

SOURCES OF COMMUNITY SUPPORT FOR FEDERAL PROGRAMS SERVING OLDER AMERICANS

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

SECOND SESSION

PART 2—WASHINGTON, D.C.

JUNE 8-9, 1970



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Part 1. Ocean Grove, N.J., April 18, 1970.

Part 2. Washington, D.C., June 8-9, 1970.

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SOURCES OF COMMUNITY SUPPORT FOR FEDERAL PROGRAMS SERVING OLDER AMERICANS

MONDAY, JUNE 8, 1970

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

The committee met at 10 a.m., pursuant to call, in room 318, Caucus Room, Old Senate Office Building, Senator Harrison A. Williams, Jr. presiding.

Present: Senators Williams, Miller, and Fannin.

Staff Members present: William E. Oriol, staff director; John Guy Miller, minority staff director, Michael J. McPadden, professional staff member; and Mary Kopenski, clerk.

OPENING STATEMENT BY THE CHAIRMAN

Senator WILLIAMS. The Senate Special Committee on Aging will be in order.

I have an opening statement. I believe all the witnesses have seen it. To save time I will submit it for the record and summarize it very briefly.

The fundamental point is that the Federal Government needs help from private sources if its programs for the elderly are to succeed.

Today we are to talk almost entirely about housing programs and the potential and actual role of nonprofit sponsors in that area.

I wish I could say that I am confident that we are making full use of the programs that have been established by the Congress in hopes of making full use of private resources.

Much to my regret, however, I must report that the nonprofit sponsor today finds himself in a quandry. It appears on one hand that a very promising program created more than 11 years ago is being phased out over the objections of church leaders and others.

It appears, too, that many grave questions have arisen about the usefulness of its successor program.

My observations are based partially upon a preliminary hearing conducted on April 18 in Ocean Grove, N.J.

There, we learned of several disturbing trends which threaten not only private participation in housing programs, but in others as well.

Tomorrow, we will hear about the others.

But, on housing, let me say this: The Committee on Aging has spent more than a year taking testimony and receiving special reports on the Economics of Aging.

Some of the most poignant statements have come from elderly persons who have lived in a house for years, paid off the mortgage, and now find that they can't pay the taxes.

They must move, but where? Municipal governing bodies often are reluctant to create housing agencies for low-income elderly. Potential sponsors are becoming discouraged, to the point of giving up.

What we are discussing today, then, is an emergency which must be dealt with at the earliest possible date. I am sure the witnesses share this view.

I am hopeful, too, that the witnesses will not find our format too restrictive. I would like to submit a fact sheet prepared by the committee for use at this hearing.

(The statement and fact sheet follow :)

STATEMENT BY HON. HARRISON A. WILLIAMS, JR.

Today the Senate Committee on Aging meets to acknowledge that the Federal government alone cannot meet all needs of older Americans. It needs help.

It needs help from all other levels of government.

It needs the help—and the understanding—of individual citizens.

And it needs the help of churches, labor unions, and organizations which have either direct or indirect interest in the well-being of the elderly.

To win that assistance, the Congress and the Executive Branch must exercise some leadership, great tact, and deep understanding.

Have we been as successful as we should be in providing all three? My own personal answer to that question is that we have not. And that answer is based on disturbing evidence which has reached the Committee in recent months. We have been told about the difficulties encountered by church and other nonprofit organizations which attempt to serve the elderly with federal help of one kind or another.

Some barriers are caused by bureaucratic unconcern. Some are caused by weaknesses in Federal legislation as enacted by the Congress.

In any case those barriers should be identified. They should be removed. And I am asking for help from our witnesses today and tomorrow in order to accomplish both purposes.

My concern about the issues I have just discussed are caused partially by findings from Committee research over the past few months.

More specifically, however, I was deeply moved on April 18 at a preliminary hearing on the subject before us today. We met then in Ocean Grove, New Jersey. And we limited our testimony to problems that exist in that State.

As is so often the case in that highly populated and richly varied State, however, the experiences recounted there are microcosmic for the Nation as a whole.

And what was it that we found?

Would-be sponsors of housing for the elderly are sometimes forced to abandon their plans due to unresponsiveness or outright hostility on the part of municipal governing bodies or Federal agencies.

Inflexible Federal standards can cause difficulties in maintaining programs which have proven their value. For example, a meal service program in New Jersey was endangered when the community action program of which it is a part ran into administrative difficulties in other areas. Temporary extension of this program has been won, but other programs are in similar danger.

Funding cutbacks in programs for the elderly are causing wariness and grave doubts about the advisability of investing time and thought of the kind needed to build a really solid base of community support for such programs.

I have chosen just a few examples. There were many others. And in some cases, additional Congressional action may be needed to improve legislation so that programs may be more readily helpful to private organizations.

But I am afraid that the root causes go deeper.

More than one witness told us that the real problem was that politicians and other Americans simply don't care about the elderly. They would rather forget them, and their problems.

One reason for such unconcern may be that never before has this Nation had such a large population of older persons who are not directly within a family structure.

Since the family won't find the answers, our society must.

But is that society willing to do so? Is that society resisting the fact that widespread action is necessary?

My questions are rhetorical because I think that the situation may be even more critical than indicated by those questions.

In fact, I believe there is reason for concern about a defeatist, turn-the-back attitude toward the elderly.

And it is intensifying at just the time when critical decisions are being made about programs of vital importance to older Americans.

Almost five years ago, for example, the Congress voted Medicare into law. Few persons would advocate repeal of that vitally needed program nowadays. It has proven its worth. But the Committee on Aging has received reports about administrative decisions which, in arbitrary fashion, are reducing the effectiveness of that program. Retroactive denial of the extended care benefit, for example, has become widespread, causing great concern to individual patients and to nursing home operators. In the name of economy, it appears, an important provision of the program is being denied to those most in need of it.

I agree that reform and tightened cost controls are essential. But retrenchment without reform will lead us nowhere.

There are many other examples of a retrenchment psychology when it comes to older Americans.

A very useful housing program has been phased out over the protests of nonprofit sponsors. The Administration on Aging has nowhere near the funding authorized for it by the Congress. The Department of Labor does not have the means to implement the Age Discrimination in Employment Law. Social Security benefits were increased in December, not with the active support of the Administration, but apparently against its wishes.

We will hear more, during the next few days, about similar worrisome curtailments or half-hearted commitments.

But let me say to this group of witnesses and to the fellow members of this Committee, as emphatically as I can:

With a White House Conference on Aging only about 18 months away, we in this Nation need to open new doors of action for older Americans.

We will fail ourselves, and we will fail our future, if instead we narrow present inadequate channels of communication and support.

I will end this statement in order to provide maximum time for roundtable discussion.

And please, once more, I will express to our witnesses some apologies for limiting their initial spoken statements to only five minutes. But only in that way can we be sure that each participant can make his essential points of information and opinion before we open this session to roundtable discussion. As you know, our hearing record will be open for 30 days for additional information and commentary.

I must point out too, that, with a single exception, representatives of Federal agencies are not represented during these two days of hearings. The agencies actually are represented in reports which they have submitted for a handbook to be published later this year by this Committee.

Tomorrow, however, on behalf of the Executive Branch, John Martin will participate as Commissioner of Aging and as Special Assistant to the President for Aging. It is a challenging assignment, but the Commissioner has proved on more than one occasion that he has far-ranging interests in issues of concern not only to the Administration on Aging, but also to other agencies as well as departments.

With that I will ask our first witness to begin today's discussion, which deals solely with housing needs and attempts to meet those needs.

FACT SHEET PREPARED BY U.S. SENATE SPECIAL COMMITTEE ON AGING

PROGRAMS INVOLVED

HUD

202: Direct loan for nonprofit sponsorship HUD makes loans for 50 years, at 3% interest covering 100% of total development.

Being phased out and replaced by 236. Present 202 projects being converted to 236.

236: Interest-subsidy program: Financing comes from FHA-approved private lenders through insured mortgages. For nonprofit sponsors loans may be up to 100% of FHA estimate of cost, and mortgages may be for 40 years. Mortgages are based on market interest.

231: Mortgage Insurance Program for higher-income elderly housing. Interest at market rates.

