

OLDER AMERICANS IN RURAL AREAS

HEARINGS
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-FIRST CONGRESS
SECOND SESSION

PART 12—WALLACE-CLARKSBURG, W. VA.

OCTOBER 28, 1970



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OLDER AMERICANS IN RURAL AREAS

(Wallace-Clarksburg, W. Va.)

WEDNESDAY, OCTOBER 28, 1970

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Wallace, W. Va.

The special committee met at 10:15 a.m., pursuant to call, in the Volunteer Fire Department Building, Senator Jennings Randolph presiding.

Present: Senator Randolph.

Committee staff members present: Philip McGance, legislative assistant to Senator Randolph; Dolores Cutler, professional staff member; John Guy Miller, minority staff director, and Elaine Mallette, clerk.

OPENING STATEMENT BY SENATOR JENNINGS RANDOLPH, PRESIDING

Senator RANDOLPH. Good morning, ladies and gentlemen.

In the Senate of the United States, as in the House of Representatives, our sessions are opened with prayer by the Chaplain of our respective bodies.

A very dear friend for so many years here in Harrison County, who has thoughtfully driven me from Clarksburg to Wallace this morning, has been a minister for 47 years in West Virginia. I know him and many members of his family very well. He is the pastor of the First Baptist Church in Shinnston. Last week he talked to the elderly in that community. He works with them not only there but in other communities of the State.

So for our morning prayer at a hearing which is somewhat unique, I am going to ask Rev. D. F. Desist, pastor of the First Baptist Church of Shinnston.

Reverend DESIST. May we bow?

Almighty God, our Heavenly Father, we are truly thankful for Jesus Christ, our Lord, and for a Nation that gives us freedom of speech and of worship.

We thank Thee, our Father, for our Congress of the United States, for the aims and the purposes of its Members to alleviate human suffering around the world.

Our Father, as we come into this session this morning to discuss matters pertaining to the aged, those who have given themselves to the ideals of our Nation, may something be said or done that will quicken the hearts of each one of us. We thank you for our Senator,

what he has meant to our lives, to our own State and for his untiring effort to bring about things worthwhile for not only our State but our whole United States.

Our Father, we thank Thee for God's great creation. Keep us always mindful of our responsibilities toward one another. Lead each one here this morning who participates in this effort to bring about a solution that will solve our problems in the aging and the welfare of mankind, for we ask these things in Christ's name, and for His sake we pray. Amen.

Senator RANDOLPH. I am on my home ground today. I was born in Harrison County, as many of you know, at Salem, W. Va. I of course have been to Wallace many, many times. I was here with my father, Ernest Randolph, who was an oil and gas producer, also a cattle shipper.

I remember the many times that we came into this section of this wonderful hill country with its good people who mean so much to the Nation and to the world.

We are here today for a very specific reason, as we were yesterday in Lincoln County, in a small community, and then later a hearing held in the Senate Chamber of our State capitol building in Charleston. I felt that what we did yesterday was not so much significant from the standpoint of those of us who sit here but the value of the hearing was from those who spoke from their hearts as well as their experiences in connection with the many problems—not complaints, but problems—that they have.

We are delighted now to come to this rural section of Harrison County and to listen to what you have to say, and I am sure to be helped by what you tell us in these matters.

For the record also I would want to indicate that my legislative assistant, Philip McGance, is a native of Harrison County. So, Philip, we are glad you are back in this area where you were born.

The Senate Committee on Aging is a special committee to give special attention to the problems of the aging in the United States of America. The many members of that committee, Republicans and Democrats, working without partisanship, have been conceiving and carrying into legislative action many laws which have been of benefit. We must do more.

So our committee today, as yesterday, is discussing the problems of the older Americans in what we call our rural areas. Of course, there are other problems of the elderly in our congested metropolitan cities. We understand those problems. We have had many, many hearings especially on those situations that we have had brought to our attention.

We have the overall purpose in West Virginia of going into the matters of transportation or the lack of transportation, or the difficulty of securing transportation by the older persons as they attempt to keep in the mainstream rather than on the side roads of life. We are attempting to develop as best we can the information as to how we can improve the transportation programs so as to help the elderly, enable them to fulfill their needs, the needs of health and nutrition, and the social services and social contacts. You cannot have these often if you have to just stay in one place or, rather, isolated in a corner. You have to be able to visit your neighbors, your friends, and

move about, make your purchases, and conduct your lives, insofar as possible, in a meaningful way as you did 20 or 30 years before, the period before you became what we call an older American.

So we have been going throughout the country and we have been developing testimony on the problems of the rural Americans who are in what we call the older or upper age bracket class. I also like to use "the upper bracket." People disagree with me on that but then you are not talking about young or old, are you? You are just talking about upper bracket.

I had a friend one time, a professor, and I will never forget him. He always said to do your studies and keep your life on the up side. I never forgot that "on the up side". So perhaps this is what I would like to say—that is your job, keeping your life on the up side, and you do it so very, very well. I know that to be a fact.

I think the joy that I had as a younger man, and now as an older man, is to talk with people who had those experiences so full and meaningful which can be translated very often in encouragement to others. I am not critical of any segment of our population, certainly not young people. I just hope somehow or other more young people will not become so impatient with older people and will listen to what older people have to say.

I tried to talk to a young man recently, not trying to preach to him, but I told him about some of the problems that we had in a depression which he has never experienced but which I knew very well in the late twenties and the early thirties. I told him about some of these matters that were of real concern, what a difficult time we went through.

After he had listened—and I am sorry to give you the comment but I want it on the record—he said, "So what?" That was his reaction, "So what?" It didn't do me any good to talk with him whatsoever. He was a blank wall insofar as what I had said. I am not upset with it except I am sorry for those persons who fail to realize that life is a molding of experiences over many periods of the years that we are privileged to live and the problems that we face.

These are the problems, in the area of the aging, that we are considering in our panel. We like to have the views of those who have contributions to make to us and we want the audience, those who are guests this morning, to express themselves. If you have statements that you would like to file with our committee, these statements will be made with propriety and good taste. I know that is the way you would express yourselves, even though you express yourselves vigorously. We want you therefore to feel that this is your meeting; you are participating in it by your very presence here today.

Howard Smith, are you here?

MR. SMITH. Right here.

Senator RANDOLPH. I didn't know whether you had made it or not, Howard.

MR. SMITH. Yes; thank you.

Senator RANDOLPH. Howard is one of these young men.

How old are you now, Howard?

MR. SMITH. Oh, you better not ask me that.

Senator RANDOLPH. We have driven over these West Virginia hills hundreds and hundreds of times together. Howard saw that we were

going to meet in Wallace today and he said, "I will just come over from Morgantown to say hello." Sometimes people in the more congested areas of the country never say that; they would never think of it to start with; it would not be possible. He just came by to say hello.

Thank you for being here, Howard.

Mr. SMITH. I am glad to be here.

PANEL CONSISTING OF SALLY BAITTY, DIRECTOR, HARRISON COUNTY SENIOR CITIZENS CENTER; ELIZABETH SCOTT, PEORA; FLODA CRISS, CLARKSBURG; RICHARD SINGLETON, FRANCIS MINE; HELEN MARR, SALEM; WALTER BECKNER, P. K. MINE; AND B. I. ROBINSON, WALLACE, W. VA.

Senator RANDOLPH. We will begin today with our panel.

Mrs. Sally Baitty, who is the director of our Harrison County Senior Citizens Center at Clarksburg, will make an opening statement and then we will hear from her associates.

Thank you very much, Sally.

STATEMENT OF SALLY BAITTY

Mrs. BAITTY. Thank you, Senator Randolph.

We welcome you to Harrison County. We welcome this powerful Committee on Aging to Harrison County. We hope that you will follow up on your findings today and yesterday in Dogbone.

It is fitting that these hearings on transportation be held in our county, as we were the first program funded in the State of West Virginia under Title III of the Older Americans Act through the West Virginia Commission on Aging.

We were funded on April 15, 1967. The first year of funding was 75 percent Federal, 25 percent local, of which the 25 percent was all in kind of services in lieu of cash.

We went into the second year which moved to a 60-40 matching basis—60 percent Federal and 40 percent local. We recognized early that even though the center at Clarksburg was well attended, very few people were coming in from the rural areas. We realized this was because of a lack of transportation.

In the second year we were able to secure four volunteer transportation aides, services in lieu of cash again. But we soon learned that you are not able to operate with volunteers. Volunteers can add to a program but if there is something more important—you are without transportation or you are without an instructor, and so forth.

All the transportation aides were written into the program as a part of the local share. In the middle of the year we realized that we simply were not earning the local share. We were transporting a few people in a few times a week, but we were not earning the local share.

We also learned at this time that the Harrison county court for the first time in a number of years had a surplus and we felt that was the time to approach the court for local support.

Senator RANDOLPH. How did that happen? How did they have a surplus? I never heard that before.

Mrs. BAITTY. I think there was a reevaluation of property a couple of years before and they came up with a surplus.

We invited the members of the court to the center, let them know what type of a program we were operating, and the court was very enthusiastic and agreed to pick up this tab. This money was in transportation—transportation volunteers. They agreed to supply the cash for the remainder of the program year, which was the 6-month period. Then we had to face the issue: Was it worth spending this money on paying a few people so many dollars an hour to bring a few more people into a center that was already crowded? We decided that this was not the wisest expenditure of money. We felt that we should take the services to the people we were intended to serve.

We got permission to operate the program in reverse. We got permission to hire a satellite organizer and a craft instructor and we brought you to Wallace today because Wallace was our first satellite center. It is 2 years old. I noted in the paper the other day they were celebrating their third anniversary but they gained a year very quickly. They were our first satellite.

We have five additional satellites which bring the county from the farthestmost points. We have one that operates every Monday in Salem, one every Tuesday in Lumberport, every Wednesday in Lost Creek, and every Thursday in Wallace. Wednesday is not their regular meeting day but I thought this was the appropriate center to bring you. We asked them to change their date to Wednesday. Then every Friday we go to Shinnston.

At this time we knew that something should be done about transporting people to the Clarksburg Center so we began a busfare subsidy program. We had the president of City Lines in our office.

Senator RANDOLPH. Who is the president?

Mrs. BAITTY. Mr. Henry Church.

We tried to persuade him to give discounts to senior citizens and his story was, and I know it is true, that they were losing money already; they could not afford to do this.

We next talked about having a special bus for senior citizens. We learned the cost—with what we had in the budget, we could have absorbed it. However, they would have started at 9 o'clock in the morning and the people would have to go back home at 1 o'clock. I had visions of an empty bus traveling the suburbs and we would be paying for an empty bus. So we finally decided that a busfare subsidy was the only answer in our area.

At that time the bus fare was 25 cents one way. With center funds we paid 15 cents on every ticket; special tickets printed for the senior citizens were available, a strip of 10 for \$1.00. Also I should mention that from the very beginning the Altrusa Club of Clarksburg has donated \$10 a month toward transportation.

Senator RANDOLPH. That is a club of businesswomen; is that right?

Mrs. BAITTY. Yes, executive women. They still contribute \$10 a month toward transportation.

Within about a year the busfare increased to 30 cents and then to 35 cents. We were not able to absorb this on the same ratio as the original agreement. It is on a 50-50 basis. We pay \$1.75, our members pay \$1.75. However, this program had to be discontinued this past year as of April, because we are in our fourth program year and had to reduce our budget.

The authorizing legislation was passed for the succeeding years. We were under the impression that we would receive at least 40 percent of our budget for the fourth year. At that time the local money was 50 percent and we were getting 50 percent through the Commission on Aging.

We increased the local share to 60 percent counting on 40-percent Federal money. By this time the United Fund had taken us under its wing. The program was written on this basis. However, there was not enough money for the Commission to give us the 40 percent, so we got 32 percent, and this meant we had to cut back the budget. Actually, the 32 percent is 32 percent of the reduced budget.

We were in the position where we were going to have to eliminate one of the homemakers because we had to cut back. At this time my secretary resigned and we felt that the elderly needed a homemaker worse than I needed a secretary so we still have the two homemakers and I am minus a secretary.

These homemakers go into the homes of the elderly who are disabled and living alone who need assistance, but who are not able to pay for this service. They do the regular Friday cleaning, you might say; they take them shopping, they take them to visit doctors, to clinics. They have even had them admitted in the hospitals, and so forth.

About a year ago we also initiated a very limited FIND project; it also started in the Wallace area. The community action program of Harrison County permitted the use of one of their neighborhood workers for this purpose. She surveyed every home where she could learn there were elderly in Wallace. She has done this in other areas where we have satellites. On the questionnaire they go into income, which we have never done at our center. They have gone into income, into diet, nutrition, and these things.

We received an agreement from the Department of Welfare and, as we found people who were eligible for welfare, we would give them the name. They would give us the application which would be taken into the home and the workers would fill out the application and take it back to the Welfare Department.

Mrs. Shawhan, who is the supervisor of the community action program, and I looked over the first surveys and we just could not get to Wallace fast enough because we found a woman with an income of \$38 a month. We found another with an income of \$58 a month and we thought that she was right for old-age assistance so we rushed right in. After this visit we revised the survey slightly. The woman who had an income of \$38 a month had \$1,700 in the bank which she would not touch; this was her burial fund. The woman with \$58 a month had about \$2,100 she would not touch because she knew she would have to go into a nursing home some day. Consequently, they were denying themselves the necessities because they were living on this limited income.

However, in the State of West Virginia if the income for one person is \$76 a month you are not eligible for old-age assistance. You are eligible for food stamps in some cases, and the pharmacy program is a little more liberal. But for cash benefits—if the income is more than \$76 they would not qualify.

Now particularly in West Virginia we support a raise in the minimum income under social security. The minimum benefit we believe

should be at least \$100 a month because many of West Virginia's older people worked during the depression days at unskilled labor and they are receiving the minimum social security payment. Many of them have never been covered by social security and they are receiving, I believe, through the Prouty amendment, \$46. This is their total income—they have no other income. In fact, in West Virginia we attended a convention and I am sure research was done; 80 percent of the people have nothing but their social security payment, and certainly \$100 is a very small amount to have to live on in these days.

Senator RANDOLPH. I feel that there is an increasing interest in the Congress, an awareness and understanding of what you are saying here today, Mrs. Baitty. This is the building of a record, really, which is helpful. I think the Congress will come nearer to the \$100 in the 92d Congress which will convene in January. I am hopeful that it will come to the point of the \$100 that you believe necessary. I personally feel that that is realistic and it is a necessary amount.

