 13% in mortalities. It is
a contagious disease, nobody knows
who may have it, it isn't apparent,
it is highly contagious. You and I
don't know when we may have been
exposed to it. A patient himself
doesn't know very often in the early
stages. The admissions to Tuberculos-
is hospitals still number about 1,000
a year and there were more admissions

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Mrs. Dedury continues: 1958 than there were in 1948, the reason being that there wasn't room for these patients in 1948. There is room now and a shorter period of treatment. We have these and other facts outlined in this little pamphlet which is in front of you now. If you will read that over, I will cut this very short. What do we mean by safeguarding the tuberculosis program. It consists of discoveries of new cases, treatment and segregation of those who are actively suffering from Tuberculosis. It includes rehabilitation, follow-ups for some 12,000 cases present and past in Connecticut. That is necessary to prevent re-infection and relapse and prevent unnecessary exposure to others. And this is what we mean by safeguarding. Our first impression on looking at Section 10 was that it was the intent of this bill to carry over all these various functions as a whole into the State Health Department. But, on looking at the budget we find that the functions are divided up among different divisions and sections. We feel that would be very unfortunate and we would be forced to oppose any such move as that. We oppose splintering and fragmentation of the existing program. We do feel that there might be gained in uniform housekeeping in the department but not a separation of the main function. We see no benefit in breaking up a well functioning integrated program which has been developed over the years, but let's leave the budget and come back to this bill. What we ask of you Gentlemen is to fill out what it seems to us the clear intent of Section 10. We suggest also that the name of the office which is listed in Sec. 1 and Sec. 10 as the Office of Hospital Care and Rehabilitation be changed to include the word Tuberculosis which we feel is the most important part of that particular office. We would like to see it changed to the Office of Tuberculosis Control and Hospital Care. We should like to have a deputy commissioner specified as a physician and expert in chest diseases

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Mrs. dedury continues: including Tuberculosis. We should like to have him appointed by the Commissioner on the recommendation of the Commissioner of Tuberculosis and other Chronic Diseases. We should like to see to it that the Deputy Commissioner has the responsibilities of appointing the superintendents of the hospitals and the key men in the division. We suggest that in the interest of clarity, that so-called housekeeping division be described not as the office of Administration, but as the Bureau of Administration and Management Services and we suggest that to you. We hope that you will write into the bill specifically what the facilities and the personnel of the Commission on Tuberculosis and other chronic illness will be transferred. We should like to see reenacted the present statutes concerning Tuberculosis with certain changes, and I won't go into those because you will receive a mimeographed copy of the specific requests. Now provided these safeguards are included, we should be happy to support SB 373. Our appeal is based not only on concern of the unwilling victims of Tuberculosis, it's based on our concern for the protection of helping people. The real solution of Tuberculosis must come through scientific research which is being carried on all the time. But, now for the present, we have to rely on attack through the finding of new cases, care and treatment and rehabilitation. This program can be perfected only we feel if the various parts remain together. We cannot separate or segregate. Thank you very much.

Stanley Swanson, Past-President Parents and Friends of Mentally Retarded Children of Bridgeport: Our's is an organization of 300 family memberships. Before one of the Legislators stated he had studied this bill all last evening. I would want to impress the committee and the people gathered that we have

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Mr. Swanson continues: been studying this for years and years. Another Legislator stated that the bill had heart but not much thought, I would want to impress all of you that years of living with this problem, believe me resulted in a great deal of thought in the presentation of this bill. The Governor has provided in his budget money for day cares, for diagnostic facilities for vocational training and for training centers, and it alarming that one of the Legislators was not aware of this. Two years ago it was heard that some of the Legislators said Let's Wait, and as a member of a local organization and I am sure I am speaking in behalf of all parents of retarded children who are here we will not be happy with crumbs, we want to have the whole loaf. Thank you.

Mr. Elwood C. Stanley: Ladies and Gentlemen: Apparently I just napping here, I wasn't quite sure that the hearing on mentally retarded had been completed but we certainly are in sympathy with this problem. But I should want to speak at this and say that the Commission on Tuberculosis and Chronic Illness was formed at the last Session of the General Assembly as a reorganization measure. It combined the programs of the Tuberculosis commissioner and the care and treatment of the chronically ill, aged and infirmed. At that time as Chairman of the Tuberculosis Commission I spoke accepting the idea of reorganization. This combination has been highly satisfactory and effective and has developed a program of rehabilitation and care of the chronically ill which is recognized throughout the country as being outstanding. Now as Chairman on the Commission on Tuberculosis and V Chronic Illness I am again appearing before a Legislative committee to express the opinion of our commission on further reorganization. The Commission on Tuberculosis and Chronic Illness feels obligated to support those sections of SB 373 which concern this

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Mr. Stanley continues: commission, which the Governor has recommended in the name of greater efficiency, economy and service. Our commission however cannot support this bill as it is now written and we recommend certain changes in it. These changes are chiefly concerned with Tuberculosis control in the State of Connecticut. To assure that this will remain an integrated program and there will be no break in the continuity of the program. We are also recommending that the present Commission on Alcoholism be not included with that of the matters of Tuberculosis control. The basic administrations of hospitals require prompt administration and medical decisions and under our care the patient is to be protected. To us this responsibility to the people is of utmost importance. We must, in any legislation of this sort, avoid any concentration of power too far removed from the patient. Mr. Chairman, with the changes herewith submitted the commission on Tuberculosis and Other Chronic Illness favors SB 373. Thank you.

Chr. Scanlon: Any other proponents?

Viola Fletcher, President, Cheshire Association for Retarded Children: In rebuttal to the remark of one of the Legislators that mental retardation is a disease, I respectfully address the Committee. Mental Retardation is rather a condition, it is not a disease that can be cured. The greatest hurdle over which parents of retarded children must climb is adjustment to the fact that a retardate cannot be cured to become normal and it is my feeling that retardates and their parents can best be served if they are not served with mentally ill persons who can be cured. Of the 30 odd percent of mentally ill retardates as reported in the Interim Committee's report have been helped, their retardation remains. They and the 6% of healthy mentally retardates can best be helped under a department of Health. Thank you.

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chr. Scanlon: Are there any proponents here to speak on any other features in this bill other than Mental Retardation and Tuberculosis? We will hear then opponents. I would ask however that you confine yourself to opposition of SB 373 and do not get in to opposition or approval of a bill which we do not have here before us, 374. We understand the difference of what will be accomplished by each bill. We would like to hear opposition to this bill, and not necessarily support to 374.

Dr. Louis P. Hastings, representing the Connecticut Medical Examining Board: I have material which I will take the liberty of leaving with your secretary when I have completed. I will not take your time, except to hit the highlights. I will set the minds at rest of the people interested in mental retardation by saying I shall not speak of that subject. My remarks will be confined entirely to Sec. 12 of SB 373, the intent of which it is stated and one can see by reorganization to centralize the administrative and fiscal functions of all boards and commissions. This includes the Connecticut Medical Examining Board. I would like to call your attention to the fact that we are a special fund operation, Code No. 5.51 and its income is derived entirely by fees paid by applicants for licensure to practice medicine. It has no other income source, it does not use State funds in any matter and its expenditures remain within this combined income. Expenditures for last fiscal year amounting to approximately \$21,000. The Board has two full time employees, rents office space of two rooms from the Connecticut Medical Society of NewHaven at the absurd low figure of \$40.00 a month. This low figure represents a contribution by the Society in as part of their obligation in public welfare. In addition I would like to suggest that if accounting procedures

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Dr. Hastings continues: are removed from the direct operation of the Board under this Sec. 12, it should be urged that the modest income which the Board has and received be not diverted to any general purposes it is contrary to the basic concepts to consider any fees for professional licenses as tax income. Such fees should be in an amount sufficient to provide the mechanism for evaluating the qualifications and they do. There seems little justification to look upon such fees as income for the State and used for other purposes. However, the Board takes a most serious view of the last sentence in Sec. 12, which states:

"This section shall not exceed rather, affect the identity, manner of appointment or examination functions of any of such boards."

We understand of course that this in effect is an attempt to separate fiscal from professional duties from these boards and services which they perform, but such a statement as this would suggest that these are the only functions not subject to interference by the Administrative created division of the State Department of Health. May we call your attention to the fact that among others, the following additional professional duties of the Medical Examining Board are specifically placed upon us by the Statutes:

1. Evaluation and approval of preliminary and medical education before examination.
2. Evaluation of credentials of physicians licensed in other states who are not required to be examined in Connecticut.
3. The annual publication of an approved list of medical schools, both foreign and domestic.
4. Certification of organ-

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Dr. Hastings continues:

ization of Medical Group Clinics
under Sec. 1946c.

5. Judicial and disciplinary functions under Sec. 4358 and 2189d which require the Board to hear all charges of criminal and/or ethical misconduct brought against licensed physicians by the State of Connecticut.