221 (d) (3): Similar to 236: Loans up to 100% of FHA estimate of cost. Mortgages up to 40 years and based on market interest. This housing may be combined with family housing.

Department of Agriculture

Farmers Home Administration: Direct loan program. Loans up to \$300,000, with 3% interest on unpaid principal, up to 50 years. Only for rural areas (open country or small rural towns or not more than 5,500 population).

PROBLEMS TO BE DISCUSSED BY WITNESSES

202 vs. 236: Under 236 sponsor must shop for financing in competition with other borrowers. Project liable for full tax rate by State. Rentals for seniors costs far more than under 202.

Senator WILLIAMS. I have already read several of the statements. They are fine, thoughtful presentations. For the sake of hearing from all—and then trading ideas in a roundtable discussion—I ask that each witness paraphrase and stay within the 5-minute period for opening statements.

We will proceed around the table.

Father Maletta.

STATEMENT OF REV. GREGORY D. M. MALETTA, DIRECTOR, MINISTRY TO THE AGING, EPISCOPAL DIOCESE OF WASHINGTON

Father MALETTA. Mr. Chairman, I have a statement which will take 5 minutes. I would like to say a few things because I am very much concerned about what is happening to programs done to meet the needs of the elderly.

By way of introduction, may I say I am an Episcopal clergyman, director of the Ministry to the Aging of the Diocese of Washington, which covers in addition to the District of Columbia, the Maryland Counties of Montgomery, Prince Georges, Charles, and St. Mary's.

We in the Diocese of Washington are working to develop a wide range of services and facilities to meet the changing needs of older people.

I appreciate the opportunity to appear before you and to express some thoughts on problems affecting so many of our elderly citizens.

These views you have heard before, but they need to be repeated. Your committee is to be commended for its concern for the elderly. The reports and surveys that have been issued by the committee reveal wide gaps between the needs of the elderly and the programs available to meet these needs.

It is my sincere hope that the hearings you have been holding will result in the enactment of appropriate legislation by the Congress and

thus assure our older citizens that American society is sufficiently concerned about them to provide for their basic needs in their later years: adequate income, adequate medical care, and adequate housing.

But if we are to achieve this goal, it is imperative that we give the needs of the elderly a higher priority than they now have in our scheme of things. We must keep reminding ourselves of Professor Toynbee's remarks, "the moral tone and lifespan of a civilization can be measured by the respect and care given its elderly citizens."

Older persons do not have sufficient resources to adequately satisfy their basic needs. In our complex society, the importance of programs like social security, medical care, and subsidized housing looms larger and larger. They need to be expanded to make it possible for the elderly to have a measure of security and comfort.

The Episcopal Church, like many other denominations and like many fraternal, professional, and trade organizations, has sponsored many housing projects. Many of these have been financed under section 202 of the National Housing Act, because of the great need among the elderly with limited income.

We in the diocese of Washington will have the first such project in the District of Columbia ready for occupancy in mid-August of this year.

May I say here that we found the staff of the Department of Housing and Urban Development working in senior citizens' housing most helpful and competent, both here and in the Philadelphia regional office. They saved us a lot of headaches and money.

There is need for more "202" projects. You may be interested to know that we have received over 900 preliminary applications for 200 apartments. As a result, there will be many disappointed people. I am sorry no new funds have been requested for the 202 program for 1971.

I hope the Congress will appropriate funds for the 202 program as authorized by the Housing and Urban Development Act of 1969.

The lack of appropriate and adequate housing oftentimes forces families of elderly people and elderly people themselves to seek admission into institutions, into nursing homes, and some even into mental institutions. I have known many such situations in over 20 years of social ministry.

Those of us who work with older persons have learned that, in general, elderly people wish to live an active life in the midst of their community as long as they possibly can, rather than to enter institutions prematurely. Premature institutionalization can be as debilitating as any disease.

Therefore, simple shelter, however adequate, is not enough for the elderly. They need supportive services also if they are to remain independent and active, such services as meals on wheels, health, information, homemakers counseling, recreation, and so forth.

Dr. Cape Schwenger, in addressing the 17th Annual Housing Conference in Ontario, reported that the rate of institutionalization in England is quite low due to the fact that older people in Great Britain have more home care services more readily available to them.

Unfortunately, in this country we have emphasized institutionalization rather than prevention through supportive services.

I believe we have learned much from the experience of Great Britain and the Scandinavian countries where appropriate home services have been utilized for many years.

The Ministry to the Aging of the Episcopal Diocese of Washington established a program of supportive services in 1965, and it is being expanded steadily.

The gap, however, between the services and the need is great.

In conclusion, may I say that there is need to expand the present Federal programs, especially the program on housing. Nonprofit and nonchurch groups should be encouraged and stimulated through grants and subsidies to expand existing programs and to initiate new services.

It seems to me that we have ignored the needs of our elderly citizens far too long. After all, love, security, status, and acceptance are as important in old age as in youth.

Thank you.

Senator WILLIAMS. Thank you very much, Reverend.

We will continue around the table and then return for our discussions.

Mr. Abe Cramer, national chairman, Senior Citizens' Housing Committee, B'nai B'rith.

STATEMENT OF ABE CRAMER, NATIONAL CHAIRMAN, SENIOR CITIZENS HOUSING COMMITTEE, B'NAI B'RITH

Mr. CRAMER. Thank you, Mr. Chairman. I thank the committee for inviting me to participate in the study of "Sources of Community Support for Federal Programs Serving Older Americans."

At the outset may I suggest the establishment of a special subsection within the framework of section 236 to relate to senior citizens, which are those ambulatory persons over 62 years of age, or married to someone over 62 years old.

These persons have given 40 to 50 years and more of their energy, their talent, their brain, their wisdom, and their very health and welfare to the economic fabric that has made this country the great country that it is.

One of the greatest challenges before us is a sensitive provision of housing, social, and other facilities for the benefit of our senior citizens which presently comprise over 20 percent of the population of the United States.

These people are entitled to, and deserve, decent housing in the form of apartments, but due to their economical position cannot afford to pay market rates. These persons do not wish charity. They wish to carry themselves with distinction and pride.

The Federal Government has risen to meet this challenge consistently over recent years. As indicated above, the housing programs tailored to the special needs of the elderly will have the greatest impact in solving some of the problems of the aging, and for these programs we express our gratitude.

We should like to recommend to you today the necessary regulations to further assist nonprofit organizations in providing housing facilities to our senior citizens.

I believe we need proper funding and implementation after the funding comes about.

Guidelines should be established wherein every one of the non-profit organizations as a whole should know exactly what steps to be taken and how.

This also should be set forth wherein the regional offices of HUD may know exactly which way they are to go.

The next step should deal with the maximum costs that have been established. They are not realistic because of the inflationary position that has now taken place throughout this country. We should make some provisions for inflation.

We also need seed money under section 106 that should not be withheld for 6 months, 9 months, or 12 months. No nonprofit organization has any funds to go forth unless they receive the help of the so-called seed money, which will be returned upon the placing of the final mortgage.

We also make mention that the State governments should implement a degree of seed money at its inception. The State governments should also take care of tax abatement or moneys in lieu of taxes. This is one of the greatest obstacles that now prevents the completion or the establishment of a firm ground for senior citizens' housing.

Conventions or symposiums sponsored by the Department of Housing and Urban Development should be conducted annually to instruct nonprofit sponsors in the latest policy changes and procedures. This also should be brought forth to the regional offices of HUD.

We sincerely believe that an administrator for the elderly under 236 and other housing programs should be established in all FHA Regional Offices.

This person would preferably be from the Elderly Housing Branch of HUD personnel, having many years of experience administering 202 projects for elderly.

Our experience which has been considerable, indicates to us that the problem that has prevented a truly great leap forward in the solving of this condition has been over-administration by the Federal Government.

The Housing Law of 1949, in beautiful language, set forth that Federal Government should be a fiscal partner, not one without confidence in the integrity and competence of local people to determine the destiny of their own communities.

This is no reflection on the stewardship of public funds, but a passionate plea to let local people make local determinations.

There is also the thought that in urban renewals sometimes we are forced to go into an urban renewal section which is not conducive to the elderly, which is sometimes far away from the center of shopping and transportation.