Mrs. BAITTY. Thank you. I hope this is realized because \$100 is really an absolute minimum in my opinion. How could anybody live on \$100 a month in these days, paying for rent and utilities and clothing and food?

Senator RANDOLPH. You certainly wonder.

Mrs. BAITTY. We will get back, I think, to our centers program. You wanted some of the findings on this FIND project. It was very limited. I want to dwell on that a bit.

Senator RANDOLPH. Before you do that, you mentioned these communities where there are weekly meetings.

Mrs. BAITTY. Yes, sir.

Senator RANDOLPH. It is not necessary to draw on your memory perhaps too much, but what would be the population of the elderly in those places like Salem, which was my birth town?

Mrs. BAITTY. I have the exact figures at the center. I have the percentage of our members at the Clarksburg Center.

Senator RANDOLPH. I think we would like to have that for the record.

Mrs. BAITTY. Yes. I can give you a rough estimate. I am particularly impressed here in the Wallace area, and if I am wrong I shall cast blame to Mr. Robinson who I contacted, when we first came to Wallace, concerning population and the number of elderly, because it is not in the census report.

Senator RANDOLPH. No, it is not.

Mrs. BAITTY. Roughly there are 650 total population of Wallace of which about 115 would be classified as senior citizens.

Senator RANDOLPH. What percentage would that be, John?

Mr. MILLER. Seventeen percent, approximately.

Senator RANDOLPH. Seventeen, yes. About 17 percent. Now let's just stop for a moment.

Dr. Gerrard, what would it be in West Virginia as a whole?

Dr. GERRARD. It is 10.2.

Senator RANDOLPH. Then in Wallace the percentage of those 65 or over would be approximately 6 percent higher than the State average.

What is it nationwide?

Dr. GERRARD. It was 9.3 at the last report we had. They think it has gone up in the 1970 census, and of course, West Virginia has gone up substantially since then.

Senator RANDOLPH. Yes. Then using Wallace, we could say that perhaps even with the increased figures in West Virginia and the Nation that in a community of this kind it might be running 5-percent higher than the State or national average. I think that would be correct. It is really nearer to 18 percent so it would be, let's say, 7 percent higher.

Mrs. BAITTY. Harrison County as a whole, and these are about 1965 or 1966 figures through social security, was about 11.1 percent over 65. We will stay with Wallace for a while. Of these 115 eligible, I don't exactly have the last count, there are about 70 members of the Wallace Center.

Seventy out of 115 eligible is a remarkable percentage of participation in any program.

Senator RANDOLPH. Sally, I want to stop at this point and ask those that are 65 or over who are in our hearing today to raise their hands, please.

I include myself always.

That is about 27 persons, approximately, who are here this morning. It would be well over half of our audience. I appreciate the fact that you came.

Proceed.

Mrs. BAITTY. In addition to the high percentage of involvement, the regular weekly attendance is well over 50 percent of the total membership, and this is an astounding number to be involved with senior citizen centers. This is quite remarkable.

Senator RANDOLPH. That is probably a higher percentage than we will have of people who vote in West Virginia next Tuesday, regardless of how they vote.

Mrs. BAITTY. In the FIND project this Wallace Center formed their own FIND Committee. On the survey the question was, "Would you like friendly visiting, telephone reassurance," and the people themselves checked it out. These names were turned over to this FIND Committee in Wallace and they have carried on this friendly visiting and telephone reassurance in their own community. This has been followed in other satellite areas.

We have an annual flu vaccine clinic where the nurses from the Harrison-Clarksburg Health Department not only go to the Clarksburg Center to administer vaccine, they come to each of the satellites where the people only need to come here and not travel 20 miles to Clarksburg. The vaccine is given at cost by a local drugstore and this is all the people are charged for the vaccine.

In addition, we have our regular bus trips. We plan a trip a month during the summer. We have gone all over West Virginia and the senior citizens don't have to come to Clarksburg as is usually the case. The buses make pickups in each of the areas and return these people right back to their own community and everyone pays the same fare regardless of where they leave from.

Senator RANDOLPH. Sally, that is a wonderful program. That keeps a person alert, doesn't it, to drive into the sections that are scenic and historic?

Mrs. BAITTY. We took four bus loads to Halvetia last year; we took our own crowd. If you have been to Halvetia—

Senator RANDOLPH. Yes, many times. That is my home county.

Mrs. BAITTY. You cannot ask the older people to get dressed to go out to knit or crochet, something they can do at home. Our Clarksburg people enjoyed ceramics so much that we brought ceramics into the satellite area and they are completely fascinated, it is new to them. There is no charge for instruction, no charge for firing, they get a 30-percent discount on all their materials. They can place their orders here and the materials are brought back the next week, because there is no ceramics nearby.

Senator RANDOLPH. I noticed the room in which they were working in ceramics last evening, there on East Pike Street.

Mrs. BAITTY. That is a studio.

Senator RANDOLPH. There seemed to be many people interested.

Mrs. BAITTY. Yes. This is the very same thing they do at all the satellites and at the Clarksburg Center. They are completely fascinated, as we all are. There is nothing that has made our program a success, nothing could be credited more than the ceramic appeal, because they can do things, learn, something they have never done before.

We have complete cooperation in Harrison County from all of the agencies. We will have an adult basic education class for senior citizens through the board of education which will begin on the 6th of November. Everything that we are possibly able to bring to the satellites we do so. Of course if it is not possible, they certainly can come to the Clarksburg Center. We have had nutrition programs in each of the satellites. This is one answer to the transportation problem in our country, it may not work this way in others. The people I have brought here, a few of them will show that this is not enough. Even with our satellites they live in areas where they cannot get to a satellite. We did not want you to think that we had the problem solved; it is by no means solved but we are doing what we can to take care of it.

Senator RANDOLPH. Thank you very much, Sally. I am going to come back and ask some questions later, or place them in the record for you to answer.

I want to come now to those that join you here as panelists.

Mrs. Elizabeth Scott.

STATEMENT OF ELIZABETH SCOTT, PEORA, W. VA.

Mrs. SCOTT. Well, there is not much I could add.

Senator RANDOLPH. You are from where, Mrs. Scott?

Mrs. SCOTT. Peora, 5 miles out of Shinnston.

As I say, I don't see what I could add to what Sally has told you, only that the first I heard of the senior center was at Morgantown. I told Mr. Perkins, and he had never heard of them, so he had this wonderful little woman and they got the thing started. I was the 24th when they joined up. I never had enjoyed my life any better than since I joined them.

Senator RANDOLPH. Wonderful. How old are you, Mrs. Scott?

Mrs. SCOTT. You put a person on the spot, don't you?

Senator RANDOLPH. I feel when I discuss problems of the older citizens, you ought to know if they are really older citizens.

Mrs. SCOTT. Well, I was 76 the 20th of June.

Senator RANDOLPH. Thank you very much.

Mrs. SCOTT. 77. I will be 78 my next birthday.

Senator RANDOLPH. The up side.

You remember, Dr. Gerrard, yesterday afternoon the calisthenics that were carried on by the women and a couple of adventuring men. I guess they were in their 70's and 80's, going through all sorts of exercises.

Mrs. SCOTT. I feel very much depressed that I cannot be with them on Wednesday, especially. That is the cover dish dinner day.

Senator RANDOLPH. How is the food? It is good? That is wonderful.

Mrs. SCOTT. I have lost about 10 pounds since I have stopped going.

Dr. GERRARD. Tell why you stopped going.

Senator RANDOLPH. Yes. We would want to know for the record why you had to stop.

Mrs. SCOTT. There is no transportation.

Senator RANDOLPH. No transportation.

Mrs. SCOTT. Of course, like every place else, I have good neighbors but then everybody has their own busy life.

Senator RANDOLPH. Yes. They could take you maybe on a weekend but not during the week.

Well, thank you very much, Mrs. Scott.

Mrs. Floda Criss.

STATEMENT OF FLODA CRISS, CLARKSBURG, W. VA.

Mrs. CRISS. Well, on the transportation I find that it is very difficult. Even though I don't live too far from the center, I find that it is difficult because our city buses only run just a few hours a day. After 9:30 in the morning there is not any bus until 12 o'clock. Then there is one at 1 and then at 2 and then the last one is at 5:30 in the evening. There are not any buses on holidays or Sundays, which creates a problem there for people that want to get to churches and places like that.

Senator RANDOLPH. We were thinking, in Charleston and in Dog-bone, of the persons who, not for reasons of shopping but for reasons of going to church, many of them have had to stop their activity in the church. Is that your experience?

Mrs. CRISS. Well, not exactly mine, because I have been lucky enough that I can walk to church. Even though it is some distance, I can walk and I have friends that offered to bring me, and take me to church, but I know when you have always been used to going when you wanted to, and then there comes a time that you cannot go, you hate to depend on somebody. Therefore I walk a lot of times just to keep other people from feeling like they have to take me to church or some place. The cab fare is too expensive. When you stop to think how much it costs you to go on the buses or on the cab, why, you just can't afford to. People that are on fixed incomes such as myself, you have to watch that because you still have to get to the store and do shopping, get your groceries and occasionally to the doctor, and things of that nature.

Senator RANDOLPH. You know, everyone realizes this. I remember so very well when to go from the National Airport in Washington, D.C. by cab to our residence there was \$1.70, now it is \$3.40. You see,

it is a 100-percent increase. Everyone notices this and has to think about it in the budgeting, is that right?

Mrs. CRISS. That is right.

Senator RANDOLPH. How far is the bus stop from where you live?

Mrs. CRISS. Well, two or three blocks. It is not far from my house.

Senator RANDOLPH. It is a matter of money, isn't it?

Mrs. CRISS. It is money, yes.

Senator RANDOLPH. I see. If you were to board a bus we will say near your residence, an were going to various parts of the Clarksburg area, would you be able to go there and then have a distance to walk, or are there transfer points where you can get on another bus?

Mrs. CRISS. There are transfer points and then, too, nine times out of ten you have a distance to walk wherever you are going. Just like last week I went to Northview. I had to transfer from Hartland to go to Northview. I had to transfer and then I had to walk four or five blocks to get to my sister's house and then back to the bus and then transfer to get back to Hartland.

The other day I called to see if there was a bus available down to Wallace and they said there were not any buses at any time, so I called the cab and they said it was \$6.75 from Wallace to Clarksburg. That gives you a little idea what it would cost you. If I wanted to go to Broad Oak to my daughter's it runs \$1 from just Hartland to Broad Oaks in Clarksburg.

Senator RANDOLPH. I had a man tell me this morning in Clarksburg he had read where I had said yesterday in commenting about our problems of transportation that I felt there just must be apparently no answer except to have a subsidy in connection with transportation. He didn't like that at all, and he told me so. I said laughingly, "Well, we subsidize people that make supersonic airplanes for the United States, we subsidize them by millions and millions of dollars." He said, "Well, that's different; that is for defense." I said, "I am speaking in defense of the older people that need some help."

So we had a little confab, as we call it.

How old are you, Mrs. Criss?

Mrs. CRISS. I am 65.

Senator RANDOLPH. You are just right at the line.

Mrs. CRISS. Just right at the line.

Senator RANDOLPH. Thank you for your testimony.

Richard Singleton.

STATEMENT OF RICHARD SINGLETON, FRANCIS MINE. W. VA.

Mr. SINGLETON. Where I live it is an abandoned coal mine camp.

Senator RANDOLPH. Is that Francis Mine?

Mr. SINGLETON. Yes.

Senator RANDOLPH. How many worked there at one time?

Mr. SINGLETON. About 250 or 300.

Senator RANDOLPH. I came by the Compass Mine today. Is that the name of it?

Mr. SINGLETON. Compass No. 2 and 3.

Senator RANDOLPH. How many do they employ now, do you have any idea?

Mr. SINGLETON. No; I don't.

Senator RANDOLPH. They are mechanized, you know.

Mr. SINGLETON. Yes.

Senator RANDOLPH. Very much so.

Mr. SINGLETON. Perhaps 300 people, I don't know; 250 in those mines?

Senator RANDOLPH. We used to have maybe double that number of miners but mechanization has changed it.

Go ahead, Mr. Singleton.

Mr. SINGLETON. Where I live there are about 75 families and out of the 75 there are 26 of those 75 families past 65 and older. We are 4 miles from Shinnston and we are 7 miles from Everson, and the only way we can get in and out of there is to catch a neighbor or hitchhike or call a taxi.

The taxi charges \$2.50 from Shinnston to Francis Mine, and if you go to Everson to catch the bus it costs you 90 cents from Everson to Clarksburg. So that is the only way we can get in and out if you don't have transportation of your own.

Senator RANDOLPH. Mr. Singleton, were you a miner yourself?

Mr. SINGLETON. Up until 1960.

Senator RANDOLPH. How old were you when you stopped mining?

Mr. SINGLETON. Sixty-five.

Senator RANDOLPH. You are 75?

Mr. SINGLETON. No; I stopped at 60 when I came out of the mines. I am 70 now.

Senator RANDOLPH. What percentage of miners are less than 50 or 55 today? Or is it a younger group?

Mr. SINGLETON. It is a younger group.

Senator RANDOLPH. The mechanization has caused a different type of mining.

Mr. SINGLETON. Yes.

Senator RANDOLPH. Mr. Singleton, do you have a family? Did you rear a family?

Mr. SINGLETON. Ten, that is all.

Senator RANDOLPH. That's all? Is your wife living, Mr. Singleton?

Mr. SINGLETON. Yes.

Senator RANDOLPH. What is her age?

Mr. SINGLETON. Fifty-five.

Senator RANDOLPH. Perhaps it would be a good question for us to know your answer in reference to where you buy your foodstuffs. How do you go, where do you shop?

Mr. SINGLETON. I shop in Shinnston and we have what we call a country store out there where we are. If you don't have the transportation, you got to trade at this one store and you will pay just twice the price than if you come out to Shinnston to get it.

Senator RANDOLPH. Because it is a personalized store and they cannot buy their supplies or foodstuffs in large enough quantities to make the sales to you at the price that the markets or discount stores can make. Is that right?

Mr. SINGLETON. Yes.

Senator RANDOLPH. This is a very well-known problem, a very real problem. The so-called corner grocery in which I worked, very frankly it has gone out of existence almost, is that right?