Now, although this fortunately is not a frequent occurrence, this Judicial and disciplinary function is a most important one and expresses the old principles of judgment by ones peers and is a most important procedure to maintain high standards of ethical practice by a trusted profession.

In the opinion of this Board none of these functions should be or could be assumed by others than the highly qualified physicians named by your Governor to the Board.

Therefore, from the above data and opinions, the Connecticut Medical Examining Board considers Sec. 12 of SB 373 to be unwise legislation as being unproductive of economy, unnecessarily disturbing to the present efficient operation of the Board and presenting serious defects in phrasing relative to present statutory functions of the Board. Accordingly, we respectfully request of you that this section either be deleted in entirety, which might not be wise in the cases of some of the other boards for whom I cannot speak, but in any case, the Board not be one of those so named in Sec. 12. Thank you.

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Agnes Ohlson, Chief Examiner, State Board of Examiners for Nursing: I will concur with the items that Dr. Hastings has indicated for the Medical Board as being quite similar to those of the Nursing Board. I will leave material with you and will not go into detail. I will indicate that Sister Mathilda, here has been representing the Board since 1935, and I am speaking for the members of the Board and they're concerned about the lack of specificity in the bill. Namely, cost, which is listed on the material I will submit to you and for the same reasons as given by Dr. Hastings, and functioning. It seems to us that a Board has to be reassured that they can appoint their own chief and they will have the opportunity of selecting them and they will have an opportunity of presenting a budget necessary for carrying out what has been imposed of them. We respectfully that you consider leaving the Board of Examiners off the list that would be included and then may I ask that Mrs. Whitman be heard as spokesman for the nurses of Connecticut.

Carolyn Whitner, President, Connecticut Nurses Association: I speak in opposition to that section of SB 373 which would alter the present organization and administration of Connecticut State Board of Examiners for Nursing. I speak for the membership organization of the Professional Registered Nurses in Connecticut. There are 21,822 RN's in Connecticut, of whom 14,400 in active practice were all licensed by this board. We believe that the licensing of Nurses should be completely in the hands of nurses. We believe that no department, board or commission in this State has done a more efficient, effective or economical than the Board of Examiners for Nursing. We would deplore seeing our profession lose its identity by having the licensing function of its board

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Miss Whitner continues: merged in anyway with that of any other group. I also speak as the Director of a School of Nursing in Connecticut, Unlike most othr licensing boards, the Board of examiners for Nursing accredits the professional schools of nursing in the State, of which there are 19, and gives them counsel and guidance. This the present board has done and is doing most intelligently and effectively. They are doing a superb job and dping it economically under its present organization. The members of the Connecticut Nurses Association and the Nursing Schools most respectfully and earnestly request that you leave this Board abne, in other words that you delete from the provisions of Sec. 12 the State Board of examiners for Nursing, provided that section is retained.

Luke Stapleton, Attorney for Connecticut State Dental society: Much of what has been said by Mr. Hastings on behalf of the Medical Examining Board and the two ladies who just spoke about nursing is very true insofar as the Dental Commission is concerned. Historically, the Dental Commission and likewise the two other commissions have been an economic independent board that have functioned very economically and very efficiently. I have been told that the purpose of this bill is to create efficiency and economy. In the last fiscal year, the Dental Commission took in in revenues \$18,502 and they spent \$17,000 plus and had a net which they turned over to the State Treasury of over \$500. Now I am sure you people don't know how the dental commission functions. Because there are no facilities in the State of Connecticut ot conduct a proper examination, the commission twice a year goes to Tufts College in

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Mr. Stapleton continues: Boston and conducts a practical exam if the boy already hasn't passed his National Board. They spend three days in Boston, twice a year and then they come down to the University of Bridgeport and examine Dental Hygienists. When you talk about removing certain services from this Board, why you are then creating inefficiencies. Because their housekeeping is ambulatory, it must follow the commission. Now the commission is a five man commission and they live in different parts of the State, it is therefore necessary for them to do their bookkeeping and their housekeeping wherever they go. So far as I know, they don't use a single facility in the State of Connecticut with the possible exception of the Office of the Attorney General when there is disciplinary action needed. So I say, where is the efficiency and economy to be effected on a board that is already self-sustaining and rendering very efficient services. What Dr. Hastings has said is true, if it becomes a fact that such a bill is going to pass, although we are opposing it, the Board of Governors of the Connecticut State Dental Society has gone over this bill, and have gone on record as being opposed to it and more particularly Sec. 12 which as a lawyer with some legislative experience I couldn't tell them exactly what that meant, but it certainly raised the question of taking away from them certain authority which they now have and have had since the Dental Commission has been created. If, however this bill is going to go through, I would say that this Council consisting of 6 members certainly should be enlarged to embrace some of the other professions and should certainly include the Dentists, because there are about 1,700 dentists and dealing with health

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Mr. Stapleton continues: problems they come a very close first to the physicians in connection with health problems. I therefore ask that the Dental Commission be left to carry on as it has in the past in a very efficient and economical manner. Thank you.

S. B. Lygen, Hartford: Executive Secretary, Commission of Opticians: By direction of our president, Paul Goldbecker, I am requested to express our opposition to Sec. 12, and I have also been requested by the President of our Association to express the Association's opposition to that section also. It's near 5 o'clock and you are listening many interesting and sound arguments in regard to this bill. I am certain that neither of the Commission or Association would oppose many things that have been said in regard to this bill. But, Sec. 12 has no part in this bill at all for the reasons stated by Dr. Hastings, Judge Stapleton and Miss Ohlsen. Each one of these commissions are self-sustaining. They have their own funds. Our group has a fund just under \$10,000 and we have been in operation since 1935 Ladies and Gentlemen. We operate within our own income and we've heard these proposals before. If the particular license group wants service, they increase their fees, and I can tell you many of our people pay as much as \$5000 a year in order to get the particular service that they get. We have one inspector who a year ago went into 169 towns and we issue as many as 4,900 permits for sun-glasses. If we are to take the Administration and fiscal policies and the generalities of Sec. 12 and try to coordinate them with the mandate given us in our Statutes, and I might say that our Statute in Connecticut in regard to the Optical laws has been used as a model throughout the United States and

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Mr. Lygen continues: when you try to get supervision merely for a change you aren't getting any more efficiency, we're getting double entry bookkeeping for no good reason whatsoever. We try to live within our limited requirements, and I think so do the other agencies, and I am not speaking for the others, and I think their requests have been modest, but they have been helpful, to the extent that large manufacturers have advertised in magazines in regard to our sun-glass regulations that it's safer to live in Connecticut, carrying out Governor Ribicoff's program that you wear sun-glasses in Connecticut and you can see pretty well where you are going. The standards that we set up are the standards later adopted by the War Department and Air Force. Now you get high minded people who are charged with responsibilities and if they are to have somebody stand over them, through some administration and through the general terms of Sec. 12 and tell them they cannot do this or must do that, you won't get these dedicated men to serve. And although under the statutes they are entitled to compensation, since 1935 not one member of our commission has collected 1¢ as compensation, because they felt the money ought be left with the State for enforcement of the laws itself. Now this particular section is absolutely unnecessary, it certainly has no part or nothing to do with administration. I call your attention to the Statement of Purpose on this bill:

To include in the State Department of Health, the State Hospitals and Services for Alcoholics, Tuberculosis and Chronically Ill Persons and Mentally Retarded.

Not one word about licensing groups. You'd have them all here if they knew what this bill contains. Sec. 12 in effect was a sleeper and if it weren't for the alertness of some of the members

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Mr. Lygen continues: of the Licensing groups who happened to catch it, we wouldn't be here today. I hope that so far as Sec. 12 is concerned that that particular section be deleted from this bill. We certainly are not opposed to all of the good things that have been said in regard to retarded children or in regard to Tuberculosis cases.

Harriet Meckett, Executive secretary, Connecticut Licensed Practical Nurses Association: This is the second group of nurses that our Board of examiners credit our schools and nurses and give examinations to our students, so our Board have a two-fold job to handle, and I am here representing Licensed Practical Nurses in opposition of Sec. 12 of SB 373.