It is for that reason we ask that an overall restudy of this be made by this committee and sent forth to the regional offices, that we will have speed and not wait 9 months, 12 months or 2 years from the initiating of a project until we say we may break ground.

Two years, gentlemen, has been a short time compared to what I have heard of.

I think this would sum up a situation.

We have prepared and set forth questions and answers on 236 programs as related to the housing for senior citizens, which we have gone

through and hope that it meets with your thinking and the thinking of all persons who are concerned with the senior citizens.

Thank you, Mr. Chairman.

(See app. 1, item 1, p. 227.)

Senator WILLIAMS. Thank you very much, Mr. Cramer. We will come back to you with questions.

Rev. Richard L. Fullerton; I have you listed in the capacity of housing consultant, Smyrna, Ga.

STATEMENT OF REV. RICHARD L. FULLERTON, HOUSING CONSULTANT, SMYRNA, GA.

Reverend FULLERTON. Thank you, Senator Williams. I have a brief statement.

I beg your forbearance and understanding of the negative tone of this statement. Everyone is weary with merely negative comment on the awful problems which face responsible Americans. I am more weary than most, like a medical specialist must surely weary of disease.

Today's study should seek sources of Federal support for community programs serving older Americans.

The proposed order of priorities has already failed, most especially as regards housing for the elderly. Nor will this statement be properly objective.

The things I have to say on the subject at hand have already been said in 1965 and often since to the housing subcommittees of the Senate and House Committees on Banking and Currency.

The principles articulated were not disagreed with then. They were simply passed over in favor of the FHA.

The subject of these hearings is sponsorship of service to the elderly. The independent sector is full of excellent private organizations able and willing to create, develop, and operate major service institutions as fully charitable efforts. The FHA nicknames these group "nonprofits" and insists that they only operate the projects after they are built. They have been very outspoken on this.

This agency, with its stranglehold on all housing development in America, has been candid in its demands that only the mortgage and construction industries are able to deal with the source of financing, the Treasury.

They insist that the "nonprofits" must stay out of the deal until all the unearned profits have been padded into the mortgage.

These sponsors, including hundreds of splendid religious, fraternal, social, service, labor, educational, professional, and other groups are already involved in service. Service is the reason for their having been organized. Housing is only one of many further opportunities for service open to them. Needs produce opportunities.

They are already successful, already financed, already organized, marvelously motivated. No one needs to seek them out. They are waiting.

The challenge is to activate the proper function of the Federal Government in this context. The question is not "Where is the community support?"

The question is "How best can the Federal strength be put to work in serving older Americans?"

The answer has been well proven already. Let the local charitable sponsor originate a given project. Let it not be a "Government project" or a speculator's bonanza. Let the local parents have their own baby.

Let the sponsor provide all the motivation, the leadership, the continuity, the stamina and the creativity.

Let the private sector competitively furnish all the materials and skills necessary to buy and build it. The key here is competition for business opportunity.

Then and last, and separate from the other two, let the Government provide the line of credit, which is to say, let the Treasury itself lend the taxpayers' money back to the project to serve older Americans. The thing the Government does best is take up money. They can best serve by carefully and frugally letting that money do its best work.

The opportunists exclaim that this is what section 236 does. In pure theory, forgetting the long-range ruin that 236 guarantees, it could be argued thus.

But because the FHA controls 236 and, as an exclusively industry-oriented agency it stifles all competition, 236 projects are being offered by the private opportunists, the FHA is injecting more money that is needed and the "sponsors" are again conned into trying to manage foregone failures.

Before someone suggests that direct Government loans are wrong, let me remind us that just last week the House Committee added \$1½ billion to GNMA special assistance funding for the FHA "tandem plan." This is the worst form of direct Government involvement.

I should take time to explain that this brokers' expedient has the Federal Government putting up the money for the FHA to guarantee and for the 236 interest subsidy to pay the interest on for 40 years.

A plain direct Treasury loan to the project itself is four times cheaper but doesn't make for unearned profit for the promoters.

I challenge this committee of the Senate to demand of the FHA a public disclosure of the comparative performance records of the two recent specific elderly housing programs, one typical of the FHA and the other a low-key direct loan program. Both sets of records are available if the FHA has not altered them beyond recognition. The two programs existed concurrently so the market, the economy, and all other factors were identical in each.

Of course I refer to section 202 of the Housing Act of 1959, a perfectly successful program of direct loans, and section 231 of the National Housing Act, a classic FHA failure.

Both programs provided 100 percent financing at subsidized interest rates. Both attracted fine sponsors. Both are now being suffocated by the FHA, section 202 because it succeeded and section 231 because it failed.

Section 236 of the 1968 act, insofar as it is intended to serve the elderly, is almost identical with the infamous section 231 program. Its few differences are only further costly negatives.

Section 202 was an unpretentious but highly productive sponsor-centered program of direct loans administered by the old CFA and the HAA. All of these loans are being repaid on schedule. No grants were involved.

The cost to the taxpayer is the difference between the lowest price the Government pays for money on a given day and 3 percent per year. The cost is modest, especially in light of the consistently low principal amounts of the mortgages.

There was no seed money necessary from the Government in order to make section 202 work.

Section 231 was a flamboyant fiasco of speculator-centered projects which promoted founders' fees and all sorts of gimmicks though the sponsor's financial participation in the mortgage was often huge.

It is a guarded secret that fully half of the section 231 projects have been foreclosed. Section 236 is headed for even worse disaster. It is no wonder that the sponsoring organizations show little interest in such a program. The patriotic sponsors may be naive but they aren't stupid.

The notion that the FHA pays its own way is a further subterfuge. It is as much a function of the Treasury as any agency, especially when it tries to involve itself with nonprofit housing. The FHA's request is that nonprofit sponsors be barred from the programs except as managers. Our request is that the FHA be barred from nonprofit housing. They have failed every time.

Section 236 of the Housing Act of 1968 was sold as the "Magna Carta of housing." It was ballyhooed as the means whereby great lumps of private investment would be stimulated from the private investors for nonprofit housing. It didn't work.

To the contrary, it drove money off the market in anticipation of higher interest rates. So the higher interest rates were quickly allowed.

And further, now the Treasury is pumping billions into the "tandem plan" to carry on the charade of private investment in low-cost housing.

The interest subsidy costs the taxpayers four times as much as a section 202 loan for a given project, without lowering the widow's rent at all. I refer you to the record of Housing Subcommittee hearings in 1968 and 1969 for documentation.

I testified against rent subsidies in 1965 for the same set of reasons I opposed interest subsidies in 1968. I am of the same opinion still. Charity is not a function of profit.

Profit can, and indeed should, be earned in the development of facilities for charitable endeavors but it must be by competitive effort, separate from the motive for a given project.

The present FHA claim is that rents in a section 236 project are lower than in a comparable 202. Thus, they justify the quadrupled cost to the Government. But their claim is a falsehood. Section 202 projects have always maintained a 10-percent debt service reserve, collecting 110 percent of the annual mortgage need in the rents.

In 236 the FHA, even with its 1-percent interest rate, has eliminated this sensible business technique and disallows the collection of a reserve against future mortgage payment in order to bring the rents within 202 averages.

The reason that 1 percent turns out to be more costly to the elderly tenant than 3 percent is simply the larger principal amount forced by FHA. Bear in mind that the tenant pays all the principal plus 1 percent in interest.

Additionally, section 236 mortgages require the whole range of FHA fees, unheard of in section 202. These include mortgage in-

surance premium, .5 percent; examination fee, .3 percent; inspection fee, .5 percent; financing fee (brokerage bonanza), 2 percent; AMPO (ask what this is), 2 percent; FNMA discount, currently 1.5 percent. Interest during construction is another 8.5 percent which goes into the principal of the mortgage.

How that should be necessary in GNMA I don't know.

The fact that these fees are included in the mortgage is insult added to injury for it all must be paid back with interest by the widow (principal plus 1 percent) and the widow's hard-working tax-paying son (7½ percent and up).

The alleged benefit of the interest subsidy program is a sour negative factor in sponsored housing for it adds at least 10 percent to the face of the mortgage in fees alone.

Thus, nonprofit housing has, just this year, become the second-most attractive investment in America. The 1969 Tax Reform Act blessed oil speculators only a little more than those who use Government involvement in service to the elderly as nonprofit housing speculators.