Mr. SINGLETON. That is right. You take the people out there, most of them are retired coal miners, they are on social security. If they

come out of there, if they call a taxi to come to Shinnston to trade, the taxi costs them \$2—\$2 over and \$2 back. So this little store, they figured it is cheaper to trade there at that little store than pay the \$4. You take advantage of it, see. We have to pay the price or do without.

Senator RANDOLPH. He is having his problems too.

Really, they are not getting very rich, you know, these little store owners. I don't know the particular case but I know it is difficult.

Well, let's see now. We have heard from Mr. Scott, Mrs. Criss, Mr. Singleton. Their stories are all different in a way but they come back to the basic point, the difficulty is transportation and how shall we pay for the transportation. Is that about right?

Mrs. CRISS. Yes.

Mr. SCOTT. Yes.

Mr. SINGLETON. Yes, sir.

Senator RANDOLPH. It seems like Dolli, John, Phil, and all of you that we have been talking about the right subject matter in West Virginia, because there is a real problem here of transportation. All these other problems are important. Let's say the doctor is important, but you have got to get to him, isn't that right?

Mr. SINGLETON. That is right.

Mrs. CRISS. Yes.

Senator RANDOLPH. And nutritious food is important, but you have got to go somewhere to buy it and wherever you do, your mobility, your moving about is involved. Isn't that right?

Mr. SINGLETON. That is right.

Senator RANDOLPH. You are up against it, is that right?

Mr. SINGLETON. Yes, sir.

Senator RANDOLPH. Well, thank you very much, Mr. Singleton.

Now Mrs. Helen Marr. Mrs. Marr, are you from Salem?

STATEMENT OF MRS. HELEN MARR, SALEM, W. VA.

Mrs. MARR. Yes, I am from Salem.

Senator RANDOLPH. That's a good town.

Mrs. MARR. I have been there for 17 years.

Senator RANDOLPH. Well, I have been there for—excuse me. I was born there and that is 68 years ago.

We are happy to have you, Mrs. Marr.

Mrs. MARR. Thank you.

Salem has a membership of 120; 55 are without any means of transportation. One 90-year-old man walks a mile and a half every Monday to the senior citizens group. We have one blind man in our group and one woman with only one leg. She lives right in the center of town and does not have very far to go around to the firemen's building.

We are very fortunate in having a good cab company and I don't think they are exorbitant in their prices. It costs me 35 cents to go from town to my house. I very seldom use the cabs.

Senator RANDOLPH. Where is your house in relationship to town?

Mrs. MARR. My house is on Liberty Street right back of the Dairy Queen.

Senator RANDOLPH. That would be, say, 2 miles?

Mrs. MARR. No, no. It is not 2 miles because I walk to town. I walk to the Methodist Church and it is not 2 miles.

Senator RANDOLPH. Well, it is over a mile.

Mrs. MARR. I think you can go to Industrial for 35 cents, too.

Senator RANDOLPH. Well, it is over a mile.

Mrs. MARR. Oh, not from my house to town, no. I don't think it is even a mile from my house to the Methodist Church.

But anyhow, I am fortunate in being able to walk and I do walk except in bad weather, or unless I buy more groceries than I can carry. I have a grocery cart. When I had a family to cook for I used to use my cart very often.

One thing that is rather worrying me is the Greyhound bus service. It was rumored when they put the bypass around Salem that the Greyhound people were trying to leave Salem out of their schedule, but of course that rumor didn't go into effect, or was not true, for which I am very grateful, because I use the bus to come to Clarksburg.

For instance, when I come to the dentist, I have a neighbor who usually brings me to the dentist and the dentist is very nice and makes our appointments on the same day. A friend of mine is coming in to Dr. Gocke's tomorrow. She and I are coming on the bus. We leave Salem at 11 o'clock in the morning and we cannot go back to Salem until 4 o'clock in the afternoon.

I was talking to somebody who was waiting down at the bus stop recently and she said she understood they wanted to take that 11 o'clock bus off. I said what in the world would the people in Salem do without bus service to Clarksburg. You cannot get from Clarksburg to Salem until 4:30 in the afternoon.

Senator RANDOLPH. Mrs. Marr, I remember when you could only go by train. Our roads were so bad in the old, old days that we had what we called the accommodation train and it was called the accommodation because it accommodated people, it stopped everywhere. This is true, it went from Salem to Clarksburg, Grafton, and so forth. Let's be very frank about it, there were problems of transportation in other years.

Mrs. MARR. Even after we moved to Salem there were students who came to Salem College, the train got there at 7 o'clock in the morning. The B&O has practically taken off all of the passenger trains.

Senator RANDOLPH. That is true.

Mrs. MARR. I hate to ride on one anyhow, I greatly prefer the bus. We have problems like that in getting to Clarksburg. So many people in Salem come into Clarksburg to the doctor's to the dentist's and we don't have the facilities in Salem that we should have.

Our taxi service, as I say, is very good and I consider it very reasonable. We have one store there in Salem who delivers groceries and many people, I don't know how many, depend on that one store which is very nice. You pay more at that store but still you pay for service, and that service means something.

Senator RANDOLPH. It surely does.

Now what is the cost of a round trip on the bus from Salem to Clarksburg?

Mrs. MARR. \$1.80 round trip.

Senator RANDOLPH. It would be about 24 miles of travel, is that right?

Mrs. MARR. Yes, approximately. Now we don't object to that, either. If we took a cab to Clarksburg, one way would be over \$3, but several

people could take a cab and divide the cost. But that is just one way.

Senator RANDOLPH. I think it is very unusual that you are able to go in a cab for 35 cents in Salem.

Mrs. MARR. Now that is just the distance. You can go all the way to Industrial for 35 cents, beyond that it is more.

Mrs. Whitecraft lives on Valley Street. If I want to go from my house to her house, I pay 50 cents because I go off on another street but it is worth it. It is worth it. I don't consider it exhorbitant.

Senator RANDOLPH. Are you saying, Mrs. Marr, what the other witnesses have been telling us, that the transportation problems are very real to the elderly?

Mrs. MARR. They are especially if the Greyhound bus—see, we don't have a bus ticket selling place in Salem any more and if the Greyhound bus should decide to leave Salem off the route we just would be out of luck entirely.

Senator RANDOLPH. In other words, the train is gone and if the bus stops running, then you would be unable really to hire a taxi, is that right?

Mrs. MARR. Well, not very often anyway.

Senator RANDOLPH. It would be a difficult time.

Mrs. MARR. Yes, but I don't really think that the Greyhound people could afford to leave Salem out.

Senator RANDOLPH. There is the college situation.

Mrs. MARR. Well, the college students use the bus when they are going home, but if you would be there at 11 o'clock in the morning and see how many people are standing in front of the drugstore to take the bus into Clarksburg you would realize that they have good trade from Salem.

Senator RANDOLPH. Is that a bus that comes from Parkersburg?

Mrs. MARR. It is Washington, D.C., to St. Louis.

Senator RANDOLPH. Washington to St. Louis?

Mrs. MARR. Yes.

Senator RANDOLPH. That is a long trip.

Mrs. MARR. It is a long trip. I have ridden it many times, not from St. Louis but from Salem when I go from Richmond to Washington, D.C.

Senator RANDOLPH. How old are you, Mrs. Marr?

Mrs. MARR. Oh, why would you ask me a question like that?

Senator RANDOLPH. I don't insist.

Mrs. MARR. Well, I am 75, and I hate to admit it.

Senator RANDOLPH. Well, let's see—

Mrs. SCOTT. I get the prize, then, don't I?

Senator RANDOLPH. That is right. You are up up up. You started at 76 and became 78. I heard it.

Mrs. SCOTT. I will be 78 on my next one.

After the Mister was gone I didn't have anything to live for until I found the Senior Citizens. That has meant everything to me.

Senator RANDOLPH. The contacts.

Mrs. SCOTT. You meet the nicest people and it is just wonderful.

Senator RANDOLPH. It makes your life more meaningful, doesn't it?

Mrs. SCOTT. There was some doubt about a Christian joining it. I said "I don't know what I'm doing, but in order to satisfy you I will ask the preacher." So he told me, he said, "I've knowed you for 17

years and you know where to draw the line." [Laughter and applause.]

He said, "Go ahead, have a good time."

Senator RANDOLPH. It would do a lot of us good if we knew where to draw the line.

Well, there are no religious problems in senior citizens groups, are there?

Mrs. SCOTT. No.

Senator RANDOLPH. Of course, there should not be, and there aren't.

Now, let's see. Mr. Walter Beckner. You go ahead, Walter, and talk as you want to.

STATEMENT OF WALTER BECKNER, P. K. MINE, W. VA.

Mr. BECKNER. I am from Clarksburg, P. K. Mines.

Senator RANDOLPH. How did they get the name P. K.?

Mr. BECKNER. The Pinnick-Kinnick Co. used to own the land and also the coke. So that is how they got the P. K. They just call it the P. K. Mines and that is it.

Senator RANDOLPH. The mine is not operating?

Mr. BECKNER. No; it closed down. A junk yard in there now.

Just like we was talking a bit ago about the transportation, well, we don't have no transportation. If we have the money we call a taxi and if we don't we just don't go.

Senator RANDOLPH. How far would that be from, say, downtown Clarksburg?

Mr. BECKNER. Well, I would say from about the center of Clarksburg it would be around 2 miles, two and a half miles, something like that. I would not be positive, but it is something near that.

Senator RANDOLPH. What would it cost in a cab for you to go?

Mr. BECKNER. It costs us about 65 cents each way.

Senator RANDOLPH. Is there any bus service at all?

Mr. BECKNER. There is a bus if you can walk—well, I will say about half or three-quarters of a mile, and then you catch a bus. That is the best we have.

Senator RANDOLPH. Mr. Beckner, tell us very quickly what your problems of transportation are. Now you have problems.

Mr. BECKNER. Well, my problem is, I have been retired now since 1961 and I just get Social Security.

Senator RANDOLPH. How much is that a month?

Mr. BECKNER. It runs about \$152.10.

Senator RANDOLPH. What work did you do?

Mr. BECKNER. I was a painter over at Roland Glass Co. when I retired.

Senator RANDOLPH. How old are you, sir?

Mr. BECKNER. I am 76. Born in 1894.

Senator RANDOLPH. You are in good health, aren't you?

Mr. BECKNER. Yes, sir.

Senator RANDOLPH. You want to get about?

Mr. BECKNER. Yes, I seem to want to get out and go places and do things. There are times we have the money that we can go and then other times we don't because we have bills to pay. The high cost of living and everything, it runs up and it makes it kind of inconvenient to keep things going all the time.

Senator RANDOLPH. Do you have a family at all?

Mr. BECKNER. Nobody but just me.

Senator RANDOLPH. You live alone?

Mr. BECKNER. That's right.

Mr. MILLER. Mr. Chairman, I do not have a question but with your indulgence I would like to make a comment.

Senator RANDOLPH. Yes, indeed, Mr. Miller.

Mr. MILLER. I am sure you, Senator Randolph, who have been at least as diligent as any Senator on this committee in attending field hearings, as well as those in Washington will agree with me. I have never, in Washington, or any place else, heard a finer presentation of testimony than we have heard here today. It began with Mrs. Baitty's outstanding general statement, and each of the other witnesses has been very fine. I could not help but be struck by the fact that lawyers—professional witnesses, if you will—appearing in Washington don't do nearly as well. Part of this may be due to the awe which is created by a hearing in Washington—the Senate Chambers and the Senate hearing rooms—but it emphasizes the importance of getting into the community where people feel at home and speak from their heart.

Senator RANDOLPH. That is true, from their heart instead of from the book.

Thank you, John, for your comment. We do feel that yesterday and today we are having testimony which is going to be very helpful to us in our committee work.

One question to you, Mr. Beckner. How often does that bus run?

Mr. BECKNER. Well, sir, I don't exactly know because I have not ridden on the bus for over a year so I don't know. Sometimes, just like the lady said here a minute ago, about the bus, it only runs certain hours, and I really don't know what those are, so I could not say for sure how often they do run.

Senator RANDOLPH. Well, we will have that in the record.

Mr. BECKNER. Back when I was working they ran on the hour every hour, but they don't do that any more.

Senator RANDOLPH. We thank you very much. You're better than any "Face the Nation", or "Meet the Press". This panel I like.

Mrs. BAITTY, when the funding for the bus subsidy program ran out, or does run out, what prospects do you have for continuation of such a program?

Mrs. BAITTY. Very little unless you all appropriate more money for the Commission on Aging, so that we may get a larger Federal share. We are supplying 68 percent of the total cash budget at the local level.

Senator RANDOLPH. The local share is what?

Mrs. BAITTY. Local cash is 68 percent of our budget and you know Harrison County is not a rich county. We are a United Fund agency and we also get support from the county court. We had to cut our program back. Our program is just snowballing. We have 2,130 members.

Senator RANDOLPH. In Harrison County?

Mrs. BAITTY. In Harrison County.

Senator RANDOLPH. 2,130 members?

Mrs. BAITTY. Of this about 600 are reached through our satellite system. Now the Harrison County center provides a staff, sort of circuit riders. They take care of all the satellites but we also supply coffee, which is always free, paper plates, cups, table cloths, napkins, and so forth. More than \$1,200 a month and that adds up to a lot of money. Our supply budget, I don't know. We have until April and I hope that we make it.

We get 50 new members a month and they walk in off the street. We have never solicited members. We have never had a membership drive. They just come in off the street to apply for membership. It has snowballed to this extent. Certainly you will see evidence of this when we go to the Clarksburg Center.

Senator RANDOLPH. What is the population in the county now?

Mrs. BAITTY. The county population at the 1970 census, I think, is down to 72,000. It was 78,000 in 1960. Of this there would be in the county about 12,000 persons over the age of 60, many of whom are still in the work force. I would say 90 percent of our members are over 65, of which there are only 9,000 in the county. Of the 9,000 2,000 are members of the center. This is also a very good percentage.

(The following was received for the record:)

Population Harrison County (1960 census)	78,000
Persons over 65	8,869
Percentage over 65	11.4

SENIOR CENTERS OPERATED BY HARRISON COUNTY SENIOR CITIZENS CENTERS, INC.

Center	Total population	Over 65	Percent	Members	Percent of eligible
Clarksburg	28,112	3,625	12.9	1,759	(1)
Salem	2,366	373	15.8	124	33.2
Lumberport	1,031	151	14.6	69	45.5
Lost Creek	678	108	15.9	43	40.0
Wallace	650	105	16.1	70	66.6
Shinnston	2,724	346	12.7	101	28.1
Total membership				2,166	

¹ It would not be accurate to figure percentage here as these members include many from outlying small towns.