Seldon Bacon, Chairman on Commission on Alcoholism: I want to speak in relation of Sec. 10 of this bill and state that the Board of the Commission is in opposition to its being included in this bill with the Department of Health. I am going to leave with you some brief documents, but I would like to point out one or two things. No member of the staff or the Board was ever consulted about this legislation in any way. When we heard about this a few weeks back, we were advise that the first draft of this bill alcoholism had been left out because it was going to be put in with the Department of Mental Health. We express our interest in the whole idea of integration. We particularly express our interest that if integration were to take place, we felt it should take place with the Department of Mental Health. The reasons for this were that the Department of Mental Health in its personnel, in its training program, in its community organization activities, research are in a field which is compatible with ours. Department of Health, I'm going to ask the Director of our

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Mr. Bacon continues: Executive commission to give some evidence on this to you, ordinarily has no interest in this problem, ordinarily has been antagonistic to this problem. I think it's of some interest to hear on the floor today that the Commissioner of Tuberculosis hopes we will not be included with them in their particular division of this proposed bill. We are going to indicate to you that the problems of alcoholism always have emotional involvement in the patient. No matter what its causes may be or whatever its effects, there is always an emotional problem involved, and psychiatric knowledge is inevitably necessary in dealing with the problems of alcoholism. I would note that already the State mental hospitals are receiving approximately 25% to 30% of their annual new cases people with chronic drinking problems. They are already in this field. I will note that the Department of Mental Health has an interest in alcoholism and I find the attitude and the officers and staff to work cooperatively and efficiently for achieving the goals of Connecticut Alcoholism Rehabilitation Program, whereas the State Department of Health has not had the experience or the ability. A bill has been filed HB 3471 with the knowledge and approval of dr. Bloomberg, Commissioner of Mental Health calling for integration with that department. But we also like to suggest that prior to any action there be considerable thought and planning on the part of both the commissions involved as to what the problems are in this integration. It is not a simple matter to say these two can be put together without specifying what this means legally as well as what it may mean in terms of financing different programs, locations of clinics and the like, and these two commissions I think should be asked to present what a program of integration would mean, how it would be worked out. As the present bill states the Commission on Alcoholism

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Mr. Bacon continues: is to be integrated. This is not enough. I would suggest to you that by implication this may change the laws on commitment in a very serious way in this state, I would suggest that the techniques of payment are quite different for those who are working in the Commission on Alcoholism and those who are patients with the Department of Mental Health. Many of these problems have not been touched upon at all. I would state that we are not opposed to integration, but that we do not wish a precipitent action and we would hope that integration would be with the Department of Mental Health where this problem belongs. I would like to have Dr. Miller, Executive Director of the Commission say something about the departments that have gone into public health around the country.

Dr. Dudley Porter Miller, Executive director, Commission on Alcoholism: I am not speaking in opposition to SB 373. We are speaking in opposition to Sec. 10 of that bill, because it suggests that we become integrated with the Department of Health rather than the Department of Mental Health which HB 3471 calls for. I would point out to the committee that of the 36 States in the United States that operate state government supported alcoholism programs that some of them have become integrated with their state departments of health. I would point out that where this has happened that these programs be examined carefully, and if they are examined we will see that the great majority of them are not flourishing. I can name for example such states as Pennsylvania, Ohio, Maine, New Hampshire, Massachusetts, Missouri, Maryland, Vermont and Rhode Island. I would point out to you that the most flourishing alcoholism programs are those which function either as separate non-integrated agencies, or as agencies integrated with Mental Health Departments, for example, Alabama, Connecticut, a non-integrated agency, Florida, Georgia

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Dr. Miller continues: Indiana, Michigan, North Carolina, Oregon and Utah. Health departments in some states have had forced upon them alcoholism rehabilitation programs which they were not ready for, not interested in, or had any experience with. We do not believe that this should happen in Connecticut. In other respects of Sec. 10, on Page 5 of the bill you have before you, can go forward as planned without loss of revenue to the general fund, and without any increased costs to State government, that is the transfer of the Commission on Alcoholism from a separate agency to an agency under general fund support and if it is the will of the Legislature, proceed at this time, similarly and concurrently, the transfer of cash available in the Commission's special fund account amounting to about \$213,000 to the general fund account, can also proceed at this time even if the Commission on Alcoholism and the Department of Mental Health are to be granted the times necessary and which they urgently request to work out carefully the many problems relevant to the Commission and its integration with the Mental Health Department. I shall not go into further detail, because I too shall leave filed with you this statement in an area I think you will be interested in, the many problems are varied and crucial, which need to be worked out before integration and can be in an offhand manner attempted to be effected between the Commissioner on Alcoholism and some other existing health service, whether or not it be Health or Mental Health and as we have stated, it is our preference that it be mental health. Thank you.

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Chr. Scanlon: Any other opponents?

Hilda Wells, Mansfield Parents association, President:
Mr. Chairman and Members of the
Committee, I wish to state that we
are in favor of SB 373 with the prov-
iso that the suggestions bearing
fuller clarrification and protection
to the new Department of Mental Retard-
ation be incorporated. Thank you.

Chr. Scanlon: Thank you.

Lady from department of Welfare: May I add a remark:
Under the signature of the Deputy
Commissioner of Welfare, with respect
to the placement of mental retardation
into the Department of Mental Health,
we do not concur with considerations
of the Interim Committee's report
entitled Mental Retardation in Connect-
icut.

Chr. Scanlon: Thank you. Is there anyone else now
who wishes to be heard before we close
the hearing? We will then close the
hearing on this bill and the hearing
for today.

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GEN. ASSEMBLY
SENATE

PROCEEDINGS
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House Bill No. 3993. An Act concerning Payment of State Aid for Education to the City of New Britain.

THE CHAIR:

Refer to the Committee on Education.

THE CLERK:

House Bill No. 3994. An Act concerning Refund Payments from the General Fund.

THE CHAIR:

Refer to the Committee on Finance.

SENATOR HEALEY:

Mr. President....

THE CHAIR:

Senator from the 10th.

SENATOR HEALEY:

May we take up out of order Calendar No. 217 on page two, file no. 201.

THE CHAIR:

Any objections to the request of the Senator from the 10th? There appears to be none.

THE CLERK:

Calendar No. 217. File No. 201. Substitute for Senate Bill No. 373. An act concerning the Composition and Administration of the State Department of Health.

Favorable report of the Committee on Judiciary and Governmental Functions.

SENATOR SCANLON:

Mr. President.....

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THE CHAIR:

Senator from the 6th.

SENATOR SCANLON:

I have an amendment. May the reading of the amendment be waived?

THE CHAIR:

There appears to be no objections. The reading of the amendment may be waived. Will you remark?

SENATOR SCANLON:

Mr. President.....

THE CHAIR:

Senator from the 6th.

SENATOR SCANLON:

This amendment makes several technical corrections in the Health Department reorganization bill, clarifies certain ambiguities in the rights and duties of subordinate offices and councils, and makes a substantive change in the composition and manner of appointment of the council on mental retardation.

SENATOR FINNEY:

Mr. President....

THE CHAIR:

Senator from the 36th.

SENATOR FINNEY:

I should like to acknowledge two things: (1) The majority leader's fairness to me and majority party in delaying action on this amendment until today; (2) the majority party's astuteness in accepting the conscientious efforts of the minority to assure

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that legislation passed is fairly good. Because I assume that discussion will be limited- as nearly as is possible - to the amendment before us. I shall try not to wander into a discussion of the bill. Actually, it may be said that most of the changes contemplated are minor. It might be contended there is an element of that feminine attention to detail which men find difficult. Attention to detail on the part of each of us is vitally necessary if this Session is to make a record of good legislation enacted. There was the matter of the appointment of Deputy Commissioners. Apparently the possibility that it might be necessary to remove them did not occur to anyone, so no method of removal was included. We have agreed that this eventually should be provided for. We pointed out and the Administration agreed that Section 10 of the bill was very definitely in conflict with Section 11. We did not agree on the solution spelled out in this amendment. Originally the section definitely put the Council in an advisory capacity. Apparently, the Administration believed when it drafted the bill that this was right. The decision to delete "in an advisory capacity" was, in my opinion, capitulation to pressure - willing in spirit, no doubt, but let's remember policies. In Section 16, the majority party has agreed to reinstate Section 19-117 of the statutes. This inconspicuous number in a line of other numbers covering sections to be repealed - was somewhat different. Its repeal would have resulted in cutting off funds that had been available for local distribution for the control of T. B. Admittedly it was a token appropriation, but rather important. My first reaction was, "How far can you go in ignoring people to balance a

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budget?" I'm glad that the administration has agreed to reinstate the section. I hope the small appropriation to implement it will be available in the budget. It's good to know that we will not have to confirm the Governor's nominations to the Council on Mental Retardation, and that while a member of the Council on Mental Retardation is serving on the Public Health Council, it will not be necessary for a member of the Public Health Council to come down to serve on the Council on Mental Retardation. Section 26, in my opinion, presented a real challenge for an Administrator, as it was written. We should all sympathize with the man who would have been responsible for the operating of an institution, under the direction of a Commissioner and a Deputy Commissioner, under policies established by three boards of seven members each, on three different levels. Certainly you couldn't run a business that way. It seems to me he would have great difficulty in rendering services to institutionalized persons - which is his real job - if he had to satisfy all these, however devoted they might be. It can, and probably will be argued that such men are available; that we have them now in state service. It may be so, but I think we have an obligation to smooth the way - not set up an obstacle course. The majority leader has agreed to take out one board, but apparently is devoted to the proposition that the superintendent shall prove his dedication. We have agreed that, with the appointment of a Deputy Commissioner, it is unnecessary for the Governor to sign commitments, a clerical chore. We have agreed that the Superintendents of Mansfield and Southbury should have comparable powers on discharge of

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patients. There was a major defect in the bill. It would have allowed diagnostic clinics, semi-private agencies, to decide eligibility and priorities for admission to state institutions, which is reasonable, but it would have required admission by the Deputy Commissioner. Obviously, the Deputy, charged with responsibility for rendering high level services, should have some discretion. Such an arrangement could result in overcrowding and consequent deterioration of the whole training program. The minority pointed out this error, and the majority agreed. I have some doubt about the deletion of two little words "and maintain" in Sections 30 and 31. It seems to me that someone has misled a great many people who, I am sure, believed that they were assured a permanent program. The amendment, deleting these words, assures a temporary stimulant - that's all. I shall vote for the package for it does take care of certain questions, and the bill will be improved thereby. This does not mean, however, that it is as good a bill as it ought to be, if the overriding concern were the benefit of the patients involved.