With permission, I quote from the May 29, 1970, Housing Affairs Letters wherein the editor reports an interview with Mr. Irwin Nestler, executive vice president of Karp, Nestler & Co., Washington "packagers". These quotes are random but in context:

Nestler:

On multifamily deals like Section 236, you get as high a leverage as you can to begin with. When you combine a high-leverage investment like 90 percent of replacement cost with items that you can write off immediately such as interest expense, financing, depreciable items in a building over a short period of time, you are coming up with a really terrific return on investment.

Editor:

Nestler argues it is safer than oil, or anything else he can consider. The real danger in housing is the rent-up. Here, Section 236 wins easily (over oil) with rentals a third below the market. Even if the economy is shot the market for Section 236 rentals will remain. The plan is working "fantastically" says Nestler. If his firm had to put up all its own front money it might be limited to one or two projects yearly. It has 25 in one stage or another..

Nestler:

You don't short-cut FHA. You have to know what the problems are, you apply past experience (with FHA officials). If they know what you are doing they will cooperate. You can use FHA as a partner, in effect.

Editor:

Nestler thinks one new provision (in IRS rulings) will be "very valuable" for both property owners and nonprofits—permitting owners to sell to a nonprofit without a taxable consequence if they reinvest in similar modest-income property.

He wants to be sure, first, that the IRS directives will actually carry this out. It would give nonprofits seasoned, proven housing, and would assure new construction a continual set of investors, Nestler says. Nonprofits themselves should stay out of construction, he insists.

Nestler:

They (the so-called nonprofits) make marvelous managers, they should be in the housing business, but not in the construction business. It is just too complicated. It is not like the old 207 days, 608 days, where the builder keeps the deal. He can't afford to today. He's got to turn these things over, he has to market them at the beginning.

As a minister, I resent the fact that the industry says we are too stupid to develop something that we are only good enough to manage.

If the nonprofit section of our Nation is fit to manage, they are fit to develop. They must be allowed to develop their own projects if they are going to be called upon to manage them.

It is redundant in the extreme to explain again that the interest subsidy expedient was the creature of the FHA and the broker/builder/promoter lobby. Section 236 has already failed in every ramification of its much preached purposes. It is a negative factor in the development of housing for the elderly. It is a classic negative in the hoped-for participation of community groups.

It boils down to one question. Is there an emergency in housing for the elderly or not?

Granted the emergency and the worthy character of the older Americans to whose well-being we have dedicated our lives, our fortunes and our sacred honor, why not treat the problem in its own terms?

Why force the old people and the splendid local organizations which are their "sponsors" to prostrate themselves before the opportunistic format of FHA participation?

Why not set up a legislative condition within Government whereby the business sector as a whole can make modest and reasonable profit while it serves the elderly? It was working once. Section 202 was a successful program. It was probably the best thing the Government ever let happen in housing.

The FHA hates the very memory of 202 as witness the fact that the elderly housing staff has all been put under the FHA.

Further proof is in the unbecoming efforts the FHA is making to force long established and totally successful housing for the elderly projects and sponsors to submit to the provisions and profit opportunities of the section 236 program. Refinancing is being offered and refused.

The only program for nonprofit housing for the elderly has the Federal Government asking naive, unhypocritical, charitable organizations to participate in the most hypocritical and underhanded program of profiteering ever signed into law.

I predict that the community organizations of stature will continue to resist the seduction and that overnight nonprofits will be ordained by the FHA as worthy of equal status.

Thank you very much.

Senator WILLIAMS. Thank you very much, Reverend Fullerton.

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

RICHARD L. FULLERTON & ASSOCIATES,
Smyrna, Ga., June 24, 1970.

DEAR SENATOR WILLIAMS: All of us concerned for America's elderly are grateful for the gracious hearing your Committee gave us. The format was generous and productive. Please include this letter in the transcript as an extension of my testimony. Again I regret its seeming negative tone but for ten years we have all piled compliments on platitudes while the problems worsened.

The reluctance of the Legislative Branch to learn from the obvious failures of the Administrative Branch is incomprehensible out here. I have been urging a comparative study of 231 and 202 for years to no avail. I cannot believe that the Banking and Currency Committees' orders of priorities are at all helpful insofar as they are involved with nonprofit housing. I question the propriety of such legislation being handled by Banking and Currency. Really, we don't have housing programs at all, only mortgage programs. I was reared to fear

a mortgage. Now I am taught that it is my friend. I still agree with my old dad that debt isn't the answer.

I anticipate little momentum in low income housing development until the Government allows itself to be "the mortgagee of last resort" and demands true, cost-lowering competition to control the industry. The present governmental involvement discourages competition on all levels and thereby has driven actual costs out of sight. Better to have no government program than a maze of programs that accomplish only the reverse of their published goals.

I, for one, apologize to you and to the cause we serve for the obvious lack of a united voice in the hearings. It is impossible to accomplish every individual purpose represented there. I tried to speak for housing, the low income elderly, their sponsors, and the one good example of success, Section 202.

I am compelled to candidly disassociate myself from some of the other testimony that was offered. Specifically I do not identify with the call for full twenty-two new ways for the Government to spend money. I do not advocate "seed money" grants and such. Early grants are counter productive of competitive participation by the profit sector and of sincere dedication by the nonprofit sector. The payoff is too early and too crass, too obvious and too easily controlled.

Since the development of simple, sponsored, inexpensive housing has stimulated so much activity among charitable organizations it ought to be allowed to continue as a specialty. Not all of the human need can be met in one effort. I take serious exception to the oft-repeated contention that housing serves "only five percent of the elderly." It serves all of the elderly in a measure and half of them altogether. It defeats and discourages all effort to try to accomplish everything in one great program. The modest Section 202 program provides enormous benefits beyond "brick and mortar". This one little program has precipitated hundreds of extensions into all of the ramifications of service to the elderly. Some of the witnesses would have us build full service ("three levels of care") facilities only—cradle to the grave, meals and medicine, fun and free food for all in each and every federally assisted project.

For too long we have acted as if we cannot do anything because we cannot do everything. Section 202 is unique in that it serves many who otherwise would require nursing home confinement, many who otherwise would be eligible only for public housing, many who otherwise would be content only in their own private residences.

The unique genius of Section 202 as it has been administered has opened many other doors: it has led many splendid organizations into far-reaching service to the elderly. It has been a genuine catalyst. I cite a typical example:

In Jacksonville, Florida, the good people of St. John's Episcopal Church under the excellent leadership of the Very Rev. Robert Parks was anxious to provide "full service" to the elderly of their area. Their dedication was evidenced by the amount of cash they had earmarked for this ministry. But even \$100,000 was a trifle compared to the required investment, so they were stymied and the elderly were victimized by circumstances right on.

It was my privilege to have been invited to assist this able sponsor-to-be. After arguments they agreed to hold the health care and day care centers ambitious till later and began with housing after the Section 202 pattern. We discouraged expensive clinics, food service and such and insisted on downtown location and frugal design. With much effort a beautiful apartment structure was built and, while they still had their \$100,000 they found themselves already far into the third dimension of service to the elderly.

They hired staff capable of leading into the more sophisticated ministries, built a second large Section 202 project and arranged a fine and challenging health care center on another nearly-full block of land. They have made that part of their city new (do-it-yourself urban renewal without a dime of federal money) and re-created hundreds of good old citizens, all because they began at the beginning and learned as they went along. They stimulated massive community participation of every kind. The Section 202 concept made it possible. No other program made actual progress possible.

The simple and effective Section 202 program was the means to the total end. It was not, nor should any program try to be, the end in itself. No Federal program can do the job. The best should only be an aid to the local accomplishment.

Those who contend for food, health and other service in connection with every institution for the elderly would probably insist that every motor vehicle should be a truck, a bus, an ambulance, a limousine and a calliope. Some would also ask for a federal grant to provide retractable wings as well, to provide three levels of care.

My hard working mother and father are example and inspiration to me. They have always made their own way and even now, on social security, are still doing it, crippled and all. They are happy and they are not the exception many would claim. We will work a serious disservice if we over-institutionalize the senior and graduate ten percent of the American population. We will do well to assist them in overcoming the artificial hinderances our civilization has created. We should assist them in securing what they want instead of doing just what we want.