Senator RANDOLPH. It does indicate that these people want to be active, isn't that right? And to participate?

Mrs. BAITTY. Yes. They have new lives. I think these women will tell you, and you will see further evidence at the Clarksburg Center.

Senator RANDOLPH. The what?

Mrs. BAITTY. The wild ones.

We have a real active group and we have a—I don't know if this should be on the record.

Senator RANDOLPH. We will take it off the record if it is too much. (Discussion off the record.)

Senator RANDOLPH. Now, Sally, I understand that you have taken a staff member from the Special Committee on Aging up the hollows.

Mrs. BAITTY. Yes, sir.

Senator RANDOLPH. I think she has reported to us that there was one particular case that typifies the problem of transportation as we have heard it here today. I don't know whether you know of this situation.

Mrs. BAITTY. I took her there.

Senator RANDOLPH. You tell us about that. I would like to have that in our testimony.

Mrs. BAITY. Well, it is not a unique situation. I mean the circumstances were a little worse than some others I have seen. But going into the hollows—I have been there so this was not my first trip.

It so happened this lady was referred to us about 2 or 3 weeks ago as suffering from malnutrition, who needed homemaker service. I indicated that we would send a homemaker in. That evening at 4:30 a neighbor called and said that this woman wanted to go to the grocery store now. The store closed at 6 o'clock; she didn't have any food in the house and she had to go. I said, "Well, I just can't move this fast, my homemakers are gone for the day, there is nobody here but myself and the man cleaning the place."

"Well, the woman is hungry."

So I said, "Ernie, when can you go?"

He went and took the lady to the store. She bought chocolate milk and ice cream. The homemakers always report to me what they find in these places. So Mrs. McCord, the homemaker, said, "Mrs. Baity, this lady has to have some medical attention." She didn't have a doctor. We don't know what her income is. She is not on welfare, she will not go on welfare. She has no assistance, she lives alone in a very dilapidated house.

Anyhow, we made arrangements to take her to the family practice clinic at St. Mary's Hospital where they have a caseworker. I had paved the way through talking to some of the doctors, and so forth. She weighed 85 pounds, was 83 years old. They gave her a tuberculin test, which fortunately proved negative. Mrs. McCord took her back home and she was able to convince her to change her diet slightly. They gave her vitamins. She has moved to soups and things like that.

I neglected to mention something. The first day she wanted the chocolate milk, she also wanted five hot dogs. Mrs. McCord said, "Well, now you can't eat five hot dogs." She said, "Well, one a day." And now, as I said, she has moved toward soup.

The evening that I took Mrs. Mallette over, the woman had no food in the house. There were no lights except just a tiny bulb—Mrs. Mallette reported to me, I did not see it—a small Christmas tree bulb. We asked her what she would like to eat, because she can't eat everything, and she said she would like some orange juice and chocolate milk.

I said, "Would you like some soup?" She said yes. "What kind do you like?" Chicken noodle.

I said, "Would you like some bread?" and she said, "I never eat bread, I eat crackers." So we went down to the store and we got these things and we remembered that Mrs. McCord said she liked ice cream so we got her a pint of ice cream and cookies for her sweet tooth. She does not have refrigeration. We handed her the ice cream and told her she would have to eat it that night. She said she might save some. She was happier about the ice cream than anything else.

We provide regular service to this woman once a week to do what needs to be done. We take care of 16 older people regularly, some in wheelchairs living alone. One of the ladies in a wheelchair decided she wanted to do her own shopping one day so she called Mrs. McCord and said, "I want to go to the store today." So Mrs. McCord went out

and put her wheelchair in the back of the car, and took her shopping. And they do this regularly.

Senator RANDOLPH. That is the personal aid which is very, very important.

You know, in all of our bigness we sometimes become lost in the shuffle of all of this. It is wonderful that you keep this contact.

How many satellite centers are there?

Mrs. BAITTY. We have five satellites. The Clarksburg Center makes six, which operates daily. The satellites operate 1 day a week, regularly.

Senator RANDOLPH. Thank you, Sally, and Elizabeth and Floda, Richard and Helen and Walter. This has been very, very helpful. Just before we close, Sally, how long have you been in this work?

Mrs. BAITTY. Three and a half years.

Senator RANDOLPH. You are getting weary of it?

Mrs. BAITTY. At the moment, perhaps, but we have just gotten back from Charleston where we did preliminary work on organizing the Council of Senior West Virginians and we have had a convention there. We have been very, very busy, and at the moment I am very tired—Community Chest and all.

Senator RANDOLPH. I didn't really mean weary. Is it a work that is routine and you have lost your interest in it?

Mrs. BAITTY. You couldn't. You could not. I mean occasionally, we all have our moments, you know, and you think, "Oh, gee, they don't appreciate anything we do." But you suddenly realize how much it means to so many people. There is gratification in it, certainly, and you keep trying to do what you can. You cannot solve all the problems, certainly, but you do what you can with what you have to do it with. There are many other communities who could do this if they had the money to work with.

Senator RANDOLPH. That is so true. I am not close to you, of course, in the work you do, but I have a sense of feeling about your work. I would not want you to quit and these people would not want you to quit. I can just tell that. We are very fortunate that there are those of you who are carrying on this important program.

I wonder if you would allow me to suggest to the people who are here that we all just join in appreciation to this panel. [Applause.]

Mrs. BAITTY. Senator Randolph, this has not been an ordinary soundman who has been handling the microphone. I want to introduce at this time Dr. Gillmore, head of the audiovisual department of Salem College, who was kind enough to prepare the sound system. Let's give him a hand also.

Senator RANDOLPH. Doctor, will you stand, please sir. [Applause.]

This perhaps is a good time, Dr. Gerrard, you might insert in the record more appropriately or knowledgeable than can I, about the Salvation Army providing the buses both in Lincoln County and in this county? Would you just mention it for the record.

Dr. GERRARD. Mrs. Baitty made the arrangements for the Salvation Army in this county and the commission on aging made the arrangements for Lincoln and Kanawha. We are very grateful to them. They said it was their pleasure, they would not accept any money for any of the expenses connected with going.

Is that true here too, Sally?

Mrs. BAITTY. Yes. We have previously used the Salvation Army. We had a choir which went up to the Weston State Hospital to put on a program and the Salvation Army bus transported us there about a year ago. There is no charge for the service and certainly we do want to express appreciation to them.

Senator RANDOLPH. I am so glad we are doing that.

Sally, there are so many people that help, aren't there?

Mrs. BAITTY. Yes. One of your relatives, Sanford, has the cable company. He has provided us with free cable service for the past 3½ years.

Senator RANDOLPH. Good for Sanford.

Mrs. BAITTY. At a local theater—and this is unique I don't know of anywhere else in the country—our members get a free pass to the Robinson Grand Theater for every Monday and Tuesday. The Beauty Academy gives a shampoo and set for \$1 and no charge for haircuts.

Senator RANDOLPH. I have been admiring the hairdo's here today. I thought, gee, how neat.

Mrs. BAITTY. They bowl at the bowling alleys. We have many activities I have not touched upon because we didn't have time. The bowling alleys let them bowl three games for \$1 and no charge for shoes.

Then probably more important is a drug discount program through local pharmacies who give our members at least a 10 percent discount.

As I said, the Altrusa Club gives us \$10 a month for transportation which at the time will buy 10 strips of tickets every 2 months.

Senator RANDOLPH. You can't tell us, Sally, people don't care, can you?

Mrs. BAITTY. Not in Harrison County. We are fortunate in Harrison County, this is true.

Senator RANDOLPH. You have had some volunteer attorneys, right?

Mrs. BAITTY. You name it, we've had it.

Senator RANDOLPH. I think this should be placed in our record even if you don't speak of it here.

Mrs. BAITTY. Let's go back to the beginning. I said 25 percent local share which was all in kind. The paint on the wall, 20 gallons was donated by Pittsburgh Plate, PPG Industries. The furniture was donated, the stove and refrigerator are donated. Hope Gas and Monongahela Power. You name it, they've given it.

Then Laban White drew up the incorporation papers for the center at no cost. Willis O'Shay has volunteered to do all the legal work at no cost for the Council of Senior West Virginians. There is very little that we try to do that we cannot get some help on except getting some money for the busfare program.

Senator RANDOLPH. This has been a very genuine experience for me to be here with you today. I wish not only those of you who participated but I wish to all of you who are here continued happiness and just as much good health as possible, and just keep on sharing one with the other—we need that these days.

I am very grateful that I could come with my associates of the committee and the staff, and listen to these experiences. These experiences and the problem you have will be transmitted to the other members who were unable to accompany me. You are part of the making of a record. We need to constantly be kept abreast of the changing problems that in a sense affect you. The Congress must never, never be unmind-

ful of its responsibility to this very wonderful segment of our population who still have very real contributions to make. Just the fact that you are around, you know, helps me. I like to see people with cheerful faces, to start with.

I don't want to get on this subject, but you know I can't find many people today that want to smile but I see something in the faces of the older people of America and it is wonderful. Let your face just show what you are feeling and these are so satisfying to me.

You may say this is off the subject and just cursory comment, but I bless the old people, if you want to use that expression, of America who bring so much, such a richness of heritage and experience and still activity to all of us.

We are recessed.

(Whereupon, at 11:45 a.m. the special committee was recessed to reconvene at 2 p.m. in Clarksburg, W. Va.)

OLDER AMERICANS IN RURAL AREAS

(Wallace-Clarksburg, W. Va.)

WEDNESDAY, OCTOBER 28, 1970

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Clarksburg, W. Va.

The special committee met at 2 p.m., pursuant to call, in the Harrison County Senior Center, Clarksburg, W. Va., Senator Jennings Randolph presiding.

Present: Senator Randolph.

Staff members present: Philip McGance, legislative assistant to Senator Randolph; Dolores Cutler, professional staff member; John Guy Miller, minority staff director; and Elaine Mallette, clerk.

Senator RANDOLPH. Good afternoon, ladies and gentlemen.

During the 2 days of hearings of the Special Committee on Aging of the U.S. Senate we have been in the counties of Lincoln, Kanawha, and Harrison.

We have had intensely interesting hearings and the rapport between the panel members, the ease with which they have talked, the sensitivity that they have expressed of their problem, have made an impression that we shall try to carry into the printed record of these hearings.

For our guests, and all of you are our honored guests, these hearings will be a matter of record. They will be printed, they will be published, and they will be ready for distribution. We will keep the record of this particular 2-day hearing program open for perhaps 30 days so those who testify can supplement or revise their statements. Those who are in the group here today, if you feel you would like to make some statement, you can supply it to us and it will be included in our hearing.

Mrs. Ruth McGraw, who is my State secretary, is here today with Mrs. Gayle Limbers, who is her assistant. I think we ought to be ready to make a rather widespread distribution of these hearings and they will cooperate completely in doing this, not only in Harrison County, Dr. Gerrard, but also throughout the State so we can coordinate our efforts and make the distribution of these official publications.

I want to also share with my colleagues of the Congress the interest in these hearings. As you know, I am a member of the Senate Committee on Aging. As I said at Wallace earlier today, it is called a special committee. Some might think that it is special because, in the parlance of the Senate, it means that we create it and we may let it go out of business. It is to cover, you know, a pertinent period or problem. I think of it as a special committee because it is especially valuable and we are not going to let it go out of business, we are going to keep it

functioning. It is a good committee and there is no partisanship whatsoever in the conduct of the work of this committee.

I said at the beginning I want to share my interest with my colleagues, including those who are not associated with this committee. Yesterday at Dogbone, in Lincoln County, which is approximately a mile and a quarter off the hard-surface road up a hollow, I was accompanied by Representative Ken Hechler and he participated actively and was helpful in the hearing. It had been hoped by those who work with Representative Robert Molohan, of this district, that he might accommodate his schedule to join with us this afternoon. If he comes, why, this will be an added help.

Now I have to talk of these Representatives, they are very important people to us, but I want you to know for the record that these are Senate hearings. We try to cooperate always with the Members of the Senate and the House in the States in which we hold these field hearings.

Before leaving Washington on Monday I had the opportunity to talk with Senator Robert C. Byrd, my colleague in the Senate, your Senator, about these hearings. He said that he would provide a telegram to be read at one of the hearings, and that has been received here in Clarksburg and I wish to read this statement. It is rather brief but I want it in the record, I want you to hear it. The telegram is addressed to me:

I regret that my schedule has not permitted my participation in hearings in State by the Special Committee on Aging. The problems of our senior citizens have always commanded my particular sympathy and attention. Although I do not serve on a committee having legislative responsibility for these problems I have worked, as you know, for appropriations to effect improvement in housing, nutrition and medical care and to provide employment opportunities for senior citizens. Please assure those participating of my continued concern.

ROBERT C. BYRD, *U.S. Senator.*

Now Robert Byrd does belong and is an active member of the Senate Appropriations Committee, so it is in the field of appropriations that he is especially helpful. This committee is an authorizing committee, we have no power to appropriate. What we request in the way of legislation comes to the Senate, is passed, but the funding of this program or any other program of the Senate or the Congress must run through the processes of the Appropriations Committee, and in the House of Representatives in the Ways and Means Committee.

So we are very glad to have this greeting and to include also the interest of Representatives Molohan and Hechler. [Applause.]

Sally Baitty gave a very splendid statement this morning at Wallace. I happen to know that Sally has written an article which was published as a part of the Fifth Annual Conference of Senior Centers in 1969, "Challenges Facing Senior Centers in the 1970's." I am going to place this rather brief, succinct but very noteworthy article in the record. It is called, "The Center as the Community Planner." She tells about the work here, of the contributions made on a voluntary basis of organizations and of individuals. She says in conclusion:

A center cannot be all things to all people. However, there is much that can be done through an existing center to enrich the lives of senior citizens in a wide area.

This is so true.

(The article referred to follows):

THE CENTER AS THE COMMUNITY PLANNER

In predominantly rural countries, most activities are centered in the county seat, which usually has the only sizeable concentration of population in the county. Such was the case in Harrison County, West Virginia. It followed naturally that the new County Senior Citizens Center, funded under Title III of the Older Americans Act would be located in Clarksburg, the county seat.

As expected, there was little participation by persons from the rural areas. However, once the Clarksburg center was firmly established, financial support by the Harrison County Court made it possible to extend the program to four of the more remote areas in the county, ranging from fifteen to twenty-four miles from Clarksburg. Plans called for twice a week programming in each area, one day devoted to crafts and the other featuring a covered-dish luncheon. A satellite center organizer and a craft supervisor were hired.