THE CHAIR:

Senator from the 26th.

SENATOR SIBAL:

I rise to join the Senator from the 36th in supporting this amendment as subscribed by her remarks. I, too, would like to express my appreciation to the majority leader and the majority party for the courtesies extended to us, insofar as this bill is concerned. I particularly appreciate the taking up of the bill as the first order of business on the Calendar today, so that some

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of us may leave. I do feel, however, that it is important to all members of this Circle and to all members of this General Assembly that at this time to point out to you some of the things that have happened in connection with this bill. The amendments, many of them, which we are now going to approve were actually written by the Senator from the 36th. Yesterday when I asked the majority leader "if the bill was coming up", he was not in a position to tell me for certain. We had some problems because of the tremendous work load of the legislative commissioner's office, and getting our amendments out. The Senator from the 36th and myself went downstairs to see if we could expedite, because the majority leader very kindly agreed to hold it up as long as he could to permit us to get our amendment. What we found, quite by accident, was that a member of the majority party, not a member of the legislature, I am happy to say, pouring over a photostatic copy of all the Senator from the 36th suggestions which he had apparently appropriated for himself; because no photostatic copy was submitted by us. So many of these ideas now appear in this amendment. I am very happy that they appear in this amendment; because I presume that I have a better chance of passing this way than they would if they were the amendments of the Senator from the 36th. I think, it is high time that this legislature took upon itself its duties. I think, it is high time, that some of these people who may be experts, or have not so demonstrated, leave the legislating to the legislator. When I raised this question to the particular person, he said "why weren't these ideas submitted at our executive session". I submit to you without comment what some

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of these executive sessions of these committees have consisted of. You know they wouldn't have been considered serious were we there, and I don't blame you for that. I think, that these are good amendments, and I urge the unanimous adoption.

THE CHAIR:

The question is on the adoption of the amendemtn. Will you remark further? If not, all those in favor will signify by saying "aye", those opposed "no". The "ayes" have it. The amendment is ordered passed.

The Chair will rule that action on the bill will be suspended as amended. The bill as amended will be forwarded to the legislative commissioner's office for further action.

THE CLERK:

Calendar No. 143. File No. 196. Senate Bill No. 345. An Act concerning Group Insurance--State Employees.

Favorable report of the Committee on Insurance.

Amendment Schedule "A" adopted April 2, 1959.

SENATOR MARCUS:

Mr. President....

THE CHAIR:

Senator from the 9th.

SENATOR MARCUS:

The Clerk has amendment. Will he read it?

THE CLERK:

Amendment Schedule "B". File No. 196. Senate Bill No. 345. In line one, before the word "there" insert the words "Section 1".

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place on the Calendar.

THE CLERK:

Calendar No. 219. File No. 213. Senate Bill No. 6. An Act amending the Charter of the City of Norwich, Concerning Sale, Lease or Disposition of Its Public Utilities.

Favorable report of the Committee on Cities and Boroughs.

SENATOR HEALEY:

Mr. President, the chairman of the committee stepped out for a minute. ^{SB#6 SB/31 SB/32} May Calendar No. 219, 220, 221 be passed, retaining its place?

THE CHAIR:

It may be passed, retaining its place on the Calendar.

THE CLERK:

Calendar No. 217. File No. 311. Substitute for Senate Bill No. 373. An Act concerning the Composition and Administration of the State Department of Health.

Favorable report of the Committee on Judiciary and Governmental Functions.

Amendment Schedule "A" adopted April 16, 1959.

SENATOR SCANLON:

Mr. President....

THE CHAIR:

Senator from the 6th.

SENATOR SCANLON:

I move for acceptance of the committee's favorable report and passage of the bill as amended by Senate Schedule "A".

THE CHAIR:

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The question is on the adoption of the committee's favorable report and passage of the bill as amended. Will you remark?

SENATOR SCANLON:

Mr. President, this bill creates an expanded health department consisting of three major subdivisions; an office of Public Health, an office of Mentally Retardation and an office of Tuberculosis Control Hospital care and rehabilitation. The chief officer will be Commissioner of Health who will be assisted by the Public Health Council and his deputy. There will be two other deputies; one a deputy commissioner for mental retardation who will have a seven member council to work with him, and the other will be a deputy commissioner of tuberculosis control and hospital care and rehabilitation who also will have a seven member council to work with him. This bill has been discussed at great length by the various people and divisions involved. Compromises have been made and the net result, we think, is a good bill and I hope that the Senate can see fit to pass it.

THE CHAIR:

The question is on the acceptance of the committee's favorable report and passage of the bill. Will you remark further?

SENATOR FINNEY:

Mr. President, the Clerk has an amendment.

THE CLERK:

Amendment Schedule "B". Substitute for Senate Bill No. 373. Senator Finney. In section 10, line 7, add the words "in 7", add the words "in its field in an advisory capacity." In section 11, line 2, strike out "in conjunction with" and insert "with the

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advice of." In section 15, lines 5 and 6, strike out "in accordance with policies established by" and insert "with the advice of." In section 22, lines 1 and 2, strike out "in conjunction with" and insert "with the advice of." In section 27, lines 7 and 8, strike out "in accordance with the policies established by" and insert "with the advice of."

SENATOR FINNEY:

May I advise the Circle that this file is 311?

THE CHAIR:

Yes. The Senator from the 6th has already announced that it is File 311.

SENATOR FINNEY:

Perhaps I should preface my remarks on this amendment by telling you it represents the thinking of the Interim Committee on Public Welfare and a sub-committee of the Legislative Council, set up by resolution of the 1957 General Assembly to study the question of a state program for the mentally retarded. The joint legislative committee included the present majority leader of the house, Sam Googel, and the present house chairman of the Committee on Public Welfare and Humane Institutions, Joe Zambo, as well as Fred Pope, majority leader of the house in 1957. The interim committee of which former representative Sarah Frances Curtis was chairman, studied the question of how to set up a division on Mental Retardation - for many months. I have no desire to embarrass any member of the joint committee who has changed his mind - he probably has good reasons. My purpose today is to assure you that this amendment is no "stalling" action, but based on the decision

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of a fine committee after eighteen months of conscientious study. The administrative set-up applies equally to the office on tuberculosis control, hospital care and rehabilitation. The amendment endeavors to spell out definite lines of responsibility and corresponding authority. It looks to assuring the efficient operation of two offices in the expanded Department of Health. It attempts to remove obstacles in the way of such efficient operation, while providing that many talented, devoted and unpaid citizens shall continue to advise and counsel those responsible for administration. In Section 10, line 7, it would reinstate the words "in its field in an advisory capacity." These are the words deleted in amendment Schedule "A", with which I disagreed. As a matter of fact, these words represented an honest and courageous effort to set up a workable office and I regret that pressure forced their deletion. Section 11 now provides that the office of Tuberculosis Control, Hospital Care and Rehabilitation in conjunction with the council on T. B. shall be responsible for planning, development and administration. The phrase "in conjunction with" is a wonderful, meaningless or meaningful one, open to any kind of interpretation. The amendment provides that the office of tuberculosis control, under the Deputy Commissioner, with the advice of the council, shall be responsible for planning, development and administration. This is certainly in line with subsequent sections which spell out in detail the council's functions to "consult" in section 14 and "to consider and advise" in the same section. Actually section 12 spells out the council's function as advisory to the deputy commissioner. In section 15, lines 5 and 6,

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it seems to me that the superintendent of a hospital, under the policy-making of the Public Health Council, under the direction of the Commissioner of Health, and the Deputy Commissioner on T. B. Control, should have the advice of the Council on T. B. He may need it to guide him in case the Commissioner and his Deputy disagree. The amendment as it applies to sections 22 and 27 would do the same thing with regard to the Office of Mental Retardation. It is my opinion that in order to placate a great many interested people, the administration was willing to cast aside any real effort at setting up a workable administrative structure. In a discussion with the administration some time ago, it was tacitly - although not actually - admitted. Members of the Interim Committee pointed out that it was this kind of fuzzy structure that resulted in the difficulties of the Mental Health Department in 1957. It will be argued that nothing was done in that case until an emergency arose, and it might not happen in this case. This argument can truly be put forth, but it is specious nonetheless. If one deliberately invites a repetition of near disaster - as it was then called - the least that can be said is that such action is irresponsible. It is well to note that, at that time, Jerome Beatty and I, as chairmen of the Welfare Committee, complied with the Governor's request for help - and set up clear lines of authority and responsibility from the Commissioner to the hospital superintendent. I admit that the original unworkable administrative structure in the Mental Health Department was predicated on an unwillingness to stand up to pressure. Eventually the fallacy of that expedient decision was all too evident.

