

# **ECONOMICS OF AGING: TOWARD A FULL SHARE IN ABUNDANCE**

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

**PART 8—NATIONAL ORGANIZATIONS**  
**WASHINGTON, D.C.**

OCTOBER 29, 1969



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# CONTENTS

	Page
Opening statement by the chairman.....	1086

## CHRONOLOGICAL LIST OF WITNESSES

Statements of William C. Fitch, executive director, National Council on the Aging; Jack Ossofsky, deputy director, NCOA, and director, Office of Economic Opportunity project, NCOA; accompanied by Mrs. Anna Chapman of Washington, D.C.; and Harold Sheppard, Ph.D., member, Task Force on Economics of Aging, and staff social scientist, Upjohn Institute.....	1087
Mr. Ossofsky.....	1088
Mrs. Chapman.....	1093
Dr. Sheppard.....	1099
Workshop reporters:	
Miss Alice McFadden.....	1103
Mr. Don Davis.....	1105
Mr. Ray Schwartz.....	1105
Miss Madeline Armbrust.....	1105
Mrs. Beatrice Schiffman.....	1106
Mr. Billy Carter.....	1107
Mr. Alphonso Anderson.....	1108
Mr. Talmadge Fowler.....	1108
Mr. Allen Skidmore.....	1108
Ogla Madar, executive board member, United Auto Workers, representing the UAW retired workers centers in Metropolitan Detroit, Mich. ....	1109
David Jeffreys, director of national affairs for the American Association of Retired Persons and the National Retired Teachers Association.....	1114
Jerry Shroder, executive secretary, Citizens Committee on Aging, New York, N.Y.....	1117
Mr. H. P. Strople, executive director, Center for Economic Development for Older Americans, Inc., Falls Church, Va.....	1118
Miss Beverly Diamond, National Consultant on Aging, New York, N.Y.....	1119
Summary statements.....	1122

## APPENDIXES

Appendix 1. Introduction of comprehensive social security bill: Remarks by the Honorable Harrison A. Williams, of New Jersey.....	1125
Exhibit 1. Comparison of H.R. 14080 and the present Social Security Act.....	1128
Appendix 2. Additional material from witnesses:	
Item 1. Submitted by Dr. Harold Sheppard, member, Task Force on Economics of Aging, and staff social scientist, Upjohn Institute.....	1135
Workshop reports of the National Council on the Aging Action Conference, Statler-Hilton Hotel, Washington, D.C., October 1969.....	1135
Exhibit A.—Workshop "A" (Recreation and Education).....	1135
Exhibit B.—Workshop "B" (Fraternal and Service Organizations).....	1136
Exhibit C.—Workshop "C" (Government).....	1136
Exhibit D.—Workshop "D" (Health and Nutrition).....	1137
Exhibit E.—Workshop "E" (Housing).....	1139
Exhibit F.—Workshop "F".....	1141

## Appendix 2—Continued

Item 1.—Continued	
Workshop reports—Continued	Page
Exhibit G.—Workshop “G”	1141
Exhibit H.—Workshop “H” (Religious Organizations)	1142
Exhibit I.—News release from Congressman Gilbert’s office— “Congressman Gilbert Drafts New Bill To Modernize Social Security Program” (H.R. 14430)	1143
Exhibit J.—Workshop “I” (Social Welfare Agencies)	1144
Item 2. Submitted by Alice McFadden:	
Exhibit 1.—The FIND Report—Its Challenge to Educational and Recreational Organizations	1145
Exhibit 2.—The Council on Aging at the University of Kentucky	1146
Exhibit 3.—EDUCARE: An Investigation of a Method for Continuing Engagement	1148
Appendix 3.—Listing of Attendees, Conference of National Organizations, Washington, D.C., October 26–29, 1969	1157

**ECONOMICS OF AGING: TOWARD A FULL SHARE IN  
ABUNDANCE**  
**(National Organizations)**

WEDNESDAY, OCTOBER 29, 1969

U.S. SENATE,  
SPECIAL COMMITTEE ON AGING,  
*Washington, D.C.*

The special committee met at 2:30 p.m., pursuant to notice, in the Gallery Room, Statler-Hilton Hotel, Washington, D.C., Senator Harrison A. Williams, Jr. (chairman), presiding.

Present: Senator Williams.

Staff members present: William E. Oriol, staff director; John Guy Miller, minority staff director; Dorothy McCamman, consultant; Patricia Slinkard, chief clerk; and Margaret Wright, assistant clerk.

Mr. WILLIAM C. FITCH. Before we get underway here, it is my pleasure to introduce my boss, Mr. Edwin F. Shelley.

[Applause.]

Mr. SHELLEY. It is a great division of labor; Bill does all the work and I have the pleasure of making the awards.

We would like to present to Senator Harrison A. Williams, Jr., a citation from the National Council. It was our feeling, and I believe the feeling of all of those who have been associated in the attempt to solve some of the problems of aging, that the entire field of aging and the millions of older Americans, are indebted to Senator Harrison Williams of New Jersey for his dynamic leadership on their behalf in the Congress of the United States.

The hearing schedule this afternoon on the economics of aging is a further evidence of Senator Williams' concern, as Chairman of the Senate Special Committee on Aging, for positive action on problems of aging and of his willingness to create an effective forum for individuals and organizations to assist in developing a national program.

It is my pleasure as president of National Council on the Aging to present this citation to Senator Williams as tangible evidence of our appreciation of his efforts and as a pledge of our support for necessary national action programs stemming from the findings of his committee.

Senator Williams, if I may read you the citation, it says:

The National Council on the Aging has the honor to present to the Honorable Harrison A. Williams, Jr., the United States Senator from New Jersey, the

NCOA Meritorious Achievement Award for his concern, his compassion, and his effective leadership on behalf of the elderly, as Chairman of the Senate Special Committee on Aging.

[Standing ovation.]

#### OPENING STATEMENT BY SENATOR WILLIAMS, CHAIRMAN

The CHAIRMAN. Thank you very much. This award I will deeply treasure, and we will hang it with great pride. My deep appreciation to you. Thank you.

We will get underway. This is a first for me, a Senate Committee meeting here in the galleries of the Statler.

If we are acoustically sound, we will get underway. Are we?

Very good.

First, I would like to thank Bill Fitch for suggesting that the Senate Special Committee on Aging conduct this hearing in conjunction with an NCOA Action Conference. As I understand the national organizations, including organizations not primarily concerned with aging, have worked together since Sunday to determine what can be done about a worsening retirement income crisis in this country. Your workshops have met for the better part of 2 days. I look forward to your recommendations a little later during this hearing.

But whatever your proposals, you have already accomplished a great deal simply by focusing so much brainpower upon the many issues related to your conference theme, "The Economics of Aging." Of course I like that title because it is the one that was used by the Senate Special Committee for its major study of this year, and a good part of our projected studies for next year.

Even more important, your conference is welcome because it recognizes that the economic insufficiency among elderly Americans is of concern to all Americans. You seem to be in agreement with one of the declarations made in the committee's recent task force report on income of the elderly, which report states the economic problems of old age are not only unsolved for today's elderly, but they will not be solved for the elderly of the future, today's workers, unless the Nation takes positive comprehensive actions going far beyond those of recent years.

That calls for comprehensive actions far more potent than any we have had in the past and leads me to the final point I want to make this afternoon, and that is simply this: To do the job right, to solve the many problems related to retirement income, will require an even greater effort than that which led to passage of medicare in 1965.

The social security bills now before the Congress, including omnibus legislation that I am about to introduce,<sup>1</sup> certainly are worthy of prompt attention by the Congress but we would fool ourselves if we thought that even the most liberal of these bills could resolve the overall problem.

We still need answers on such matters as how to make private pensions more available to those who stand in greatest need of them,

<sup>1</sup> See app. 1, p. 1125.

how to increase employment opportunities for older Americans who want to work but who are denied the opportunity. What to do about the soaring number of widows who live in poverty, and much more. So we have a great deal of work to do. Some can and must be done before the White House Conference in 1971. Some will be done at that conference, Some can be done right here today.

So I will call representatives of the National Council on the Aging to being the proceedings. It is a pleasure indeed to introduce our good friend, William C. Fitch, executive director of the National Council on the Aging.

**STATEMENTS OF WILLIAM C. FITCH, EXECUTIVE DIRECTOR, NATIONAL COUNCIL ON THE AGING; JACK OSSOFSKY, DEPUTY DIRECTOR, NCOA, AND DIRECTOR, OFFICE OF ECONOMIC OPPORTUNITY PROJECT, NCOA; ACCOMPANIED BY MRS. ANNA CHAPMAN OF WASHINGTON, D.C.; AND HAROLD SHEPPARD, PH. D., MEMBER, TASK FORCE ON ECONOMICS OF AGING AND STAFF SOCIAL SCIENTIST, UPJOHN INSTITUTE**

Mr. FITCH. Thank you, Senator Williams.

I am deeply grateful and I am sure I express the appreciation of all those here and certainly the National Council on the Aging for this opportunity. It is a first, but it seems to me as I look out at the audience, that other meetings should be followed by such hearings when we have this kind of leadership assembled. We are grateful for this opportunity.

In some ways, to paraphrase the poet, "this is really the end for which the first of our conferences was made."

We have had over 400 representatives from many States, including Alaska. We have had representations at the meeting from not only the older persons but we have made arrangements also to have some of the older poorer persons here who can speak for themselves and tell it like it is. We have been thrilled to have, I think it was a commitment by the Commissioner on Aging, who also had the feeling that this was an action conference, in recommending some of the things that should be planned and incorporated into the White House Conference on Aging when it is held in November of 1971.

During these last couple of days, to focus on the task force report, the excellent report that was done with the title of "Economics of Aging," we are grateful that we were able to use the title of your report and your hearings for the theme for our conference.

I think you should know as part of the hearing also we are very much interested in bringing to the attention of all of these national organizations the information that came out of the Project FIND that was conducted, and is being carried out now, in cooperation with the Office of Economic Opportunity. We are grateful to them also for having shared and made it possible for us to have this conference of national organizations.

So on behalf of the leaders who are here, and also in the light of what will be the beginning of, we hope, very positive action through the Congress, we would like to set the stage if we can for the next

major part of the program. We would like to bring to your attention and also have on the record some of the background that was shared with all of the groups at the preliminary sessions we had on the Project FIND, in order to have the recommendations fall into place that will be made later by Dr. Sheppard. We thought it would be helpful for you and the group to review some of those statistics and some of the background that came out of our Project FIND, which leaves no doubt that there is a great job to be done, and all of us have to identify our piece of that action.

So, Senator Williams, I would like very much at this point to call on Mr. Jack Ossofsky, who is Project Director for FIND, and also the Deputy Director for the National Council on the Aging, who will tell it like it was found.

Jack.

The CHAIRMAN. Good.

#### STATEMENT OF MR. OSSOFSKY

Mr. OSSOFSKY. Thank you.

Ladies and gentlemen, Mr. Chairman, Mr. Fitch has already indicated some of the findings of the Project FIND itself. It may very well be that the Senator and members of this committee will recall that this particular program was something that had from its very inception great support of a variety of kinds before it became funded. The Office of Economic Opportunity finally funded the program in 1967. Prior to that time, this committee had urged that the Project FIND be implemented in every community in the country. We believe that the initial results of the project will underscore the confidence you had in this particular project and the need for the project in every part of the country.

Essentially what took place was that the National Council on the Aging was funded by the Office of Economic Opportunity to develop a series of subcontracts based on a model that had been prepared by the council to locate older poor persons in those 12 regions of the country in which the subcontracts were actually operated.

We worked with Community Action agencies which employed a total of some 370 older poor persons to go out and find the older poor. You may recall that the name of the project, the name of the game, was FIND—FIND, which stood for finding the Friendless, Isolated, Needy, and Disabled but, as we have reason to repeat on many occasions, this became more than an acronym. We in fact had to locate the isolated older poor whether it was in the back roads of Appalachia, in the hills and hollows out there, whether it was in the Midwest farm country, in the burrows on the west coast, in the heart of our ghettos of our cities, often also in the midst of our cities where they had never been enumerated by the census and never had come to the attention of the existing agencies simply because they lived in what appeared to be transient hotels, but where they in fact had lived for many, many years.

The findings of Project FIND, which are just now emerging and some of which we will present to you now, briefly, underscore the need for a study of the economics of aging. We have given priority in this program particularly to the poorest of the aging.



There are technically two reasons for this, Senator. One was that among the poor in our country there are two groups whose numbers have increased in the recent past. One of these is large families, mainly those headed by a woman, particularly Negro families.

The second largest grouping in the country, the only one that has been defined so far that is increasing in numbers, are the older persons, increasing in numbers among the poor. That was the first reason we thought this required priority; and the second was, Senator, that we felt that time was running out and if a change was to be made in conditions of life of the older poor we needed to give priority to that group now while they could still benefit from the changes.

#### STATISTICAL SUMMARY: PROJECT FIND

Just briefly let me cite a few of the overall figures. These older poor persons themselves trudge through the streets, climb the steps of the tenements, actually knocked on 117,000 doors in the midst of their search. They interviewed, in a very detailed questionnaire, some 50,600 older persons.

Aside from compiling the record of these interviews, they found the necessity to make 28,000 different referrals to a variety of social and public and private agencies. Some of them were agencies that provide basic benefits for the elderly that they were unaware of.

In addition, the project aides provided some 56,000 direct services. I might underscore that all of this was being done at one time, and took place within a period of roughly a year and a half.

It is necessary to mention, too, however, that while they were able to make 28,000 referrals they came across some 24,000 cases of immediate need for which no agency or service was available to help the people they located.

As a result, the people we talked with in the economic circumstances of the poor, people whom we located in areas of poverty or in areas where it was known there was a concentration of the elderly, indicate to us figures somewhat worse—I might say somewhat different but worse, than those statistics so far presented in the initial task force report of your committee.

For example, in the task force report, "Economics of Aging," it was reported that families with an income of under \$1,500 a year represented some 3.7 percent of the total group. Among all of those found by Project FIND, some 15 percent were in that category.

Of family units with an income of under \$2,000 a year, your task force found that there were some 18.7 percent among the elderly. Among the areas in which we work, 49 percent of the families, or roughly half, had incomes under \$2,000.

And the situation for individuals was even worse. One-fourth of the individuals were found by your committee to have an income of under a thousand dollars. We found 38 percent in the areas in which we worked with an income under a thousand dollars.

Your committee found 51 percent had an income under \$1,500 a year. We found 66 percent of that sort.

While your committee indicated that across the population as a whole, some 66 percent had an income of under \$2,000, we found that 80 percent of the individuals in the communities in which we

worked were trying to survive somehow on an income of under \$2,000 a year.

It might be pertinent to point out that of all those interviewed in Washington, D.C., in the areas in which we worked, we interviewed roughly in this grouping some 90 percent black persons and 10 percent white. Fifty-nine percent of those interviewed, 59 percent, had incomes under \$1,500 a year.

And bad as the situation was found to be in many of our urban areas, we found that in rural America the circumstances were even worse. In Alexandria, La., for example, 63 percent of those interviewed had incomes under \$1,500. In the rural areas of Milan, Mo., a five-county project that was taken through FIND, 67 percent of those interviewed had incomes under \$1,500.

### TWO-THIRDS BELOW POVERTY LEVEL

Now this underscores, it seems to me, something that needs to be looked at much more carefully in the future. Our initial study shows that almost two-thirds of the elderly couples fell below the 1966 Social Security Administration poverty index level. About 80 percent were below the moderate budget for an elderly couple, which is some \$3,689.

Individuals were similarly distributed. Of the nearly 19,000 elderly poor persons interviewed, the poorest of the group we studied, it is significant that nearly a third of the couples reported incomes below a thousand dollars, and nearly two-thirds below \$1,500.

Some 17 percent of the individuals reported incomes below \$500, and 58 percent reported incomes under \$1,000.

While all of us, including you, Senator, have in the past expressed our concern about the lower income level, the standard used to define poverty, many of the people above that so-called poverty line can, by any definition, really be called poor.

Our study underscores the fact that a great proportion of the older poor are not living close to the poverty index but rather far below it. Almost 80 percent of the people we talked to in areas all over the country characterized their income as not enough or barely enough to subsist on.

It underscores indeed the fact that for many of the elderly the golden years is a tarnished myth and that poverty is a reality of their daily existence.

What we have found indicates that many older poor people live below the poverty line and, secondly, that with increasing age there is a decrease in the income available to the people involved.

Third, that low income is related to the level of past education, to sex, to race, to marital status, and to urban or rural location.

Those with less education, members of minority groups, women living alone had markedly less incomes and expressed more serious and immediate need than those better educated, white, and living with a spouse.

It is significant to note that most of the factors found with a high correlation to poverty can not be readily changed by the individuals themselves. The change needs to be in the sources and in the amounts of income provided for these individuals.

Money, Senator, is the major cure for poverty of the aged.

The project told us many things we already know, and it told us a few things we were not quite so sure of. For example it is clear that those who are economically poor also suffer from poor health, live in poor housing, have poor transportation, participate in poor social programs—if any at all—and have poor prospects of changing the conditions of their lives alone.

#### THE SECOND GREAT NEED: SERVICES

Time does not permit today a detailed report of each of these matters, but we would welcome an opportunity to present evidence of the need for services of various kinds for the older poor on another occasion. Such services, however, are not a substitute for cash but are a second immediate and urgent need.

May I just briefly cite a few examples of some of the other kinds of figures. Forty-five percent of those with incomes under \$1,500 reported an urgent and immediate need. Nonwhites showed a substantially higher proportion of unmet immediate needs.

Among the poor, 63 percent of the Negroes and 51 percent of other nonwhites expressed the fact that they needed something urgently as compared with 34 percent of the whites.

This indicates to us that at the same poor economic level with the same amount of income, living conditions of minority groups in our country are considerably worse and more urgent, require more urgent response, than even those of the whites living with the same amount of income.

It would appear that it is difficult to use the same amount of income within the areas in which the minority groups, particularly among the elderly, live to meet many of the needs that the whites are able to meet in their communities. There is indicated here a triple jeopardy of age, poverty, and race.

Our study indicated similar proportions of blacks and whites in the various strata of poverty but a far greater list of unmet needs within each category for the blacks and other nonwhites.

Just some examples as to how this reflects itself in the kind of housing that was found. Fifty-six percent of the older poor interviewed in this project did not have central heating. Thirty-six percent had no indoor baths. Thirty-two percent had no indoor toilets. Twenty-one percent had no electricity.

To a large measure these figures stem from the circumstances of those living in rural conditions, but they also reflect circumstances of the older poor in the midst of our cities.

It is significant, it seems to me, for any programs and services to note the fact that 37 percent of the older poor had no telephones, 30 percent no television sets, and 30 percent no radios.

These last three figures, perhaps more than any of the others, would indicate the need to have a Project FIND type of operation to knock on the door of the people to keep them informed about what is available to them in services and rights because the normal means of getting communication that we take for granted for others in the population—radio, television, and probably the press—simply are not available to those who need the information most of all.

Just to note on some of the unmet health needs that came to our attention. Some 31 percent of the older poor needed, but did not own, dentures. One-fourth of all of those talked with among the poorest group needed, but did not have, eye-glasses. Twenty-one percent needed, but did not have, hearing aids. A smaller percentage, but certainly something most significant for the people involved, some 6 percent needed canes in order to be able to navigate efficiently.

Again, this is just a taste, if a bitter one, of some of the needs related to us in this project. Significantly, too, we found that 15 percent of the older poor said that they were not signed up for the voluntary medicare portion—two times the normal national average. Perhaps of equal, or maybe greater, concern is the fact that among the poorest group, the blacks in our community, 22 percent indicated they were not participating in these programs—three times the national average.

On the other hand, even for many of those who are signed up in the program, many of the services that the medicare program purports to provide—homemaker services, home health care—are not available to the people in the communities with which we talked and we found that 7 percent of the people within the higher income brackets expressed urgent and immediate needs simply because the facilities and the services they needed in their communities, even when they had the money to pay for it, just did not exist around the country.

It is necessary to remind ourselves constantly as we hear and read these statistics that while we are looking at figures, these figures represent not philosophical abstractions but human beings, millions of human beings.

It has been my purpose here to cite merely a few of the indicators of our findings. The other aspects of the project will need to be related at another time, but perhaps one last point can be stressed in the time available.

#### UNAWARENESS OF BENEFITS

Older people, particularly the older poor, don't know about the many benefits and services that now do exist. One hears much about abuses of welfare rights and welfare benefit and other programs, but perhaps the most criminal abuse of all is the legislating of programs and then not making the benefits available and known to the people who could use them, and who need them.

Some means needs to be found to reorganize the method of alerting the public to those things that have already been legislated because so many of the things that are on the books are not getting to the people who need them.

Our project has shown, we believe, the urgency for instituting local coordinated information and referral services for the elderly with a strong outreach operation which gets to the door of the older person. We believe it indicates the urgency for fast improvements in the income levels of the elderly. This committee, I am pleased to recall, urged such programs several years ago and continues to do so. However, funds for implementing these programs have yet to be put

forth. Project FIND thus far, we believe, has demonstrated its value; it needs now however to stop being a demonstration program, it needs to be built into the permanent fabric of our communities. The shame of what it has uncovered is all of ours.