It is amazing that we heed the very young, who haven't learned, but seldom hear the very old, who have.

Sincerely,

RICHARD L. FULLERTON.

Senator WILLIAMS. The next witness is Rev. Everett B. Luther.

**STATEMENT OF REV. EVERETT B. LUTHER, ADMINISTRATOR, THE
BEATITUDES, PHOENIX, ARIZ.**

Reverend LUTHER. The most startling statistic concerning the elderly which has come to my attention is the one which indicates that one out of every 20 persons who has reached the age of 65 in the history of the world is alive today.

This is cited merely because it underlines the fact that the problems and our concern for the care of the aged have definitely assumed major proportions.

Traditionally, and especially over the last 100 years, church-related, synagogue-related, and other nonprofit organizations have concerned themselves with the care of the aged, mainly the poor—and always on a rather limited basis.

However, some amongst them have always been on the cutting and creative edge of new concerns and new services which might be rendered.

Concurrently, there have always been those, within and without the church, who have been certain that some single answer—in other words, the millennium would be discovered and all the needs and desires of elderly people could be wrapped up in a single package.

The accelerated efforts of our Nation in the last 25 to 35 years merely underlines the fact that only multiple answers will suffice.

For instance, in housing, many older Americans will remain in their own homes until the end of their days. Others, by choice or of necessity, will live with members of their families or close friends.

A few will live in active retirement communities in the pattern of Sun City, Ariz. Still others will live in housing for the elderly sponsored by church-related and other nonprofit organizations. Still others will be in public housing.

There appears to be a predisposition against any construction of housing for the elderly at the present time as can be illustrated by the fact that the Phoenix office of HUD-FHA in the past year has had authority for over 700 units under the FHA program 236 and not a single unit of these 700 is available as housing for the elderly.

While it is not true at the local level in the Phoenix office, on the national level there seems to be some predisposition against church-related and nonprofit organizations participating in currently funded housing programs and a predisposition against projects which concern themselves with any services other than providing basic, bare-wall living units.

Any of you who read my written statement to this committee know that my main thesis is that mere housing is not enough. If elderly are to live in homes rather than being warehoused, it is necessary that some consideration be given to the social component of their lives.

For example, socializing areas within each housing unit are not only essential but must be located within the normal traffic pattern for the residents. This plus staffing with experienced people such as social workers, program directors, and providing recreational areas that are adaptable to this age group, and the opportunity to serve and mix with people from the general community in such endeavors as Red Cross, United Fund, and other community efforts are necessary to convert housing into homes.

There should be some concern for the elderly who are not going to live in housing for the elderly, and I would suggest that one of the easiest and most economical ways to reach them is to construct day-care facilities on the grounds of an established home.

To conclude, I would like to repeat the three most urgent matters between church-related, nonprofit organization, and the Federal Government in the field of housing for the elderly. They appear to be the following:

(1) The establishment of percentage priority under FHA 236 or any other programs specifically for housing for the elderly and thus permit some houses for the elderly to be constructed immediately and continue to be constructed with each new funding.

(2) The need for putting additional emphasis on funding for more than barewall housing for the elderly.

(3) The need to prevent the loss of housing under FHA programs, housing which is constructed for the elderly and then repossessed by the Government and is now being resold for use by other than older Americans.

Thank you.

(See app. 1, item 2, p. 230.)

Senator WILLIAMS. Thank you very much, Reverend Luther. Now we are to Mr. Estill.

STATEMENT OF CALVERT L. ESTILL, PROJECT DIRECTOR, WEST VIRGINIA HOUSING FOR THE ELDERLY, INC.

Mr. ESTILL. I am project director of a nonprofit corporation, in West Virginia, funded administratively under the Older Americans Act, with enough funds to last a couple of years, to presumably and hopefully promote housing for the elderly in West Virginia.

In analyzing our problem we have decided that inadequate as they may be, the present programs for highly compressed, high-rise housing in the urban areas partially address themselves to the needs of the elderly people.

We are concerned primarily with the rural elderly poor. There are so many of those in Appalachia that it seems their needs must be met first. It will take several years to accomplish anything along these lines, before we can even get to the lower middle-class and middle-class people, or self-supporting people.

What I am talking about is probably 30,000 or 40,000 people in West Virginia, typical, I suppose, of Appalachia, but certainly representative of people all over the country in rural areas.

Their incomes average around \$76 a month, whether they are on welfare or social security, or some combination of pension and welfare.

Most of us spill more than that, and it hardly seems proper to us to consider the idea of amortization of a mortgage for someone who is in an elderly, poverty situation, perhaps suffering from chronic disease, or other problems of loneliness, malnutrition, and neglect.

To ask them more than a bare maintenance for their shelter seems cruel.

We have assumed that the taxpayers, if it ultimately becomes a Government program, want to produce for elderly poor people reasonable housing, not expensive housing. It is my impression that public housing today is running around \$18,000 to \$20,000 a unit.

It is my belief that we can produce low-cost rural housing, quite adequate, and quite nice, much better than the shelters the people now occupy for \$4,000 to \$5,000 per unit, including land, utilities, community room, whatever they need.

I base this on the present trend toward mobile homes, modular construction and other technical aspects that we will be talking about later.

We think there may be 40,000 older people in West Virginia who are mudbound or snowbound two-thirds of the year. Nobody can get to them. If the services were available nobody could get to them physically; doctors, nurses, social workers, recreational people. Their own relatives can't get to them to serve them. They are suffering from all of the problems of isolation.

If we had the services and the money to provide the necessary people, we still wouldn't be physically able to get to these mudbound people.

Therefore, we have come up with Project Hard Road, which would work pretty much as follows: We want to construct small clusters of low-cost housing at the hard road, where the mud road and the hard road meet. This is normally the place where these elderly people have come all their lives to get their mail, to buy their gasoline and groceries, to do whatever they do in their community center.

They identify themselves normally as being from this place. This is their area. So we feel that if we built clusters of eight, 10, 12, 20 units, with a community room, on small plots of land, and invite the most needy people to come and live in these units, charging them only the cost of maintenance, utilities and professional management, if that is necessary, we can bring them back into the mainstream and by clustering them together we can provide them with the services that they so desperately need.

As I say, Hard Road projects could be produced for around \$4,000 to \$5,000 a unit in West Virginia today. We have no specific house plans yet.

I have a drawing, Senator, if it is a matter of interest, which is roughly my concept of this. I would be glad to pass it around. It would be a motel-type setup with front porches for everybody. We think rural and elderly people have to have a front porch. We think it ought to have a pitched roof. It would be a room roughly the size of a large modern motel, with a bath, a partition for the bed, and a kitchen.

We would propose that people bring their own furniture when they move in. We would hope they would form their own active organization and participate in community affairs.

One thing the rural people of West Virginia have going for them is that they still know who they are, even though they are in poverty, even though they are suffering from chronic disease and loneliness. They are still a Tucker from Bailey's Fork, and that is somebody to be.

If we can keep them there near Bailey's Fork, participating in a community where they have always lived at a relatively low cost, and I say a grant, not a loan—I think the long-term amortization programs for people in poverty is probably cruel and certainly unworkable. We can bring these people back to some sort of reasonable communication with their own folks.

In West Virginia, we have some 1,800 people in mental institutions who could come out today if they had some place to go and live. It costs from \$2,000 to \$2,500 a year just to house these people because there is no shelter for them anywhere in the State. No one is interested in their care.

Again, Project Hard Road would help in the solution of this problem.

I hope I haven't wandered too much. The concept of small clusters, of low-cost housing, right in the rural area might be an approach to the rural elderly poor situation.

Thank you.

Senator WILLIAMS. Thank you very much.

Our next witness is Mr. Harold Gibbons, President of the St. Louis Civil Alliance for Housing.

Is Mr. Gilbert Murphy present? He is Executive Director of O.A.S.I.S.

He is here in place of Mr. Gibbons.

**STATEMENT OF GILBERT MURPHY, EXECUTIVE DIRECTOR,
O.A.S.I.S., ST. LOUIS, MO.**

Mr. MURPHY. Mr. Gibbons asks that I express his regrets in being unable to be here today.