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I hope that you will join with me and pass this amendment. I hope you will have the courage to risk temporary criticism by well-intentioned and devoted people, in the interest of the beneficiaries of these services. The old people in chronic disease hospitals, the patients in T. B. sanatoria and the mentally retarded in the training schools will be better served thereby. Their welfare should be your first consideration. I hope the amendment is adopted.

THE CHAIR:

The question is on the adoption of the amendment. Will you remark further?

SENATOR SCANLON:

Mr. President...

THE CHAIR:

Senator from the 6th.

SENATOR SCANLON:

This amendment as offered by Senator Finney, I am sure is offered in the sincerest manner possible. There are several differences of opinion to where various responsibilities and functions should lie; those of which we have incorporated in the bill and in the amendment which we passed only last week, which incidentally would be in great (indistinguishable) if we went along with this proposal and amendment. I like where there is honest and sincere efforts and great part compromise. I don't wish to take issue with Senator Finney, but I hope that the amendment as offered is not passed, and that the bill is offered with the amendment we have already passed is adopted.

THE CHAIR:

The question is on the amendment Schedule "B". Will you remark further? If not, all those in favor of the amendment "B" will signify by saying "aye", those opposed "no". The "noes" have it. The amendment Schedule "B" is lost.

Senator from the 31st.

SENATOR CADY:

I have an amendment.

THE CHAIR:

Do you wish the Clerk to read the amendment Senator?

SENATOR CADY:

Yes.

THE CHAIR:

The Clerk will read the amendment.

THE CLERK:

Schedule "C", file no. 311 on Substitute for Senate Bill No. 373, offered by Senator Cady.

In Section 23 strike out the first two sentences and insert in lieu thereof the following: There shall be a council on mental retardation which shall consist of seven members, of whom one shall be a doctor of medicine certified by the American Board of Pediatrics and appointed by the Governor to serve for a term of four years, one shall be a member of the board of trustees of the Mansfield State Training School, appointed by said board for a term of one year, and one a member of the board of trustees of the Southbury Training School, appointed by said board for a term of one year.

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THE CHAIR:

Senator from the 31st.

SENATOR CADY:

I move for adoption of the amendment.

THE CHAIR:

The question is on the adoption of the amendment. Will you remark Senator?

SENATOR CADY:

Mr. President, members of the Circle, this is a short but an important amendment, I feel that is sponsored by the chairman of the boards of trustees of the Southbury Training School and the Mansfield Training School. Under the bill as originally introduced here in the Senate, these two boards of trustees had authority to name the member which would represent them on the Council of Mental Retardation. You will notice that the bill as now amended permits the Governor to make that appointment. It may seem a small matter, but it is actually a very important one to the members of these boards of trustees, and for this reason: under the bill as amended, the Governor may appoint these trustees for these two training schools, then he can go right along and pick the same person for the Council on Mental Retardation. It simply means that the Governor if he wishes can completely by-pass these two boards of trustees in making appointments to the Council on Mental Retardation. The bill as originally introduced was worded as the trustees were happy to have it. Now this change has been made; no particular reason, except the obvious one, that it is a step further in the direction of taking power away from the boards of trustees of

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these two schools and placing it in the hands of the Governor, so that these trustees will have either less power under the amendment than they would have had under the original bill. The amendment that I have offered has been considered by the boards of trustees of these two schools; the chairman of these two boards are in favor of it, and I would hope that we would give this amendment of mine favorable consideration.

THE CHAIR:

The question is on the adoption of the amendment Schedule "C".

Will you remark further?

SENATOR SCANLON:

Mr. President....

THE CHAIR:

Senator from the 6th.

SENATOR SCANLON:

There is really very little difference between the bill which we are considering with the Schedule "A" amendment and the one being proposed. The two differences being, one the term of office of each of the two members to be appointed from the board that the two schools mentioned. The appointments must still come from the board, one from Southbury and the other from Mansfield. The difference, of course, again being that in one case, being that the Governor should be the person who make s the appointment, and another honest opinion that the boards of trustees should make these appointments. It is my hope that the members of the Senate shall go along with our point of view here, that the amendment should be defeated, and that these appointments should be made by the

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Governor as set out in the bill as printed in our file today.

THE CHAIR:

The question is on the adoption of the amendment Schedule "C". Will you remark further?

SENATOR CADY:

Mr. President...

THE CHAIR:

Senator from the 31st.

SENATOR CADY:

I understood the Honorable assistant majority leader to say that these appointments would still come from Southbury and Mansfield. The whole purpose of this amendment, Mr. President, was to restore the bill to the wording that it had when it first came into this Senate, and before it was amended. The whole purpose of this amendment is to prevent the appointments from coming from the Governor's office; that is where it would come from under the bill as amended. We think to restore the bill to its former wording, so that the appointment will come from Mansfield and Southbury, and so that the trustees of those two schools will have the power to make the appointments, and not the Governor.

SENATOR SCANLON:

Mr. President....

THE CHAIR:

Senator from the 6th.

SENATOR SCANLON:

I didn't mean to mislead anybody. I don't think that it is what I said. I mean that the person appointed in each case, must

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still be a member of the board of one of these two schools. He can't go outside the group from which to pick. It is just a matter of who is to pick; the board of trustees to select their own member to serve on the council, or shall the Governor pick from amongst the board, the man who he feels should serve. I didn't mean at all to confuse anyone. The appointment is under the bill to be made by the Governor and under the amendment by the board of trustees with that person in both cases, being a member, in one case the board of Southbury, and the other at Mansfield. I hope that the amendment is defeated.

THE CHAIR:

The question is on the adoption of the amendment. Will you remark further?

SENATOR FINNEY:

Mr. President....

THE CHAIR:

Senator from the 36th.

SENATOR FINNEY:

I understand Senator Scanlon, and I am not confused, but I agree with Senator Cady. It seems to me that if the Governor is in a position to appoint the trustees to these hospitals, he might be generous enough to allow these trustees to decide among themselves, perhaps, as if they knew which one was the best, and which one ought to serve on the council. It seems rather ungenerous to me, and I know that whatever I say, the signal having been given, will count for very little, but it does seem to me that if we talk about compromise, even in the tiniest sense,

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these board of trustees ought to at least have the small possibility of choosing from among themselves the one best able to serve on this council.

THE CHAIR:

The question is on the amendment Schedule "B" because there has been a debate. I will ask the Clerk in fairness to announce to you how to proceed with the vote. That is you are voting "yes"

THE CLERK:

A "aye" vote is a yes vote that will be in favor of passage of amendment Schedule "C". A "no" vote will be for the rejection of the proposed Schedule "C" amendment.

THE CHAIR:

Senator from the 26th.

SENATOR SIBAL:

Mr. President, as I listened to this debate, I would appreciate being advised as to why there is objection to the trustees of these two institutions, deciding among themselves who shall represent them on the boards. Why that is objectionable, and why it is felt that they should not have this right, that the appointive power, the appointing power that created them, you might say, shall further decide which of them shall serve. I would appreciate it if you would enlighten me in that phase, Senator Scanlon.

THE CHAIR:

Senator from the 6th, may I remind the Senator that he has full (indistinguishable) inasmuch as he has been asked a direct question. The Chair will rule that you are in order, and you may answer the question.

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SENATOR SCANLON:

Again as I mentioned on both proposed amendments, I don't think it is a question of necessary right or wrong, I think that there are groups of different opinions who are very sincere in their reasons for believing that certain functions should be performed in certain ways. It was our opinion that in this particular case, rather than the board picking from amongst their own, the man who is to serve on the council with the responsibility, should lie with the Governor who is after all responsible to the people, a full function of the state government.

THE CHAIR:

The question is on the adoption of amendment Schedule "B".

Will you remark further?

SENATOR FINNEY:

Mr. President....

THE CHAIR:

Senator from the 36th.

SENATOR FINNEY:

I can't resist, I am glad that the Senator from the 6th said that it was not a question of right or wrong.

THE CHAIR:

Will you remark further? If not all those in favor of the amendment Schedule "C" will signify by saying "aye", those opposed "no". The "noes" have it. The amendment is lost.

The question then is on the adoption of the committee's favorable report and passage of the bill. Will you remark further? If not, all those in favor.....