On behalf of those who did the finding and those who were found, I would urge you, Senator, and your committee, to continue and increase your efforts to bring this message to the attention of the Nation.

I can assure you that the older poor who worked on this program and those who need it, as well as those who are working in this field, will give you every help that we possibly can to get this message through to the Nation.

Thank you very much. (Applause)

The CHAIRMAN. Thank you very much, Mr. Ossofsky.

Why don't we continue our direct statements here and then get into general discussions on how we can amplify that truly great statement, that most helpful statement.

Mr. OSSOFSKY. Thank you, Senator.

With me to my right here is Mrs. Anna Chapman, who was a Project FIND worker in Washington, D.C. Project FIND in Washington was operated by UPO, the local community action agency, and Mrs. Chapman represents the workers in this community and will give us some of the examples of what were found right here in Washington, D.C., not on the beautiful tree-lined streets or the magnificent Government buildings, but on the streets that the visitors rarely get to see, where Project FIND was doing its work.

It is my privilege to introduce Mrs. Chapman.

#### STATEMENT OF MRS. CHAPMAN

Mrs. CHAPMAN. Thank you very much.

My name is Anna M. Chapman, and I was a team captain and a service coordinator for Project FIND.

Working with Project FIND gave me a broad experience to eye-witness some of the shocking conditions which existed here in our Nation's capital among our senior citizens. Some of these conditions were within walking distance from the seat of Congress.

During my interviews I have had rodents to run across my feet. I have felt roaches crawl on me and I have seen the fear in the eyes as they talked to a stranger like me. They lived in pitiful isolation and were not aware of the community services that were available to them. The tragic part about it, they were not only invisible but inaudible as well.

They could not protest their misery, they were afraid.

Many were found living in substandard housing with plaster falling, injuring them while they slept at night; potbelly stoves used for heating and cooking; paying rent for just plain dumps. This is the only way I can describe the places that I saw.

Many of our senior citizens had the need for one or multitudes of services such as food, clothing, income, adequate housing, medical care, families who cared, friends, and a place to turn for help. Project FIND provided some of these needs for some of our senior citizens.

Let me share with you some of the problems which frustrated our elderly.

Mr. B, age 78, a disabled World War I veteran, lived with his wife who was confined to a wheelchair. This couple was living in public housing. The heating unit failed to supply heat. This was a very cold wintery day with snow on the ground. The burners on the gas stove did not fit properly.

Mrs. B reported that she had been burned by a pan which was not secure on the large misfitting burners. My aide and I could see the bandages on her leg which had been freshly dressed by a nurse. I personally visited the manager's office of the housing unit with my complaint, and I also visited the VA for increased benefits.

As it turned out, Mr. B was under the old pension plan of \$78.75 a month. After examination by the VA doctors he was eligible for an increased benefit totaling \$125 a month. He and his wife are now living in a senior citizens new apartment house.

Case No. 2: No one cares about me. Mrs. D., aged 79, a retired naval officer, was living alone on the second floor of an apartment receiving a substantial income, yet was in need of services.

She was physically unable to care for herself properly. She stated she had arthritis very badly and had not been seen by a doctor in over 2 years, not since she left the hospital. She was using an orthopedic walker, yet with aid of this she could not hardly get around.

Her legs and feet were so badly swollen it seemed as if they would burst. She was able to pay for homemaker service three times a week to cook and prepare her meals. When the lady did not come she would not eat because she was afraid she would catch afire.

The visiting nurses we called but nothing definite was promised for bathing and dressing her legs. After a day or so I called again and nothing definite did they tell me.

I became alarmed. My client needed the services very badly. I then placed a call to the Family and Child Services explaining the condition to the social worker and she immediately went to confirm my statement. Later during the week she called me at my office asking how I had found her and I told her through Project FIND. She also stated that the doctor had been in to see Mrs. D. and the nurse was dressing her legs each day.

She was also trying to get her into a nursing home or hospital.

Upon my last contact with the social worker at Family and Child Services, Mrs. D. was hospitalized in a VA hospital. I have cited two of the many cases which were handled by FIND, and there are oh so many more. The project has proven beyond a shadow of doubt that these services are needed.

#### TWO-FOLD PURPOSE

The project served a two-fold purpose. Those whom we served, No. 1 and No. 2, helping ourselves morally as well as financially. With the elderly poor living on limited incomes with the price of services and commodities continually increasing, it is possible that the elderly not now in the poverty category would eventually fall into it.

They need your help so that they will get their share in the funds that are available for community services, that they can depend on—someone who will listen and talk their language, someone who really cares and does something about their problem. While debates go on as to which agency is best suited and can do the job best, the needs of the elderly are being neglected.

We shall always have poverty with us unless something is done to lift our older Americans out of poverty. I sincerely hope that beyond holding these meetings from place to place that we will translate the words into immediate action so that our senior citizens may too have a better life and a better tomorrow.

Thank you.

(Applause.)

The CHAIRMAN. Thank you very, very much, Mrs. Chapman. We could take a bit of time now to back over this part of the testimony, the statements.

First I would like to ask you, Bill Fitch, what the effect of the OEO reorganization will be on the NCOA?

Mr. FITCH. I—

The CHAIRMAN. Very simple question, isn't it?

Mr. FITCH. It is a simple question but I am glad you asked it. I am not sure. As a matter of fact during all of the session I think that the participants were very much concerned, not so much what would be happening to NCOA but what would be happening to the projects that were initiated under these programs.

I think the concern they would have would seem to be a dismemberment and the office would be affected. Our concern is that the Office of Economic Opportunity may lose some of its focus or maybe most of its focus in this field.

I am concerned not only as far as the National Council on Aging is concerned, that when we have done this kind of a job, when we have found what has been illustrated here, this kind of a program will have to go on as far as we are concerned.

Hopefully we can do it in cooperation with the Office of Economic Opportunity but you could not have sat in these sessions for the last 2 or 3 days and let it stop where it is.

We are convinced, Senator, and we are hopeful, and as a matter of fact, there is an indication that we may be having a meeting with respect to the director of the Office of Economic Opportunity where some of these people, some of the programs and some of our findings may be brought to his attention directly to see whether or not this would be the eloquence—and I don't mean just the word but from the standpoint of what is meant in the word, seeing some way we can even get to the Congress and earmark some of the funds that are very desperately needed to not only carry Project FIND but other programs that properly should come under the Office of Economic Opportunity to meet the needs that were identified through the Project FIND.

I hope that maybe within the next couple of days we will know what the future of programs in aging may be in the Office of Economic Opportunity and then we will probably know better what our role in this will be as the National Council on Aging.

The CHAIRMAN. It would seem to me that the results under Project FIND would suggest that this which was a demonstration in a sense could be programmed generally, No. 1. No. 2, and analogy to operation medicare alert, bringing the information on what is available.

It is, of course, our responsibility to respond to the needs with better and more broadly based programs than we have, but even with what we have, as I gathered from Mr. Ossofsky, you are saying that people don't know what is available to meet some of their needs.

Mr. OSSOFSKY. That is exactly what I am suggesting, Senator. Operation medicare alert was a very short term program. We were pleased to have a role in developing it and helping create a marriage between social security and the Office of Economic Opportunity that gave birth to that program.

But again as with so many of these things they lasted just a short period of time.

One of the things that came through from that program was the fact that within a period of just 3 weeks in the case of medicare alert we were able to help community action agencies around the country employ 14,500 people who did the work of that program.

This indicated first of all the numbers of older people who can work and underscored once again what you have said for a long time about the need for a national community service project.

On the other hand, then it brought the message of medicare to over 4 million people by the word of the Social Security Administration itself. However, that project brought with it the employment of the people who needed the job and did the work and the information to those fully eligible people who were coming along.

#### O.A.A. FOR ONLY 2 MILLION

Nowhere in the mechanisms of most of the Government programs, certainly not from the point of view of old age assistance, is there any mechanism that says these benefits were legislated to help the people who need them and we therefore have to go out of our way, if that is the phrase to use, to see to it that people know about them.

All of the studies indicate that there are somewhere close to 7 million people in the poverty ranks. That is using a very modest poverty measure.

If that is true, then it is rather strange that we have only 2 million older people collecting old age assistance. Where are the others?

In part, they are ashamed to go, they have a sense of dignity. Old age assistance has been given a very bad name around the country on occasion for a variety of reasons that are clear to all in this room I am sure.

On the other hand, again many simply don't know. One striking example regarding social security that I might give you that reiterates this point that has been mentioned in this conference and talked about by a variety of people, Project FIND found a Mexican-American migrant worker in Santa Cruz County, Calif., at the age of 74 still going out into the fields stooping over for perhaps 12 hours a day picking vegetables earning \$500 a year, not knowing that for



the 9 years that had passed he was eligible to receive social security; He could have received it while he was working because his earnings were so low but he simply did not know. The way the regulations are written now all he could get was 1 year's benefits retroactively.

So clearly there is a need to find ways of getting the information to people. There were many thousands of services that we could not find an answer to but clearly there were thousands of people who did benefit.

Some of the examples that Mrs. Chapman gave us were examples of people who could get to agencies in Washington, D.C., and get some help.

Mr. FITCH. Senator, if I may add, during the last few days one of the things we were trying to emphasize is the fact that there is a FIND project or at least some adaptation of it possible for almost everyone of the organizations here.

The reasons we were using the FIND report as the background for economics of aging is that we felt it was coming through so broad and so comprehensive that it needed the best judgment of the representatives of every national organization because it seems to me if they look at the thing they cannot help but identify a piece of the action as part of their responsibility.

So I would think that what these individuals here and representatives of organizations would do would be to take the concept of this Project FIND and to see how they might be able to work it within their own organizations, within their own communities and see also if we can identify the role that each of us is uniquely qualified to carry out so that we can provide some of these services that were indicated.

The CHAIRMAN. Well, that impresses me as something that can be done with dispatch.

I wonder if we, at this point, Bill, could, for our record, indicate what organizations are represented here at this hearing. Is that too long a list?

Mr. FITCH. I think it would probably be too long, Senator. We would be very happy to put that in the record as part of the background for this particular hearing, to show who has been a part of it. I look out in the group and I see a good representation from the many States—executives on aging from Delaware and I see Michigan, and Alaska here. I see representatives from the United Auto Workers in Detroit, I see them from the National Council of Senior Citizens and the Farmers Union. It is an association of retired persons.

I see them from the Administration on Aging. I am sure that this is the cross-section. We are trying to identify those who have health concerns as part of their organization responsibility.

Is Bob Robinson somewhere here, who is president of the State Executives on Aging, who did speak out and would be working with the State executives in the field? It is just that kind of a cross-section. This is what we had hoped to involve, those that had any kind of a commitment, any kind of an organizational responsibility that could affect the lives and the futures of older persons.

If you would like, for the record, I would like to indicate the organizations that are here, to show that these are the recommenda-

tions when Dr. Sheppard gives the distillation of the recommendations that have come from the group. I think this also gives substance when you see who these representatives were at the meeting coming up with suggestions.

The CHAIRMAN. Well, I can appreciate that it would be too much to undertake right now for the record, but if we could have that list, I would appreciate it.

I see soft-spoken Bill Hutton back there and Mrs. Walter Reuther is here, I am told.

Well, I better stop there with individualizing, because we would like to show it complete in the record.\*

Mr. FITCH. We are hopeful that some of these representatives, two or three of them, would be willing to comment not only on the recommendations, but on the commitment of their organizations to do something about it so that we will have several of them and others who would like to volunteer if time permits.

The CHAIRMAN. Thank you very much.

I wonder now about one or two specifics. I will be mindful that Dr. Sheppard is going to distill the 2 days of activities, a small order. One specific has bothered me. Medicare part B, I gather the premiums are going to be increased. I don't know. Do you know how much over \$5? Isn't it from \$4?

Mr. OSSOFSKY. The indication I hear was that it will be over \$5 now, well over \$1 per month from the future. Certainly if we now find that there are great numbers of the older poor who don't participate in the voluntary section of the program, I think it is fair to conclude that a good part of that nonparticipation stems from ignorance based on other findings, but I would venture a guess that another part of it is that they simply can't afford to do it now.

The CHAIRMAN. I would believe that.

Mr. OSSOFSKY. If they cannot afford to do it under present financial circumstances, how can they be expected to pay it in the future? The fact remains that the social security increases substantial numbers of the elderly poor get, the poorest of the elderly, are often eaten away by deductions that come in their State public assistance benefits, that often are lost by public housing authorities increasing the rent because they have moved into another category.

Time and again the improvements in social security that come by go that way, and now, also, into increases for the coverage of medicare.

#### REDUCTIONS IN BENEFITS

It would seem to me, Senator, that one thing that ought to get some consideration is in insisting that these funds not be available for deduction from other kinds of benefits. There have been some precedents for this kind of thing. In the legislation in the past States were given an option on this matter; they might, if they wanted to, deduct it from public assistance benefits.

The kind of thing that seems to me was the sort of thing that we faced in the past when I was working in a different kind of setting, Senator, as a trade unionist; I once found that all of our death bene-

\*See appendix 3, p. 1157, for a listing of attendees at the conference of National Organizations, Oct. 26-29, 1969.

fits were ending up in the pockets of undertakers and not reaching the widows who needed them. We therefore put a freeze on benefits that were to go to undertakers, so that our members have that protection.

It seems to me that the time has perhaps come that social security benefits cannot be deducted from old-age assistance benefits and help establish some kind of a minimum floor that way as a break in this pattern. Perhaps the most important thing that needs to happen, and this will probably come in greater detail in Dr. Sheppard's report, is that we have got to begin looking at some national pattern of covering all people by social security benefits so that we no longer face this problem from old-age assistance programs.

That, of course, will not deal with the issues of housing authorities and other places, but certainly the extent to which we continue to give the benefit on the one hand for social security and take it away, on the other hand, for medicare coverage ends up leaving the older person precisely where he was before.

That does not seem to be the intent of Congress or even of the administration when they talk of improving the lot of the elderly.

The CHAIRMAN. Well, it certainly isn't the intent, but we know it happens. This whole situation in the sense of just abuse of social security even creeps into the private sector and I am told that even the grocery bill reflects the period of the month when social security checks go out.

Well, we have a lot of all of this that could fully occupy us and that is why we are fulltime in operation, this committee, and that is why all of you are, too.

I think we better go on to Dr. Sheppard, whose many titles include the most valuable—that of a consultant to our Special Committee on Aging, of which we are mostly appreciative.

#### STATEMENT OF DR. SHEPPARD

Dr. SHEPPARD. Thank you, Senator.

Sometimes I am very glad that I don't act as a fulltime consultant to this committee, partly because you don't pay, but mainly because fulltime preoccupation with these problems takes a certain type of personality that I don't think I have to take what might be called the depressing facts about this problem.

I have a very difficult task of trying to present a distilled statement of 2 days of discussion and it will be about 50 proof; it won't be 100 proof because I have to distill it and I can't help but editorialize. So I will be guilty of not reflecting accurately everything that the reporters in the nine workshops reported back to me.

I will, in a moment, introduce the reporters and perhaps the chairmen so that they can add to or detract from what I present in a very brief way. I am going to be very brief in my own summary of these reports and recommendations of the nine workshops that met Monday and Tuesday during this conference on national organizations.

I think it more important to hear directly from the workshop participants themselves, including the reporters and the chairmen. If there is one clear message that I heard and I gleaned from these

nine reports, Senator, it was the indispensable need for at least a minimum sustenance level for the older Americans.

That was an expression used by one of the reporters. The participants in the workshops had all listened to Dr. Juanita Kreps at the luncheon meeting on Monday in which she advocated \$1,800 for an individual and \$3,000 for an elderly couple, and I don't need to tell you these are not radical recommendations.

I am getting around more and more with the student body of our country now, the new left and others like that, and we would call this almost close to reactionary, \$1,800 and \$3,000. So I would hope at least that Congress and the American public would accept this minimum sustenance level of \$1,800 and \$3,000.

In that connection also I think I had better hurry up and mention that there are some differences in the statistics presented by Jack from his Project FIND data and the statistics presented in the task force report. Don't forget that the population reached by Project FIND were chosen from poor neighborhoods, it was not a total representative sample of the total population of older Americans. It is like, as you know, Senator, the differences between reporting a 4-percent national unemployment rate versus going into our big cities and the central cities and finding 10 and 15 percent unemployment. It shows the need to get beyond averages and I want to mention that in a minute.

From the clear message about income inadequacy it is impossible to escape the sad, the shocking feeling that such a state of social affairs can exist in this kind of land that for the want of a better word, I sometimes call the *average American* statistics, this is a hallucinogenic drug for most of us. The sadness and the shock stem from the conclusion that we don't allow our retired older fellow Americans to be even average.

In this connection, too, the recommendation I didn't put down in the list of 10—in our culture you have to have 10 recommendations so I tried to boil everything under 10—but the 11th one would be “need”. The remark about averages reminds me of it. We need to have a social indicator's approach.

I would hope that when Congress gets around to possibly creating a Council of Social Advisors and so on to have a specific set of social indices regarding the older Americans themselves and not just the average American.

Mr. Osssofsky's date on Project FIND and the statistics at the disposal of your committee, along with those presented in the earlier task force report on the economics of aging, provide the empirical proof of the continuing—perhaps the increasing—relative deprivation of retired Americans.

The reports of the nine workshops and their recommendations regarding concrete areas of needed services and goods, such as in housing, or in health and nutrition, or in educational and recreational opportunities—all of them reflect the consequences of inadequate personal income to elderly individuals and couples. All of them point to the need to continue and to expand existing Government programs—not to freeze or reduce them—as well as to create new programs, partly as a result of the inferior economic status of senior citizens.

Senator, if through some magical reversal of space phenomena, a man from the moon had returned with our Apollo astronauts to the United States, I wonder how he would have reacted to our schizophrenic scene—a scene in which on the one hand economists point to the increasing proportion of the elderly in the poverty population, and on the other hand, our public administrators downgrade the priority emphasis and status, and reducing number of staff personnel as Bill and myself devoted to meeting the challenge of poverty among older Americans.

There is no logical defense for the current reversal within OEO, for example, of the years of effort to provide the elderly poor with adequate and effective voices in the official war against poverty.

If you remember the fight to get medicare in this country, I hate to think of it, but it might be true that the fight to lick this problem of the economics of aging might be tougher than the fight to win the battle regarding medicare.

#### HIGHLIGHTS: WORKSHOP REPORTS

I am going to quickly run through some of the highlights of the separate workshop reports to give you some further indication of the paradox in our current social practices and policies, especially pertaining to the economics of aging.

There are a lot of others, I cannot get to them, Before I do, may I have permission to make the available workshop reports part of the committee record? <sup>1</sup>

The CHAIRMAN. Yes.

Dr. SHEPPARD. In this statement there will be no artificial sweeteners, no cyclamates.

The CHAIRMAN. Just 100 percent proof on this.

Dr. SHEPPARD. First, more funds and more effective organization to utilize older Americans as community service aides—both to provide meaningful income-generating roles for the elderly, and to assure that all the elderly receive adequate services to make life itself meaningful for them. These services should include educational and recreational opportunities as well as health and housing.

Second, radical improvements in the delivery of medicare services—and total registration of all older persons under the program. The most revealing expose of Project FIND, to me at least, is that even persons eligible for social security are not all receiving retirement income benefits to which they are by right entitled.

I think it is the most fantastic part of that analysis. I can't help but ad lib here that one of my reactions—I have gone to a lot of international meetings where Government officials and nongovernmental representatives of the United States got up and talked about all the great programs we have like social security covering 90-some percent of all workers and this program and that program without going on to point out, because many of us don't know it, that not all Americans benefit from those programs.

It is a little bit like trying to find out the degree of equality in America by reading the Declaration of Independence.

The third recommendation, full appropriations for the Older Americans Act, including adequate sums for planning for the 1971

<sup>1</sup> See appendix 2, p. 1135.

White House Conference on Aging and for assuring that more of the elderly themselves, including the older poor, attend and participate in that conference.

(Applause.)

The CHAIRMAN. Let the record show action from the audience is favorable.

(Applause.)

Dr. SHEPPARD. Fourth, the conversion of so-called demonstration projects and programs into regularized, permanent parts of the Federal structure of Government programs and agencies.

(Applause.)

Dr. SHEPPARD. Stop applauding, Jack.

Older Americans and their organizations, including the professional world of gerontology, have finally caught on to the fact that small-scale, temporary programs which are touted as pilot, experimental or demonstration efforts are too frequently a put on by administrators (applause)—and even by legislators, Senator, present company excluded.

The CHAIRMAN. Is this what you call a demonstration?

Dr. SHEPPARD. I am trying to prevent it from becoming a confrontation.

Fifth, the economics-related problems of the elderly are even more aggravated in the case of the "double jeopardy" groups—Jack called them "triple jeopardy" groups. These are the older Negroes, Mexican-Americans, and other minority group elderly Americans.

Sixth, a greater emphasis on preventive health services, and not just limited curative medical attention.

Seventh, a greater—not a reduced—emphasis on programs aimed at the special housing needs of the elderly.

Eighth, elimination of the age ceiling of 65 in the existing law prohibiting age discrimination in employment. (Applause.)

And I might add, adequate funds to enforce the law that now exists in the law for those under 65.

Nine, more direct Federal assistance to urban agencies dealing with the elderly, rather than funneling such assistance through State agencies. That might offend some people in the audience.