The organizer spent two weeks in each area visiting the older people to explain the program and our desire to provide meaningful activities on a regular basis. It was also her responsibility to locate a facility in each area which could be used rent-free. Each mayor was informed of the plans. An organizational meeting was announced over radio and television and in newspaper articles.

The project supervisor conducted each organizational meeting, explained the program, and invited questions. It was pointed out that all members of the satellite centers automatically became members of the Clarksburg center, and with all membership privileges extended to them. The understanding was reached that staff, coffee and paper goods would be supplied by the Clarksburg center, but that all other activities must be self-supporting.

The Wallace area was the first organized in October, 1968, with twelve chapter members out of the 98 eligible in this community of 650 people. Within four months, 56 persons, or 57 percent were members, with an average weekly attendance of 35. It should be noted that the original plan of meeting twice weekly was changed because all groups preferred one day, with crafts from 10 a.m. to 12 noon, followed by a covered-dish luncheon and program.

All four satellites were organized by January 1, 1969. Three have from 50 to 60 members, while the last organized has so far only 25 of the 151 eligible. Each center has elected its own officers and committees who plan all activities. The satellite organizer is the group leader and also provides information and referral services. Operating as a team, sharing transportation, the two staff members service all four satellites and also assist at the Clarksburg center for the Wednesday luncheon which attracts an average of over 100 each week.

By far the most popular craft is ceramics. All members receive discounts on greenware purchases and glazes. Purchases are made by staff members for persons who are unable to do their own shopping. All pieces are fired at the Clarksburg center at no charge, and are delivered the following week.

Through the cooperation of a local druggist and nurses from the Harrison-Clarksburg Department of Health, a flu shot clinic was held at cost at each center. Speakers on county issues, such as a recent school levy election, have appeared at all centers. Every center member may attend movies at a local theater free of charge, buy medicines at a discount and have a shampoo and set for \$1.00 with free haircuts. All can bowl at a local bowling alley at \$1.00 for three lines with free instructions and shoes are furnished at no charge.

Transportation to the satellite centers is provided through car pools organized by the members; some cars make several trips. At the Clarksburg center a bus fare subsidy program is in effect. While the usual fare is 25 cents, members may buy a strip of ten tickets for \$1.00. The program is supported by a regular monthly donation from the Altrusa Club of Clarksburg, and by funds from the County Court.

Many members have agreed to participate on a volunteer basis in a telephone reassurance program, as a community service project. An agreement has been reached with city police and the sheriff's office whereby they would investigate if a telephone call at the appointed time were unanswered. Unfortunately, despite wide publicity, few are taking advantage of this service.

Two homemakers and a handyman are available at no cost to elderly persons who need assistance but who cannot afford to pay for it. Several of those served are double amputees, or blind, and living alone. Referrals are usually received from public health nurses and case-workers from the welfare department.

A center cannot be all things to all people. However, there is much that can be done through an existing center to enrich the lives of senior citizens in a wide area.

Senator RANDOLPH. Here is Della Everhart. Now she is only 94 years young. [Applause.]

Mrs. EVERHART. I have known Mr. Randolph a long time.

Senator RANDOLPH. I was going to say that but I am glad you did because you can emphasize that long time. Thank you so much.

Mrs. EVERHART. Thank you.

Senator RANDOLPH. We will have our hearing beginning with the testimony of Neal Bowden, Director of the Family Health Service.

Will you counsel with us at this time.

STATEMENT OF NEAL BOWDEN, DIRECTOR, FAMILY HEALTH SERVICE, ELKINS, W. VA.

Mr. BOWDEN. Thank you.

Hon. Senator Randolph and other concerned citizens, the Family Health Service, Elkins, W. Va., is a division of the Memorial General Hospital Association. It was established in 1969 for the purposes of reducing three barriers to comprehensive health care particularly affecting low income, rural families in Randolph County, many of whom are elderly. The three barriers to health care are lack of information, lack of transportation, and lack of funds.

The program of the Family Health Service is funded in part by a grant from the U.S. Department of Health, Education, and Welfare. The Family Health Service first began in May 1970. Since that time over 5,300 families have registered representing over 15,000 people out of a total population of about 30,000. This massive registration in just 5 months certainly indicates the felt needs of our people.

The focus of this statement is on problems of transportation as it affects the health care of our region's elderly population. However, much of what will be said can be generalized to transportation problems for all age groups.

Two facts are clear. One is that the elderly have many health problems; the other is that many lack transportation to traditional sources of health care. These two facts create a critical problem for the organization of a health care delivery system. Should health services be transported to the residence of the patient, or should the patient be transported to centers of health services? The Family Health Service has come to grips with this problem and has designed a system to efficiently and effectively meet the health needs of the elderly.

A major source of the high cost of health care is extended hospitalization for chronic illness. Much hospitalization would be unnecessary if nursing care were available in homes. With the support of nurses and paramedical personnel, many families could care for convalescent members at home. To serve this end, the family health service has established a home health department staffed by four full-time registered nurses and part-time physical therapists, a dietitian, a speech therapist, and 21 family health workers. Upon the orders of a patient's physician, these health care workers deliver nursing and paramedical services in the home.

Although only 11 percent of the population served is over 64 years of age, 75 percent of the caseload of the home health department is composed of the elderly. Some major illnesses with which they are afflicted—and these are only some examples—are diabetes, mobility difficulties, genitourinary problems, and vascular diseases.

It costs less to deliver nursing and paramedical service in the home than to maintain a patient in a hospital. When it is medically justified and when trained personnel are available, it makes economic and medical sense to transport health workers to the patient at home instead of transporting the patient to a hospital.

There are presently about 20 home health agencies in the State of West Virginia. It is our experience that there are fewer difficulties in delivering home health care in cities and towns than in remote mountainous areas, particularly during inclement weather. This problem can be met in part by recruiting staff members from remote areas, training them, and requiring them to continue to reside in the areas from which they were recruited. They therefore have fewer transportation problems than workers attempting to render home service out of our central office. We believe that many more communities in West Virginia will feel the need for the home level of health care because of its many humanitarian and financial advantages.

Except for the delivery of nursing and paramedical services in the home which preclude the necessity for hospitalization, it does not make medical or financial sense to transport medical workers to the patient at home. Instead, the advantages lie in transporting patients to centers of health care. There are two reasons for this. First, scientific health care typically requires complex and expensive instruments, highly specialized personnel, and medical facilities that are only available at centers of health care. Such instruments cannot conveniently or economically be transported to the patient. Secondly, the cost of transporting physicians and other specially trained personnel to the patient is exorbitant and impractical. Because of the shortage of physicians, it is imperative that all their time be spent in delivering patient care instead of partially in travel.

What can be done for elderly patients who are physically or financially unable to transport themselves to a center of health care? Must they be deprived of its benefits? The Family Health Service does not think so. We have designed a system of health vans that travel throughout our area according to a published schedule.

Any member of a family that is registered with the Family Health Service may ride in a health van when they are going to see a participating doctor or other health professional. They may also get a ride if they need to visit the office of a social service agency.

The health vans travel on hardtop roads throughout Randolph County, the Belington area of Barbour County, and the Durbin area of Pocahontas County. Randolph County is one of the largest counties in the area. Specific routes are set up between Elkins and the following communities: Montrose, Whitmer, Gladys, Durbin, Huttonsville, Macc, Pickens, Ellamore, and Cassity. The van makes numerous scheduled stops between Elkins and these outlying places.

A health van travels every route one or more times each week. It leaves the end point of each route for Elkins about 9 a.m. Then in the afternoon of the same day it leaves Elkins to bring riders back home. A schedule is available from the Family Health Service showing the specific days, departure times, and stops for each route.

The cost of operating a 12-passenger health van is about 20 cents per mile. This includes the cost of the vehicle, driver, insurance, and all operating expenses. These costs are supported by fares charged

to riders and supplemented by grant funds. The amount of the fare is based upon the ability of the patient to pay and upon the length of the ride. I have a fare schedule here for those who are interested.

(The material referred to is as follows:)

TRANSPORTATION FARE COMPUTATION TABLE

Family share (percent).....	100	90	80	70	60	50	40	30	20	10	0
Zone I (0 to 3 miles).....	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50
Zone II (4 to 7 miles).....	1.00	.90	.80	.70	.60	.50	.50	.50	.50	.50	.50
Zone III (8 to 12 miles).....	1.50	1.35	1.20	1.05	.90	.75	.60	.50	.50	.50	.50
Zone IV (13 to 18 miles).....	2.00	1.80	1.60	1.40	1.20	1.00	.80	.60	.50	.50	.50
Zone V (19 to 25 miles).....	2.50	2.25	2.00	1.75	1.50	1.25	1.00	.75	.50	.50	.50
Zone VI (over 25 miles).....	3.00	2.70	2.40	2.10	1.80	1.50	1.20	.90	.60	.50	.50

4-01 Adolph	5-18 Elkwater	4-35 Mill Creek
2-02 Aggregates	4-19 Ellamore	6-36 Mingo
3-03 Alpena	6-20 Frank	6-37 Monterville
6-04 Bartow	2-21 Gilman	3-38 Montrose
3-05 Belington	3-22 Gladly	2-39 Norton
2-06 Beverly	2-23 Harding	6-40 Pickens
5-07 Blue Rock	4-24 Harman	3-41 Talbott
3-08 Bowden	5-25 Helvetia	3-42 Valley Bend
4-09 Cassity	4-26 Huttonsville	6-43 Valley Head
5-10 Cheat Bridge	4-27 Job	4-44 Wymers
2-11 Coalton	2-28 Junior	4-45 Whitmer
5-12 Czar	2-29 Kerens	1-46 Crystal Springs
3-13 Dailey	3-30 Kingsville	1-47 Glenmore
2-14 Dartmoor	5-31 Leebell	1-48 Highland Park
5-15 Dryfork	5-32 Little Italy	3-49 Philippi
6-16 Durbin	3-33 Mabie	4-50 Sully
1-17 Elkins	6-34 Mace	

Mr. BOWDEN. We believe that our experience in operating health vans will demonstrate the great need for such a transportation service and the economics that it represents over the alternative of bringing general health care to the home.

The staff of the Family Health Service is grateful for the privilege of presenting this report to the Special Committee on Aging of the U.S. Senate. We hope that it will contribute to the cause of better health for our Nation's elderly population.

Thank you.

Senator RANDOLPH. Thank you, Mr. Bowden.

Is that the way you pronounce your name?

Mr. BOWDEN. Yes.

Senator RANDOLPH. You know, we have a town in Randolph County spelled the same way and we call it Bowden.

Where were you born?

Mr. BOWDEN. I was born in Sioux Falls, S. Dak.

Senator RANDOLPH. It is a suburb of West Virginia.

Mr. BOWDEN. Yes. [Laughter.]

Senator RANDOLPH. I know, of course, of the work being done in my home county.

How is the health of Dr. Golden?

Mr. BOWDEN. Very good. The doctor has contributed significantly to the development of our program in Randolph County. Many of the ideas which are now coming to fruition he has tried in other times and in different ways, so we used his knowledge to go forward into the health problems of today.

Senator RANDOLPH. Thank you very much. You are speaking of Dr. Benjamin Golden, and I remember of course the very wonderful work that he and his staff have done over the years. I am happy to

know of his continuing activity in guidance or in counseling in medical programs of the type that you have been carrying forward.

I want to ask you just a few questions. One question that comes to mind at the beginning. How can these programs be improved? How can they be expanded? What do you need to do this?

Mr. BOWDEN. Well, probably the first priority is what we are trying to do, and that is evaluative research on pilot programs such as ours so that we will know what factors will contribute most. For instance, we have really three barriers that we are trying to overcome through different means. Our health vans along with our family health workers, are an answer to the transportation barrier. Lack of information and lack of funds are the other two barriers. Which of ours will be most successful and most meaningful to the health needs of the population of our area can only be determined by having a program such as this; so that we can study their effect on the health of the other people, and thereby know where to spend our dollars in the best possible way for the best health of our citizenry.

Senator RANDOLPH. How many vans do you operate, Mr. Bowden, and do the vans go up the hollows?

Mr. BOWDEN. Yes; they do. We operate two health vans. They are new 12-passenger vans, well furnished and maneuverable so that they can get around the mountainous roads that exist in our area. There are about nine or 10 different routes that they follow and touch every week.

Senator RANDOLPH. Are they minibuses?

Mr. BOWDEN. Yes; they are, sir.

Actually they are a redesigned van that has just recently come out in the last couple of years, that are quite long, and can accommodate a total of 12 people, 11 of which can be passengers. They have the advantage of low operating cost plus the maneuverability and so forth that is nice to have in the winter. They are comfortable. They are furnished in much the same way as a station wagon, actually; they are just a little bit larger, and they are much easier for people to get in and out of.

Senator RANDOLPH. In the health van, what equipment do you have available?

Mr. BOWDEN. The health van is not an emergency vehicle; it is simply to transport people that are able to get in the van for preventative care or treatment in acute illness if that is their need.

Senator RANDOLPH. It is just used in transportation?

Mr. BOWDEN. Yes; but through our family health fund we have provisions for emergency services if they are in fact needed, ambulance service and so forth. The problem of course in rural areas, especially some of our most remote areas, is they don't have ambulances. We have had people ride in the backs of automobiles and so forth, but we do provide for the payment of the emergency vehicle. The health vans are not equipped for emergency services; they are just for transportation for medical treatment or to social agencies.

Senator RANDOLPH. Mr. Bowden, we are grateful for your contribution to this hearing. I commend you and the county in which you work and the program of which you are a part for the constructive services to these men and women who deserve our attention and our assistance.

How many are there actually that come within your orbit or underneath the umbrella?

Mr. BOWDEN. Our total population runs roughly 30,000 people. Now according to the last census there were, I believe, 24,000 people in Randolph County. However, in our primary area we also include the Belington area of Barbour County and the Durbin and Frank area of Pocahontas County, so we have about 30,000 people in our primary area. Now of those, as I said, 15,000 have been registered by the Family Health Service.

Senator RANDOLPH. Is that the total of the elderly or just for health service?

Mr. BOWDEN. For health services; yes.

Senator RANDOLPH. What is the percentage of elderly from that 30,000 you speak of?

Mr. BOWDEN. I believe the statistics were 10.8 percent elderly for Randolph County for the 1960 census. However, 12 percent of the individuals we have registered are elderly.