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Senator from the 10th.

SENATOR HEALEY:

Mr. President, I understand that we are now voting on the acceptance of the committee's favorable report as amended by Senate Schedule "A" which was passed last week.

THE CHAIR:

Since, it is here before us as amended before us, Senator, and has gone through the proper procedure, the bill is here before us. The amendment is now in the bill. All in favor of this will signify by saying "aye", those opposed "no". The "ayes" have it. The bill is ordered passed.

THE CLERK:

Calendar No. 222. File No. 212. Senate Bill No. 413. An Act concerning Employment of Teachers in the State Teachers Colleges.

Favorable report of the Committee on Education.

SENATOR HEALEY:

Mr. President....

THE CHAIR:

Senator from the 10th.

SENATOR HEALEY:

May we go back to Calendar No. 219 on page two and resume?

THE CHAIR:

If there is no objections? We have take the Calendar now in order.

THE CLERK:

Calendar No. 219. File No. 213. Senate Bill No. 6. An Act

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Bill returned by the House for reconsideration. Favorable Substitute of the Joint Standing Committee on Judiciary and Governmental Functions. Senate Bill No. 373. An Act concerning the Composition and Administration of the State Department of Health. Senate Amendment "A" passed in the House as amended by House Amendment "A" and "B". The new File number is 311.

SENATOR SCANLON:

Mr. President...

THE CHAIR:

Senator Scanlon of the 6th.

SENATOR SCANLON:

I move for reconsideration of our action on Senate Bill No. 373.

THE CHAIR:

The question is on reconsideration. Those in favor "aye", those opposed "no". The bill is reconsidered.

SENATOR SCANLON:

Mr. President....

THE CHAIR:

The Senate will be in order.

SENATOR SCANLON:

Mr. President, the amendment made to this bill in the House are included in File 311 are the same amendments that were brought before the Senate when the bill was here. As was pointed out at that time, our position on the amendment was not, it was a case of anyone necessarily being right or wrong was a question of a choice of waive in which this matter could be handled and it was our

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opinion that the bill incorporated the most feasible method of handling, but since the House has seen fit to adopt these amendments, we feel that we certainly do not want to pressure the fate of this bill which we considered then to be a good bill and still do over anything as minor as the provisions of these two amendments. I, therefore, ask for passage of the bill as amended by Senate Schedule "A" and House Amendment Schedule "A" and "B".

THE CHAIR:

Are there any further remarks? The question is on the passage of the bill.

SENATOR SIBAL:

Mr. President...

THE CHAIR:

Senator Sibal of the 26th district.

SENATOR SIBAL:

I would like to support this bill as amended. I am very happy that the Circle apparently will support the position which was taken from two weeks ago by some of us. We feel the bill has substantially approved and we think that the legislation which we are about to pass is drawn the way it should be drawn.

THE CHAIR:

Are there further remarks? The question is on the passage of the bill as amended. Those in favor signify by saying "aye", opposed "no". The bill is passed as amended.

THE CLERK:

Favorable report of the Joint Standing Committee on Penal Institutions on Senate Bill No. 525. An Act concerning Commutation

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which reads, 'An act concerning method of amendment of the Hartford City Charter.' Now, I believe that can be done locally, but maybe it can't, but the obvious purpose of my question is not to embarrass you, sir, but to find out whether anybody in this House knows what sec. 3 says.

THE SPEAKER:

Will you remark further. Gentleman from New Britain.

MR. GOOGEL:

I am very happy that nobody volunteered that information because that doesn't make me the only ignoramus in this House! There are 279 of us. But, in order to get that information, Mr. Speaker, I would suggest that this bill be passed until after recess and we'll have that information for all of us.

THE SPEAKER:

Bill will be passed as amended until after recess.

The Chair recognizes the gentleman from New Britain.

MR. GOOGEL:

May we go back to the calendar no. 408. File no.

Sub. for S.B. No. 373.

THE SPEAKER:

Gentleman from Salisbury.

MR. RAND:

The Clerk has an amendment I'd like

THE SPEAKER:

The bill will be first read, sir.

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MR. GOOGEL:

There is a previous Sen. Amend.

THE SPEAKER:

Will the Clerk please read the bill.

THE CLERK:

Cal. No. 408. File No. 311.

Sub. for S.B. No. 373. An act concerning the composition and administration of the State Department of Health.

As amended by Sen. Amend. Sched. 'A'.

THE SPEAKER:

The gentleman from New Britain.

MR. GOOGEL:

I move the adoption of Sen. Amend. Sched. 'A', and suggest that perhaps the clerk read it.

THE CLERK:

The amendment is rather lengthy; it is my belief that the file has been reprinted to incorporate the amendment.

MR. GOOGEL:

If there are no objections I move that the reading of the amendment be waived.

THE SPEAKER:

Any objections to the waiving of the reading of the amendment? Gentleman from Bethany.

MR. TURNER:

Through you, sir, I would like to inquire from the distinguished Majority Leader what is the sum and substance

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the SPEAKER:

Gentleman from New Britain care to answer the question?

MR. GOOGEL:

Very happy to. This amendment makes several technical corrections in the Health Dept. reorganization bill. It clarifies certain ambiguities and the rights and duties of subordinate offices and councils, and makes a change in the composition and manner of the appointment of the council on mental retardation. In sec. 3 the quorum requirement of the public health council is increased from 4 to to 5 to conform to the increase in membership from 7 to 9. In sec. 10, unnecessary language inadvertently left over from the original bill, which did not spell out the duties of the council on tuberculosis control, hospital care, rehabilitation as the substitute bill does is deleted by this amendment. In sec. 12 provisions for the manner of removal of the deputy commissioner, etc. tuberculosis control/is made. In sec. 16 and 17, an unintentional deletion of a sec. of the General Statutes is corrected. In sec. 21, provision is made for the manner of removal of the deputy commissioner of mental retardation. Sec. 22, substantially changes the composition and manner of the appointment of the council on mental retardation.

Since the public hearing on S.B. No. 373, there has been continuing discussion of the composition of the council on mental retardation as set forth in sec. 22. This present bill we are considering, Sub. for S.B. No. 373, as presently

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worded would provide an 11 member council consisting of 1 representative elected by each of the following boards or commissions: Board of Trustees of Mansfield, Board of Trustees of Southbury, the State Board of Education, the State Board of Mental Health, Public Health Council, and the Citizens Advisory Committee on Welfare. This 11 member council has been criticized as being ^{an}unwieldy and somewhat unrepresentative group because of the wide-spread acceptance of the manner in which the State Board of Mental Health has functioned; it has been suggested that the composition of the State Board of Mental Health be used as a model for the council on mental retardation. This amendment would follow that model. It would provide a 7 member council including 1 member of the Board of Mansfield, 1 member of the Board of Southbury, and a doctor of medicine certified by the American Board of Pediatrics. All 7 members would be appointed by the Governor as in the case of the State Board of Mental Health. This amendment is a distinct improvement on section 22.

Now in section 25 of the bill a change is made to conform to amended section 22, and section 26 wording is ordered to remove an apparent requirement that institution superintendents must follow trustee policies even tho' previous sections do not give trustees policy-making power. Sec. 28 to 29 transfer duty to full probate commitment from Governor to Deputy Commissioner of Mental Retardation. The old sec. 29 is amended to allow a Southbury superintendent authority to

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approve discharges as is presently the case in Mansfield, and the old sec. 30 and 31 an ambiguous word is deleted. That in effect constitutes the 'meat' of the amendment, Sen. Amend. Sched. 'A', and I trust that this amendment will be adopted.

THE SPEAKER:

Sen.
Question is on the adoption of Amend. Sched. 'A'.
Will you remark further. Gentleman from Brookfield.

MR. PINNEY:

Speaking on Sen. Amend. Sched. 'A', I would like say only a few brief words about this. First of all, as it has already been pointed out,^{it} accomplishes some major improvements in the bill as originally drafted. Secondly, I think I should call it to the attention of this House, that the amendment is the result largely of the exhaustive work done by the very distinguished senator from the 36th District, Senator Finney. I would like, on behalf of this House, to pay to her the credit which is due her for her devotion to seeing that a proper bill was brought out, and as a result of her work we do have these amendments before us today and I urge their adoption.

THE SPEAKER:

Will you remark further. The lady from Darien.

MRS. FARMER:

We're working under a handicap here by not knowing just

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what is in this amendment, and I have several questions about it. I'd like to inquire of the distinguished and learned gentleman from New Britain who has stated that the Mental Health Board was used as the model for this amendment and I'd like to inquire if the Public Health Board is going to have the same authorities as those of the Mental Health Board as outlined in several sections of 17,208, 211 and so on. One of my objections to the bill as it is in our file is that it removes several of the powers of this Board, namely, on page 2 ~~of~~ line 18, I cite this as one of the reasons for my question in regards to this amendment. It says: 'Said council shall have authority to prescribe the qualifications of the directors and other appointees and so on'...now, that is left out of the present law, and under section 4. line 6, leaves out these words: 'and with the approval of the council directors etc'. Now the bill printed as I see it is that it takes away from the Public Health Board its power making authority and its authority to approve hiring and firing these top echelon people, and I'd like to inquire if this amendment makes that correction.