(Applause.)

Dr. SHEPPARD. 10th and last in this brief list, a liberalization of President Nixon's family assistance program to include older Americans, as well as their inclusion in plans for improving the Nation's nutritional and food services.

Well, that is the end of my 10 commandments, Senator. I would like to ask if any of the reporters or chairmen would like to add or detract from what I have said, I think for the record I met with the reporters. I am sorry I didn't meet with the chairmen. I would like to read off their names so that they can get into the record:

Alice McFadden, Don Davis, Ray Schwartz, Madeline Armbrust, Beatrice Schiffman, Billy Carter, Al Anderson, Talmadge Fowler, and Allen Skidmore.

I am sorry. I think these are all people on the staff of the National Council on Aging that serve as reporters.

Mr. FITCH. These are all regional representatives.

Dr. SHEPPARD. But the chairmen of the workshops included Dr. Earl Kauffman, who is with the University of Kentucky; Mr. Robert Czapiewski, who is with the mid-Atlantic region; Madeline Armbrust from the Southwest region; Mrs. Irene Wolgamot with the Department of Agriculture; Mr. Crawford, who is with the New York City Housing Authority; Mr. Joseph McCarthy of the Institute of Life Insurance here in Washington; Mr. Stephen Angell, Jr., of Polytypic Enterprises, Inc., of Clinton Corners, N.Y.; Rev. Lowell Ditzen of the National Presbyterian Center in Washington; and Dr. David Salten of the New York Institute of Technology in New York City.

Lowell Ditzen is with the workshop H, which is a religious organization by definition.

**STATEMENTS OF ALICE McFADDEN, DON DAVIS, RAY SCHWARTZ, MADELINE ARMBRUST, BEATRICE SCHIFFMAN, BILLY CARTER, ALPHONSO ANDERSON, TALMADGE FOWLER, AND ALLEN SKIDMORE**

The CHAIRMAN. We better have a huddle here, gentlemen.

That incisive broad brush that Dr. Sheppard gave—not contradictory if you think about it, Hal. But perhaps within the broad frame that Dr. Sheppard has so skillfully given us in his report of the various committees, if the reporters would like to amplify, we have time if you have time. We have speaking facilities here.

Any microphone in the back, Bill?

Just this one. So why don't we just have quiet air here for a couple of minutes if the reporters want to come down and amplify.

Dr. SHEPPARD. The mikes are in the front row.

The CHAIRMAN. Who wants to start? Do we want to start from A through H? Shall we start with A? Want to sign in and everything, Alice.

**STATEMENT OF MISS McFADDEN<sup>2</sup>**

Miss McFADDEN. All right. My name is Alice McFadden and I am a former recreation leader in Ypsilanti, Mich. I have been with the National Council for 2 years now. In the recreation-education area we talked about a variety of things, but we feel that recreation people need a modern definition of their field—recreation is more than fun and games. Recreation is a social science in which older people are guided to participation that leads to the achievement of personal satisfaction and development.

People who work with senior citizens in a recreation program find that they sooner or later involve the whole person in all of his problems: housing, health, income maintenance, transportation, and the like—this part of the new concept of recreation.

The recreation program cannot be stereotyped. Recreation to one person might be eating a good meal with other senior citizens. Rec-

<sup>2</sup> See app. 2, p. 1145.

recreation to another senior citizen might be just discussing problems with his cohorts.

Recreation in the cities is different than in the hills and hollows: in the rural areas when you get four or five people together they can, with only a little help, develop rich recreational experiences.

In the area of education, the group did not concentrate on university and college levels for the simple reason that for the last many years we have talked about them. Now through the Older Americans Act and OEO we have a program to do some educational work with people of all ages to work directly with senior citizens.

There are many senior citizens, as has been brought out by the Project FIND report, who would like to learn how to write their name before they die. In traveling around to the senior citizens with the Project FIND aides here in Washington, I met many elderly people who would say they would like to learn to write their name. They would like to understand what is going on: they don't understand social security; they don't understand medicare; they don't understand all of the things that the Government is attempting to do and they would like to learn about these things. But they have got to learn about it in their own language and this is the area that our people zeroed in on.

We need the one-to-one basis, the senior citizen helping the senior citizen as OEO and NCOA have demonstrated through Project FIND. Older people need to educate one another as to what their needs are, what services are available, and how they can get these services.

We are talking about the library services, the recreation services and other services reaching out to the senior citizens. We are not talking just of buildings but of getting services where they are really needed.

Thank you.

The CHAIRMAN. Excellent.

(Applause.)

The CHAIRMAN. Maybe I should not do this, but I am not going to resist the temptation. Did any of you read Russell Baker in the New York Times yesterday? This rang some bells to me. One part in the area of recreation, the imaginary fellow is now 197 years old and tells what life is like. This is just part of it.

Now it comes to recreation and he is going back.

That must have been around the time that they sent me away to Senioropolis down there in the desert and told me to play croquet. I tried to tell them I didn't like croquet and medical science had not helped keep me alive all those years to do something as asinine as knocking a wooden ball around in the cactus all day. And they said, "Shut up, you tedious old man, and play croquet".

(Laughter.)

Allis McFadden, thank you very much.

I am glad that all of these reports are going to be part of the record. They will be most helpful to us.

Now we go to B. Don Davis. Don, maybe you don't recognize yourself as being B.



**STATEMENT OF MR. DAVIS :**

Mr. DAVIS. I was waiting for you to announce my name, I am sorry. I was sitting on the other side.

I am Don Davis and I am an NCOA field representative for the Senior Service Corporation program which is a manpower training program. I think Dr. Sheppard reflected quite well what went on in our group. However, I would like to add two recommendations that came from my group which I think we all should be concerned with.

No. 1, legitimate tax reform should be initiated on national, State, and local levels which would exempt persons aged 65 years of age and older from personal income taxes and property taxes.

Second, we felt that voluntary organizations such as church groups and social and civic organizations should establish priorities for local programs dealing primarily with the older poor.

(Applause.)

The CHAIRMAN. Thank you very much, Mr. David.

Now who is our next reporter?

**STATEMENT OF MR. SCHWARTZ**

Mr. SCHWARTZ. I am Ray Schwartz, NCOA field representative in Denver, Colo.

Our workshop dealt particularly with the subject of Government and was participated in by persons from various Government levels—Federal, State, and local. During the entire hour of discussion we were haunted by several things. First of all, and this came up time and time again, we were haunted by the inadequate income of older people themselves. And I would like to make this sound just as urgent as possible, this plea for greater income for older people.

We also were haunted by the inadequate income of our organizations, our agencies. We were distressed by what we considered and discussed and called inadequate appropriations for the Administration on Aging and the Office of Economic Opportunity. It was interesting that the recommendations that came out of this discussion, dealt particularly with the call for greater support of the Administration on Aging.

Interestingly enough, this was made by someone from OEO. There also was a call for a greater appropriation, greater strength in the Office of Economic Opportunity. This came from a State executive in aging connected with the Administration on Aging. It was not scratching each other's back; it was, I think, recognition of the fact that we in various organizations, public and private, must make a cooperative effort toward a common goal.

Thank you.

(Applause.)

The CHAIRMAN. Thank you very much, Mr. Schwartz.

Who is our next reporter?

**STATEMENT OF MISS ARMBRUST**

Miss ARMBRUST. I am Madeline Armbrust, field staff for the National Council on Aging, Great Lakes region, Chicago, Ill.

Our health and nutrition group, I think, got into everything that we could think of except for maybe family planning and we could not quite relate it, but we will come up with it in another hour, I think, if we meet.

Dr. SHEPPARD. I think you quoted our group very well. However, I would like to emphasize that the health and nutrition group felt very strongly that our older persons and the welfare of our older persons should become a national priority of the United States and I would like to underline this very strongly. We got down to many other things in the group and I think it would be very helpful to get into the record.

We would like to see a national uniform telephone number for older people to call in if there is an emergency or to get any kind of information that they would need in order to get service. We also even felt that a telephone should be an essential item for all older persons if they so wished, they should have their choice.

(Applause,)

The CHAIRMAN. Thank you very much.

Now that is very interesting. You recall the statistics that were found on telephones and radio-television. As I recall of the older poor that were found under the project, there were better than 37 percent that did not have telephones.

Now this is a two-way communication. There are communities where the telephone call does not go from the older person in an emergency, but it is a morning call from whoever has organized to do it—morning call from wherever, from the mayor's office, say, to older people to see if everything is all right. No answer, that means something is wrong.

Who is our next reporter?

#### STATEMENT OF MRS. SCHIFFMAN

Mrs. SCHIFFMAN. I am Beatrice Schiffman, Western field representative for the National Council on Aging. Our office is in San Francisco. We were very concerned—

The CHAIRMAN. Which group?

Mrs. SCHIFFMAN. I am sorry—housing group.

I suspect that so many common threads went through all our groups that we almost always came up with the same recommendations. The thing that worried our entire group was the tendency in the reorganization of the Government at this point to have dropped older person emphasis in the welfare law, in the housing law, in the OEO law. There is not now in the Director's office of OEO a representative for the older poor person. The staff was reduced from 11 to four.

The same tendency appears in the welfare law. There was no mention of welfare for the older person being on the national level as is the AFDC group. This tendency has shown through the Administration on Aging.

Now when we talked about income in our group, we were very worried about making sure that income increases on social security and welfare were pegged to the Bureau of Labor Statistics budget

standards. We were very much afraid that old people would get caught in inflation. By the time legislation is enacted to set up any particular dollar figure, usually that figure is way below the level of need, the cost of living has gone up. So we would like the gross national product or the labor statistics trend to determine the increased income pegged for the older people.

In the housing field we mentioned the fact that at least 45 percent are living in housing that is deteriorated, substandard, and inappropriate to their use. The number of older persons has increased and the number that will be living in substandard housing is increasing.

The cost of housing has priced most older people out of the market. Whereas there is an acute shortage of various types of housing required by such people, such as self-contained dwelling units and club-type living arrangements and social care homes, the present legislation and the present appropriations do not provide specific appropriations for living environments for older people nor do they provide sufficient subsidy for rentals or for low-interest rate for programs.

Since previous experience shows that when no funds and programs are specifically designed and appropriated for older people, that the older people are the last to get such housing. We therefore resolved that an appropriate amount be set aside within the 236 programs for older people only. This was in the old legislation, but is not in the current legislation.

That the 202 program be extended for at least 5 years; that there be an increase in the number of the percentage of tenants permitted rent supplements and that neighborhood facilities provide funds for community centers for older people only and that more use be made in the partnership between public and nonprofit sponsors; that more use be made of the purchase, the leasing, the rehabilitation and converting of very large homes that older people are now living in so that the older people could have a unit more appropriate to their use plus some income from the conversion; that more use be made of sanction to rehabilitate and convert existing structures; and that the 100 percent interest-free loans for development purposes be available for nonprofit sponsors.

Thank you.  
(Applause.)

#### STATEMENT OF MR. CARTER

MR. CARTER. My name is Bill Carter and I am the field representative from Kansas City. I was the recorder of labor and industrial organizations.

I might say that much of the areas that we talked about have been covered. I would say, however, that I was fortunate enough to be involved in a Community Action Agency in North Missouri that did have a Project FIND and did operate in a rural area. One of the large problems that we found in the rural areas was the lack of individuals that have paid prior subsidies into the social security funds and they, in turn, receive the minimum amount.

I am talking specifically of retired farmers or individuals that were self-employed that did not pay a maximum to receive a worthwhile grant or worthwhile social security benefit later on.

I would, as far as our workshop, yield to the representatives of the union that were in our workshop and of the organizations of the industry.

Thank you.

The CHAIRMAN. Thank you very much. Perhaps after we have gone through all of the workshops, we will go to some of the union representatives.

#### STATEMENT OF MR. ANDERSON

Mr. ANDERSON. Senator, I am Alphonso Anderson, Northeast regional representative, National Council on the Aging.

My workshop dealt with planning and policy. We were concerned with a comprehensive national planning mechanism whereby comprehensive planning could be done on a national level for senior citizens. As a part of their planning, it would be essential to create an agency to collect and interpret all social data relevant to the development of social indicators.

We are talking about a national data bank that could be used by all agencies of Government, by private agencies, that would be able to assess the conditions as prevalent throughout the United States.

In the area of policy we talked about the need for comprehensive policy, some type of national commitment by Congress and by the administration that is current and the administrations to come to be concerned about the aging population.

The CHAIRMAN. Thank you very much.

(Applause.)

#### STATEMENT OF MR. FOWLER

Mr. FOWLER. Tal Fowler, field representative for NCOA, Southeast region, Atlanta, Ga. I was the recorder for the Religious Organizations Workshop.

There is just one added point that I would like to make that did not become one of the recommendations and that is that any income maintenance program for the aging have built into it adjustments to the change of cost of living. (Applause)

The CHAIRMAN. Very good.

The bills that are now coming on in social security of course do just that. I appreciate that.

#### STATEMENT OF MR. SKIDMORE

Mr. SKIDMORE. I am Allen Skidmore, regional representative for the National Council on Aging in the Southwest region based in Austin, Tex.

It was interesting to record for the group of social welfare agencies; it was a very broad representation—State, public, and private agencies and also national public agencies and private agencies.

The first thing they decided as a group was that the diversity of problems for aging were so complex and the splintering of the delivery of services again so diversified and the aging problems themselves so profound that it was very difficult to address themselves to all of the problems. So they recognized their responsibility, and I think this is very significant preparation for a public expression

that brought this about, that their organizations should take an active role and go back immediately to their respective agencies in terms of determining priority factors of needs and a timetable for the delivery of these needs.

But some of the points that have been missed which they stressed very strongly was the immediate expansion of Medicare and Medicaid to include such items as out-patient medical care and treatment, dental care and prosthetics, optical care, drugs, hearing aids, multiphasic diagnostic and treatment centers with adequate provision for accessibility to these facilities, either in the terms of transportation or proximity, and the immediate removal of restrictions on standards of eligibility for the recipients to these services.

They also think that the Congress can seek the immediate removal of discriminatory hiring and retiring practices based on arbitrary age limits for aging persons by industry, governmental entities and insurance. We include insurance because much of industry and governmental organizations blame insurance practices as the rationalization for demanding age 65 as a retirement figure, for instance, which is absurd.

Also that there should be provision for job retraining for older workers and training for retirees or preretirees to accept and gracefully utilize leisure time forced on older Americans at retirement.

They also felt that because of the increasing numbers of older persons with their increasing problems, and correspondingly a decrease in governmental funding levels affecting all agencies with any kind of an aging program in them, and we were surprised here at the diversity throughout the governmental departments—OEO, HEW, Department of Agriculture, Department of Labor, Housing and Urban Development, Transportation—that they should certainly determine their funding programs with equitable considerations for aging persons immediately. And also that every governmental agency, should have at least one staff position addressing itself solely to the problems of older Americans.

Thank you. (Applause.)

The CHAIRMAN. Do we have any workshops remaining?

Mr. FITCH. I think that is the last of the workshops.

You indicated you would like to have some kind of reaction from a labor organization, and we have something made to order here, I think. We are delighted to have Olga Madar here who is on the executive board of the United Auto Workers. Olga, as most of the people here know, has been one of the real pioneers working in this field for a long time. I think it would be interesting, Olga, if you would perhaps come up to one of these microphones and give us the reaction of the labor movement in some of these things that have been said.

**STATEMENT OF OLGA MADAR, EXECUTIVE BOARD MEMBER,  
UNITED AUTO WORKERS, REPRESENTING THE UAW RETIRED  
WORKERS CENTERS IN METROPOLITAN DETROIT, MICHIGAN**

Miss MADAR. Thank you very much.

Senator Williams, for the record I would also like to indicate that I am also representing the UAW retired workers centers in the met-

ropolitan Detroit area. I am on the board of the centers. The centers are sponsored jointly by the UAW, United Community Services and the Detroit Parks and Recreation Department, and they are open and available to all seniors in the metropolitan Detroit area.

Although I have been officially asked to speak on behalf of the UAW, I am sure I am representing the viewpoints of the membership of our centers. I want to say at the outset that I certainly support all of the things which came out of the various workshops, the way that they were conceived and done very admirably by Hal Sheppard, and also the remarks of Jack Ossofsky. I am sure that our board and our membership would support the recommendations.

I think, however, I saw something happening here this past 3 or 4 days that perhaps the people who were at the head of the organization and the conference did not see as well as I saw it. I was not in attendance at very many of the sessions, however, because I had a couple of other problems that we are dealing with particularly in terms of the environment and use of DDT. I would just urge your support in encouraging the Secretary of Agriculture to take DDT off the market which is one of the things we are organizing to do here this week.

The CHAIRMAN. He said a few weeks ago that it was harmful.

Miss MADAR. Let me just say in relationship to the action which was taken in regard to cyclamates—which, by the way, is action which should have been taken—there is substantial documentation (a great deal more than what was indicated publicly for cyclamates by the Secretary of HEW) in regard to the use of DDT. If we took that action in terms of cyclamates, which I say we ought to have taken, we certainly have more than enough evidence to do it in terms of DDT.

Now this is off the whole question of the conference but related to the whole question of seniors and nutrition. We know that DDT is a cancer producing agency and proven definitely in terms of animals and certainly a great indication in terms of humans.

The CHAIRMAN. Now Dr. Egeberg says that a couple of bottles of cyclamated soda a day will not hurt you. Where are we going now? Vice President Agnew says one thing and Secretary Finch says another. Have you found it a little confusing coming into town, Olga?

Miss MADAR. Senator, let me say I have worked enough in relationship to some of the consumer problems that we have that I know the nature of the industry is not to accept as readily as they did the action of the Secretary if there was not indeed even more evidence than was submitted to us publicly. I would hope that in terms of acting on DDT that at the same time they will begin to then indicate all of the evidence that we have in relationship to cyclamates.

The CHAIRMAN. Very good.

Miss MADAR. I am sure you do not mind if I took a little bit of your time because it certainly involves all of us.

Mr. OSSOFSKY. Senator, if I might just say this.

Olga, I think what we are really talking about is setting a pattern for people to begin acting, whether it is senior citizens or other areas.

MISS MADAR. That is right, Jack, and that is exactly what I was going to talk about in terms of process which took place here this week. I was apologizing for the fact I was not in all of the sessions but there were some sessions I got into. Those were after the workshop sessions where we sat around the table and we had a little exchange.

You might get the impression here, Senator, that primarily this was involvement in terms of the NCOA staff, but I have to tell you that was not the case. There were people here representing very many groups who discussed the workshops and the statements and the presentations that were made, and they indicated one thing that I thought was really tremendous in terms of progress and movement and getting some things done as far as seniors were concerned. That is, although they were in separate workshops with separate title headings, what they said is, Let's get to the basics, let's get to the very kind of thing which you are talking about, Senator, and that is the whole question of the economics of the situation.

#### A BASIC ANNUAL INCOME

So what flowed out from all of them, including those noted in terms of recreation and education, rather than just getting into a hassle about what is recreation and what is education, they said, We cannot do a darn thing until we get a basic annual income for all people and let's start with the group that has been hurt the most, as Project FIND has found out, and let's start with the seniors. (Applause.)

I just want to say that the process that took place here gives me sufficient encouragement that I think maybe we are going to take senior power and tie it in with student power, and I think we are going to get this job done. (Applause.)

I am grateful for the opportunity to appear here and say a few words and indicate what the position of the UAW is, but I am sure, Senator, you have heard it before. Also, in the next few weeks we will be testifying in great detail in relationship to the social security law so I just want to mention a few things.

First I would like to emphasize that the most immediate thing which we need to do as far as the plight of the older persons is concerned and we ought not to sidestep the issue, is to secure a minimum income that should be established for senior citizens at a level which enables them to live in health and dignity.

Instead of talking in terms of a 10-percent increase, let's talk in terms of immediately increasing social security by at least 50 percent and this would be a direct way in which to help the elderly covered by Social Security. But beyond that, doing what has been recommended here in this particular conference, we should move more expeditiously to assure an annual income of \$1,800 for individuals and \$3,000 for couples for all older persons.

Now we also know from Project FIND—and, Jack, there were some very interesting things that you found in this project—we found that widows have an increasingly difficult time. We know that more widows, particularly the nonwhite older women, live in poverty. Now widows cannot exist on this kind of a radically reduced

pension, and under the social security legislation we ought to be moving for payments to increase the benefits of the social security structure so that the surviving spouse would get benefits at the full 100 percent level.

I want to make another comment as it relates to the results of Project FIND. I know that in my work and in my efforts that despite the fact that a great number of the males in our country believe that the females have equal opportunity and are not discriminated against, we females know that is not true. But one of the things that I always did think, one of the things I always did feel was that the males in our country pride themselves on, and particularly our Congressmen, in being gallant and concerned about women.

When I read that statement of yours, Jack, which indicated the kind of thing which I just referred to, the number of widows, elderly ladies who are living in poverty and the kind of poverty they are living in, I think that our legislative bodies, both on the State and Federal level should begin to do something about this—and instead of just talking about being gallant and caring in terms of the women they ought to begin to do something about some specific benefits.

Let me go on.

The CHAIRMAN. I heard what you say.

Miss MADAR. We should get more women in Congress, too. That would help, would it not?