Senator RANDOLPH. I think for the record I would like to have that included.

Mr. BOWDEN. All right.

Senator RANDOLPH. We are very interested in this percentage problem because about 18 percent of the population of Wallace in this county is elderly and that is higher than the national average or the State average of 7 percent.

Mr. BOWDEN. Since the statistics I cited were from the 1960 census, I suspect that the percentage of elderly in our primary area is now much higher than 10.8 percent. However, we need the 1970 census statistics to prove this.

Senator RANDOLPH. Well, again our thanks. We are very grateful for your being present. [Applause.]

Mr. BOWDEN. Incidentally, I have some brochures here that describe our health van and the system they operate under and the family health service for distribution if you are interested, perhaps for your own areas or whatever.

Senator RANDOLPH. We have had them available to the committee but we do want some distribution made here today.

Mr. BOWDEN. Thank you.

Senator RANDOLPH. Dr. Marilyn Jarvis-Eckert is in charge of the extension program and she is the leader of the nutrition education effort at West Virginia University.

Doctor, we are very happy that you are with us this afternoon. You proceed in your own way to tell us what you are doing; we know it is worthwhile.

STATEMENT OF MARILYN JARVIS-ECKERT, M.D., EXTENSION PROGRAM LEADER, NUTRITION EDUCATION, WEST VIRGINIA UNIVERSITY

Dr. JARVIS-ECKERT. Thank you very much, Senator Randolph.

Under the food and nutrition program of the U.S. Department of Agriculture (Project 32 funds) in West Virginia, 100 aides have been chosen from low-income areas throughout 43 counties to teach nutrition to the low-income families in their homes. After 3 weeks of intensive

training and on-the-job continuing education, the aides visit homemakers and instruct them in the proper choices of foods for their families according to age and individual needs. Included in the lessons are the basic nutrients, meal planning, budget management, shopping techniques, food storage, preparation, and serving of meals. Other crises in health and welfare problems may be solved simultaneously during the nutrition teaching phase.

In October 1970 about 4,000 families were enrolled in the program, and over 18,000 persons are benefiting—we hope—from the information. An additional 4,000 nonprogram families are being reached. Depending on the county, and I am talking about 43 counties throughout the State—15 percent to 40 percent of the homemakers are over 65—that is, about 1,300 housewives over 65. One Ohio county aide has 90 percent of her homemakers over 65. Altogether about 1,300 women are receiving our information at this time. Many visits are involved.

Nutritious meal planning is difficult for the homemaker living on a fixed income. Availability of food stamps has alleviated this problem somewhat. Convincing the homemaker to apply for and use food stamps is part of our program. There is, of course, the difficulty of securing the stamps. I understand for those people who are on social security they must pay for the food stamps with a certified check or a money order, and there is some problem in getting to some place where these can be secured.

A very important part of the teaching includes a visit to a shopping center to read labels and prices to determine the best buy for the homemakers' budget. Herein lies the second problem. Our aides are not allowed to serve as chauffeurs; therefore, other arrangements must be made to meet the homemaker at the store. Although the homemaker may make the initial visit and learn well, to use the store on a continuing basis is fraught with difficulty because of continual lack of transportation. Our Marshall County aides discovered that food prices, item for item, varied 10 percent to 25 percent higher in the small neighborhood store compared to the supermarket chain. In some areas certain items were 40 percent higher.

Even the small independent store is just too far down the road for the elderly, and the homemaker will resort to carrying lightweight food items such as dry cereal which can be carried in large quantities over long distances. Canned items are too heavy to carry, especially if it is necessary to climb a hill to get bags home.

The selection of foods at the small independent store is also limited. Very rarely are fresh fruits and vegetables available. Older persons are notoriously slow in eating iron-rich foods, such as red meats and leafy greens—beans they get. The lack of vitamin A seems to be another problem in West Virginia according to the recent West Virginia Nutrition Survey in the summer of 1969. Vitamin A comes from deep yellow and green vegetables which are usually purchased in season in the fresh state.

The problem of feeding the elderly is not only the selection of food and a means to purchase it, there is the loneliness of eating alone and the unstimulating monotony of cooking for one person. Mobility of the individual could help solve these problems.

Mobility of the elderly may take the form of (1) walking, (2) driving, (3) public transportation, (4) private transportation. The ability

to get about is basically important to any person's independence and feeling of self-esteem. It has direct bearing on physical, mental, and nutritional health.

Mobility is essential to the business of daily living: (1) To grocery store, especially the supermarket; (2) to physician, clinic, treatment center; (3) other business—bank, pay utilities, laundromat; (4) maintaining relationship with relatives and friends (in hospital, church); and (5) make possible new interests and add zest to living.

Possible modes:

Walking.—Excellent physical exercise for those who can walk. Need well-fitting shoes, rest, watch traffic. More complicated if have to carry something especially heavy. Impossible when distance over $\frac{1}{2}$ mile.

Driving.—Although insurance companies tell us the elderly have good driving records, many are still risks. Poor cannot maintain their own car.

Public transportation.—Disappearing from towns, hollows never had any. Taxi service charges 10 cents for each bag of groceries or laundry in addition to basic fare. (Public housing does not have laundromats.) Initial cost of bus, taxi, if are available impossible on small pension. Rural have none.

Volunteer chauffeurs.—Reluctant because of insurance liability. Relatives, and friends, and neighbors.

Directions of mobility: Transport aged to service, necessity for professional equipment of M.D., D.D.S., physiotherapy. Have more time than the professional for traveling. Enjoy getting out. Keeps them moving. Best for professional's time. Group meals for sociability—school lunch. Better choices food items at large store, wider variety, lower prices.

Transport service to aged, necessary for bedridden or housebound. Better care at home than institution. Homemaker service must be more available. Nonfeasible for professional time. Good for para-professional. Need definition of role. Prepackaged meals allows good nutrition but hard to suit individual diets.

Recommendations: Transportation system via local drivers from low-income (Handicab). Expand homemakers service even to allow meal preparation. Limited medical screening with adequate followup. Central kitchens.

In the interest of time I will discuss another subject which I think has bearing on the problem of mobility, and that is the medical interviews and screening in which I participated over several years as a member of the division of preventative medicine at West Virginia University.

Several rural area health surveys have been done in the last 5 years. The Vintroux, McCorkle, Twistabout survey involved over 500 persons for interview. Of these, 60 percent were examined in temporary quarters in churches or a home in the communities. Many thought they had diseases they did not have and others learned for the first time that certain diseases requiring treatment were present. Only one-third of the women had had previous Pap tests for cancer of the cervix. We found two positives, giving a rate of 3 percent compared to the national average of less than 1 percent.

Followup services were secured by remarkable interaction of the cooperative extension service personnel, health and welfare departments, Red Cross, Cancer Society, VISTA workers, local and distant churchworkers, Tuberculosis and Health Association, the community people themselves, full-time volunteers, Good Neighbor League, and perhaps others. You can imagine the redtape involved in paying for care for all ages. One worker reported making 28 telephone calls to find a way for one patient to be seen. Transportation to treatment centers and waiting drivers were difficult problems.

Screening tests alone cannot solve health problems but ways and means of definitive care must be built into the mechanism. Transportation to the various agencies, hospitals, clinics, and so forth, is a very real item in the long list of necessities.

Diseases practical to screen for, in that they are treatable, that they can be found in masses of people by using portable equipment, that they deal with procedures which have patient acceptance, are rather limited. Some suggestions are glaucoma, cancer of the uterus, hearing defects, high blood pressure, overweight, and some others.

Principles of early disease detection;¹ 1. The condition sought should be an important health problem. 2. There should be an accepted treatment for patients with recognized disease. 3. Facilities for diagnosis and treatment should be available. 4. There should be a recognized latent or early symptomatic stage. 5. There should be a suitable test or examination. 6. The test should be acceptable to the population. 7. The natural history of the condition, including development from latent to declared disease, should be adequately understood. 8. There should be an agreed policy on whom to treat as patients. 9. The cost of case-finding (including diagnosis and treatment of patients) should be economically balanced in relation to possible expenditure on medical care as a whole. 10. Case-finding should be a continuing process and not a once and for all project.

A "little" evidence exists that the course of disease is altered by early detection. This notion is carried over from infectious diseases. There are certain exceptions; however, cancer of the cervix and skin and tuberculosis can be altered by early detection. Case findings should be continuous and medical care also continuous.

Another survey in the western end of Monongalia County involving 1,963 persons—with 13 percent of them over 65—shows that of those interviewed more than 50 percent knew of their existing heart disease, high blood pressure, stroke or cancer. All have been under a physician's care at one time and the diagnosis was verified.

In this group of those over 65, only 77 percent had been to the physician during the preceding year, 10 percent had been to the dentist and 15 percent had been to the hospital. Only 4 percent had utilized a health department facility. Over half of the persons living in these districts traveled 11 to 40 miles to physician, dentist, health department, hospital. They tended to choose physicians practicing in the smaller towns, even if the traveling time was greater. These small town physicians, of course, are quickly disappearing. Not only will transportation be continually needed but some kind of health service ad-

¹ From "Principles and Practice of Screening for Disease," World Health Organization, Public Health Papers—1968. Wilson & Jungner.

vocate who will chauffeur, make appointments and serve as liaison, interpreter and recorder.

Senator RANDOLPH. Thank you very much, Doctor.

I wish to supplement what you said. I want to underscore only 4 percent, as you indicated, have utilized a health department facility:

Over half of the persons living in these districts traveled 11 to 40 miles to physician, dentist, health department, hospital. They tended to choose physicians practicing in the smaller towns, even if the traveling time was greater. These small town physicians, of course, are quickly disappearing. Not only will transportation be continually needed but some kind of health service advocate who will chauffeur, make appointments and serve as liaison, interpreter and recorder.

This is so true. They are disappearing. We have one who is still of this very wonderful breed who works in his office 7 days a week, Sunday included, 13 hours a day—that is what he gives of his time; Dr. McClellan who was with us in Lincoln County. Yet he is not a young man, he cannot keep it up very much longer. And in that county, as in so many counties, there are practically no active medical doctors practicing today.

I have inserted in the Congressional Record under date of October 6, 1970, a statement on the National Health Service Corps and the approval by the Senate on September 21 to bring the program, into being, and in connection with it I have placed an editorial substantiating the need for action to allay the severe medical shortage.

These words are from the report which I included in my statement.

In some West Virginia counties there are no practicing health personnel available.

This is true.

In the last 10 years, at least 60 communities with populations of less than 10,000 have been left without physicians as rural practitioners retired and were not replaced.

In 13 West Virginia counties there was only one physician for four times the patient population recommended by the American Medical Association, and in six counties, the patient load for a physician was six times the recommended ration.

The State—

that is, the State of West Virginia—

needs public health nurses.

I think the estimated need is 720 but there are only 136 so identified and only 2 dozen of those were formally trained in public health nursing. So in the area of nursing personnel we have a very dire shortage.

Do you have any further comment to make on how you think we can move realistically but more promptly than we are to meet this need?

Dr. JARVIS-ECKERT. Medical personnel?

Senator RANDOLPH. Yes.

Dr. JARVIS-ECKERT. I think we ought to be realistic and expect that our medical personnel will attach themselves to the larger population centers. Equipment and all of the backup that is needed for the highly professional person will continue, of course, and it is only economically feasible to put these in areas of larger concentration of population. This then presents a greater burden to those people living a greater distance from the population center.

I think if they have the time and the ability to mobilize themselves, it would be the best use of everyone's time and effort and energy and

money to bring people into the population centers for their care and treatment. With some limited mobility, going in the other direction, the people will need to be treated by paramedical professionals. The people will have to be brought into the larger centers, and transportation then is the key. There is the ability to pay for the medical care which is a very real thing, too.

Senator RANDOLPH. In the subject matter of our hearings this is not an illusionary subject. When we talk about transportation, it is a real problem, isn't it?

Dr. JARVIS-ECKERT. That is right.

Senator RANDOLPH. We realize as we have listened to those who testified, experts like yourself and people concerned, that we have to find ways that we have not as yet found. In a sense we know our bus systems are unable in most instances in the cities and towns of West Virginia to operate at a profit; in fact, they are losing money. Many of them, I am sure, through their management would like to give reduced riding rates to the senior citizens if they could. Some would like to give free transportation, if possible. We have a very real problem in the routes that these buses or other forms of transportation would take.

So often a neighbor wants to help someone go to the doctor but the neighbor may be working so it is only on the weekend that his car becomes available and then it is difficult to find the facility open and operating, is that correct?

Dr. JARVIS-ECKERT. I think this is very true. We also have the problem of volunteer drivers who are reluctant to help other people because of the liability involved in the event of an accident.

Another resource that we have not discussed is the possibility of utilizing schoolbuses when the youngsters are in school for transportation of people.

Senator RANDOLPH. I like your mention of the schoolbuses that are not in use, as you have said, for several hours. It seems there should be some program worked out that would make available these buses and their drivers to this important work.

We thank you very much, Doctor. [Applause.]

(Subsequent to the hearing the following letter was received from the witness:)

COOPERATIVE EXTENSION SERVICE,
WEST VIRGINIA UNIVERSITY,
Morgantown, W. Va., November 18, 1970.

DEAR SENATOR RANDOLPH: Thank you for your letter of November 12, 1970, and your reference to the transportation problems deterring complete participation in our state nutrition education program.

A transportation component is mandatory to the total success of the nutrition education program in West Virginia. Likewise, it is mandatory to any future comprehensive health service programs. It is not economically feasible to deliver services and products to the poor (including the elderly); the poor must be delivered to the services.

After considerable thought and discussion with others, the most feasible approach would be additional funds in our existing program to hire drivers with their own cars (e.g. 9 passenger station wagons) to serve as chauffeur-advocates for program families (including the elderly) to markets, health and welfare agencies, meal services, and health care. Under our existing program such "transportation aides" would follow existing nutrition program administrative procedures, serve under the same supervisors, and coordinate directly with nutrition aides.

Transportation aides would operate under licenses requiring annual medical and driver's examinations. Aides would furnish their own vehicle and liability insurance. Salaries and gasoline reimbursement would be paid by the grant. Aides should be hired from the low-income sector, thus creating jobs where acutely needed. Training would be needed to enhance their knowledge of available community agencies and methods to get the homemaker-family into the systems.