THE SPEAKER:

Would the gentleman from New Britain care to answer the lady from Darien?

MR. GOOGEL:

It is my understanding that this bill will not effect the

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identity in the matter of appointments or special functions of these boards, but they will be merely a part of a department board for budgetary purposes. I think that they will retain in effect the general powers and rights they have enjoyed in the past. That is my understanding.

THE SPEAKER:

Question is on adoption of Sen. Amend. Sched. 'A'. All in favor? Opposed? 'Ayes' have it. Amendment is adopted.
Gentleman from New Britain.

MR. GOOGEL:

I move the acceptance of the committee's favorable report and passage of the bill as amended by Sen. Amend. Sched. 'A'.

THE SPEAKER:

Question is on acceptance of the committee's favorable report and passage of the bill as amended by Sen. Amend. Sched. A in concurrence with the Senate. Will you remark.
Gentleman from New Britain.

MR. GOOGEL:

This bill creates an expanded State Health Department consisting of 3 major sub-divisions, namely, an office of public health, an office of mental retardation and an office of tuberculosis control, hospital care and rehabilitation. Now, the Chief Administrative Officer will be the Commissioner of Health who will be assisted by an expanded Public Health Council. The 3 major supportive officers will have the rank of Deputy Commissioners. The Deputy Commissioner for

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Mental
 Retardation will be assisted by a 7 member council as provided by the amendment Sec. 22 of the amendment we just adopted. The Deputy Commissioner of Tuberculosis Control, Hospital Care and Rehabilitation will be assisted by a 7 member council, successor to the present Commission on Tuberculosis and other chronic illness. Under provisions of section 20 the State Health Dept. will provide clerical and fiscal service for the examining boards and commissions, and as I stated before, I don't think that any of the previous powers enjoyed by the independent commissions have been taken away; it's merely incorporated with the Mental Board of Health for budgetary purposes, and while I am on my feet, I also want to pay my personal tribute and those of the Democratic Party to the many, many hours of tireless effort that Senator Finney has put into this bill, and also other members of the Assembly who have been so vitally concerned with this most important problem. This bill represents I believe the best thinking of a great number of people. It's a compromise also between different viewpoints on how this important problem should be handled by the State. I think it's not a good bill, that's too mild an adjective to use... this is marvelous bill; it's an outstanding bill and I think that everyone should get behind it, and vote for it!!

THE SPEAKER:

The Chair recognizes the gentleman from Salisbury.

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MR. RAND:

The clerk has an amendment and I ask that he read it.

THE CLERK:

Amend. Sched. 'B'. In section 23 -- House Amendment Schedule 'A', excuse me, offered by Mr. Rand: In section 23, strike out the first two sentences and insert in lieu thereof the following: there is established a council on Mental Retardation which shall consist of 7 members 5 of whom including one who shall be a doctor of medicine certified by the American Board of Pediatrics, shall be appointed by the Governor for terms of 4 years each; one shall be a member of the Board of Trustees of the Mansfield State Training School and Hospital appointed by such board for the term of 1 year, and one shall be a member of the Board of Trustees of the Southbury Training School appointed by said board for the term of 1 year.

THE SPEAKER:

Gentleman from Salisbury.

MR. RAND:

I move the adoption of the amendment.

THE SPEAKER:

Question is on adoption of House Amendment Schedule 'A'.
Will you remark. The lady from Woodbridge.

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MRS. VESTAL:

As you and the members of this House know, the bill permits the Governor to appoint members to the boards of trustees of Mansfield and Southbury Training School. The bill also permits the Governor to select one member from each of these boards to represent the trustees on the Mental Retardation Council. The members of the Boards of Trustees ^{training} of both/schools believe that it would be in the best interest of the council that they are giving the privilege of selecting a member who will represent them on the council from among their members. They have had the experience of working together and know at first hand who has the deepest interest and grasp of the problems of the mentally retarded, and also those who have the time to attend the meetings of the council. I think this is a very fine reason for allowing the boards to select a member from each board for the council, and I believe that we should support this amendment.

Also the trustees believe that it would be in the best interest of the council ~~if~~ if members from their boards were appointed for 1 year instead of 4 years. They believe that a matter concerning health or ~~because~~ ~~something~~ disease might prevent them from serving longer than a year. I think these are valid requests, based on their experience, and I urge the members to support this amendment.

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THE SPEAKER:

Gentleman from New Britain.

MR. GOOGEL:

I am opposed to this amendment. I trust that all of you will see the reasons for it. As it has been previously stated this bill, perhaps, received more time and more attention than any other bill that I know of that we have concerned this session, because the Interim Committee's working on this for the past two years, some of the finest brains in the State and outside the State have directed their attention to the many, many problems, they worked this bill up. I am opposed to any amendment which will mutilate and masculate and do anything which will throw this whole concept out of line. I trust that none of the amendments will be adopted which would change the bill as it presently stands before us.

THE SPEAKER:

Gentleman from Brookfield.

MR. PINNEY:

I rise to support this amendment. I support the bill and the whole concept, and I think that essentially the products of the work to which the gentleman from New Britain refers is good, but I think there are some areas where improvement is possible, and I think we will have a chance to discuss some more of those in a few minutes. This particular amendment, it seems to me, is a logical and sensible one. It permits the people who are the most concerned with the particular institution

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involved to select their representative on the overall board. Obviously these people have a close association with the work of their particular institution, and have a close working relationship amongst themselves, and are in the best position to judge which of their members ought to represent the institution on the board.

This is not an amendment which emasculates the act, it in my opinion improves the act; it makes a good act better. I urge the support of this House for this amendment.

THE SPEAKER:

Question is on the adoption of House Amend. Sched. 'A'. Will you remark further. The gentleman from Meriden.

MR. SHEA:

I would like to direct my remarks, through you, to the gentleman from Brookfield, in answer to the observation he has made. I am sure we are always ready to improve a bill if that is what is being done. However, this is a reorganization bill, an administration proposal; it is a proposal which requires that the administrative head of our State Government administer, and therefore, by taking the power away from the Governor of Connecticut at this time, or any time, is a bad thing. I am sure that the people of this State and the people of this House have full confidence in the elected head of our State, and that the appointments that will be made to this council will be fine and will be in the best interests of all of the people of the State of Connecticut, and that we

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should not allow perhaps diverging groups or opinions in various schools of thought to be brought forth into the council, that the Governor should have the authority to appoint and that this should be maintained in the bill and I therefore oppose the amendment that has been brought forth.

THE SPEAKER:

Lady from Darien.

MRS. FARMER:

I am in favor of this amendment for the very reason outlined by the gentleman from Meriden. If you will look carefully in all of these reorganization bills, you will see over and over provisions which would concentrate authority over all of these departments in the hands of a few appointees of the Governor!! There will someday be a Republican Governor and I shall be just as opposed to concentrating this undue power in the hands of any Republican Governor as I am at this moment when it has happened to be a Democratic Governor. There are several things in this bill that I am opposed to for these reasons. In this case of this amendment we have a very fine system in the State of citizen participation in overall policy; that has been changing in the last 4 years, and in this instance where the Governor appoints the Commissioner of the Board of Public Health and the members of the Council on Mental Retardation, it appears to me that it is reasonable that the Citizens Board of the two schools for the retarded, who also are appointed by the Governor, that their judgement as to the

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members best qualified to serve on the hospital of retardation would be extremely valuable. I think that this session of this Legislature is advocating a great deal of its authority and its responsibility if we pass everything, all these administration bills, that are before us, and it's an alarming trend which the people of the State, I'm sure, would be greatly concerned about if they realized the implication, and therefore I am in favor of this amendment.

THE SPEAKER:

The chair recognizes the lady from New Canaan.

MRS. CUNNINGHAM:

I believe the grounds for the objections of the gentleman from Meriden to this amendment are very unsound in view of the fact that the Governor does appoint all the members of the boards of the training schools, so he already has a great deal of authority in that field and I don't think that this is going to rob him of one iota of it by allowing them to select from among the people whom he has already appointed one to serve on the council!!

THE SPEAKER:

Remark further. The gentleman from Salisbury.

MR. RAND:

I move that when the vote is taken on the adoption of this amendment it be by roll-call.

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THE SPEAKER:

Question is when the vote is taken on the adoption of the amendment it be taken by roll-call. All in favor? Opposed? 'Ayes' have it. A roll-call is ordered.

The Chair recognizes the gentleman from Westbrook.