The CHAIRMAN. I did my share; one defeated me one time. That is all I can do. (Laughter.)

Miss MADAR. You know, I forgot about that. The Senator is right.

We at UAW have previously testified to the needed increase in the taxable base so that social security continues to be geared to the expansion of the wage and salary structure of the Nation's work force. Now all the kinds of things that we have been talking about here are going to have to have financing from the general funds and not just be dependent on the payroll tax. I think we need to mention this because we are not going to be able to do the things that need to be done if we just talk about it instead of working out a proper funding before the program.

#### RURAL-URBAN DIFFERENTIAL

One other matter that I would like to mention that was referred to in the FIND report is the differential which was established, in terms of what should constitute a suitable income, between the rural and urban areas.

Now, Senator, I think all these people here would like to tell you, particularly some of the people who come from rural areas whom I heard talk here, that in terms of the cost there is not that old traditional differential which governmental agencies have used in the past; it takes as much to live in rural areas as it does in some of the urban areas. We need to take another look at that.

In regard to economic benefits, we cannot talk about this unless we talk in terms of medical costs and medical services available and the gap between the medical knowledge and the actual delivery of services and the cost of rising medical and hospital care which is a



growing scandal and requires a comprehensive attack on the problem. What we do need is a comprehensive health insurance program.

I hope that some day soon we have a congressional committee—I would love to see you head up that committee if it came within your appropriate structure of the Government—investigate the rising cost of hospital and physician costs. We need to take a look at why it is that it is costing us so much and is there something we can do in terms of these enormously increasing costs.

If poor health is a major problem for the elderly poor, it may be that the elderly poor have inadequate diets. In this regard I would hope that the coming White House Conference on Nutrition and Health will do the kind of thing which happened here in these sessions and that is that as the various panels discuss and report at the White House Conference on Nutrition that they would focus on the basic needs. They would find as we have found, that they have to give primary attention to solving the economic needs of the poor if they are to solve the nutrition and health problems of our elderly people.

In this regard we see a great need for an expanded food stamp program. The cost of food stamps should be reduced and eliminated entirely for the poorest. A food distribution system is needed which makes it as convenient as possible. These services should be rendered in the neighborhood; otherwise, to cause the elderly to go to another town is a denial of the food stamp program. We believe that Senate bill 2547 goes in the proper direction in meeting these human needs.

The problems of the elderly poor are wrapped up in many of the pieces of legislation that are coming before the Senate. A few of them we have mentioned here. One area which certainly bears on this in terms of not only the question of the economics but also in terms of the kinds of services that need to be provided in terms of our elderly people is the whole question of inadequate housing, and here again in our country we need to take a real new look at what has been going on for 10 these many years.

#### NEW TECHNOLOGY FOR HOUSING

May I just say very briefly that we need to do something about utilizing our new technology, getting into the mass production of housing, eliminating the antiquated building codes, utilizing non-skilled labor, as we are using it in terms of the space program, and providing the kind of low-income housing that older people can afford. Housing for couples and single persons with a full complement of services such as medical care, proper meals and recreation services should be provided at a cost that seniors can afford.

Before we can provide these supplementary services, however, all of us have to take a real good look at what we have to do about providing decent housing here and this means, of course, that we have got to get away from the traditional ways of doing it. It cannot be limited to the old building methods. We have to utilize the new technology.

I just wanted to inject a couple of additional points. Let me say that the conference has been very encouraging for me, Senator. I want you to know that a process took place here this past few days

that I hope sweeps the whole country and that we will all work together to get at the basic problems. If we get at the basic problems, then we will do what we have been talking about for a long time, and that is to begin to use the kind of techniques that were used in FIND to really locate the people who need the help most and in this case it happens to be senior citizens.

But even more important, we need to use our resources to see to it that existing Federal agencies, State agencies and local agencies, both public and voluntary, begin to build into their program of services on a regular and continuing basis the kind of programs that the conference has recommended so that we are not dependent on crash programs such as OEO. The absence of these services in Federal agencies such as HUD and HEW and on State and local agencies makes it necessary to retain and not cut back on the OEO programs. Meanwhile, we should move expeditiously to include the needed services in HEW, HUD, other Federal agencies and State and local agencies. (Applause.)

Let me say to you, Senator, we in the UAW pledge our support and resources to cooperate in the constructive work of your committee.

I think the greatest challenge and the greatest test of our society today is to see to it that older people, people as they grow old, can meet the rigors of aging in quiet dignity and with a minimum of discomfort. If we all join together and do the kind of work that you have been doing here with this particular committee, I am sure that we will be successful.

Thank you very much for this opportunity. (Applause.)

The CHAIRMAN. Very well stated and most appreciated and very helpful. Thank you very much.

Bill.

Mr. FITCH. With so many of the conference questions devoted to having the older people help themselves, we thought it might be well to have one of the representatives from the older persons speak out in terms of what came through from these sessions to him and the kind of involvement that perhaps the members of these organizations can also feel is in their future. So we have David Jeffreys who is the director of National Affairs for the American Association of Retired Persons and the National Retired Teachers Association.

Dave.

**STATEMENT OF DAVID JEFFREYS, DIRECTOR OF NATIONAL AFFAIRS FOR THE AMERICAN ASSOCIATION OF RETIRED PERSONS AND THE NATIONAL RETIRED TEACHERS ASSOCIATION**

Mr. JEFFREYS. Thank you, Bill.

Senator Williams, guests, colleagues, I would like to say first that we are delighted not only with the topic that was chosen for this week's NCOA meeting but also for the topic of the very fine Senate committee report. We were also very well taken by all of the authors of the report—I better say that with Dorothy here on the platform—but particularly by Dr. James Schulz from the University of New Hampshire, who on the first of October became the economic consultant on our staff. I think the Senate committee gets the credit for

sort of bringing him to light. He is now serving on a part-time basis with us as our consultant on economic matters.

The CHAIRMAN. We don't charge a percentage in dollars, we charge a percentage though in time for these people that we discover and go on to other activities.

Mr. JEFFREYS. I am sure that will happen.

We are also very grateful to the Senate committee for all the work it has done in this field and to Senator Williams particularly.

We will have the pleasure, Bill, of also paying tribute to the Senator later this week when he appears at one of our area conferences, a four-State meeting of our members in Atlantic City, which I guess is a particularly interesting place for the Senator to visit. We expect to have about 2,000 members there and I suppose you could say that this would be a representation of senior power in our organization.

In our organization, which has 1,850,000 members around the country and is the largest retiree organization of individual dues paying members, we feel that we have a great deal of senior power. We exercise that power on numerous occasions, very often before Senate committees. When you see us exercise senior power, though, I guess we flex our muscles without taking off our shirts. We do not happen to be advocates of senior power in the streets kind of approach; we think there are other ways to achieve the goals and these are the ways in which we are committed to work.

As far as our recommendations are concerned, I want to say here before anybody gets out of the room and starts to write this project proposal that I am going to recommend to my organization that we write up Project BATTIS, and it means "Buy A.T. & T. Stock." That will be before we get this new government program which will put the telephone in everyone's home. I think it would be a wise investment. I think it would be a good program.

As far as the recommendations are concerned, it would be very unwise and morally wrong to disagree with any of the recommendations which Hal distilled so wisely and which were followed up by the NCOA cast of recorders. I do feel, however, that it is difficult for anybody to come up here and endorse all of the recommendations on behalf of an organization, certainly in a voluntary organization. Unless in one person you are the president, executive director and chairman of the board of directors, it is very difficult to speak for your entire association. I certainly could not presume to speak for 1,850,000 members, but certainly in general our organization would support virtually every recommendation which was referred to here today.

Just to comment on a couple of them, we are very keenly interested in the appropriations for the Older Americans Act and for the beefing up of the staff of the Administration on Aging. I think it was Allen Skidmore who said that he thought every Federal agency should have one full-time person in the field of aging. If the present trend continues, that is all that there is going to be in all the Federal agencies, one full time person working in the field of aging. That may happen sooner than we think.

We also hope that in all of the planning that is done for the White House Conference on Aging that it will not be done just by those of us in the room who happen to be professionals in aging or

gerontology. We hope that there will be a tremendous involvement, an involvement to an even greater extent than was true in the 1961 White House Conference, of elderly persons themselves and, of course, of older poor persons. We trust that the White House Conference will be structured in such a way that there will be a large number of State meetings on aging and local conferences on aging leading up to the White House Conference.

We also hope that many of the demonstration projects which have been described here will become a permanent part of the American social structure. I don't know that we could say just of the American governmental structure, because I had thought that in many of these demonstration projects, particularly those under title III of the Older Americans Act, that it was the expectation that eventually many of these projects would be picked up with local funding, not necessarily governmental in nature.

#### PRE-RETIREMENT PREPARATION

One other comment that I would like to make. I was rather struck—maybe not appalled, that might be too harsh a term. Maybe when we see the complete reports of the recorders we will see some reference to this, but I have not heard anybody say anything about preparation for retirement as a means of preventive care in the field of the aging.

Our associations are very firmly committed to retirement planning. We are delighted with the interest which has been expressed by the Senate committee, particularly by Senator Mondale. We have played a role with the Senate committee in reversing the stand of the U.S. Civil Service Committee on Retirement Planning as a necessary function of the Government agency. We know that this can be legislated in the Federal Government. It can't be legislated, I don't think, among private employers but we hope that there will be a great deal more emphasis placed on the development of sound retirement planning programs in an effort to alleviate some of the problems so that we don't have to keep on running out our days putting out the fires of the problems which develop because many people have not anticipated the retirement years by planning ahead for them.

Finally, I would say that we trust that all of the organizations represented here today are not going to put all of their eggs into one basket hoping that the Federal Government is going to finance everything they do and all the programs for which they are responsible. We are very proud as an organization to be operating some OEO projects and some Labor Department projects as do other organizations in the room.

There are many other national voluntary organizations which operate programs of this nature, but I think it would be absurd for all of us to think that these projects are going to go on indefinitely under governmental funding. I hope that the voluntary organizations represented here today will do everything they can to utilize their own resources—resources they have now, resources which they can develop to put into action or to give a permanent status to many of the demonstration projects using those funds. This is certainly

what our organizations are intending to do and we would be delighted to work with many others of you in putting on programs of this nature.

Thank you. (Applause.)

The CHAIRMAN. Thank you very much.

Bill, did you have anything?

Mr. FITCH. I think it might be well to throw out some questions. It might be helpful if we could have about 2 minutes for a wrap-up when we get to that stage.

The CHAIRMAN. We have a few moments left before we have to vacate the premises for something else coming in, so we will open it up for observations, questions.

Mr. SHRODER. Is there anyone who has not seen the button?

(Mr. Shroder turned to show the "Senior Power" button to those in the room.)

The CHAIRMAN. Very good.

**STATEMENT OF JERRY A. SHRODER, EXECUTIVE SECRETARY OF  
THE CITIZENS COMMITTEE ON AGING, NEW YORK, N.Y.**

Mr. SHRODER. I am Jerry Shroder, executive secretary of the Citizens Committee on Aging in New York City. I rise to respond to something that Jack Ossofsky said. First, however, as the only wearer of the "Senior Power" button in the room this afternoon, I have a brief comment.

Needless to say, we welcome AARP and NRTA into the ranks of "Senior Power". I will, however, resist the temptation to engage Mr. Jefferies in a dialogue about what we think it means!

In Mr. Ossofsky's report, he said something about the significance of those medicare services which among other things, were theoretically but not actually available. We would like to say first of all to the committee that we were very grateful and delighted that you planned a hearing of your health subcommittee in New York City under the chairmanship of Senator Muskie just 2 weeks ago. Unfortunately, it fell on the day of the moratorium and had to be cancelled. I hope, Senator and Mr. Oriol, that that hearing will be rescheduled at the earliest opportunity.

In the testimony that we had prepared for that hearing, the burden of our comments was going to be the undue costs of medical care, particularly as this pertains to the New York City area where the problem, we think, is particularly aggravated. We had planned to end up by championing a bill which has been introduced in the other chamber, Senator, by Congressman Gilbert and 15 other sponsors, namely, H.R. 13139. This bill would add to the home care part of medicare the inclusion of functions described as "Home maintenance" (or housekeeping) services.

The first statistics we saw on medicare expenditures for the early years of the program indicated that home care, which was supposed to have been one of the major components of the medicare program, actually involved something in the vicinity of 1 percent of all medicare expenditures, give or take a fraction. One of the reasons for this is that the interpretation of what home care is and how it can

be provided has been very rigidly interpreted, both at the Federal level and at the implementing State level.

We believe that H.R. 13139 would begin to get at the resolution of this problem. To the best of our knowledge, a companion bill has not yet been introduced in the Senate and we would certainly appreciate your attention to this, sir, as well as that of your colleagues whom we understand have also expressed some interest in this.

Thank you very much.

The CHAIRMAN. Our bill is about to be introduced—was to be introduced today but I came down here in a hurry to be here on time and I did not get it in. We have it ready.

Mr. SHRODER. Thank you.

The CHAIRMAN. Yes, sir.

**STATEMENT OF MR. H. P. STROPLE, EXECUTIVE DIRECTOR, CENTER FOR ECONOMIC DEVELOPMENT FOR OLDER AMERICANS, INC., FALLS CHURCH, VA.**

Mr. STROPLE. My name is H. P. Strople and I represent a little research organization.

Following the discussions of Dr. Kreps yesterday I was so impressed by what she had to say because she is a unique person. She can write as well as she can speak. I asked her if she would please autograph the committee's report on economics and she did. She said to me, "Mr. Strople, this is the first time that anybody ever asked me to do that." In the same vein, had she been here today I would have said this is the first time that I ever saw a Senator in the day time. (Laughter.)

The CHAIRMAN. Let me think about that. Where do you spend your evenings? (Laughter.)

Mr. STROPLE. I think I will take the Fifth amendment on that one. (Laughter.)

My particular point in being here today, sir, is that I am a retired government employee. I am 67 years of age but I am seeking an identity. According to all the manpower acts, I am legally dead. According to retirement programs, if I had stayed in the service instead of retiring from the Navy Department, I would have been retired at about 45.

The social security program that we have reviewed, and particularly the new one, penalizes to this extent: There are a number of able Americans who are not poor and are not rich. We cannot live on the amount of money that we receive from our retirement, we cannot maintain the standards of living. I am fortunate; my children are grown up. I am a grandfather. They have been through college. I own a mortgaged home.

Strangely enough, if you think it is complicated to listen to the things that the poor need, just imagine what would happen to me if I made over \$1,800 a year and had social security, which I do. In other words, I think this overall bill of yours which I had the pleasure of reading is a very comprehensive document but I think if you are going to put a floor on it you should also raise the ceiling on the amount of money to that portion of the American society.

I think honestly that we are the displaced generation. We are still alive, we are still active, we can still make great contributions to the cause. What I can see in the social security bill is just this: This is our world, we made it. We lived through a depression, we lived through three wars declared, we lived through the war on poverty, we are now living through the civil war between the OEO and the Commissioner on Aging that formulate another policy. We have survived prohibition.

What we need more than anything else is a recognition that what you are giving back to us in this program is our share in the economy of America. So all we ask, and gratefully so, is that when you formulize the bill that you raise the ceiling on social security and you at least will stabilize. Either I am a senior citizen, I am an older American, I am a retiree.

I suppose after this report everybody will buy back their introduction to me, but I think you could do a very able thing for us all as you have done so well. Just raise the ceiling.

Just imagine what it would do to your computers in the United States if I should on social security check 12, have made over \$107 that month. Just think it over.

Please give us the right to live our own way, live our part in America, and don't take any ceiling off of the income that we have.

Thank you very much for being here, and I hope I will see you after dark some night. (Applause.)

The CHAIRMAN. Are there any other people?

Yes.

#### **STATEMENT OF MISS BEVERLY DIAMOND, NATIONAL CONSULTANT ON AGING, NEW YORK, N.Y.**

MISS DIAMOND. Senator, we have been here before. I am Beverly Diamond, National Consultant on the Aging. I would like to ask a few questions on behalf of the disaster victims of our economy—our older people.

These reports, these hearings are very meaningful. They pinpoint and dramatize certain aspects of pervasive problems, and may stimulate legislation to deal with some aspects of a large problem. Yet, most of these problems have long been documented, are known to many members of Congress, and the administration, and still await appropriate solutions.

The compelling fact is that we lack an over-all, consistent approach, a comprehensive plan, a national commitment to implement it. We have no established priorities to tackle the most critical needs, no realistic appropriations, no orderly steps to assure effectiveness and continuity.

Instead we have spastic reaction by Government to pressure, piece-meal approaches, too little, reaching too few. These sporadic responses to crisis, at best result in tokenism, at worst, in waste.

As we get around the country, we see back-door subsidies dissipated in a thousand ways, seldom reaching the pocket of the older person or providing services to him. We see fragmented efforts on the part of communities. They often are forced, because of lack of

funds, to settle for shallow solutions to peripheral problems. Yet older people find themselves in a continuing crisis of major proportions.

### THREE CRITICAL AREAS

Let's take the three critical areas of need which inflict the greatest hardship:

1. All of us know that the vast majority of older people are poor, that they do not benefit from our huge gross national product, that they receive far below their fair share of the nation's resources, have little hope for improving their own conditions, and are among the first disadvantaged by inflation. They need money.

Most of us agree that the shortest distance between the money they need and older persons is an adequate basic guaranteed annual income as a right and entitlement. Most of us agree that this should be an amount sufficient not just for survival but for living decently without harassment and worry.

(There is no problem with this age group about work incentive.)

Yet we think in Depression terms as if we were living in an economy of scarcity instead of affluence.

The only two pieces of legislation in the offing, designed to relieve the elderly's economic duress, are woefully inadequate even for bringing the aging up to the poverty standard.

The Administration's proposal for at least \$90 per month for all Old Age Assistance recipients, including their Social Security, would barely pay their rent in many cities. Moreover, not even all of the 2 million OAA recipients would benefit, especially in those States whose allowances now run below \$50 per month even with matching Federal funds. And what about the millions too proud to apply for Welfare or whose income just approximates the meager welfare grant?

The second proposal to increase Social Security payments by 7% or 10% or 15% will barely make up for inflation, let alone bring older people out of poverty. Even then, part of the increase will be deducted to offset increased cost of Medicare. At the same time, Medicaid is cut back, medical assistance under the Kerr Mills Act dies, and the old get poorer. The cost of a basic annual income, related to price increases, in the long run would prove more economical, certainly more human and less demeaning.

2. Again, we know that almost half of all older people (proportionately more than any other age group) are trapped in deteriorating, substandard, or inappropriate housing. We know that this housing is hazardous to health, undermines self-management, compounds isolation, and causes premature, unnecessary, costly institutionalization.

After years of effort, a beginning had been made in developing specially designed, operated, and serviced elderly housing, with rents held down through rent and interest subsidies. We find, however, that there are no or negligible appropriations earmarked for such housing, that the very people who most need decent living arrangements can't get in. Now there is a move to eliminate special elderly housing entirely, despite its proven validity, despite the fact that older people desperately need and want such housing.



Why is it not possible to hold on to whatever gains we made and expand these instead of going backwards?

3. Most of us know that there is a critical shortage of good quality professional health and the all-important social services—formal and informal. There are few adequate facilities, and minimum opportunities for participating in community life. Whatever do exist are hardly accessible, available and usable by older people where they live.

We continue to see short term demonstration grants to demonstrate programs long validated. We see what is known in the profession as "balloon services." We see a few opportunities made available for volunteering services. Yet what is badly needed is on-going funding for a network of health and social services to prevent breakdown, conserve health and self-direction, or provide necessary care whenever the older person needs it.

The development of a chain of multipurpose, service-delivery neighborhood centers for older people professionally manned, utilizing older people's skills should be a major objective. They can become the focal point for reaching out into every county and every community.

Such a network could be feasibly developed if we converted the purposes and channels of the Departments of Welfare into a National Social Services Department. Its workers, free from demeaning eligibility investigation could be trained to marshal and render services to the aged, as well as operate reach-out centers on their behalf.

In summary, Sir, my questions are these :

1. Can we develop a sound, comprehensive plan, obtain national commitment, establish true priorities to tackle the most crucial problems, provide realistic appropriations, develop effective methods, achieve universal application, assure review to meet changing requirements? Can we have a genuine anti-poverty, anti-impoverishment program, or must we continue to fight at crisis point for piecemeal legislation reaching too few with too little too late?

2. Once we do achieve an objective, for example, special housing for the aging, can we assure continuity? How can we safeguard what we have gained, expand upon it, so that we can accelerate the program instead of retrogressing as we are now doing?

Despite the competition for Federal funds, you would agree that the incredible plight of our older Americans can no longer be dealt with by sporadic responses to pressure. How long shall we put forth gigantic efforts to produce so little? How long must older people continue to be consigned to the twilight zone of existence and hopelessness? WE NEED A PLAN.

Thank you, sir, very much. (Applause.)

The CHAIRMAN. Thank you, Miss Diamond.

I think we will conclude with the summary, Bill.

Mr. FITCH. Senator, I wonder as long as we have been hammering away at the Project FIND whether as the project director Jack has any other reactions that he might have which have come through any of these questions.

## SUMMARY STATEMENTS

Mr. OSSOFKY. Perhaps very briefly. There are obviously hundreds and hundreds of other things that could be brought before the committee, I think, with value. Hopefully we will have some other opportunities either before the committee itself or its appropriate subcommittees to raise some of them in regard to health and with regard to community services, in regard to income levels as well.