We think it best to present his statement as he has prepared and approved it, and perhaps in the discussion time other things will be brought out.

I am pleased to bring you these remarks—and I am speaking here always in Mr. Gibbons' name—because I feel that this Special Committee on Aging has done a great deal to improve the status of the elderly citizen in this country.

The St. Louis Civil Alliance for Housing has taken on the almost impossible task of developing plans and strategies whereby public housing in the city of St. Louis can be made habitable and socially profitable for the community.

We have experienced great difficulty in this task and find the close relationship between our work in public housing and the needs of the elderly.

Many of the residents of the projects of St. Louis Housing Authority are elderly. We are concerned that they have housing and social services that will make it possible for them to live comfortably in their later years.

You have asked me to address myself particularly to the contribution that the nonprofit organization can make to the provision of more adequate facilities and services for the elderly.

I would like to speak on this from two points of view, first, from the point of view of the experience we have had in the St. Louis Civic Alliance for Housing, and secondly, from the broader perspective of the many nonprofit corporations working among the elderly in the city of St. Louis.

The Civil Alliance for Housing has inherited a massive task. The housing facilities under the jurisdiction of the St. Louis Housing Authority are in a state of almost total physical decay.

Our experience indicates that inadequate financial resources have been available for the maintenance of these properties.

Hopefully, under the amendments of Senator John Sparkman and Edward Brooke, these problems can be arrested. While the agencies involved in the supervision and direction of these projects for the last decade have generally done an excellent job, the end result due to their underfinancing and poor physical planning is a massive waste area in the city of St. Louis.

Over and above the problems of restoring, rebuilding, and replacing these physical structures there is the more important problem of social planning for the occupants of such projects which must have equal status with physical planning.

The elderly occupy many of the units of these projects, and it is important to understand that the elderly need far more than bricks and mortar can provide.

The Task Force on Social Goals of the Civic Alliance has indicated a need for massive reevaluation of these projects in terms of the social turmoil that is "built in" to each project.

The elderly, particularly, need special social services if they are to function successfully in these kind of projects. Our experience would indicate that one of the most important aspects of any future planning by the Federal Government in the field of housing for the elderly would be the adequate planning and programing of social, recreational, and medical, as well as a program for meaningful tenant involvement and participation in the planning of these services for these persons.

It is impossible to bring together large numbers of elderly persons into housing areas without making available to them special services for the insurance of their comfort, security, and general welfare.

We look with pride at the accomplishment of our housing staff and consultants as they have developed and financed our Teamster Council Plaza Development in St. Louis.

These projects, such as "Council Plaza" made possible by the coordination of special financing of the Federal Government (through section 202 of the Federal National Housing Act), and through the establishment of our joint Teamster Council No. 13 not-for-profit corporation for the benefit of the elderly, are the most important aspects of the work being done to assist the elderly.

We feel these kinds of programs should be encouraged and enlarged upon. Social services for the occupants of these kinds of projects are and must be included in our continued planning and programing.

A combination of Federal, local, and nonprofit organization help for this social planning is an absolute necessity for the adequate operation of these projects.

Approximately 5 percent of the population of the United States, over the age of 65 live in public or private special care facilities. Ninety-five percent of the population over 65, still live independently in the community.

They have special needs that can be met by nonprofit corporations in the community, provided these nonprofit organizations are given tools and financing adequate to the task. Few efforts have been made to deal satisfactorily with these needs.

It is impossible to deal with the problem of the elderly without dealing first with their basic financial needs.

You are well aware of the need for increased social security payments, more adequate pension planning, and more flexible employment practices for the elderly. Several nonprofit corporations in St. Louis have made substantial contributions to the development of supportive programs for the older citizen.

The Cardinal Ritter Institute has developed family counseling services, home health aids, recreational services and home nursing programs for the elderly of St. Louis by way of example. They are hampered mainly by inadequate financing. Because of lack of funds they are not able to expand their services to cover all of the persons who are in need of this kind of service.

A further example of another community not-for-profit organization is the Older Adult Special Issues Society, Inc. (O.A.S.I.S.) of St. Louis which has recently become a contracting agency for the senior aids program. This program is a reemployment program for persons over the age of 55 sponsored by the National Council of Senior Citizens as a part of Operation Mainstream of the Labor Department. Senior aides have demonstrated, beyond any doubt, the ability of older persons to work creatively in the community. They have demonstrated the possibility of retraining and reemploying persons who have been immobilized by poverty and their age.

These persons are serving in community Outreach programs all over the city of St. Louis.

It is particularly significant to note that where older citizens are used by O.A.S.I.S. in Outreach programs among the elderly, there is a positive and helpful relationship developed. There is a trust between the elderly. Many times social agencies have found it difficult to reach these older persons living in restricted circumstances in the community. Senior aides have been able to contact many of these persons and to involve them in the community programs.

O.A.S.I.S. which is a title III program, is also involved in a program structure that allows the older adult in the community to become actively involved in the decisionmaking process. Our older citizens have a great deal to give to the community, and it is necessary for us to develop strategies whereby they can be involved in making decisions that affect their lives.

O.A.S.I.S. has demonstrated that older people can be so involved.

This kind of involvement should be encouraged by your committee. This necessitates financing. Financial aid must be made available to nonprofit agencies like O.A.S.I.S. and the Cardinal Ritter Institute in order that they may continue these kinds of programs of involvement to the maximum benefit of the older adult community.

A study just completed by the Aging Information and Direction Service (a copy of which we have given to you and your committee), of the Health and Welfare Council of Metropolitan St. Louis, is attached to this report.*

This is a project which was financed by title III grant under the Older Americans Act of 1965. I draw this important document to your attention first because it gives you a good summary of the needs of the older citizens of the city of St. Louis.

Secondly, I draw it to your attention because it represents the kind of work that is being done by the funds being made available to nonprofit organizations through the Older Americans Act. These title III funds have been the main source of financing most of our nonprofit corporations working with older adults in the community.

Transportation is one of the greatest needs of the non-institutionalized older adult. Our public transportation facilities are totally inadequate for our older citizens. Fares have reached astronomical levels, and the service is inadequate. Older persons find it difficult to arrange for transportation for their medical appointments and their recreational facilities. This is a most crucial need, and the problem of transportation must be given preferential treatment in any planning that is done for the elderly citizen.

Current Federal policies have directed most of the funds of the Older Americans Act into research and demonstration projects. Title III projects have demonstrated many excellent programs for the elderly. It is now time that these projects be financed on a continuing basis, using the facilities and resources of our churches, unions, and nonprofit corporations.

I suggest that there are available resources in terms of buildings, personnel and volunteers that can be made available to the community for the use of the elderly population. Our churches and unions have a great interest in working with the elderly. They have buildings available with adequate kitchen facilities and recreational areas.

In churches, these kitchen and recreational areas, by and large, stand idle during the day. They are used in late afternoons and evenings for youth activities but rarely during the day. Elderly could well be served by these agencies if continuing programs could be developed and financed by the extension and enlarging of the Older Americans Act.

People living freely in the community need supportive and protective services. Churches, unions and other nonprofit corporations in the community could provide these services if grants are made available for this purpose.

Thank you for this opportunity to present my views and to participate in the round-table.

Senator WILLIAMS. Thank you very much, Mr. Murphy.

The next witness will be Mr. Stanley Axelrod, executive director, C.T.A. Towers, Miami, Fla.

*Retained in committee files.

STATEMENT OF STANLEY AXELROD, EXECUTIVE DIRECTOR,
C.T.A. TOWERS, MIAMI, FLA.

r. AXELROD. To many, success and contribution is measured by the dollars one can earn or accumulate. Those without earning power are too often considered inferior and useless. Twenty million Americans are now over the age of 65. This number is rapidly increasing.

The great challenge facing all of us in government and nonprofit organizations is to give new light, new purpose and new direction to senior Americans. Government programs are expensive. Professionals must be involved, whether the programs deal with housing, senior centers, medical care facilities.

But certainly, the training, experience, talents and time of these 20 million Americans can be used in self-help programs where able seniors could be directly involved on a voluntary basis to complement the activities of the professionals. This would give them a purpose for living and improved social order as well as to stretch the Federal dollar.