If such funds were to be made available by an entirely new grant, under another framework, all the administrative, trainer, and supervisory roles would be duplicated and coordination would become a burden. Public monies will be wasted with a "starting from scratch" program instead of "piggy-backing" on the Food and Nutrition Education Program.

Estimated cost of piggy-back program, for *Rural West Virginia*:

Annual salary aide (man or woman) with personal car and insurance (3)-----	\$4,000
Annual gasoline reimbursement at 0.8 cent per mile (up to)-----	2,000
Management, training, organization-----	500
Annually per transportation aide-advocate-----	6,500

Number aides times \$6,500 equals total cost program.

Alternate suggestions would include car rental system, contract commercial bus program, or school bus contract. For West Virginia, the school bus idea is not possible at this time because each County Board of Education restricts use of school buses for registered students pursuing educational programs.

Commercial buses or car rentals would lead essentially to subsidies of private industries. It would eliminate the whole idea of the driver being an advocate who would help the family utilize existing agencies and services. The need for such a liaison is as desperate as the need for a ride.

Just a pilot program would help to demonstrate the usefulness of a driver-advocate aide. I would be very much excited to pioneer such an addition to the Food and Nutrition Program.

Yours truly,

MARILYN A. JARVIS-ECKERT, M.D.,

State Extension Program Leader—Nutrition Education.

Senator RANDOLPH. Dr. Thomas McGavack. Would you identify yourself, where you are from.

STATEMENT OF THOMAS MCGAVACK, M.D., MARTINSBURG, W. VA.

Dr. MCGAVACK. I am from Martinsburg, W. Va.

Senator RANDOLPH. That is in the Eastern Panhandle of our State.

Dr. MCGAVACK. Yes.

Senator RANDOLPH. Were you with me, or I was with you a few days ago when we laid the cornerstone for the hospital?

Dr. MCGAVACK. I think I was in your audience.

Senator RANDOLPH. Yes, I saw you.

Dr. MCGAVACK. Quite an eventful day.

Senator RANDOLPH. It was.

Dr. MCGAVACK. I had the pleasure of being present, about 1928, at a dinner in the old San Francisco Press Club which was the "rip roaring" club of that day, to honor the captain of an airplane which had attempted to make Hawaii at one hop. It failed to do so; the crew members were down for 10 days, thought lost, but suddenly were found, all safe and well. So the captain in responding to many speeches and complimentary remarks, exclaimed: "I want to tell you this meeting is very exhilarating but all I can say about myself is I failed." So today is an exhilarating reception.

However, it is a little bit like carrying coals to New Castle to speak to a group like this at the center, which has made such a tremendous success of its facilities on behalf of older people.

Three points have been named for discussion today specifically: (1) Aging in rural West Virginia as opposed to urban areas; (2) transportation as related to the delivery of health care, social services, and social interreaction among elderly in the rural areas; and (3) recommendations for changes in special policies and legislation as regards transportation in rural areas.

Most of the comments that follow represent personal experiences, conversations with national and local authorities, and surveys or detailed interviews with the aged of one of the most populated parts of our lovely West Virginia; namely, the Eastern Panhandle. So when I speak of the nature of aging in rural West Virginia, I can assure you I cannot comment on any situation or condition beyond the Eastern Panhandle.

AGING IN RURAL, AS OPPOSED TO URBAN WEST VIRGINIA

The characteristics of aging, of course, have multitudinous ramifications. Intrinsic difference in rural and in urban areas certainly exist but perhaps are not as great, at least for our area, as at first blush they might appear. By consideration of a group of I's, we may be able to draw some conclusions regarding the major problems.

The first "I" is I-lessness. This may be equated with the lowered self-esteem which commonly comes with aging, particularly after retirement. Loss of occupation, loss of health, loss of prestige, loss of income and companions and many other factors combine to make this lowering of the ego an important factor to be reckoned with in the adjustments of aging. It is probably least important in rural areas where the kinship society still exists to a greater or lesser degree. It is probably most important among urban dwellers who are more liable to be completely divorced from family.

Perhaps the most acute problem for the aged is the transition period; namely, that period between compulsory retirement and final adjustment to old age. Therapeutically, this lowered value for self-esteem is best managed by maintaining useful and, if possible, remunerative employment.

The loss of self-esteem is often equated in the individual's mind with uselessness, worthlessness and, at times, varying degrees of fear. Carried to its ultimates, these combine to create a withdrawn, hermit-like recluse and often lead to premature death. The individual is no longer capable, by himself, of selecting and pursuing a useful occupation but he can, under direction, become an integrated part of a group activity in which his contribution is real, no matter how small.

Such activity was seen yesterday in a group we had from one of the Charleston centers, the Frankel Institute. If it can be done there, it can be done elsewhere. I certainly pay tribute to Charleston and I think other communities can and should emulate its example.

Senator RANDOLPH. Do you mean the gymnasts?

Dr. MCGAVACK. Yes, sir, absolutely.

Senator RANDOLPH. They were wonderful.

Dr. MCGAVACK. Their performance was magnificent and important.

Senator RANDOLPH. Yes, sir.

Dr. MCGAVACK. Important to health, important for the future, important for today's living, which is what we are all here for. Today's

the one day each of us has. I speak from the experience of one already well into the aged category.

Senator RANDOLPH. I supplement what the doctor said, ladies and gentlemen. There were approximately 18 of these young people, 70 some and 80 some, who went through a very beautiful, coordinated program of gymnastics. You would have been thrilled to have watched them. They really were delightful and they were not out of breath after they had finished all of this program.

Dr. MCGAVACK. Now the activity of such individuals certainly should, at least at first, be totally noncompetitive. At the same time it should yield essential satisfaction. These faces of the gymnasts we saw yesterday radiated such satisfaction. Each was doing something worthwhile.

Secondly, it must be demonstrated to the individual that he or she is needed, and helping others is one of the shortest and most direct routes to such achievement. In our own work we have from time to time organized clubs. Of course self-entertainment and mutual entertainment are both served; this is an integral part of the program of any social club. However, a goal or goals beyond this that have a real purpose in serving others and in building the civic life of the community are also essential. No better example of such service can outdo that which we are now experiencing at the Harrison County Center for Aging, as we gather for lunch. Your spirit and work are most heart warming and inspiring.

Within the framework of a center like yours, you can develop all sorts of projects. There is nothing perhaps more stimulating to the older person than the young child or adolescent youth. Of course the foster parents' program which has been well started by your Commission in this State is already a going concern. Results show that it has made life meaningful. One can recommend this as an activity for your center with the full assurance that it can and will be meaningful.

Most of my work has been in connection with institutions. At the VA center in Martinsburg, we had what we called an intermediate service of 235 beds, which actually served the chronically ill and those for whom there was great hope of returning to the community. Within the framework of organizing a club for social reasons, we were able to get patients in this club interested in the work of an orphanage; later, ties were established with a second orphanage. The beautiful thing about this was, that the first Christmas the club prepared for a Christmas party for the orphans, all of the men were talking, not about whether the food was good or how bad the director was or who was here and who was there, but about the Christmas party. They talked about it for at least 6 to 8 weeks after it was over—not about the parties given for them but about the party they themselves had made possible for this orphanage without any help from employees at the VA center.

Such clubs readily serve as a framework for continuing activity and can lead to foster parent relationships, organizational participation and a rejuvenation of civic interest and capability. For instance, each member of the club just mentioned was encouraged to become attached, if he cared to, to a youngster. This activity was carried on through fishing trips, through parties at the orphanage and the hospital, and through outings of various types. There is nothing which raises self-

esteem as quickly as helping others; this statement deserves emphasis through repetition.

How, you ask, can such projects be organized? It takes a little initiative and a little creative leadership. There is a lot of creative leadership among older people. If not, someone in the community is usually available.

Let us pass from this "I" to that representing the word Isolation; it is here used in the restricted sense of loneliness. Incidentally, it was by far the most frequently mentioned problem or complaint of all aging subjects in the eastern panhandle, whether living in the city or country. It was sometimes openly expressed only after considerable questioning because of reticence or pride. This was particularly true of the rural people, living in the open country; much less intense among those living in the larger towns and cities.

This loneliness is a characterization of aging which needs always to be reckoned with in every aging individual, regardless of social status, income or health. Some workers believe that it may be partially modified in direct proportion to education potential and achievement; others feel this has nothing to do with it whatsoever. To these, the personality of the individual is paramount. The latter is probably the strongest single factor concerned in the development of this complaint.

Relief from loneliness can be brought about directly and indirectly. Education may help. Membership in clubs is desirable, almost a necessity. If one needs transportation, this may open up, satisfying contacts particularly if the transportation is worked out in such a way that those who drive are familiar with those whom they drive to and fro.

Daily contacts are important to all of the elderly. The story of a psychologist and her geologist husband compared frequency of satisfaction in such contacts when in their own home, and later in other types of housing. In each they counted their daily contacts, and the daily contacts were most important in relation to the places they traveled. They found that these personal contacts meant more to them than any other form of socialization, even more than living in their own home.

Let us pass to the third "I," Interruption of Occupation. Interruption of occupation is probably the most traumatic experience related to compulsory retirement. The eastern panhandle shows that it takes from 5 to 7 years to make the adjustment from this sudden retirement to a life after working days are over. The shock of retirement can be mitigated by proper planning. This should begin well in advance of the retirement date. We should plan for retirement just as we plan for a job or a vacation. Many years of preparation are often wise.

Finally let us speak of the fourth "I," Insufficient Income. This is a common problem among the aged. At present there are two reasons for this. The first of these is the never ending economic spiral and the second is the lack of capacity for the utilization of the resources, a difficulty which usually antedates the retirement cutback. Here much can be done educationwise. Many older people lose perspective and find it hard to utilize resources successfully. Others have never been able to husband their resources fruitfully. There are still others, who have had crushing blows through life, who have had more to carry than they could possibly bear. These need additional help and they need it immediately.

In connection with the whole problem of making services available to the elderly, every community throughout the country should have a single widely publicized telephone number, marked "Age" or "Aged." This should be the only number an aged person in need of help should have to call. This is a seemingly small but very important service.

TRANSPORTATION, AS RELATED TO DELIVERY OF SERVICES FOR THE AGED

Transportation problems are different in different parts of West Virginia. A good many problems contribute to these variations. For instance, yesterday in Lincoln County I know the Commission ran into problems which are almost unheard of in the eastern panhandle.

There are two types of transportation problems in our area. One is long-distance transportation, as, for instance, in the case of individuals who must return for medical checkups at the West Virginia University Medical Center in Morgantown. Services are usually volunteered. However, if several such trips are required, volunteer service is not readily available. There is some money for this now but I think, Senator, this may be an area where we need more financial help to already existing facilities, such as the welfare department.

The second type of transportation service is the short haul. The short haul is used many, many times more by city dwellers than by rural dwellers. It is much in demand. As a rule, it has been met in the eastern panhandle by volunteers. How long this will be successful, and, particularly in view of some of the problems that have been mentioned today, I don't know. At the present time while it is not ideal, it has been adequate.

The third item for discussion is concerned with recommendations for change in Federal policies and legislation.

RECOMMENDATIONS FOR CHANGE IN FEDERAL POLICIES AND LEGISLATION

Under this heading, specific mention of public transportation in rural areas was stressed. We feel that there is no serious problem here and that, if modest increases in the funding of the present agencies, which handle transportation, are made, most problems can be solved.

It seems that several rather general comments may be appropriate at this point in regard to Federal policies and legislation.

In the first place, the Governor's commission on aging which is federally funded has made a steadily growing and most useful contribution to the problems of the aged. This has been done through its fostering and supporting of senior citizen centers with and without living quarters, as well as the formation of a number of committees on aging. There has been very little lost motion in this program and very few, if any, of the projects started have been complete failures. This commission has worked well with other existing agencies concerned with the problems of the aged. However, it is a personal—not necessarily a commission—opinion that the commission has been an exceptionally effective coordinator of aging activities. It would be hoped that Federal policies might consider the strengthening of the more important and vigorously functioning agencies concerned with aging and the abolition of weak, ineffective agencies that have very little to show for the moneys spent.

More than once the feeling has been expressed that we are spending too much money, time and energy in organizing the people who are to organize programs for the aged and not moving as well as should be expected on the actual rendering of the needed service or services.

One local worker, familiar with the aged in the community and with the remedial facilities available is worth dozens of theorists preaching from a distance or congregating in seminars, conferences, lectures, scientific assemblies, and so forth.

The great question is—not how we can get more money to spend with consequently soaring taxes, further unbalancing of the economy, and a population restive under the impact of increasing economic burdens, but—how we can utilize presently available resources for a better job within the framework of a balanced budget and hard money.

Thank you, Senator Randolph, for the privilege of appearing before this Special Committee on Aging of the U.S. Senate, and for bearing with my rather poorly organized, but hopefully constructive remarks.

Senator RANDOLPH. Thank you Dr. McGavack.

Senator RANDOLPH. James Thibeault of VISTA is here. Jim, will you tell us your story now.

STATEMENT OF JAMES THIBEAULT, VISTA, CABIN CREEK, W. VA.

MR. THIBEAULT. I am Jamie Thibeault of Cabin Creek working with some women in a quilting co-op and I would like to show you what is happening.

This is Olley Lykin, 89 years old. Olley lives alone up a hollow of Cabin Creek. Because she lives at the end of the hollow she does not see her neighbors any more; as a matter of fact, she can count the number of visitors she has had in the last 10 years. Her diet is what happens to be around the house because they only deliver when she gets her welfare check.

Her health is so bad some days she doesn't get out of bed. But who is going to carry the coal for Olley or light the fire? So she stays in bed when it is cold, and that is exactly what she is going to be doing this winter.

This is another picture of Olley. The last time Olley was in a car was over a year ago when myself and some other VISTA workers took her for an ice cream which she still talks about.

I met Olley because an oldtime friend of hers that has not seen her in 10 years said that she used to quilt and do all types of crafts. That was 10 years ago when her friends afforded her the comfort of their help and companionship.

This is Olley again. The people that did use to see her 10 years ago deserted her. She is alone, she lives alone, she eats alone as I told you. The talents she used to have are gone. Because of her solitude and lack of transportation, Olley has simply not gained another 10 years but lost seventy. Because of this Olley is a senile old woman today, she has lived alone for 10 years. Olley is not alone in this case. There are hundreds of other women like this in West Virginia.

This is one of the women that is working in the quilting co-op of which there are 15 members that I am working with. This is Mrs. Nora Kidd, 74, who lives alone. She said she started quilting because she was finding herself counting trees on the other side of the mountain

and counting coal trucks. With the money she has earned, this Christmas she will go visit her daughter in Chicago.