I might just comment on two items that I did not speak about previously that require underscoring from our findings. One is the urgency to do something about the transportation problems of the elderly. Our studies have indicated that sometimes it is more difficult to get a person to a health care unit, for example, than it is to get the health care appointment. This is true not just in rural areas of the country where it is critical but it is true often right in the midst of the urban areas of our cities all over the country.

The problem of transportation is an exceedingly critical one and relates to the availability—the availability to get to these services, social services and church services. We in our final recommendations that will grow from this report will be urging some specific action in this particular regard.

Second, the whole area of isolation itself which comes through to us in a variety of ways, surprisingly at least to me, we found greater social isolation on the part of older persons in metropolitan areas where they are surrounded by other people, the lonely person in the crowd, than we found in rural areas.

In spite of all the senior centers that supposedly have gone up, isolation and loneliness remains a tremendously important problem for great numbers of people. Those few organizations to which the older poor in particular belong are rarely the senior center, the agency through which many of us have sought to develop programs for the elderly in the past. The church groups, the voluntary associations, the fraternal groups are often those places with which the older person has had some contact and we will need to find some ways of expanding the operations of these programs and agencies to reach the most isolated of the elderly.

Finally, if I may just make one other comment in regard to something that was said previously. There is in the detailed recommendations that will come forward some reference to retirement preparation and it does have pertinence for great numbers of the elderly, but it is certainly not a priority issue for the older poor. They just don't think in terms of retiring.

Regrettably, with the level of income the older poor are faced with they seek to, and have to, keep working until they just cannot work any more. To prepare those people for retirement, what we need to do is give them some money with which to retire.

Now I am a long time advocate of retirement preparation. I dare say that you may recall, Senator, I developed some of the earlier retirement preparation programs in the labor movement and also some joint labor-management programs. I am not suggesting that retirement preparation is not a significant and valuable thing but the con-

cent of retirement is a middle-class concept, The poor know only work, they have not been able to save for a rainy day because it has been pouring every day of their lives. (Applause.)

As a result, while we need to do something about retirement preparation in our discussion of the economics of poverty and of poor people's circumstances, this cannot be a number one priority or perhaps one very close to the top, it has to come in a little bit later once we have reached the point where these people can look forward to the opportunity to retire.

Thank you.

The CHAIRMAN. Thank you.

Mr. FITCH. I think the only thing I would like to say at this point is take this final report on "FIND" which is in its last stages of preparation. We would hope that it would become a study document for not only all of the organizations that have been represented during these last 3 days but we would like to give it very widespread distribution.

With all due respect to the report on hunger, if the report on "FIND" is really examined in its entirety in depth and meaning, I think this will incorporate all the hunger included but will have a farreaching effect in terms of the many other areas that are pointed out that need attention. I am not sure that we will ever get the TV special, the hour special on "FIND" that has been suggested, but it seems to me that this is the document that has significance to every individual American—not only the old, not only the elderly poor but for all of us who are looking forward to the days when we will not find ourselves in the position that we found most of the people in our project.

Senator, we are grateful for this opportunity and I am grateful for all of the work that went into this and also especially to Hal Shepard because he told it like we wish we had said it.

Thank you.

The CHAIRMAN. Thank you very much, Bill.

Thank all of you.

I hope maybe this will be a pilot method of having Senators come down here by daylight when people are gathered in downtown Washington.

Thank you. (Applause.)

(Whereupon, at 4:42 p.m., the committee adjourned.)

# APPENDIXES

## APPENDIX 1

### INTRODUCTION OF COMPREHENSIVE SOCIAL SECURITY BILL: REMARKS BY THE HONORABLE HARRISON A. WILLIAMS OF NEW JERSEY

(Draft: Subject to change)

Mr. President, on behalf of myself, Mr. Hartke, and Mr. Muskie, I introduce for appropriate reference a bill to amend the Social Security Act to provide increases in benefits under the old-age, survivors, and disability insurance program, to provide health insurance benefits for the disabled, and for other purposes.

This bill—endorsed by the National Council of Senior Citizens, the American Federation of Labor-Congress of Industrial Organizations, and the National Association of Social Workers—offers a comprehensive and realistic provision intended to help our social security system become markedly more effective in alleviating a worsening retirement income crisis which affects millions of Americans today and which threatens many more millions in the future.

The extent of that crisis—and the prospects for the future—have been the subject of intensive study and hearings by the Senate Special Committee on Aging during the past year. Perhaps the authoritative summation of the situation was provided by a distinguished Task Force which issued a Working Paper called "The Economics of Aging: Toward a Full Share in Abundance."

That document has caused a stir because it offers weighty evidence in support of a fundamental truth, and that truth is:

The economic problems of old age are not only unsolved for today's elderly, but they will not be solved for the elderly of the future—today's workers—unless this Nation takes positive, comprehensive actions going far beyond those of recent years.

To support that conclusion the Task Force offered economic facts of life for the elderly, including the following:

- Half of single people living alone have incomes of less than \$1,480, and one-fourth have \$1,000 or less. (1967 figure)
- Families with an aged head of household: 50 per cent less than \$4,000; 20 percent below \$2,000. Seven million people age 65 and over are living in poverty or near poverty.
- The average social security benefit meets less than one-third of the needs spelled out in the Bureau of Labor Statistics "Retired Couples Budget."
- The "gap" between workers income and retirement income is widening: (51 per cent in 1961 and 46 per cent in 1967).
- Average social security payment: (end of 1968) \$98.90 for retired aged worker; \$51.20 for the spouse; and \$86.50 for the aged widow.
- Widows: of 3.6 women living alone, 2.1 million live in poverty.

The Task Force, while noting that the Nation's social security system has failed to keep up with the rising income needs of the aged, also said:

"The existing social insurance system is a fast and effective way to deliver an income assurance that carried commitments for the future, as well as for the current generation of the aged."

Thus, the Task Force envisioned a major role for an improved social security system in an overall program to improve the overall economic security of the elderly of today and in years to come.

As Chairman of the Senate Special Committee on Aging, I have conducted several hearings on "The Economics of Aging" since the Task Force issued its report, and chairmen of three Subcommittees have also conducted specialized hearings on consumer aspects, health aspects, and homeownership aspects of the economics of aging. Additional hearings are planned in the months ahead, but already we have received eloquent testimony about the grave problems related to inadequate retirement income.

We have heard from the elderly themselves.

We have heard from representatives of organizations related directly or indirectly to the field of aging.

We have heard from individual economists, other medical experts, and from representatives of many other disciplines. Their testimony, and testimony yet to come, will provide this Nation with the most compelling case yet made for the "positive, comprehensive actions" sought by the Committee on Aging Task Force.

The bill I am introducing today would go a long way toward assuring economic well-being for the elderly now, and in the future. If our Social Security system is to serve as the foundation for economic security now and in the future, we must move ahead without further delay to make fundamental changes.

My bill is identical to H.R. 14430, introduced by Congressman Gilbert of New York on October 21. The Congressman, the AFL-CIO, and the National Council of Senior Citizens deserve much praise for producing omnibus legislation which makes the most of funds now available in the Trust fund while proposing new means of financing future improvements.

Without detailing the provisions of this bill, I will mention only a few of the major changes that should win the wholehearted endorsement of all those who are concerned that our social security system achieves its full potential.

*Benefit Levels.* Benefits would be increased substantially. The general level would be raised by 44 percent through a two-step increase, the first in January 1970, and the second in January 1972, with the minimum going to \$120. The change in the minimum alone would remove a significant number of our aged people out of poverty.

Thereafter, benefits would be automatically adjusted annually for each 3 percent or more increase in the cost of living. Our Task Force report pointed out that for some social security beneficiaries, past increases in social security benefits have been too little and too late to catch up with rising prices. My proposal would correct this unfortunate situation *after* benefits have been raised to more nearly adequate levels, rather than merely perpetuating the inadequacy by automatically adjusting benefits that are too low by any reasonable standard.

Benefit levels of the future would also rise as a result of automatic increases in the maximum earnings that are taxed and credited for benefits.

*Medicare.* Beginning July 1970, my proposal would eliminate the supplementary medical insurance premium—now \$4 monthly, and scheduled to rise—and produce for financing both hospital and medical insurance premiums through payroll taxes and a matching contribution by the Federal government. Out-of-hospital prescription drugs would be covered.

Our Committee's study has clearly indicated the need for these changes in order that Medicare can more nearly fulfill its promise of lifting from the elderly some of the heavy burden of rising medical costs.

*Federal Contributions.* Among the most significant reforms is a proposal for general revenue sharing in the costs of social security. Our present method of relying solely on payroll taxes places a regressive tax on the Nation's workers. Unless we correct this deficiency, I do not believe we can achieve an adequate benefit level, now and for the future, that will be supported by today's workers.

Our present system involves heavy costs of paying full benefits to workers already close to retirement, when first covered by the system. A Federal contribution—spelled out through a formula in the bill, so it is not subject to congressional whim—would have the effect of transferring these heavy costs from today's workers to a less regressive source of revenue, shared by the total population.

RELATION OF THIS BILL TO 2270, S. 2271, S. 2272, S. 2273, AND S. 2274

On May 27, 1969, I introduced five (5) bills to amend the Social Security Act. I said:

"What I look for in the next few months, is the evaluation of an omnibus bill, which will serve as a worthy vehicle for Congressional debate at the earliest possible date."

"Today, I am not introducing that omnibus bill. But, I am introducing several proposals which I regard as essential without which the final bill would be incomplete."

My earlier bill includes some provisions not incorporated in the comprehensive bill I am introducing today. They are, however, consistent with the objectives of this bill.

For the relationship of these earlier bills to today's bill, I submit a letter, written to Congressman Mills, urging that the House Ways and Means Committee consider these bills at the same time as the Gilbert Bill.

Perhaps several of my colleagues, especially those on our Special Committee on Aging, will wish to join me in sponsoring this important legislation. I, therefore, ask that it be laid on the table. I also ask that the record include at this point an analysis of the bill I am introducing (identified as H.R. 14430, the bill introduced by Mr. Gilbert on October 21), in comparison with the social security amendments proposed by the Administration (H.R. 14080).

This useful comparison was prepared by Francis J. Crawley, Education and Public Welfare Division, Legislative Reference Service.

(The comparison follows:)

# EXHIBIT 1

## COMPARISON OF H.R. 14430, H.R. 14080 AND THE PRESENT SOCIAL SECURITY ACT

<u>EXISTING LAW</u>	<u>H.R. 14430</u> (New omnibus proposal)	<u>H.R. 14080</u> (Administration proposal)
<b>1. BENEFIT AMOUNTS:</b>		
<b>(a) Basic amounts</b>		
Benefits for a worker beginning at age 65, range from \$55 to \$218. Benefits for dependents and survivors are based on these amounts.	Benefit amounts for the worker would be increased in 2 steps of 20% each: Beginning and range: January 1970, \$ 90 to \$293 January 1972, \$120 to \$537	All benefits would be increased by 10 per cent in March 1970. The increased benefits for a worker would range from \$61 to \$250.
	Benefits for dependents and survivors would be increased proportionately.	Same
<b>(b) Automatic adjustment</b>		
No provision.	Thereafter, benefit amounts would be automatically adjusted annually for each 3 percent or more of increase in the cost of living.	Same as H.R. 14430
<b>(c) Actuarial reduction</b>		
Benefits for workers, and their wives or husbands, who start getting benefits before age 65 are payable at reduced rates. The benefits are reduced to an amount that will on the average give the same total lifetime benefits that would have been paid if the benefits had not begun until age 65. A worker's benefit at age 62 is 80 percent of the benefit he would have gotten at age 65; a wife's or dependent husband's benefit is 75 percent of the amount payable at age 65.	Smaller reductions would be made. A worker's benefit at age 62 would be 85 percent of the unreduced amount; a wife's or husband's, 82½ percent.	No provision.

EXISTING LAW

(d) Widow's and widower's benefits

Benefits beginning at or after age 62 are equal to 82½ percent of the benefit amount that would be payable to the deceased spouse.

(e) Disabled widow's and widower's benefits

Disabled widows and widowers can get benefits at or after age 50. Where benefits begin before age 62, the benefit amounts are reduced.

(f) Dependent parents' benefits

Benefits are provided for the dependent parents of deceased workers.

(g) Disabled child's benefits

Benefits are provided for the disabled child of a worker provided that the disability begins before age 18.

H.R. 14430

(New omnibus proposal)

The amount payable where benefits begin at or after age 65 would be equal to 100 percent of the benefit amount that would be payable to the deceased spouse.

Benefits beginning before age 65 would be reduced; where benefits begin at age 62 the benefit amount would be equal to 82½ percent of the benefit of the deceased spouse.

Benefits would be payable to a disabled widow or widower at any age. No reduction would be made in benefits that begin before age 62; the benefit amount would be 82½ percent of the deceased spouse's benefit, the amount payable under present law and under the bill to a widow who begins getting her benefits at age 62.

Benefits would be payable to dependent parents of disabled and retired workers.

Benefits would be provided for the disabled child of a worker provided that the disability begins before age 22, rather than age 18.

H.R. 14080

(Administration proposal)

Same as H.R. 14430

No provision for disabled widows and widowers

Same as H.R. 14430

Same as H.R. 14430



EXISTING LAW

H.R. 14430  
(New Omnibus proposal)

H.R. 14080  
(Administration proposal)

(h) Special age-72 payments

Certain people who reach age 72 before 1972 and who have not worked under social security long enough to get regular benefits can get special payments of: \$40 for an individual; \$60 for a couple.

The special payments would be increased in 2 steps:

	<u>Beginning</u>	<u>Individual</u>	<u>Couple</u>
January 1970		\$48.00	\$72.00
January 1972		\$57.60	\$86.40

The special benefits would be increased to \$44 for an individual and to \$66 for a couple in March 1970.

(i) Lump sum death payment

Equal to 3 times the worker's benefit amount but not more than \$255. Range: \$165 to \$255.

The \$255 limit would be increased to \$500.

No provision.

2. BENEFIT COMPUTATIONS:

All social security benefit amounts are based on the insured worker's average monthly earnings. Nearly all benefits are now based on average monthly earnings after 1950 -- figured over 5 less than the number of years after 1950 and up to the year the worker reaches age 65 (62 for women), becomes disabled or dies.

The number of years used in figuring the worker's average monthly earnings would be reduced by 1/3 beginning in December 1970, and to his best 10 years out of any 15 consecutive years beginning in December 1972. The average monthly earnings figured over the shortened periods would be adjusted to take account of the length of time the person worked under social security.

No provision.

Average monthly earnings for a man are determined over a period of years ending at age 65, while for a woman it is determined over a period of years ending at age 62, earnings after age 65, or 62, may be substituted for earnings before those ages.

Average earnings for men would be determined over a period of years ending at age 62 as is provided in existing law for women.

Same as H.R. 14430

EXISTING LAW

3. EARNINGS TEST:

No benefits are withheld on annual earnings of \$1,680 or less. For earnings up to \$1,200 above \$1,680 (i.e., \$2,880), \$1 is withheld for each \$2 of earnings, and for additional earnings \$1 is withheld for each \$1 of earnings, except that no benefits are withheld for any month in which a person does not earn more than \$140 in wages nor render substantial services in self-employment.

No provision for automatic increases.

4. DISABILITY PROVISIONS:

Benefits cannot be paid until after a 6-month waiting period, and are payable only if the disability is expected to last for at least 12 months or to result in death.

Workers must be unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment

H.R. 14430

(New Omnibus proposal)

No benefits would be withheld on earnings of \$1,800 or less. For earnings up to \$1,200 above \$1,800 (i.e., \$3,000) \$1 would be withheld for each \$2 of earnings, and for additional earnings \$3 would be withheld for each \$4 of earnings, except that no benefits would be withheld for any month in which a person does not earn more than \$150 in wages nor render substantial services in self-employment.

Beginning in 1973, the \$1,800 and \$150 amounts specified above would be automatically increased as average earnings levels rise.

The waiting period would be reduced from 6 to 3 months, and the requirement that the disability must be expected to last 12 months or to result in death would be eliminated.

Workers aged 55-64 could qualify if unable to engage in substantial gainful activity (by reason of a medically determinable physical or mental impairment) in their regular work or in any other work in which they have engaged with some regularity in the recent past.

H.R. 14080

(Administration proposal)

No benefits would be withheld on earnings of \$1,800 or less. For earnings above \$1,800, \$1 would be withheld for each \$2 of earnings. However, no benefits would be withheld for any month in which a person does not earn more than \$150 in wages nor render substantial services in self-employment.

Same as H.R. 14430.

No provision.

No provision.

EXISTING LAW

H.R. 14430  
(New omnibus proposal)

H.R. 14080  
(Administration proposal)

5. MEDICARE:

(a) Financing

Hospital insurance is financed by contributions from employers, employees, and the self-employed. Supplementary medical insurance is financed by monthly premiums paid by enrollees and matched by the Federal Government. Moneys are deposited in, and benefits and administrative expenses are paid from, 2 separate trust funds. Eligibility for hospital insurance is based on eligibility for cash benefits (except for a special transitional provision) while medical insurance is available to virtually all those over 65.

Beginning July 1970, would eliminate supplementary medical insurance premiums and provide for financing both hospital and medical insurance programs through contributions of employers, employees, and the self-employed, and a matching contribution by the Federal Government. All moneys would go into a combined trust fund, which would pay the benefits and administrative expenses of both programs. Eligibility requirements for both hospital and medical insurance would be identical to that required under existing law for hospital insurance.

No provision.

(b) Medicare for disabled beneficiaries

Medicare is available only to people age 65 and over (without regard to disability).

Would extend medicare, under the combined financing approach described above, to people under age 65 entitled to monthly cash disability benefits. Benefits would begin with the first month for which the individual is eligible for cash benefits and end 12 months after cash benefits cease.

No provision.

(c) Drug coverage

Generally, drugs are covered only if they are provided in a hospital or an extended-care facility. Drugs are covered on an outpatient basis only if the drug is one which cannot be self-administered.

Would extend coverage of out-of-hospital prescription drugs under hospital insurance program. Drugs covered would be selected by the Secretary with the advice of an expert committee provided for by the bill. Reimbursement would be made to providers of drugs (pharmacies, etc.) on the basis of acquisition and dispensing allowances. The beneficiary would be required to make a \$1 co-payment per prescription or per refill.

No provision.

EXISTING LAW

6. MILITARY SERVICE CREDITS:

Military basic pay has been covered under social security since January 1, 1957. For service from September 1940 through December 1956 noncontributory credits of \$160 a month are provided. For service after 1967 noncontributory credits of \$100 a month are provided. There are no noncontributory credits for service performed from January 1957 through December 1967.

7. CONTRIBUTION AND BENEFIT BASE:

The amount of annual earnings on which social security contributions are payable and that can be counted toward benefits is \$7,800.

H.R. 14430

(New omnibus proposal)

Noncontributory credits of \$100 a month would be provided for service performed from January 1957 through December 1967.

The amount of annual earnings to be counted for contribution and benefit purposes would be increased as follows:

to \$ 9,000 for 1970 and 1971;

to \$15,000 for 1972; and for years after 1972, the annual earnings amount would be automatically increased (in even-numbered years) as average earnings levels rise.

H.R. 14080

(Administration proposal)

Same as H.R. 14430.

The amount of annual earnings to be counted for contribution and benefit purposes would be increased to \$9,000 for 1972. Beginning in 1974 the base would be automatically increased as wage levels rise.

EXISTING LAWH.R. 14430  
(New omnibus proposal)H.R. 14080  
(Administration proposal)

## 8. CONTRIBUTION RATE SCHEDULE:

## Employer-employee, each (percent)

<u>YEAR</u>	<u>OASDI</u>	<u>HI</u>	<u>TOTAL</u>
1970	4.20	0.60	4.80
1971-72	4.60	.60	5.20
1973-75	5.00	.65	5.65
1976-79	5.00	.70	5.70
1980-86	5.00	.80	5.80
1987 and after	5.00	.90	5.90

## Employer-employee, each (percent)

<u>YEAR</u>	<u>OASDI</u>	<u>HI</u>	<u>TOTAL</u>
1970	4.20	0.60	4.80
1971-72	4.80	.65	5.45
1973 and after	5.10	.90	6.00

## Employer-employee, each (percent)

<u>YEAR</u>	<u>OASDI</u>	<u>HI</u>	<u>TOTAL</u>
1970	8.4	1.2	9.6
1971-72	8.4	1.8	10.2
1973-74	8.4	1.8	10.2
1975-76	9.2	1.8	11.0
1977-79	9.6	1.8	11.4
1980-86	9.8	1.8	11.6
1987 and after	10.0	1.8	11.8

## Self-employed (percent)

<u>YEAR</u>	<u>OASDI</u>	<u>HI</u>	<u>TOTAL</u>
1970	6.30	0.60	6.90
1971-72	6.90	.60	7.50
1973-75	7.00	.65	7.65
1976-79	7.00	.70	7.70
1980-86	7.00	.80	7.80
1987 and after	7.00	.90	7.90

## Self-employed (percent)

<u>YEAR</u>	<u>OASDI</u>	<u>HI</u>	<u>TOTAL</u>
1970	6.30	0.60	6.90
1971-72	6.90	.65	7.55
1973 and after	7.10	.90	8.00

## Self-employed (percent)

<u>YEAR</u>	<u>OASDI</u>	<u>HI</u>	<u>TOTAL</u>
1970	6.3	0.60	6.9
1971-72	6.3	.90	7.2
1973-74	6.3	.90	7.2
1975-76	6.9	.90	7.8
1977-79	7.0	.90	7.9
1980-86	7.0	.90	7.9
1987 and after	7.0	.90	7.9

## 9. FEDERAL CONTRIBUTIONS:

No provision.