MR. SCHLOSSBACH:

I wish to speak in favor of this amendment. I would like to draw the attention of this Body to the fact that just a few moments ago, both sides of the House were very clear in their appreciation for the magnificent job of the Senator from the 36th. I would like to say that this particular amendment is also the result of this very fine lady's work.

THE SPEAKER:

Will you remark further. The gentleman from Vernon.

MR. HAMMER:

I fail to see the substance of any argument for this proposal or proposed amendment for this reason: I think one of the main purposes of this bill is to create 3 Deputy Commissioners who shall have wide policy-making and advisory powers. In the particular situation that we are speaking of we have a Deputy Commissioner for ^{Mental} Retardation, there is no question in my mind that his opinion in regard to the make-up of the council insofar as the members of the training schools are concerned will be deferred to, and I'm also quite certain that any Governor, be he Democrat or Republican, will certainly defer to the wishes and views of the members of the Boards as

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well as the particular Deputy Commissioner who is in charge of this office. I'd like to point out that section 26 of the bill provides that the Board of Trustees shall recommend to the council such matters as it deems necessary. I think that encompasses questions in regard to the make-up of this particular board. I urge the rejection of this amendment.

THE SPEAKER:

Will you remark further. The Chair recognizes the gentleman from Norwalk.

MR. SHOSTAK:

Speaking in favor of the amendment. It has alluded to the best of knowledge that we might emasculate the bill by offering any more amendments. As I can see it, the intent of the bill originally was an excellent idea but witness the fact of the work done by the Honorable Senator Finney with her amendment schedule 'A' which practically rewrote the original bill; of course, the intent of the original bill was an excellent one but as demonstrated by the amendment improvements can always be made in any bill. There is no such thing as a 'best' bill. There is a better bill but the utopian a bill to the best of knowledge is never achieved, there is always room for an amendment, and I think this amendment for the reasons offered by Senator Finney and the distinguished and learned lady from Woodbridge are excellent reasons for the adoption of this amendment.

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THE SPEAKER:

The lady from Oxford.

MRS. FISHER:

Mrs. Vestal made reference that these should be 1 year instead of 4 year terms, I am not clear whether this is incorporated in this amendment or just why she mentioned it.

THE SPEAKER:

Would the lady from Woodbridge care to answer the lady from Oxford.

MRS. VESTAL:

It is incorporated in the amendment.

MRS. FISHER:

Does this apply to all members of the council or just to the 2 concerned in the amendment?

MRS. VESTAL:

In the amendment it just refers to the 2 members who hope to be appointed by the Boards of Trustee, AT The two training schools.

THE SPEAKER:

The Chair recognizes the gentleman from Meriden.

MR. SHEA:

Remarks have been addressed concerning the role the distinguished Senator from Greenwich played in the drafting of this bill, and also as to the functions of the Governor as the administrative head of our State, and I would like to point out to my distinguished colleagues that the bill which we have

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before us is modeled after the Mental Health Bill which the distinguished Senator from Greenwich, which I am sure you all know, was the author of in the last session of this House. I would also like to point out to my colleagues that this amendment was carefully considered in the Senate and was voted down, and that we must realize that the councils are policy-making bodies, that by all good administrative procedures and practices the policy-making lies and should lie in the executive administrative heads of these agencies, and therefore the Governor should have the power to appoint these members from the council as he sees fit. It has been brought to our attention that he has the power on these various Boards of Trustees. I see no reason why he should be deprived of the power to continue and to appoint the members from the 2 Boards of Trustees to the council. It is in keeping with good administrative practices, and I hope that the objections will be voted down when the roll-call vote comes.

THE SPEAKER:

The Chair recognizes the gentleman from Greenwich.

MR. MINOT:

I rise to speak in support of the amendment. As every member of this House knows both Mansfield and Southbury have a reputation throughout the United States as being the finest institutions of their kind. This comes about as the result of a devoted and tireless work of members of the Boards of those institutions. I think this House would be

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in great error if it were not to call upon this Boards for help, and in this particular instance for their nomination and selection to serve on the board under discussion. I hope the amendment is passed.

THE SPEAKER:

Remark further. The gentleman from Farmington.

MR. MCGEE:

I am somewhat dismayed at finding our House breaking along party lines on an amendment of this nature. The bill has apparently come before us on a bi-partisan measure, and particularly in respect to this amendment it seems to me we should be able to go forward in that way again. I'd like to point out that the question seems to be that the bill definitely recognizes that the interests of the Board of Trustees at Mansfield and Southbury are to be recognized, and therefore they have been included on this council of Mental Retardation and that being so the question that resolves itself 'who can best represent those interests?' It seems to me that all of us who have had experiences on boards, councils and agencies, and we know that in the course of working things out with one another we know best who can represent our interest when moving up to appear on our behalf at a higher council. I would ask the gentleman from New Britain and the gentleman from Meriden to reconsider the merits of this amendment to see if they cannot also go along with it.

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THE SPEAKER:

Will you remark further. The House will be at ease for two minutes.

The House will be in order. The question is on the adoption of House Amendment Schedule 'A'. The Chair will now unlock the machine.

Kindly direct your attention to the board to see if you have voted as desired. Have all those voted who claim the right to vote? Has every member at their chair voted? Does anybody desire to change their vote? If not the Chair will now lock the machine.

The Clerk will announce the result of the vote.

THE CLERK:

Those voting yes	132
Those voting no	124
Those absent and not voting	22

THE SPEAKER:

House Amendment Schedule 'A' is adopted. It will be taken to the Legislative Commissioner for his approval. (See p.53a)

Gentleman from New Britain.

MR. GOOGEL:

I move the House recess until 2 P.M. Eastern Standard Daylight Saving Time!!

THE SPEAKER:

Question is on recess until 2 P.M. All in favor? Opposed? The House is recessed.

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be named after the greatest of Americans and one of the greatest men of all times. I'm very happy to see that the vote came out the way it did.

THE CLERK:

In regards to Senate Bill No. 373. An act concerning the composition and administration of the State Department of Health. I am informed that the Governor has signed the bill which we acted on this morning, and that we may therefore under suspension of the rules, if you so desire, pass the bill as amended by the amendment having been adopted. The Legislative Commissioner has approved both of the amendments.

THE SPEAKER:

Gentleman from Brookfield.

MR. PINNEY:

As I have already indicated I am perfectly willing to waive the requirement for reprinting here, and very happy to proceed to pass this bill this afternoon.

THE CLERK:

Page 3 of the Calendar. Cal. No. 408. File No. 311

Sub. for S.B. No. 373. An act concerning the composition and administration of the State Department of Health. As amended by Sen. Amend. Sched. 'A' and House Amend. Sched. 'A' and 'B'.

THE SPEAKER:

Gentleman from New Britain.

MR. GOOGEL:

I move the acceptance of the committee's favorable report and

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passage of the bill as amended by Sen. Amend. Sched. 'A' and House Amend. Sched. 'A' and 'B'.

THE SPEAKER:

Question is on acceptance and passage of this bill as amended by Sen. Amend. Sched. 'A' and House Amend. Sched. 'A' and 'B' in concurrence with the Senate. Will you remark.

MR. GOOGEL:

This bill is such a good bill that even the two amendments House Amend. Sched. 'A' and 'B' don't do it too much damage. I trust that everyone will vote for the bill as amended.

THE SPEAKER:

Gentleman from Brookfield.

MR. PINNEY:

As it has been indicated throughout all of the discussion on the amendments on this bill, this bill is a bi-partisan effort; it's an attempt to do a thorough job of competent reorganization of a major department of the State government. The Republican Party is happy to participate in this reorganization, and as we have indicated all along, we are happy to work for a good competent, forward-looking departmental organization. We wholeheartedly support this bill and believe it to be a real step forward in the best interests of those people who are the beneficiaries of the services of this department and in the best interest of the rest of the people of the state of Conn.

THE SPEAKER:

Will you remark further. The lady from New Canaan.

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MRS. CUNNINGHAM:

As the sponsor of one of the House amendments on this bill, I urge everyone to vote in favor of this bill.

THE SPEAKER:

Will you remark further. Gentleman from Bethany.

MR. TURNER:

Because I have been somewhat involved in trying to assist with intelligent reorganization and thereby have gotten involved in ~~trying~~ certain informal differences of opinion. I would like to point out a few good features of this bill. Originally the definition of the Commissioner was extremely faulty; that has been taken care of. Also the Commissioner of Alcoholism has intelligently been placed not under the Department of Health but the Department of Mental Health. I certainly hope that this bill is unanimously adopted.

THE SPEAKER:

Will you remark further. If not, question is on the acceptance of the committee's favorable report and passage of the bill as amended by Sen. Amend. Sched. 'A' and House Amends. Schedules. 'A' and 'B' in concurrence with the Senate. All in favor say 'aye'; opposed 'no'. The 'ayes' have it. The bill is passed.

Gentleman from New Britain.

MR. GOOGEL:

I move suspension of the rules for immediate transmittal to the Senate.