We would propose a Marshall plan, so to speak, for senior Americans. Along these lines we would propose that a near-Cabinet-level post be created to coordinate existing programs and explore ways to better serve and utilize seniors.

The establishment of such a high post should guarantee that such services would be maintained as a national priority.

Limited incomes that are in our inflationary society have made adequate housing for senior Americans a catastrophic problem. These people are prevented from getting decent, dignified housing, so they rot away in the hovels and slums without hope, without being found by their community to see what the community could do for them, without their knowing how they can lead useful lives.

Obviously, senior housing could bring these people together, to be identified, to be made productive. Section 202 was a crown of achievement for creative federalism. Redtape, though considerable, was much less than through other programs.

The 202 Government agencies have the attitude of family, that they were not there to dictate but to help find answers.

The 202 programs turned out to be highly successful, strongly motivated by nonprofit sponsors. They continue to be highly successful, beating all laws of average. This type of nonprofit sponsorship guarantees more service, less cost for buildings and management, and great dedication.

Congress, in its wisdom, recently authorized \$150 million of funds to maintain the program. It is obvious that no funds will be appropriated.

The administration is turning its back on seniors in the proposed budget by not recommending the appropriation of 202 funds. Instead, it wishes to throw all nonprofit housing basically under section 236 without earmarking funds for senior housing.

Although we strongly urge that the \$150 million appropriation be made, we realize that direct Treasury loans provided in 202 may be somewhat difficult to obtain under the current economic strain.

We therefore urge that section 202 Federal agencies be allowed to continue without interference from other agencies wishing to phase

them out. This can be funded with the earmarking of 236 funds and using recaptured and conversion funds.

Housing should be built for seniors, not merely to store them, but to restore them.

Even in the 202 programs the Government should have gone further and should have provided funds to staff and equip cultural, educational, and recreational programs, health, education, screening, and health maintenance programs.

There is absolutely no doubt that an active, involved person will live longer and stay stronger and remain productive. However, many 202 projects do not have sufficient funds to create this way of life.

Senior housing projects need the following opportunities: 1, subsidy to pay for staff and supportive equipment. The following minimum staff: A nurse on the premises around the clock; part-time case worker; an off-the-premises doctor on call 24 hours; a full-time combination welfare-recreational-social and cultural director. One of his responsibilities would be the placing of residents in worthy community volunteer programs and in developing specific volunteer projects within his building.

2. an infirmary or halfway house which would contain a minimum number of beds equal to 3 percent of the total resident population of the building. The infirmary would not be used as a nursing home but as an intermediate, temporary health facility for residents not ill enough to be referred to hospitals or nursing home facilities.

3. a minimum of two balanced meals a day at low cost.

4. a health maintenance program which would take care of medical checkups, initial screening, inoculations, advice on nutrition, and related areas.

5. reduction of rents for short-range financial distress as well as long range where necessary.

6. health gym studio.

7. subsidy to nonprofit organizations which will relieve qualified sponsors from finding seed money to establish housing facilities.

8. allow 202 projects flexibility to permit higher income residents to be charged higher rents in accordance with their incomes.

These funds would be used to offset rising costs without necessarily needing to raise rents of those on lesser incomes.

9. allow 202 projects the same vast purchasing power advantages afforded to low-cost Federal housing projects and further expand these programs.

Congress was very far-sighted in establishing title III and title IV of the older Americans Act which provided funds for services and an innovative approach from the Federal and State levels.

However, inflation, plus the inability of communities and nonprofit groups to take over funding, as Federal subsidies were phased out, has caused their eventual downgrading or abandonment.

It is the height of cruelty to give to the senior American hope, feeling of usefulness, social contact, recreation, involvement, and then take it away.

We urge that title III and title IV be funded so that all worthwhile original programs be permanently restored, that they be expanded, that an active program of involving more church and nonprofit groups be embarked upon.

There are a vast number of church and nonprofit organizations. Tremendous national resources are available for a program of creative federalism whereby Federal agencies could actually go on talent-hunting expeditions throughout our Nation, identifying groups and individuals within groups, who would sponsor activities and programs for seniors.

In order to gain interest in such groups, paper work and redtape must be minimized. An ombudsman should be created to expedite applications for funds. These programs would cost the Federal Government money but far less if sponsored by church and nonprofit groups.

Those closer to the problem are more motivated and can do a more efficient job. Every senior has experience and background which can make him useful to other citizens in his community.

We would propose that funds be allocated to develop a community talent reservoir of volunteers. This would include a placement service cataloging seniors and other interested people. Worthwhile volunteer organizations serving the community at large, as well as seniors, could draw from this reservoir.

Too many private funded nursing homes throughout the country are obviously still in the dark ages. Even newer ones with their beautiful decor and antiseptic halls are nothing but concentration camps. Often these homes are void of therapeutic and physical activities; void of basic cleanliness; social contacts; of understanding; and void of dedicated personnel.

There is hopelessness and despair by patients. Great insecurity and fear dominate our independent senior who would rather suffer tortuously at home rather than enter these institutions.

We therefore urge the following:

1. Government grants and loans to nonprofit groups to buy out private nursing homes and convalescent facilities 100-percent, 50-year loans, for purchasing and improving facilities should be at minimal interest rates.

2. Grants to upgrade the services in profit and nonprofit homes to improve the quality and quantity of staffs, stimulate training and retraining, upgrading of licensing of staff and homes; provide funds for the development of creative programs, via effective supervision, consultants, motivation, and dedication stimuli.

Most important, salary subsidies for all staffs which would go far to attract and hold the best qualified personnel.

3. Funds for nonprofit and profit homes to seek and pay transportation and training of volunteers to complement their staffs, to seek out organizations and people to develop volunteer systems.

Loneliness and isolation in these homes can be minimized with this type of program.

With regard to the entire field of serving senior Americans, we urge the Federal Government to do the following:

1. Encourage the establishment of nonprofit corporations which would compete with profit-motivated consulting corporations. These nonprofit corporations would act as catalysts and consultants in the housing and services field for other nonprofit groups.

2. Communicate to local authorities the need to do away with antiquated zoning ordinances which discourage nonprofit involvement and the establishment of senior services and housing.

3. Provide subsidies for nonprofit senior housing facilities, nursing and convalescent homes where they have lost their tax abatement.

4. Vastly expand the most important event of the 1960's, the senior centers. More are needed in every community. Expansion of their services and staff is essential. Most existing nonprofit housing projects can, with little or no expensive capital outlays, be utilized as senior center facilities. Strategically located churches can also be similarly utilized.

5. We should realize that many senior Americans relish their independence but still must feel part of the family, and all too often do not. There are many families and children throughout America that need grandparents.

What a wonderful thing it would be if the government could provide funds to bring these two together.

6. Fund national studies and programs dealing with the social, educational, physical and mental problems of the aging.

Further, establish a clearinghouse of such studies which would actively pursue dissemination of its findings throughout the country to both appropriate organizations and individuals.

7. Permit seniors the opportunity to use the following government facilities: Armed Forces Post Exchange and VA hospitals. Within these facilities, especially allow for programs of prescriptions at reduced costs, dental and medical care, glasses, hearing aids, and so forth.

8. Utilize surplus food at convalescent homes and senior centers and housing facilities. Further, make funds available to seek out and identify those seniors needing food stamp programs.

9. Provide funds so that a new type of modern professional may be created, one that embodies the philosophical, practical and professional best of the medical man, the educator and social worker.

Unfortunately, these three great professions in the field of aging have worked in isolation and often without coordination in the field of aging. Each of the professionals has something to contribute to senior Americans. Amalgamation of these three professions can incalculably meet the challenges we face in serving our senior Americans.

Thank you for permitting me to testify.

Senator WILLIAMS. Thank you very much.

I have a note that Rev. Virgil Mabry, director of Wesley Towers, is here.

Reverend Mabry, you are a faithful witness before this committee.

We appreciate your being back with us.

Reverend MABRY. Thank you, sir.

Senator WILLIAMS. Have you a statement at this time?

Reverend MABRY. Not at this time, no, Mr. Chairman.

Senator WILLIAMS. We have your statement before us given at Ocean Grove, N.J.

Reverend MABRY. Thank you, Mr. Chairman.