General revenue contributions equalling specified percentages of payroll taxes and gradually increasing over a 10-year period to an amount equal to approximately 1/3 the total cost of the program.

No provision.

Francis J. Crowley  
Education and Public Welfare Division  
Legislative Reference Service

October 24, 1969

## APPENDIX 2

### ADDITIONAL MATERIAL FROM WITNESSES

ITEM 1. SUBMITTED BY DR. HAROLD SHEPPARD, MEMBER, TASK FORCE ON ECONOMICS OF AGING AND STAFF SOCIAL SCIENTIST, UPJOHN INSTITUTE \*

WORKSHOP REPORTS OF THE NATIONAL COUNCIL ON THE AGING ACTION CONFERENCE, STATLER-HILTON HOTEL, WASHINGTON, D.C., OCTOBER 1969

#### EXHIBIT A.—WORKSHOP "A" (RECREATION AND EDUCATION)

##### PREAMBLE

The workshop on Recreation and Education, in full recognition that the needs for these services of recreation and education are great, would first like to recognize and emphasize the desperate plight of millions of our older citizens in the areas of housing, income and health standards.

1. Evidence of the shortcomings in these areas have been well documented in the recent report of Project FIND and the Krep's Study on the Economics of Aging.

We feel we can no longer assume that these basic needs of our older persons will be adequately met. Toward this end, we urge that serious consideration be given toward increases in the social security legislation that would raise the loss of benefits; and broaden the scope of the present system to include persons not presently covered.

We would support the basic subsistence level being raised to \$1800.00 per year per person, and \$3,000 for a couple. We would also support the elimination of limitations upon earnings in order to qualify for full social security benefits and increases.

2. We resolve that steps be immediately taken to provide programs to insure adequate housing for our senior citizens to include a provision for recreational and educational facilities.

3. We resolve that recognition be made of the inadequate health care of our older citizens, and strongly recommend that steps be taken to provide improvements in basic health care needs.

1. We recommend that more effective informational programs regarding benefits available to older Americans be developed by relevant government agencies to insure that those eligible receive the services to which they are entitled.

2. Develop employment & volunteer programs using older Americans as community service agents (aides).

3. Provide funds to local agencies to develop education and recreation programs and facilities.

4. Expand means (funds) for getting service to people where they are i.e. libraries, educational T.V., nutrition, recreation, etc.

5. Provide support for education in use of health services (i.e. preventive medicine, use of medicare & medicaid, nutrition and mental health.)

6. Promote creative "Partnership" between government and voluntary agencies for training and implementing action programs at national, state and local levels.

\*See statement, p. 1099.

7. Requiring evaluation of programs for purposes of public information and possible publication.

8. That the FIND Report be widely disseminated without cost, and used by communities for evaluation of local programs.

#### RECOMMENDATIONS

We recommend that the National Council on the Aging, and its separate member agencies, continue to be recognized as a responsible force for older adults because of their:

1. Commitment to involving the seniors and total citizenry, locally and nationally.
2. Commitment to promoting social action locally and nationally.
3. Collective and individual acceptance of their roles of acting on behalf of older adults.

#### EXHIBIT B.—WORKSHOP "B" (FRATERNAL AND SERVICE ORGANIZATIONS)

*The fraternal and service organizations workshop met and decided to recommend the following resolutions:*

1. We recommend that legitimate tax reform be initiated on local, state and Federal government levels which would exempt persons age 65 and over from personal property and personal income taxes.

2. We recommend that immediate action be taken to establish adequate minimum national standards of income maintenance.

In order to implement this recommendation, minimum old age assistance allowances should be adjusted so that each single person receives at least \$1,800 and each couple receives at least \$3,000.

Meaningful work opportunities with adequate salaries should be expanded for older persons.

The amount of income permitted before Social Security allowances are affected, should be increased to a realistic and adequate level.

3. We recommend that immediate strategies be planned to improve the delivery of Medicare services.

Home health services provided within current Medicare legislation should be established in every community.

Abuses of Medicare by physicians and medical faculties should be curtailed.

Immediate action must be taken to encourage the development of positive attitudes within the medical sphere toward treatment of medical patients.

The allowable provisions of Medicare should be explained and clearly defined for all elderly poor persons.

More efficient administration of Medicare services should be provided on Federal, State, and local levels.

4. Voluntary agencies such as civic, fraternal, and church organizations should establish immediate priorities for establishment of constructive programs which relate primarily to elderly poor persons.

5. Government agencies should provide maximum priorities for programs which relate to older persons.

6. Government agencies should coordinate their efforts to assist in identifying the elderly poor for local and state organizations which are involved in programming activities for older persons.

#### EXHIBIT C.—WORKSHOP "C" (GOVERNMENT)

*Recommendations made at the workshop:*

(1) That every older American, in order to live in dignity, shall be guaranteed an annual minimum income of \$1800.00 through Social Security with provisions for necessary increases related to the cost of living.

That an attempt be made to provide adequate safeguards to insure that such increases not be negated by rising costs.

(2) That the Administration on Aging, in order to achieve its responsibility for coordinating all Fed programs in aging, develop a mechanism with the authority to coordinate such programs properly.

(3) That the state agency responsible for implementing the Older Americans Act shall be responsible for coordinating Federally-funded programs for the aging in each state.

(4) That the appropriation for extension of the Older Americans Act be voted at the full authorization amount approved by Congress for fiscal years 1970, 1971 and 1972.

That Congress immediately appropriate an adequate sum for state and regional planning for the White House Conference on Aging of 1971, in order that representative delegates of the elderly may be supported in attending the Conference. Special attention shall be given to participation of the elderly poor in the Conference.

(5) That the Administration's efforts to improve delivery of services to the elderly poor be accelerated.

(6) That the President appoint an assistant director in the Office of Economic Opportunity, in charge of programs for older persons, in order to carry out the intent of Congress Section 610 in assigning high priority to the elderly poor.

That a similar position (assistant director in charge of programs for older persons) be established in other Federal agencies whose programs involve or may involve a substantial number of older persons.

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#### EXHIBIT D.—WORKSHOP "D" (HEALTH AND NUTRITION)

Emphasis of teamwork and partnership between voluntary and public agencies.

Emphasis on communication gap between agencies and between consumers and agencies.

It is time to end demonstration projects and come up with the means for on-going programs to get services out to all the elderly.

Minority groups strongly emphasized as they are even more affected by problems.

Four general areas hit:

1. Get available services to elderly and develop new ones.
2. Combat loneliness and social isolation
3. Emphasize prevention rather than cure, and promotion of good health.
4. Help older persons to mount efforts in their own behalf.

#### SOCIAL ACTION—CITIZEN ACTION

##### *Problems*

1. Lack of income.
2. Difficulty of obtaining services.
  - (a) Lack of knowledge of existing resources.
  - (b) Limitations of services.
  - (c) Attitudes of aged to services.
  - (d) Attitudes of agencies to aged.
3. Lack of transportation.
4. Lack of services and facilities examples:
  - (a) Home delivered services.
    1. Home health aides.
    2. Home delivered meals.
  - (b) Extended care facilities
5. Lack of personnel.
6. Special problems of minority groups.
7. Discriminatory policies towards aging.
8. Lack of participation of older consumers in policy-making and in agency services.
9. Roadblocks to development of services.
10. Lack of Outreach-professional and non-professional.
11. Inertia of agencies.



12. Lack of coordination of services to aging.
13. Problem of communication.
14. Lack of personalized services.
15. Rising costs of medical care (and costs in general).
16. Special health problems of elderly.
17. Lack of employment opportunities.
18. Lack of retirement education.
19. Inadequate Diet.
20. Lack of involvement of older persons.
21. Lack of awareness of political strength of elderly.
22. Underestimation of potential and strengths of elderly.
23. Lack of legal services and advocates.
24. Inadequate housing.
25. Consumer misinformation.
26. Consumer fraud.
27. Lack of meaningful activity.
28. Lack of mobility.
29. Hesitancy of older persons to do and participate.
30. Attitudes of family towards older person.
31. Insecurity.
32. Fear of unknown.
33. Isolation.
34. No telephones.
35. Attitudes toward health.
36. Lack of facilities to prepare and store food.
37. Unnecessary postponement of death.

*We recommend that:*

1. A minimum income for all Americans in the amount of \$1800 for single persons age 55 and above and \$300 for couples, to be kept in line with national production and economic growth.
2. Older persons and the welfare of older persons be placed as a national priority of the United States.
3. We urge that the concern for older Americans be given a high priority by the national government administration and by the Congress. We note (1) the reduced budget of the Administration on Aging, (2) the lack of appropriations to date to prepare and conduct the White House Conference on Aging, (3) the de-emphasis on programs for older persons in O.E.O., (4) the omission of provision for the elderly poor in the President's recently announced public assistance program and (5) the omission of the elderly in plans for improving nutrition and food services. We urge, therefore, action now to restore and expand the present services to the elderly, inclusion of the elderly in plans for other significant changes in Federal policy, and the granting of high priority to this growing sector of our population in proportion to their numbers and needs.
4. To promote better health and help prevent physical and mental illness among this country's older citizens we recommend financial support for sound nutrition programs such as:
  - (a) Home delivered meals at reasonable prices, perhaps requiring subsidy.
  - (b) Group feeding programs—particularly important in counteracting the social isolation of the elderly.
  - (c) Increased consumer information about food choices, sound shopping sense, and the avoidance of food fads, misinformation about nutrition.
  - (d) Public health nutrition programs for those with chronic diseases such as heart disease, strokes, diabetes and arthritis.
  - (e) Counselling services for those requiring special diet modifications.
  - (f) Improved food programs including MORE adequate distribution of federal donated foods, more food stamp programs, and funds for delivery of foods to the home and/or for transportation to obtain groceries.
  - (g) Improved food service in institutions serving particularly the elderly.
  - (h) Health education programs in schools, hospitals, clinics, physician and dental offices so that all age groups will be exposed to sound nutrition information.

It is recognized that obtaining an adequate diet requires sufficient income and knowledge to purchase food and the essential equipment in every home for food storage, food preparation and food serving—this means refrigeration, stoves, dishes, and washing utensils.

5. We recommend that a telephone be available to every older citizen who wishes one as an essential household item. Further thought needs to be given to implement this provision by involving industry, public assistance, governmental and voluntary agencies.

6. There is a need for expansion of home health services so that these benefits of Medicare will be available to all older persons.

Additional services in the home are needed to maintain the level of independence of older persons in their own homes, such as homemaker services be available for all. We further recommend that fund be provided to implement this so that homemaker services, etc. are available in every area of the country.

7. Medicare and Medicaid be broadened to cover preventive physical and mental health care, including periodic health appraisals.

8. There be a 24 hour service center for older Americans in each community throughout all states, that such a Find type center (1) provide information and referral services, (2) extend assistance through volunteer outreach programs as individuals are identified and (3) generally become a focal point for coordination of services already available to this segment of the population as well as providing documented evidence to appropriate local or state level agency or organizations about programs that must be initiated and funded in order to meet the needs of older persons. It is further recommended that such centers be staffed primarily by older persons and that suggested locations might include Social Security District offices, space within existing facilities of social agencies, voluntary organizations or whatever location seems most accessible.

9. Flexible retirement be encouraged throughout the country and that the federal government be the first to implement this by offering a flexible retirement plan for all governmental employees.

10. A federal mandate be initiated to give special consideration to employment of older workers and minority groups in all programs in which federal funds are used.

11. Because of the necessity for services on a 24 hour basis, especially in Crisis Prevention, that a national uniform telephone number be established. Computer centers be utilized for obtaining information of services and referral so that follow up will immediately take place. (This becomes a single entry point into all services for the elderly.) (The mass media could then be approached to educate the elderly as a public service in setting up this national program.)

12. All national voluntary organizations participating in this conference help older people mount efforts in their own behalf. In addition older consumers should also participate in the policy making of our boards.

13. That NCOA undertake the promotion and development of a Council of Concern for and with the Aged. The Council would serve to develop better communication among public and private organizations, the elderly, service organizations, etc. They would promote coordination of programs and elimination of gaps in services.

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#### EXHIBIT E.—WORKSHOP "E" (HOUSING)

Whereas the Federal Government is de-emphasizing, downgrading and eliminating special housing programs for the aging, at the very time when the critical housing needs of most older people have become even more exacerbated by the continuing growth in their numbers, the too few housing starts to offset relentless deterioration of existing housing, the increase in the incidents of mugging, assaults and injuries inflicted upon the Aging who live and walk alone are easy prey.

Whereas over 45% of all older people live in deteriorated, substandard or inappropriate housing. Their needs for various types of living arrangements such as self-contained dwelling units, hotel type quarters and social care homes for the infirm, who require protective care are more acute.

The rocketing cost of even standard housing has priced them out of the market. Yet with fewer inner and outer reserves than younger families, older people are among those most trapped by urban blight, most vulnerable to displacement because of public improvements, most forgotten in rural decay and desolation.

Whereas it is an established fact that specially designed, financed and managed housing for older people can conserve health, prevent breakdown, minimize sensory and energy losses, provide safety and security, help overcome loneliness and fear, enhance mobility, and enable older individuals to participate in and contribute to family, group and community life.

Whereas experience has further shown that the elderly require *not isolation* from other age groups but *insulation* from the pace, turbulence and competition for use of common facilities, children and young adults engender.

Indeed, many older persons living in new housing for all age groups, right in the center of town, are still isolated. They do not interact with younger neighbors, and form few if any durable friendships. In contrast, when elderly live in special housing for their own peer group, they tend to interact, find new roles, have someone to share experiences with, someone to turn to, to do things with. Most housing for the elderly have long waiting lists; old people, however can't wait and are too often unfortunately and unnecessarily forced into institutions where they don't belong.

Whereas in programs for low and low middle income housing for all age groups, older people have seldom if ever been given priority or their fair share of dwelling units. For years, their needs were ignored in the Public Housing Program. (only within the last few years, after much persuasion, were these funds used for elderly housing, often in communities who otherwise would not accept public housing.)

To eliminate these special programs which were designed to create elderly housing, not only contradicts what is already proven, but is a cruel death warrant to the hopes of most of our aging for ever getting an appropriate and decent place to live.

*Be it therefore resolved, that:*

I. The National Council on the Aging exercise its responsibility and leadership to marshall its membership to work not only to conserve but to expand programs designed to develop special housing for aging only. That as a first step, NCOA arrange a special meeting of non-profit sponsors and other knowledgeable persons with Secretary Romney to make known their views, the needs of the elderly for housing facilities and programs to create these.

II. That the administration be urged to earmark a fair proportion of the appropriations under Housing Law #236 for special housing for older people only; that non-profit sponsors be given preference over profit motivated builders; that the #202 Housing Program be extended for at least five years with the possibility of converting 3% interest rate to 1%.

III. That HUD staff, knowledgeable re: housing and related needs continue to give visibility to the needs of the elderly; and work with non-profit sponsors to create elderly housing.

IV. That there be an increase in the number of older tenants in a given non profit housing project, permitted rent supplements.

V. That more subsidy and greater flexibility in income levels be permitted in public housing to assure that those older persons with incomes just too high for a welfare allowance and too low for public housing will be admitted, and that those with very low or no incomes become tenants.

VI. Since managements of housing for older persons is more than a real estate operation, that funds be allowed for other special social management aspects, such as manning a 24 hour emergency switchboard, security guards, social worker to marshall community services and programs on behalf of elderly tenants.

VII. That greater use be made of and sanction given to rehabilitation and conversion of existing sound structures which often can provide more immediate housing and frequently on suitable sites.

VIII. That legislation be passed to provide for 100% interest, free loans to non profit sponsors of elderly housing for certain development costs.

IX. That greater use be made of potential patterns of partnership between public housing and non profit sponsors to provide a variety of types of living arrangements for the aging.

X. That adequate funds be made available to enable an old home owner to convert his too big house to smaller income producing units, or rehabilitate his home and make it more liveable, or to repair and sell his premises.

XI. That neighborhood facilities programs earmark a proportion of their funds to develop multi-purpose community centers for the aging.

XII. That the thrust for continuing and increasing special housing for older people be initiated at once, and the older people themselves be mobilized to assist in the necessary social actions. That campaigns for contacting Senators, Congressmen, as well as the Office of Aging and the Administration be undertaken as soon as possible before existing gains are lost and chances for new ones made impossible.

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EXHIBIT F.—WORKSHOP "F"

A basic flow of income for all Senior Citizens to enable them to live in health and dignity.

To support HR 14430 (Gilbert Bill); Social Security Act to be modified to include all workers presently excluded from Social Security system.

That Government provide a mechanism for locating individuals whom are eligible for benefits under Social Security, Welfare, Housing, nutrition and at the present time, whom have not applied for such benefits.

Emphasis and attention be paid to Comprehensive Health Planning to the elderly poor in rural areas; with the aim of assuring early provisions of adequate health services.

To urge unions and management to reassess their public and private pension plans in line with current income maintenance needs—and to make necessary improvement there-in; included in this reassessment would be evaluation of current pension benefits being paid to retired workers.

To call upon the Federal government to provide a model for adequate pre-retirement counseling goals.

We strongly endorse the spirit and content of Mr. Shelley's letter to President Nixon as presented.

Strongly recommend that provisions be reinstated or included in the Housing Act of 1969 which would:

(a) provide direct subsidy to public Housing Authority to meet the needs of rising costs of maintenance and administration.

(b) Allow rent payments to be kept at maximum of 25% of income through rent supplementation.

This would in effect eliminate the need for rent increases.

That Project FIND data be provided to Union and Industry as to the needs of elderly poor in our society.

Call upon Department of Labor to provide permanent and on-going service to develop job opportunities for older workers with emphasis on the over 60 population.

To call upon the Federal government to expand and make permanent the employment of older persons in community services, as has been effectively demonstrated in programs as Medicare Alert, FIND, Green Thumb, Foster Grandies, etc.

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EXHIBIT G.—WORKSHOP "G"

*Resolution No. 1*

Congress should create a special Department on Aging, with a Secretary of Cabinet rank or to assist the President and Congress in developing a unified permanent program for Older Americans: It should embrace all phases of planning, programming and allocation of funds presently dispersed in so many Departments. And, Congress should appropriate adequate funds to implement current programs and find new solutions to the problems of aging. Part of the function of this department would be to collect and interpret all social data relative to the development of "social indicators". Such a data bank of information on Social Security, Medicare census, State Medicaid, housing and health, as well as Old Age Assistance would provide a fund of data and current measurements of changing conditions for comprehensive planning.

*Resolution No. 2*

We believe that Senior Citizens need to be directly involved in planning for themselves. Therefore, we propose that a Federal mechanism be established to act as an advocate mechanism for legislative action which affects the lives of the elderly living in the United States.

We believe that the N.C.O.A. should restructure its organization to include representation from all segments of the older population on its policy making level and give leadership to the development of this Federal mechanism.

*Resolution No. 3*

After a comprehensive study of the economics of aging the United States Senate Special Committee on Aging came to the conclusion:

"Low income is the number one problem of today's aged population. Low income in older age is not a transitional problem that given present trends will solve itself. Unless action is taken now, most aged will not have sufficient income to provide in retirement—a healthful, self-respecting manner of living which allows normal participation in community life."

Project FIND data submitted to this Conference demonstrated that of older persons interviewed one quarter of these were living on incomes of \$1000 or less and one half on incomes of \$1,500 or under.

The productive capacity of our economy makes it possible for each individual to share in the abundance created by it. We believe that the purpose of this productivity can not be separate from the needs of people and that no older American should be compelled to live below the poverty level.

We, therefore, recommend that it shall be the right of each older American to have a guaranteed annual minimum income of \$1,800 for the individual and \$3,000 per couple.

We further recommend that the Social Security system be utilized for the distribution of this income eliminating the need and expense of creating a separate administrative system.

Further, that these minimums shall not interfere with the rights of older citizens to engage in work or other activities which may increase their income and give them an opportunity to use skills, talents, and abilities needed by society, and contributing to their continued feeling of worth and participation.

The special problems of the older citizen related to health needs, medical care, and housing, also demand immediate attention and action from the Senate Committee on the Aging.

The older citizen should have the right to share in the economic growth of the nation, for this growth cannot be isolated from his previous contributions to the nation's productivity. We, therefore, recommend that provisions be made to guarantee the older citizen his share in the growth of the economy.

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EXHIBIT H.—WORKSHOP "H" (RELIGIOUS ORGANIZATIONS)

RECOMMENDATIONS

I. That a guaranteed minimum living income be provided to all Americans, especially older persons who are 55 years of age and alone. This income should be \$1800 per year for single persons and \$300 per year for couples.

II. That all churches appoint special committees to study the needs of the aging in their local communities and lead their congregations to take action. Some older persons should be involved. It is recommended that NCOA distribute materials to assist with this development.