This is Mrs. Garnett Alford who is 68 years old and Mrs. Millie Spalding who is 72. They both quilt for Cabin Creek. The \$420 Mrs. Alford has earned this year will mean that she will not have to lug coal from her backyard, she has gas heat in her house now, and she also has a telephone. Mrs. Spalding says she is going to get an electric pump so she won't be carrying water this winter.

This is Victoria Hattie who died a week ago. She had been quilting for over 70 years, and in these 70 years she had been selling her quilts she worked hundreds of hours on for \$15 or \$20. In the past 4 months while Vickie was in Cabin Creek Quilts she had made over \$600, which combined in the past 70 years she had not made selling her quilts to her friends and neighbors. Vickie had the comfort before she died of seeing her quilts being sold from Boston to San Francisco. She also, before she died, was commissioned by the wife of the late President Kennedy, Mrs. Onassis, to make two quilts for her Fifth Avenue apartment.

These are but examples of the women that are working for Cabin Creek Quilts. There are more than 50 others who are working with the organization which is chartered as nonprofit, nonstockholding corporation and its success is attributable to the cooperation of these 50 ladies who wanted fairer prices for the 100 and 200 hours they were putting into their quilts.

By placing their quilts in shops and department stores around the country the ladies are now selling their quilts for from \$50 to \$250 of which they receive 85 percent, the remaining 15 percent is used to cover their expenses. In the last 5 months the ladies have sold over \$6,000 worth of quilts. This is evidence of their own efforts. They have to date received only a \$200 incentive grant from the Upper Kanawha Valley Improvement Association. With the \$200 they have made for themselves \$6,000 in 5 months. This is evidence that their own efforts can be fruitful.

Eighty percent of the organization is over 65 years old. One hundred percent of the organization does not have ways of public transportation which is presenting a problem in their buying materials and getting together with the other women socially to do their work. Eighty-six percent of these women fall within the OEO guidelines of poverty.

However, the ladies' work has not gone unnoticed. There have been no less than 10 major newspapers which have carried their story including the Boston Globe, the Christian Science Monitor and Home Furnishings Daily. Three ladies recently were brought to Boston to appear on the Today Show.

These are just some of the people who believe that old folks don't want to spend the last 20 years of their lives in a rocking chair on the front porch, but there is a problem now. These 50 women, because the word has been passed around the state and they are not selling their quilts for \$15 and \$20, have received over 500 letters which I have here from women around the State that proves that they want to work. These are elderly people who say they want to do something.

Senator RANDOLPH: I hope one of the photographers takes a shot of these letters.

Mr. THIBEAULT. I think this is evidence that our elderly people don't want to sit on the front porch for the next 15 or 20 years, if they are going to last that long as some people put it. And there is a market for these quilts as evidenced by the fact that out of a \$200 grant these ladies have made \$6,000.

Senator RANDOLPH. Jim, they want to be productive.

Mr. THIBEAULT. That is right.

Senator RANDOLPH. That is exactly right. [Applause.]

I must leave, ladies and gentlemen, so hope for me a good flight, will you. Thank you. [Applause.]

Miss CUTLER. Jim, could we see some examples of what the ladies do.

Mr. THIBEAULT. I would like you to see the quilt. This is an example of a quilt that will bring a lady \$60 and sell in a department store for \$120. I have seen the work upstairs, and the work upstairs is, I think, very beautiful. I am sure whatever you are getting, you should be getting more.

Miss CUTLER. What else? They make pillows.

Mr. THIBEAULT. Yes, the ladies are also making pillows and some special quilted items of clothing. However, that is really not their business. They are making pillows and draperies on special orders as well as table cloths and other household items that are quilted.

Miss CUTLER. Do the women all come together to work on the quilt at the same time?

Mr. THIBEAULT. No, because transportation is such that we cannot get the women together.

Miss CUTLER. Piecework.

Mr. THIBEAULT. Fifty ladies, none of them have a car so they all work alone in their own homes connected with the same problem of buying the materials and the other items they need to quilt which they are not able to get up at Cabin Creek.

Miss CUTLER. That is what we wanted to know, too. This is all going to go into the record.

How do you purchase the materials?

Mr. THIBEAULT. The ladies purchase their own materials; however, we ship some material.

Miss CUTLER. Mr. Miller, do you have any questions?

Mr. MILLER. No.

Miss CUTLER. Thank you very much.

(Whereupon, at 3 :20 p.m., the hearing adjourned.)

APPENDIXES

Appendix 1

STATEMENTS FROM INDIVIDUALS AND ORGANIZATIONS

RALEIGH COUNTY COMMUNITY ACTION ASSOCIATION, INC. TRANSPORTATION PROGRAM

BRIEF REVIEW

The Raleigh County Community Action Association organized and operated a transportation program for the rural low-income and poor in the county. Sixty-five (65%) per cent of those making use of this service were persons fifty-five (55) years and older.

This project began in late September, 1967 and ended February, 1969.

The project was originally funded with \$122,490.00 during this time we requested additional funds and an additional grant of \$28,974.00 was received.

The project was conceived as a central part of an inter-connected network of CAA services, and would itself have a number of spin-offs job training, employment, servicing and maintenance of vehicles used by the CAA; and increased availability of CAA and other related services to poor isolated rural mountain people who are unable to use the existing commercial business.

Transportation for the rural poor in Raleigh County is a way much like other commodities. The poor cannot purchase very much of it, therefore, they cannot travel very far, nor very often, nor very fast. This low level of mobility on the part of the poor and senior citizens produces many problems which they cannot solve by themselves.

Restricted mobility reduces employment opportunities, produces harmful delays in medical appointments and/or services until a condition becomes acute and hopeless. Shopping opportunities are reduced, and too often force the elderly and many poor to buy in places that are near instead of places that are economical. Educational and cultural opportunities are restricted thereby hindering educational attainment and employability.

The overall objectives of the project were and are—

1. To help the elderly, poor, and sick to obtain goods and services;
2. to enable these people of the county to get together;
3. to secure training and employment;
- and 4. to stimulate the economic development of the county.

Program operation

A Road Steering Committee was selected and charged with the responsibility of planning and to execute the project. One representative of the committee was selected from each of the magisterial districts. The county has seven, however one district, Town, in which the city of Beckley is located, is divided into Town Urban and Town Rural. The committee met each Friday. Each district was assigned a vehicle, and the district selected and hired its driver.

Salaries were set and authorized by the committee as were routes and schedules. Services and maintenance were arranged and provided for not only the carry-alls, but for all agency vehicles, which at the present time numbers forty-two (42). All employees were hired from the ranks of the poor or very low-income people, thus the system provided employment for a number of persons. The servicing and maintenance offered an opportunity for training—school drop outs enrolled in the Neighborhood Youth Corps (NYC) were and are now receiving this training.

Costs to operate

The system cost about \$6,400 a month, traveled some 13,750 miles monthly, and carried approximately 360 passengers a month. The travel routes are made over some of the most rugged terrain in the county and road conditions fit only for pack mules.

Benefits to participants

One outstanding benefit was the "getting together", of the forgotten people. The residents from hollows and ridges were picked up and carried to the various meeting places. Once here they participated in discussions, they received information and support for organizing into local councils, which led to district organizations. For the first time the elderly and poor realized that they could have some responsibility in identifying their problems and also some voice in the decision and policy making concerning their lives.

The sick out in the rural areas are transported to Beckley for all health and medical services.

Beckley, the county seat and center for banking, trading and other services is located on a plateau, quite some distance from many localities as many as forty (40) odd miles, often a round trip may consist of eighty (80) miles of travel distance.

Once in the city of Beckley the passengers have the opportunity to communicate with many non-poor, also to conduct business with the Welfare Department, Vocational Rehabilitation, Social Security, Employment Security, Food Stamp, Health Meetings, grocery shopping and other shopping and etc.

Many of the elderly seize the opportunity to escape isolation and loneliness, it is a form of recreation to many.

New developments and changes

New developments and present changes grew out of a number of factors, foremost among them being lack of funds from OEO to continue the operation. This condition led to desperation on the part of many, confusion among committee members, as what steps to pursue to become self supported. After all funds were expended a voluntary system was put into operation, using the vehicles with voluntary drivers and passengers were given the opportunity to make a donation for service; however, no one was denied service because he could not make a donation. This procedure soon developed some problems and dissatisfactions, which led to an attempt to become a delegate agent of the CAA on the part of the Road Steering Committee.

Another development grew out of ownership of the seven buses, and on the first of October, 1970 all vehicles were called in and stationed at headquarters in Mabscott, West Virginia until this matter is settled between RCCAA and OEO. Limited service is being given in emergencies and special requests.

This presentation is but a birdseye view of the program as it has been operated in Raleigh County by the CAA.

If there are questions which you may like to ask, I will be glad to attempt to answer.

SIMEON E. WARREN,

Executive Director, Raleigh County Community Action Association, Inc.

Appendix 2

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read: "Dear Senator Randolph: If there had been time for everyone to speak at the Committee hearing in West Virginia, on the subject of Older Americans In Rural Areas, I would have said:"

ROY M. PAYNE, CITY COUNCILMAN, CLARKSBURG, W. VA.

Age could be more of a problem than race in a few years, "unless more attention is given to the problems of the older workers and older citizens."

1. National Health Insurance.
2. Vast increase in Federally sponsored programs of low cost housing for the elderly, geared at a local level.
3. Giving persons over sixty-five (65) a property tax exemption on the first \$15,000.00 of the appraised value of their homes.

Blame can be leveled at the racketeering operators of Nursing Homes, but theirs is not the soul guilt.

Responsibility must be shared by a society which is either too busy or too indifferent to heed the desperate plight of many of its elderly members.

Rising costs have compounded the difficulty of operating adequate, practical or special type care nursing homes.

The task of caring for the aged is onerous, calling for infinite patience, skill and sympathy. These are qualities hard to come by in poorly paid, ill-educated custodial workers.

Most sinister of all is the mushrooming of "boot-leg" boarding houses for the elderly poor.

These overcrowded and filthy shelters often violate, with impunity, health, fire and building codes.

JAMES MARCUM, DINGES, W. VA.

To Whom This May Concern :

I am 74 in age. I have been sick for 25 years. I, my wife, and son live in a home that is unfinished I get a veteran pension. SS check \$72.00 after Medicare is deducted.

I have many needs, like my home finished, inside bath room, there is in my community. a lot of old people in the same condition. We are not able to buy the comforts of life. I am speaking for about 75 families living in Harvey district, Mingo Co. W. Va. over 65 years old. I wish to complain about Medicare it is no good, the Hospitals takes the advantage of this insurance and the patient, they collect from both, our senior citizens should get help, many of them are on a diet, after cash payments is made on furniture they do not have the price or cash to pay for a Balance Diet.

Some of the citizens is on welfare. they do not get enough to live on I love to help people when I was able to get about I did.

Mrs. W. F. TUCKER, WALLACE, W. VA.

There is not as far as I am concerned. So far my husband still drives a car he is 76 and I am 71 but if he get pass driving we wouldn't have anyway to get to store church or to a doctor and have to go 20 miles to doctor. Also we don't

have very good roads to go on. We live in a little town called Rinehart which the roads need resurfacing it is a road the WPA made in the first place so they just patch the holes in the fall and they are washed out again spring. Rinehart is two miles from Wallace.

I want to add a little more to that letter there is a lot of old people that has no transportation to even attend the Senior Citizen meeting or go any place else only as they can get their neighbors to take them their is two disable Social Security men that lives not far from me that don't have no way to go to doctor or any place to get groceries they both have families but people on Social Security don't get enough to pay any to take them any where of course you can't call them Senior Citizens but they not able to work.

M. K. McINTIRE, CLARKSBURG, W. VA.

We need more bus service and need it extended.

W. H. LARMER, ALKOL, W. VA.

That I thought that school bus idea was a pretty good idea but they would have to keep them roads grayed and another thing after a man or women becomes 65 and don't have much social security say like 60 to 70 dollars a month to live off of and there are two in the house and they have to pay rent, gas, electric, they don't have much to live on. Two people should have at least one hundred dollars a month to live besides their gas, electric and rent that is what I would think.

ONETTA ADKINS, HAMLIN, W. VA.

Transportation—greatest need for county—flood control to induce industry into the county—many people desire to hire in county and perhaps work elsewhere paternal grant as a residential area.

More industry needed in the state as compared to neighboring states.

The middle-class are in the process of elimination by taxation—more programs should be directed to these people.

Far too little of the funds for poverty programs really sift down the needy—too much is spent on administration.

Inflation number one problem facing people on fixed incomes.

Income tax should be lifted for annuities and pensions.

Severance tax needed—widows should receive full Social Security on the death of her husband; bills and taxes go on as usual.

MRS. ELIZABETH JANE SCOTT, SHINNSTON, W. VA.

My husband, Floyd Blake Scott, a coal miner in later part of life worked and fought hard for W. Va. Was in failing health last years he worked, which leaves me in the lower income of social security. I have the little home yet in the small farm village of Peora, 5 miles from Shinnston, W. Va. We had no children but raised my sisters three boys after her death which don't live close to me. I get the food stamps but a big worry to get my groceries. I sew and have made 26 afghans @ \$5.00 pin cushions still hoping and praying for an easier life. Mrs. Brath, didn't tell me I was to be on panel but all is forgiven. I love everyone and best of luck to you all that are working so hard to help us.

LOLA SINES, CLARKSBURG, W. VA.

The old saying is so true twice a child and once an adult so us older people should be allowed to travel at a child's fare, ½ Price whether it be by bus, cab, train, plane or boat,

One thing more I want to say when Social Security raises, for some it does not mean any thing especially the ones that receive a widows pension from government. as Social Security is considered income, that cuts down on widows pension, this aught not to be, surely both was bought and paid for. The boys in World War I, received \$30.00 a mo as a private.

To be fair and honest Social Security should not be considered income please think and act.

Thank you for allowing me to speak from my heart

B. DONAHUE, CLARKSBURG, W. VA.

Why not make use of the school buses. These buses go to every back area. I would suggest that everyone with a Medicare card be given permission to use the card as a pass to ride on any regular trip of a school bus.

The driver of the bus would jot down the number on the card so that records would be kept. Should it appear advisable extra trips could be made by the buses on Saturdays. A complete record would be available so that authorities could reimburse the board of education if desired.