III. That NCOA provide wide distribution to all national church offices and Synagogues a listing of all known programs and resources for the aged.

IV. That all religious organizations, communities and agencies provide an adequate living pension for all employees, laymen and clergy.

V. That the personnel of programs for the aging include a majority number of older people. This should include the Boards and advisory committees of such programs.

VI. That the Federal government provide adequate funding for the extension of programs for the older poor such as Foster Grandparents, Senior Service Aides, Operation Green Thumb, etc. which have already demonstrated their value and for such proposed programs as R.S.V.P., which show great promise.

VII. That NCOA make available to churches information on legislation relating to aging.

VIII. That the new Bill to modernize the Social Security Program be brought to NCOA's attention. (see attached)

IX. That second careers or new careers in retirement be promoted in local communities by local churches.

X. That the group express regret that the older persons OEO Programs are being down graded. It is recommended that this be reconsidered and that adequate funds be appropriated to increase aging programs beyond pryor funded levels.

XI. That the White House Conference on Aging include on its agenda, religious agencies, providing an opportunity for input from these agencies. Religious groups should also be included on the planning committee for the White House Conference.

EXHIBIT I.—NEWS RELEASE FROM CONGRESSMAN GILBERT'S OFFICE—"CONGRESSMAN GILBERT DRAFTS NEW BILL TO MODERNIZE SOCIAL SECURITY PROGRAM" (H.R. 14430)

Rep. Jacob H. Gilbert (D.-N.Y.) today announced that he will shortly introduce a revised Social Security bill that would raise Social Security benefits overall more than 50 per cent.

The new Gilbert bill will provide for a 44 per cent general increase in Social Security benefits and a 120 monthly minimum benefit to be accomplished in two steps by January 1, 1972.

Thereafter, the new Gilbert bill provides for automatic increases in Social Security benefits tied to the cost of living.

The new Gilbert bill would also abolish the \$4 monthly premium payment for Medicare Part B (doctor) insurance, extend Medicare health insurance to an estimated 1,500,000 disabled Social Security beneficiaries below age 65 and would pay for out-of-hospital drugs under Medicare (only drugs administered in a medical institution are now covered).

Altogether, the new Gilbert bill would make 15 important changes in the Social Security law.

MUCH HIGHER SURPLUS REVEALED

Additional benefits incorporated in the new Gilbert bill reflect a substantially higher actuarial surplus than had been reported earlier in the Social Security Trust Fund.

Gilbert's first Social Security measure was introduced in the House of Representative September 17. Gilbert said: "Since introduction of my bill last month, the actuaries of the Social Security Administration have reevaluated the actuarial status of the social security program. This reevaluation shows the cash benefits part of the program to have an actuarial balance of 1.16% of taxable payroll instead of 0.53% as previously anticipated. As a result, my earlier bill is considerably overfinanced. I am therefore planning to introduce a revised bill which takes account of this favorable actuarial balance."

Social Security experts and observers agree that Gilbert's new bill will be one of the most comprehensive ever to be submitted to the Congress. In addition to increasing benefits substantially and tying them to the cost of living, it would finance the medical insurance part of Medicare through contributions paid during the beneficiary's working years in the same way hospital insurance and cash benefits are now financed.

This change alone, by relieving beneficiaries of the Part B Medicare premium, would be the equivalent of about a 5% benefit increase for the average beneficiary and considerably more for a couple.

"The bill I plan to introduce would go a long way toward maximizing the potential of social security for the benefit of more people and for the benefit of the nation as a whole," Gilbert said.

The new Gilbert bill will contain these improvements:

—Two 20 per cent across-the-board benefit increases—the first on January 1, 1970, and the second on January 1, 1972, and a two-step boost in the minimum benefit bringing it to \$120 a month by the beginning of 1972.

—Base a worker's Social Security benefit on his highest ten years' earnings out of any 15 consecutive years after 1950.

—At age 65, provide a widow's benefit amounting to 100 per cent of the deceased spouse's benefit (The present law limits it 82½ per cent at age 65).

—For beneficiaries who continue working, increase the income a person can earn and still get full Social Security benefits.

—Raise the lump sum death benefit to \$500.

—Reduce the disability benefit waiting period from six months to three months and liberalize the definition of disability.

—Eliminate the age-50 limitation for disabled widows and increase the benefit for them to that of regular widows' benefits.

—Do away with the requirement that men who retire at age 62 must compute their average earnings by including years up to age 65, thus lowering their retirement benefits excessively.

Gilbert said the contribution base, now \$7,800 will, under his new bill, increase in two steps to \$15,000 by 1972. This and the current actuarial surplus in the Trust Fund, a one-tenth of one per cent increase in the presently scheduled employee and employer contribution rates, and a gradually increasing Government contribution eventually approximating one-third of the total program cost would pay for the proposed improvements, Gilbert said.

## EXHIBIT J.—WORKSHOP "I" (SOCIAL WELFARE AGENCIES)

### PREAMBLE

The many organizations represented at this Conference accept the responsibility urge the utilization of all of their respective facilities, boards, constituents, staffs and persuasions to accomplish the following priority factors pertinent to aging problems in the United States, with an immediate goal to identify priorities of needs and establish a timetable to meet these needs *now*.

1. That this body support the principle of a minimum sustenance level for older persons in particular, and the entire population in general, based at \$150 per month for individuals and \$250 per month for couples with an accompanying adjustment for rises in the cost of living.

2. The immediate expansion of provisions for Medicare and Medicaid to include such as the following: out-patient medical services and care, dental care and prostheses, optical care, drugs, hearing, multi-phasic diagnostic and treatment centers with adequate provision for accessibility, and the immediate removal of restriction on standards of eligibility.

3. Increased subsidization?) of housing provisions and programs for elderly to include home repair and maintenance.

4. Immediate passage of legislation to increase employment opportunities for those persons who desire and have the capacity for work. Seek the legislative removal of discriminatory hiring and retiring practices based on arbitrary age limits for aging persons by industry, governmental entities and insurance. Provision for job retraining and or training to accept and gracefully utilize leisure time forced on older Americans at retirement.

5. Although the proportion of older Americans is rising, the proportion of funding for aging programs and services is declining. Therefore, OEO, HEW, Ag, Labor, HUD, Transportation determine the funding of programs and services with an equitable consideration for aging priorities. This immediately apparent with the currently decreasing funding levels for aging programs and services which *must* be immediately reinstated, extended and expanded *now!* Immediate provision by Congressional legislation to include provisions for a permanent position in each and every government *agency* to concern itself solely with the problems of older Americans as they relate to their respective agency programs.

6. Legislation must be immediately considered, framed and enacted to provide for distribution of Federal subsidized assistance with enough flexibility to provide Federally subsidized funding direct to metropolitan and other areas and funded entities instead of through State legislatures and governmental offices—that is providing for the non-restrictive channeling of earmarked funds.

7. The National Council on the Aging is hereby charged with the urgent responsibility to coalesce all levels of government, private and public agencies, organizations of older persons, and older persons in general (but older poor in particular) through whatever means necessary to seek the immediate passage

of the above named legislation and other recommendations and resolutions that may be deemed pertinent to the advance of programs and services for older Americans—including social action involving all the above categories of groups and individuals.

ITEM 2. SUBMITTED BY ALICE McFADDEN\*

EXHIBIT 1.—THE FIND REPORT—ITS CHALLENGE TO EDUCATIONAL AND RECREATIONAL ORGANIZATIONS

(Earl Kauffman, Director, Council on Aging, University of Kentucky)

"We never knew they were there," one woman said, in evaluating the FIND Report. She was referring to the elderly, many of them poor, who had been living quietly in her home town. Some of them had once been prominent citizens but who, in retirement, slowly disengaged from social contacts until society in turn had forgotten them. Some, probably, were the chronic poor who had always been invisible except to the case workers. There are elderly people, many of them poor, in every community. People living in the some 20 communities where FIND was operational know about them, their social, psychological, economic, and physical needs.

The FIND report, in spite of its information about method and results, leaves a major question, "So what?" The money is spent, "the captains and the kings" have departed, we have the report, the communities have their elderly, many of them poor, and the elderly are still alive. Now we know they are there, what answers to their needs can be devised and provided? By whom? Why? When? How? These are our questions to answer in this workshop. "That is too much to ask of us in such a short meeting," you say. Then let us do these things:

1. Let us define the problems we can understand and make these the targets of our deliberations. The other problems might be listed in the appendix of our report in the hopes that others following after us may act upon them.

2. Let us analyze the resources of our own educational and recreational organizations with a view to discovering if we have the interest, expertise, manpower, and finances to become actively involved in serving the elderly, some of whom are poor.

3. Let us say to ourselves and to the conference what it is we can do now with whatever resources we now control; what we believe we are capable of doing; and what we require in terms of help and funds to maximize our effectiveness in solving the problems which fall in our areas of concern and competencies.

To guide us in the pursuit of our three tasks we can draw upon the FIND report for some help. From it we learn:

1. That it is false to assume that Social Security, Old Age Assistance, Medicare and Medicaid are meeting the needs of older adults.

2. That poverty has a single, inflexible definition.

3. That the problems of aging in rural and in urban communities are the same today as in former years.

4. That it is not going to be easy to direct the attention of the nation toward the elderly when it is faced with such highly visible problems as war, civil disobedience, racism, school drop-outs, crime, illegitimacy, and the like.

5. That programs of service based upon prior research can be generally successful, but that the intent of the research must be visible service, not mere reports for the archives.

6. That older adults are able to make field interviews, summarize and evaluate reports, devise and lead programs when they are trained to do so and when they are supervised by trained leaders.

7. That training must include an understanding of older people in general, and in particular situations, in addition to the mechanics of the interviews or the programmed activity.

8. That there must be experimentation with training methods and leadership techniques. NCOA has accumulated much experience which is available to edu-

\*See statement, p. 1103.



cational and recreational organizations. Contrawise, other agencies likewise have much to contribute; The Gerontological Society, Adult Education Association, National Recreation and Parks Association, Administration on Aging, to mention only a few.

9. That there are resources in practically every community which can be impressed into service for the benefit of older adults.

10. That in rank order FIND provided most referrals in recreation, second in clothing, and third in public assistance; that in the number of services received it was recreation first, second, clothing, and third, public assistance; that in services needed but for which there were no referral sources, public assistance was first, clothing second, and social security benefits third. This is an interesting co-mingling of the economic and social needs of older people.

In summary, if we are to be effective in this workshop, we might take a guide line from this paragraph in the FIND Report.

"Generally speaking, the community services which enhance life were the most spotty of all. These include friendly visiting; senior centers and clubs which reduce loneliness and stimulate social relationships; help with shopping and transportation; adult education opportunities and specialized library services."

## EXHIBIT 2.—THE COUNCIL ON AGING AT THE UNIVERSITY OF KENTUCKY

(Earl Kauffman, Ed. D., Director)

Note.—The Board of Trustees, meeting on February 9, 1962, approved the creation of a Council on Aging to serve the University, its faculties, its staffs, and the Commonwealth in cooperatively meeting the challenge of enhancing the value of life for as long as we shall live.

### I. PREAMBLE

By the nature of its history, its purposes, and its practices, the University is concerned with securing for the senior citizens of the Commonwealth and the Nation a full measure of satisfaction as they live out the years of their lives beyond the date of retirement. This implies concern for reducing the ravages of illnesses, including those that are induced by loneliness and boredom. It implies a concern for the contributions the retired citizens can make to the economy of the state. Also, it implies the need for making use of the wisdom which these senior citizens are capable of giving to the people of their communities.

The rendering of services to the aging is not a new enterprise for the University. Material on many facets of the subject is incorporated into the content of numerous courses and programs. Research related to the biological and psycho-sociological aspects of aging has been going on for a long time. Some pilot demonstration projects have been undertaken.

As the number of people in our population who have achieved the age of 60 or more has increased, and as the length of their years of retirement has stretched out, the previously informal considerations of the problem of aging are no longer adequate.

### II. THE OBJECTIVES OF THE COUNCIL

1. Service all segments of the University by developing an Information and Referral Center to provide assistance in identifying problems requiring attention, supply references pertaining to ongoing programs, locate sources of funds for research, and be otherwise useful to departments and staff as requested.

2. Assist in arranging for instructional programs for the aging persons themselves as well as for those persons who will be involved in serving them.

3. Assist departments of the University to pursue their interests in developing new knowledge by locating sources of funds and other assistance for research. The council will cooperate with the Kentucky Research Foundation in this function.

4. Promote demonstration-service projects on the campus and at appropriate places elsewhere as required for the development of instructional and research programs, techniques, and materials.

5. Cooperate with public and private agencies within the Commonwealth and throughout the Nation which have an interest in developing opportunities for senior citizens to achieve their optimum values of independence, satisfaction, and productivity.

### III. THE ORGANIZATION OF THE COUNCIL

#### A. *The Purpose of the Council*

1. To become a body of informed scholars which is capable of forming discriminating judgments about programs of instruction, research, and demonstrations in the field of aging.

2. To function as a link in the communications network between members, their colleagues, the constituents of the University, the director, and other personnel actively involved in programs for the aging.

3. To initiate and evaluate programs of instruction, research, and demonstration.

4. To assist in every way possible with the successful completion of projects and programs in the field of aging whether related to the Council or to some other organism of the University, the Commonwealth, the Nation.

5. To guide and advise the director in the performance of his duties to the Council.

#### B. *Membership*

1. Membership in the Council shall be upon appointment by the President of the University. The term of membership shall be two years. If a member signifies his continuing interest in serving, he shall be eligible for re-appointment.

2. New members may be added to the Council at any time upon recommendation of their Dean or Administrative chiefs, providing the President approves the appointment.

3. In accepting an appointment to the Council each person commits himself to:

(a) Study the literature in the field of Gerontology with view to developing a degree of familiarity in it.

(b) Attend the regular quarterly meetings of the Council and such special meetings as may be called.

(c) Assume responsibility for working on one or more of the committees of the Council which may be activated from time to time.

4. Representation on the Council shall be on the basis of interest and the willingness to accept responsibility without regard to college or department affiliation.

5. Membership shall be open to people not directly affiliated with the University providing they are in a position to contribute to the functions of the Council and to the development of services to the senior citizen. The same requirements of interest, willingness to study and readiness to assume responsibility for service which apply to University members will apply to them, also.

#### C. *The Structure of the Council*

1. The Council on Aging is a department of University Extension of which Dr. R. D. Johnson is Executive Dean.

2. The President of the University appoints the Director of the Council.

3. In the performance of his duties, the Director will:

(a) Seek the advice and guidance of the Council on matters of policy and broad areas of the program.

(b) Use the Council as a medium of communication with the various departments and personnel of the University and the larger community.

(c) Stimulate and promote the initiation, adoption, and completion of various programs in keeping with the objectives of the Council.

(d) Direct the acquisition of such resources as may be required in the pursuit of the work of the Council.

(e) Keep records and make reports for use by the Council, the Dean, and University officials.

(f) Furnish news items to the Public Relations Office.

4. There shall be an executive committee of five members selected by the Director from the Council. The executive committee shall meet at the request

of the Director to advise on matters requiring decision between regular meetings of the Council. Such decisions shall be reported to the Council at the next meeting.

#### IV. ILLUSTRATIVE PROGRAMS OF THE COUNCIL

##### A. *Continuing Programs*

1. Herman L. Donovan Senior Citizens Fellowship (Free tuition for people over 65)
2. Writing Workshop for People over 57
3. Continuing Education for Older Adults
4. Seminars on Great Issues: What is Happening in the World, and Why
5. Retirement Planning Schools
6. National Center for Life-Long Studies
7. Materials, Resources and Reference Center
8. Personal Consultation

##### B. *Exploratory Programs*

1. Defensive Driving for Older Adults
2. Fitness for the Future
3. Training Sub-professional Personnel for Work in Care Facilities and Program Centers
4. Leadership Training Seminars on Community Problems: Environmental Health For Older Adults

##### C. *Service Projects*

1. Directory of Services for the Aging in Kentucky
2. Management Handbook for Housing Directors
3. Speaking before church-groups, civic clubs, professional associations
4. Writing for professional and popular periodicals

##### D. *Research*

1. The Older Adult as a College Student
2. Re-engagement Through Higher Education
3. New Perspectives in Aging and Their Challenge to Professional Leaders
4. Camping for Older Adults

#### EXHIBIT 3.—EDUCARE: AN INVESTIGATION OF A METHOD FOR CONTINUING ENGAGEMENT

(Earl Kauffman, Ed. D.)

##### ABSTRACT

The assumption that older adults can successfully pursue university level studies is being tested at the University of Kentucky in a program that has come to be known as Educare.<sup>1</sup> This paper: first, describes the origin and structure of the program with special reference to the methods by which older adults are integrated into the milieu of campus life; second, it presents some analyses of the effects of the program upon older students and their professors; third, it suggests some areas of research unique to older adults on college campuses; and fourth, it invites other institutions of higher education to experiment with systems for delivering educational services to the ten percent<sup>2</sup> of the population who have been removed from the work force, and its concomitant value system, by forced or voluntary retirement. The paper is based upon an analysis of the first complete academic cycle of eight semesters and four summer sessions.

##### ORIGIN

The concept of Educare was developed by the late President-emeritus Herman L. Donovan. His pre-retirement studies in gerontology had convinced

Note.—This paper was prepared for the Eighth International Congress of Gerontology, Washington, D.C., August, 1969.

<sup>1</sup> *Time Magazine*, January, 1969.

<sup>2</sup> Epstein, Lenore A., and Murray, Janet H., *The Aged Population of the United States. Research Report Number 10*, Social Security Administration: Office of Research and Statistics, United States Department of Health, Education, and Welfare, Washington, D.C.: United States Government Printing Office, 1967.

him that many older adults harbored deep-seated ambitions to pursue college-level studies: some to achieve an unrealized desire to attend college, some to earn degrees, and some to rub shoulders with young men and women. He reasoned that because older people had supported colleges and universities through the long years of their career it would be fitting recompense to invite them to engage in the academic life without having to pay the usual tuition fees and charges.

The Board of Trustees initiated Educare in February, 1964, and gave it the official name of the Herman L. Donovan Fellowship for Senior Citizens. Administration of the program was assigned to the Council on Aging, a division of University Extension.

#### THEORY

Educare is based on the hypothesis that high morale in retirement is achieved by becoming engaged intellectually, socially, and physically, in meaningful experiences, especially in a multi-generational environment such as a university campus.<sup>3-8</sup> Intellectual engagement comes from attending classes and studying; social engagement from free association with students of all ages, as well as their own peers in the Donovem Club: physical engagement from hiking to and from classes, climbing stairs, and, occasionally, enrolling in courses in physical education.

#### METHOD

Educare, at the University of Kentucky, can be described as a mini-college within the framework of the total institution. Centralizing all functions of correspondence, advising, registration and services in the Council on Aging has done much to establish an identity for the program, both for older adults themselves and for the faculty and staff of the University.

Educare has no restrictions as to geography, previous educational background, or test scores. Only these requisites are imposed: first, the applicant must consider himself to be deeply motivated, and second, he must perceive his mental and physical health to be sufficiently good to adjust to the vigorous demands of campus life.

The University of Kentucky waives tuition fees for Donovan Scholars. They are eligible to enroll in regular courses of their choice, use the libraries, report their illnesses to the Student Health Service, and park free on the campus. They eat at the campus cafeterias; some live in University dormitories and apartments; they can attend most extra-curricular programs, and all are members of The Donovem Club—an organization of Donovan Scholars and University emeriti.

#### RESULTS

In its first full academic cycle a total of 183 men and women above sixty-five have been awarded Donovan Fellowships; the cumulative registration totals 429. Of these fifty-six were men and 127 were women. At the time of application they ranged in age from sixty-five to eighty-six, with a mean of 69.99. (Figure 1) Now, twelve terms later the mean is 72.3. The Donovans came from twenty states; 149 were from Kentucky. They represent forty-four occupations, Table I, with most having been teachers, secretaries, and homemakers. Their educational backgrounds, Table II, ranged from grade school (4) to Ph.D. (4). Of 117 records reviewed six had some high school, twenty-one were high schools graduates, thirty had some college, twenty had AB or BS degrees, eleven had completed some graduate work, twenty had Master's Degrees, and four their Ph.D. degrees. Of those accepting the Fellowship only nine dropped out in their first semester, Table III; forty-seven have completed only one semester and one has been in the program for all twelve semesters, including summer school. They have earned a grade-point average

<sup>3</sup> Colley, Louis A., *The Relation of Re-creative Experience to Ego-Stage Development*, *Adult Education Journal*, Volume 19, Number 1, 1968.

<sup>4</sup> Cumming, Elaine and Henry, William E., *Growing Old*. New York: Basic Books, 1961.

<sup>5</sup> Hamlin, Roy M., *A Utility Theory of Old Age*, *The Gerontologist*, Volume 7, Number 2, Part II, June, 1967.

<sup>6</sup> Kutner, B. D., Fanshel, Togo, Alice M., and Langner, T. S. *Five Hundred Over Sixty*. New York: Russell Sage Foundation, 1956.

<sup>7</sup> Rose, Arnold M., and Peterson, Warren A., *Older People and Their Social World*. Philadelphia: F. A. Davis and Company, 1965.

<sup>8</sup> Rosow, Irving, *Social Integration of the Aged*. New York: The Free Press, 1967.

of 2.39 in 708 hours of credit work, Table IV. Thirty-four courses were dropped and 214 courses were audited. The subjects ranged from A (art) to Z (zoology), Table V, with the most popular being English, eighty-two; Art, seventy-four; History, fifty-seven; Education, fifty-three; and Philosophy, twenty-five. One Donovan is studying Japanese, one Computer Science, and nineteen Library Science.

Donovan Scholars do not differ significantly from regular students in their adjustment to life, as measured by the Rotter<sup>9</sup> Incomplete Sentence Blank. The mean for Donovan men is 117.0. For the well-adjusted regular male freshman the mean is 119. The mean for Donovan women is 122.96 and for the well-adjusted college girl it is 121.0. More specific personality comparisons, as measured by the Omnibus Personality Inventory, Table VI, reveal similarities on these scales: Thinking Introversion, 35.0 vs. 34.8, Estheticism, 11.7 vs. 11.5, Masculinity-Femininity, 50.6 vs. 50.0, and Social Introversion, 22.7 vs. 20.7. The scales also reveal a remarkable sharing of intellectual and esthetic interests:

1. Donovans are less interested than their young classmates in the scientific method and ambiguous propositions.

2. They prefer structured and logical interpretations.

3. Their feelings of social competence compare favorably, however.

Significant differences between the Donovans and college freshmen appear on eight scales: Theoretical Orientation, 16.6 vs. 18.8; Complexity, 8.9 vs. 11.7; Autonomy, 15.8 vs. 22.8; Impulse Expression, 17.4 vs. 31.8, Schizoid Functioning, 25.1 vs. 31.3; Religious Liberalism, 8.4 vs. 14.6; Lack of Anxiety, 14.5 vs. 11.0; Couch-Kenniston, 6.8 vs. 9.7. To recapitulate, Donovans are more conforming and conservative with considerable more commitment to religious values than shown by the average college freshman.

In terms of acceptance by professors Donovan Scholars rate extremely well. Out of 183 evaluations, Table VII, by 113 professors, 148 stated categorically their acceptance of the students. Fifteen accepted them with no comment and 13 requested that five particular students not be enrolled with them again. No one rejected the program in toto.

From the evaluations of their courses and the professors who teach them which are received at the end of every semester the following anecdotes have been selected as representative of their impressions:

Attitude toward the Donovan Program (Educare):

(1) I have been greatly benefitted by attending class. It was a pleasure to attend classes. Younger students are courteous. It causes one to think young by associating with them. It was wonderful to receive instruction from eminent professors.

(2) There is a better day for more abundant living for all humanity.

(3) I feel the program has helped my association with both young and old alike.

(4) I have added considerable prestige.

(5) I have kept so busy I have not had time to think about how I feel toward myself and others. If I am getting old I don't know it.

(6) I don't mind growing old, my life is full and rewarding.

(7) My feelings toward Donovans, other people, growing older, myself, have not changed greatly.

#### SUGGESTED RESEARCH

To date most of the research in Educare has been operational in character: who, what, when, why, and how. Some problems which require attention are identified here:

1. The basic hypothesis that morale is correlated with involvement needs additional verification, especially as it related to concepts of self-esteem.

2. Since many people from far away places are planning to enter the program there is need for a self-administered test which can help the applicant to better judge his own abilities to succeed as a Donovan Scholar.

3. Although the Donovan Scholars and their professors evaluate each other each semester and vice versa measures of the attitudes of young students toward the Donovans are needed. This project has taken an added significance

<sup>9</sup> Rotter, Julian B., Rafferty, Janed E., *Manual—The Incomplete Sentence Blank*, College Forum, New York: The Psychological Conference, 1950.

since the older students are being accepted in the dormitories as well as in classrooms and cafeterias.

4. It may be that the senility syndrome will become a major problem in Educare programs. Both the Comprehensive Mental Health Center and the Medical Center have been alerted to the need for practical measures of psycho-social competency. Personal counselling has provided and a testing program is beginning to emerge. Nutrition scientists are becoming interested in the relations between diet and socio/academic competencies.

5. Many Donovan Scholars drive their own cars. Research is needed in such areas as cervical rotation, depth perception, peripheral vision, fear of traffic, emotional tone, egotism, reaction time, and fatigue.

The wide utilization of tests has purposefully been delayed because of the sensitivity of older adults toward:

(a) Sense of invasion of their privacy; (b) apparently irrelevant test questions and procedures, found in many published instruments designed for younger cohort groups; and, (c) overwhelming burden of paper work occasioned by many questions being asked. However, no Donovan Scholars have categorically refused to provide the information required. In fact, once they have taken a test they are most anxious to learn their scores.

It appears that Educare is an appropriate program for colleges and universities to provide for older adults. There is an immediate need for wide experimentation by many institutions with the many parameters involved. To accomplish this it is proposed that an international Consortium of Educational Institutions be created at this conference and that it begin at once to identify relevant areas for research and development.

TABLE I.—PRINCIPAL LIFETIME OCCUPATIONS

Occupation	Number	Percent	Occupation	Number	Percent
Teaching.....	50	31.49	Guidance counselor.....	1	0.64
Homemaking.....	19	11.98	Landscape architect.....	1	.64
Secretary.....	18	11.46	Military.....	1	.64
Engineer.....	10	6.33	Editor.....	1	.64
Social worker.....	7	4.40	YMCA executive.....	1	.64
Accountant.....	7	4.40	Telephone operator.....	1	.64
Farm manager.....	4	2.52	Placement officer.....	1	.64
Chemist.....	3	1.91	Extension specialist.....	1	.64
Receptionist.....	3	1.91	Flight instructor.....	1	.64
Librarian.....	3	1.91	Judge.....	1	.64
Red Cross.....	3	1.91	Designer.....	1	.64
Nurse.....	3	1.91	Book repair.....	1	.64
Salesman.....	3	1.91	Private work.....	1	.64
Minister.....	2	1.26	Teamster.....	1	.64
Business executive.....	2	1.26	Civil service.....	1	.64
Professional dancer.....	1	.64	Doctor.....	1	.64
Reporter.....	1	.64	Seed analyst.....	1	.64
Watchmaker.....	1	.64	University registrar.....	1	.64

N=159—Some Donovans listed more than 1 occupation.

TABLE II.—LEVELS OF EDUCATIONAL ATTAINMENT

Status	Number	Donovans percent	Cohorts percent
Elementary school only.....	4	3.4	65.3
1 to 4 years high school.....	27	23.9	24.9
Some college.....	30	25.6	-----
Baccalaureate degree only.....	20	17.1	8.3
Some graduate work.....	11	9.4	-----
MA or MS.....	20	17.1	-----
Ph. D.....	4	3.4	1.6
Law.....	1	.08	-----
Totals.....	117	100.00	100.0

FIGURE I

## AGES OF DONOVAN SCHOLARS

Solid Line -- at time of entry  
 Dotted Line -- at end of 12 terms

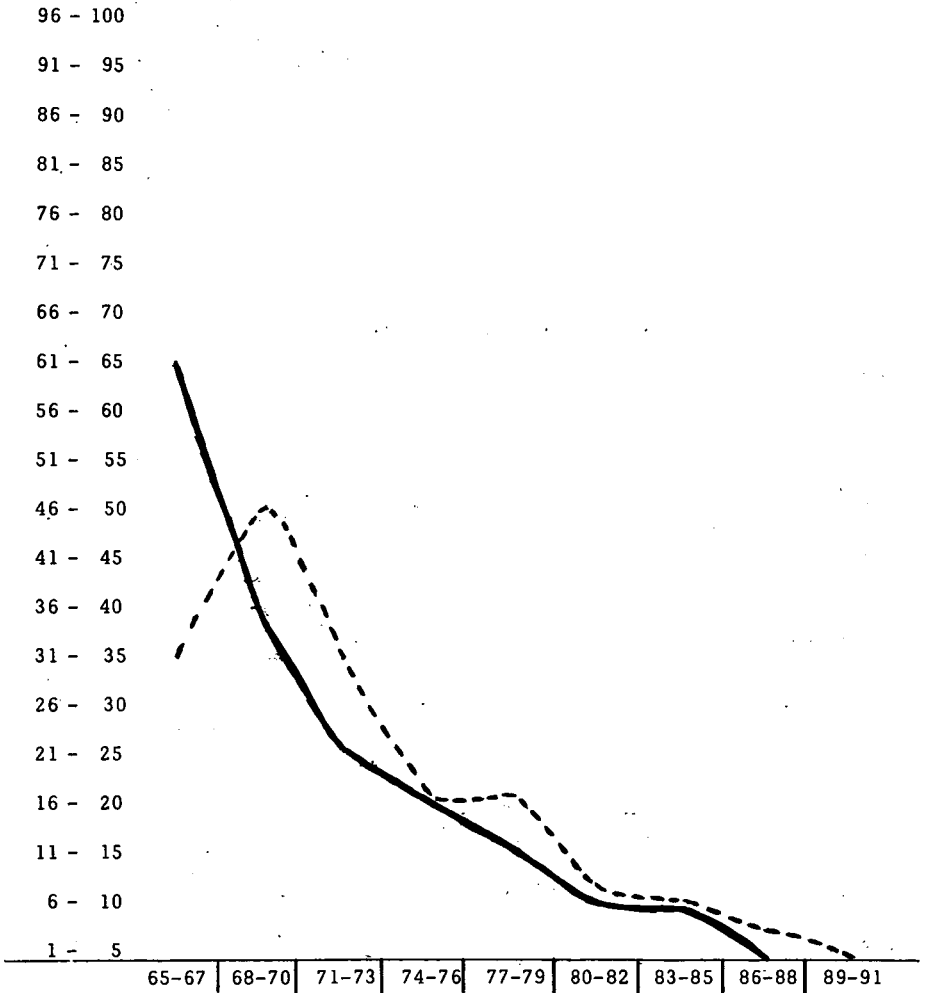


TABLE III.—LENGTH OF PARTICIPATION BY SEMESTERS

Number of semesters completed	Students	Percent
1.....	47	36.71
2.....	19	14.84
3.....	15	11.71
4.....	19	14.84
5.....	7	5.46
6.....	5	3.90
7.....	2	1.56
8.....	0	0
9.....	2	1.56
10.....	0	0
11.....	2	1.56
12.....	1	.78
13.....	0	0
Number dropping in first semester.....	9	7.08

N=128.



TABLE IV.—ACADEMIC ACHIEVEMENT

Term	Fall 1964	Spring 1965	Summer 1965	Fall 1965	Spring 1966	Summer 1966	Fall 1966	Spring 1967	Summer 1967	Fall 1967	Spring 1968	Summer 1968	Total <sup>1</sup>
N = .....	23	25	5	49	38	7	60	50	18	68	58	28	429
Grade	Number of hours												
A.....	3		9	3	2	9	4	15	12	42	18	8	125
B.....		6	14	16	25	9	22	17	29	26	41	12	232
C.....	7	15		20	21	5	33	30	9	28	42	18	228
D.....	3	3		11	5	10	7		9	8	12	3	71
E.....		4	5	7	3		6	19	4	13	17		77
I.....				8				3					11
W.....	3			6	6		12	18	3	37	6	6	97
Total.....	16	28	28	71	62	33	84	102	66	154	136	47	827
Auditors.....	12	16	2	14	9	2	9	20	4	20	24	7	139
Number of hours.....	44	69	9	60	51	18	34	99	24	121	137	42	708

Note: The grade point average for Donovan scholars is 2.39.

TABLE V.—ENROLLMENT BY DEPARTMENT

Department	Enrollment	Number of courses	Department	Enrollment	Number of courses
English.....	82	17	Hygiene.....	2	1
Art.....	74	4	Social work.....	2	1
History.....	57	20	Zoology.....	2	2
Education.....	53	18	Accounting.....	2	1
Philosophy.....	25	7	Slavic.....	2	1
Business administration.....	22	4	Russian.....	2	1
Home economics.....	21	6	Journalism.....	2	2
Library science.....	19	7	Geology.....	2	2
Sociology.....	16	7	Humanities.....	2	1
Physical education.....	14	5	Physics and astronomy.....	2	2
Anthropology.....	13	6	Microbiology.....	2	1
Music.....	13	4	Commerce.....	2	1
Political science.....	12	2	Civil engineering.....	2	1
Psychology.....	11	2	Classical languages.....	2	2
German.....	11	4	Animal science.....	1	1
French.....	10	3	Anatomy.....	1	1
Chemistry.....	10	4	Botany.....	1	1
Law.....	9	1	Communications.....	1	1
Math.....	9	4	Economics.....	1	1
Speech.....	7	2	Computer science.....	1	1
Geography.....	7	2	Horticulture.....	1	1
Business education.....	6	2	Theatre arts.....	1	1

TABLE VI.—OMNIBUS PERSONALITY INVENTORY SCORES

Item	Donovan	National	S.D.
1. Thinking introversion (TI).....	35.0	34.8	9.5
2. Theoretical orientation (TO).....	16.6	18.8	5.2
3. Estheticism (ES).....	11.7	11.5	5.0
4. Complexity (CO).....	8.9	11.7	4.6
5. Autonomy (AU).....	15.8	22.8	6.8
6. Impulse expression (IE).....	17.4	31.8	10.5
7. Schizoid functioning (SF).....	25.1	31.3	12.8
8. Social introversion (SI).....	22.7	20.7	8.8
9. Religious liberalism (RL).....	8.4	14.6	6.2
10. Masculinity-femininity (MF).....	50.6	50.0	10.5
11. Lack of anxiety (LA).....	14.5	11.0	4.6
12. Couch-Kenniston (CK).....	6.8	9.7	3.5

N=46.

TABLE VII.—PROFESSORS' ATTITUDES TOWARD DONOVAN SCHOLARS

Attitude	Fall 1966		Spring 1967		Summer 1967		Fall 1967	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Highly accepting with comment.....	4	80	27	83.4	11	73.3	23	79.5
Accepting no comment.....	0	0	4	12.5	2	13.3	3	10.35
No opinion.....	0	0	0	0	1	6.7	1	3.6
Rejection.....	1	20	1	4.1	1	6.7	2	6.65
Total.....	5	100	32	100	15	100.0	29	100
	Summer 1968		Spring 1968		Fall 1968		Totals	Mean
Highly accepting with comment.....	29	82.85	20	83.44	34	79.0	148	80.11
Accepting no comment.....	1	2.86	2	8.33	3	7.0	15	8.06
No opinion.....	1	2.86	0	0	4	9.0	7	5.54
Rejection.....	4	11.43	2	8.33	2	5.0	13	9.03
Total.....	35	100	24	100	43	100.0	183	100

Note.—Total number of responses, 183.

### APPENDIX 3

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#### LISTING OF ATTENDEES, CONFERENCE OF NATIONAL ORGANIZATIONS, WASHINGTON, D.C., OCTOBER 26-29, 1969

- National Association for Community Development, 1424 16th Street, N.W., Washington, D.C.
- American Speech and Hearing Association, 9030 Old Georgetown Road, Washington, D.C.
- American Podiatry Association, 20 Chevy Chase Circle, N.W., Washington, D.C. 20015
- American Association of University Women, 2401 Virginia Avenue, N.W., Washington, D.C.
- General Federation of Women's Clubs, 1734 N Street, N.W., Washington, D.C.
- Polytypic Enterprises, Inc., Bull's Head Road, Clinton Corners, New York.
- National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, Maryland 20014
- U.S. Department of Labor, Manpower Administration, Washington, D.C.
- Friends United Meeting, Quaker Lane, Richmond, Indiana
- Pharmaceutical Manufacturers Association, 1155 15th Street, N.W., Washington, D.C. 20005
- Gerontological Society, 1 Dupont Circle, Washington, D.C.
- Department of Health, Education, and Welfare, Washington, D.C.
- Center for Community Change, 1000 Wisconsin Avenue, N.W., Washington, D.C. 20007
- American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037
- American Occupational Therapy Association, 251 Park Avenue South, New York, New York 10010
- National Association of Life Underwriters, 1922 F Street, N.W., Washington, D.C. 20006
- The United Christian Missionary Society, 222 South Downey, Indianapolis, Indiana 46219
- American Association of Retired Persons, 1225 Connecticut Avenue, N.W., Washington, D.C. 20036
- AFL-CIO Department of Community Services, 815 16th Street, N.W., Washington, D.C.
- National Farmers Union, 1012 14th Street, N.W., Washington, D.C.
- National Council of Catholic Women, 1312 Massachusetts Avenue, N.W., Washington, D.C. 20005
- Unitarian Universalist Women's Federation, 420 St. Lawrence Drive, Silver Springs, Maryland
- Salvation Army, Philadelphia, Pennsylvania
- United Health Foundations, 150 5th Avenue, New York, New York
- Christian Science Committee on Publication, 1625 Eye Street, N.W., Washington, D.C. 20006
- Department of Housing and Urban Development, Washington, D.C.
- Social Security Administration, Department of Health, Education, and Welfare, Baltimore, Maryland 21235
- American Foundation for the Blind, 15 West 16th Street, New York, New York 10011
- Veterans of Foreign Wars Auxiliary, 155 Elmira Street, S.W., Washington, D.C. 20002
- American Public Welfare Association, 6006 S. Stony Island Ave., Chicago, Illinois
- United Church of Christ, Council for Christian Social Action, 110 Maryland Avenue, N.E., Washington, D.C. 20002
- Lutheran Resources Commission, 1346 Connecticut Avenue, N.W., Washington, D.C. 20036

- American Dietetic Association, 4040 North Fairfax Drive, Arlington, Virginia  
 National Conference of Catholic Charities, 1346 Connecticut Avenue, N.W., Washington, D.C., 20036
- American Hospital Association, 840 North Lake Shore Drive, Chicago, Illinois  
 American Medical Association, 535 North Dearborn Street, Chicago, Illinois  
 National Council of YMCA's, 291 Broadway, New York, New York 10007  
 Office of Economic Opportunity, Washington, D.C.
- American National Red Cross, 615 North St. Asaph Street, Alexandria, Virginia  
 United Presbyterian Church, Witherspoon Building, Philadelphia, Pennsylvania  
 National Council of Jewish Women, Inc., 1 West 47th Street, New York, New York 10036
- National Association of Life Underwriters, 1922 F Street, N.W., Washington, D.C. 20006
- Home Economics Education Association/NEA, 1201 16th Street, N.W., Washington, D.C.
- Kiwanis International, 101 East Erie Street, Chicago, Illinois 60611  
 The National Assembly for Social Policy and Development, 345 East 46 Street, New York, New York 10017
- The Volunteers of America, 340 West 85th Street, New York, New York 10024  
 Council on Social Work Education, Catholic University, Washington, D.C.  
 National Urban League, 1424 16th Street, N.W., Washington, D.C.  
 VISTA, Washington, D.C.
- Southern Baptist Home Mission Board, 1350 Spring Street, Atlanta, Georgia  
 International Brotherhood of Electrical Workers, 1200 15th Street, N.W., Washington, D.C. 20005
- Administration on Aging, Washington, D.C.  
 Institute of Life Insurance, 1701 K Street, N.W., Washington, D.C.  
 The American Legion, 1608 K Street, N.W., Washington, D.C. 20006  
 American Optometric Association, 1026 17th Street, N.W., Washington, D.C.  
 The Salvation Army, 503 E Street, N.W., Washington, D.C.  
 American Federation of State, County and Municipal Employees, 1155 15th Street, N.W., Washington, D.C.
- National Consumers League, Washington, D.C.  
 American Home Economics Association, 1600 20th Street, N.W., Washington, D.C.  
 National Women's League of the United Synagogue of America, 48 East 74th Street, New York, New York 10021
- National Association of State Units on Aging, 1600 Sherman Street, Denver, Colorado 80203
- National Council of Senior Citizens, 1627 K Street, N.W., Washington, D.C.  
 UAW Retired Workers Centers of Detroit, Inc., 8731 East Jefferson, Detroit, Michigan
- Lutheran Church in America, 231 Madison Avenue, New York, New York 10016  
 American Library Association, 400 Cathedral Street, Baltimore, Maryland 21201  
 Fraternal Order of Eagles, 2401 West Wisconsin Avenue, Milwaukee, Wisconsin  
 AFL-CIO, 815 16th Street, N.W., Washington, D.C.  
 National Rehabilitation Association, 1522 K Street, N.W., Washington, D.C. 20005  
 National Council of Catholic Men, 1312 Massachusetts Avenue, N.W., Washington, D.C.
- National Recreation and Park Association, 1700 Pennsylvania Avenue, N.W., Washington, D.C.
- Council of Jewish Federations, 315 Park Avenue South, New York, New York 10010
- American Medical Women's Association, Inc., 1740 Broadway, New York, New York
- Republican National Committee, 1625 Eye Street, N.W., Washington, D.C. 20006  
 United Community Funds and Councils of America, 345 East 46th Street, New York, New York 10017
- Goodwill Industries of America, 545 Tangerine Street, South, St. Petersburg, Florida
- American Occupational Therapy Association, 251 Park Avenue South, New York, New York 10010
- National Association for Practical Nurse Education and Service, Inc., 1465 Broadway, New York, New York  
 Golden Years Foundation, Inc., 261 Broadway, New York, New York 10007