Senator WILLIAMS. The next witness will be Rev. Charles Fahey, chairman, commission on aging, the National Conference of Catholic Charities.

STATEMENT OF REV. CHARLES F. FAHEY, CHAIRMAN, COMMISSION ON AGING, NATIONAL CONFERENCE OF CATHOLIC CHARITIES

Father FAHEY. I wear three hats today. First of all, as a spokesman for the National Conference of Catholic Charities, which is a profes-

sional organization representing the various interests of the Catholic Church throughout the United States.

Second, as chairman of the Inter-Faith Committee of the American Association of Homes for the Aging. Our president will testify tomorrow. I am a member of its board.

Third, as director of Catholic Charities of the Diocese of Syracuse where we are involved in the development of 2,500 units of housing and long-term care facilities for the elderly, costing about \$40 million, none of which is federally funded largely because of our frustration with Federal programs.

Having established what an expert I am, I will now say very little, since I think it is rather useless in the light of all of which has been said, most of which we would thoroughly endorse, some of which we would take issue with.

We merely reflect at this moment concerning first of all, benign neglect of human services in general, and more particularly we are fearful in regard to the elderly.

We are dismayed with the phasing out of 202, with the administrative hurdles that are involved in section 236; I know I am reflective of the Catholic charity movement in general in this regard. Both our commission on aging and our commission on housing of the National Council of Catholic Charities have reviewed Senate bill 3639 and we are dismayed with it.

We feel there is the necessity of categorical programs in the field of housing for the elderly. We are also dismayed with the apparent downgrading of concern for housing for the elderly that is going on in HUD at the present time, and we are concerned about the decentralization of HUD, as it effects elderly.

This seems to be reflective of a number of trends. We will testify more particularly in regard to Medicare, a program which seems, at least the long-term aspect of it, to have ground to a complete and utter halt.

Again, House bill 17550, while having certain attractive features, by and large, reflects a lack of concern for the health and care of our elderly folks.

The picture is not bright at the present moment, and we find this to be particularly appalling at a moment in which the church, by and large, and certainly the church whose feelings I am reflecting is entering into a new concern for the poor, for the disadvantaged, and for the elderly.

Historically, the Catholic Church has provided rather extensive services in the field of health, education, and social services. What has been done in the past is now being reemphasized at the present, and there is a willingness and openness and desire to participate even more fully.

We find as we have renewed interest, that our hands are tied in terms of our ability to deliver. We have a new commitment, a commitment in which we see ourselves as servants not only of the Catholic community, but of the total community, and also we see it in terms of not going alone but also in an ecumenical way, if you will, with other interested community persons.

I am sure that I am reflecting faithfully my constituency in saying that we are dismayed with the general picture at the present moment.

We have frequently testified in the past that Federal housing programs are inadequate, whether in terms of nonprofit sponsorship or public housing, by being strictly brick-and-mortar projects.

I come today with personal congratulations to the leadership that you, Senator, have taken in the field. I only wish that this could be exemplified by others in the Congress.

There is a certain degree of "Well, is it really worth it to come down here to Washington?"

Last week, returning from the National Conference on Social Welfare, I had occasion to pick up a book, an HEW presentation, written by Peter Corning, talking about Medicare. In it he spoke of two of the most significant factors in the inception of Medicare, the Senate Committee on Aging and, the White House Conference on the Elderly in 1960. Thus, it was with a little more enthusiasm that I then came, hoping that the White House Conference will not just be window dressing and perhaps we can really accomplish things in this field.

That will conclude my remarks at this time, Mr. Chairman.

Senator WILLIAMS. Reverend Fahey, for the benefit of our staff, could you repeat the reference you mentioned?

Father FAHEY. "The Evolution of Medicare, From Idea to Law," research report 29. It is written by Peter A. Corning.

Senator WILLIAMS. Thank you very much. Your prepared statement will be entered in the record.

(See prepared statement, (app. 1, item 3, p. 236.)

Senator WILLIAMS. The next witness is Boris Shishkin, secretary, Housing Committee, AFL-CIO.

STATEMENT OF BORIS SHISHKIN, SECRETARY, HOUSING COMMITTEE, AFL-CIO

Mr. SHISHKIN. Thank you, Mr. Chairman.

Senator WILLIAMS. Folks might like to know when you first came into this committee room.

Mr. SHISHKIN. My first visit to this room was quite a long time ago. It was in March 1933, when a midget sat in J. P. Morgan's lap here in the caucus room I was sitting on that wooden bench by the red drapery. It was in this room where there was a hearing by the Banking and Currency Committee, a hearing on the bank holiday which the country was going through then.

Senator WILLIAMS. Thank you.

Mr. SHISHKIN. Let me say, Mr. Chairman, that in many ways we are going through a similar crisis. There has been so much of it, particularly not only with respect to the housing for the elderly, but also with respect to the kind of action that is needed to prevent the erosion that is going on as a result of the misguided monetary and fiscal policies, particularly in the field of housing.

We may need to have a repetition of the kind of hearing the Banking and Currency Committee held in 1933, in order to reverse this trend.

Mr. Chairman, knowing that my colleagues who surround this table have a tendency to wind up all of their statements by telling the committee what to do, or telling the Government what to do, I would like

to start out a little differently with a word or two of what we should be doing.

I think here again Father Fahey just now has stolen another bolt of my thunder in telling us that we ought to be ecumenical about what we do.

I hope he meant really what I have in mind. That we should be not only ecumenical in our faith but also in the community of our action. We ought to work together a little more.

In my statement, submitted in advance at Chairman Williams' request, I provide a brief summary of specific types of action taken by the AFL-CIO and by its affiliates to provide housing and a variety of services responsive to the needs of older Americans and especially those with small incomes and limited means.

It is a story of essentially unglamorous, yet deeply dedicated and diligent efforts of trade unionists, mostly at the community level, but with full and alert backing, as well as guidance, of the national AFL-CIO and of its national, State, and local organizational mechanisms.

It is also a story of ready and willing cooperation with other voluntary initiatives of citizens, national as well as local.

It is customary in the testimony before congressional committees for the witnesses to be telling the Congress what to do. Instead of that, I would like at this time to tell the distinguished witnesses assembled on this panel, what I think we should be doing.

In order to advance more speedily toward our common and agreed goal, it is essential that we work together more often and more effectively.

Labor's programs in this field have been greatly reinforced by concerting the work of labor organizations with the important work of the National Council of Senior Citizens, the Urban Coalition, the Foundation for Cooperative Housing, the A. Philip Randolph Institute, the Workers' Defense League, the Urban League, the National Alliance of Businessmen, the National Committee Against Discrimination in Housing and a number of other organizations relevant to our goals.

Many of labor's programs in this field, such as our Community Services and Human Resources Development Institute, are sustained efforts carried forward day in and day out. But, even so, new energy, new insights, and new inspiration may be gained by the people mounting these programs from their involvement from time to time in emergencies and even disasters taxing the limit of their capacity for service.

When, for example, a hurricane renders a whole community homeless, labor's community service organization meets a test of not only responding efficiently and effectively to the demands of the emergency, but also of its ability to work well with others under stress in mobilizing a broader communitywide effort.

Thus, when after such a disaster, the members of our building trades unions donate their services without pay to rebuild the homes wrecked by the hurricane, they know that their contribution is truly meaningful because the materials needed to get the job done are made available, also free of charge, by the local chapter of the American Red Cross with which unions work closely through the local AFL-CIO community services.

Cooperation is a powerful multiplier of the effectiveness of the good work of the voluntary and nonprofit agencies working in this field.

Let me say that I am citing this particularly because I think it is so important for us who are working in this field not to try to mount these efforts by ourselves, both locally and nationally as well, but to join forces with those who are seeking the same goals and work together in order to achieve them.

I know the experience of working with these other organizations and making a contribution to them is most rewarding. At the local level here in Washington I am serving as a trustee of the Housing Development Corp. The kind of problems that you come face to face with when you go into the area to look at the problems of site acquisition, of location, where the people want you to think about where the school is before you start acquiring land for a project that is going to have a lot of kids. It is the kind of practical experience needed in order to develop sensible and really fruitful programs.

I wanted to say this before I do the same as the others and ask particularly the Legislative Branch of the Government to do some of the things it has not done or not done well enough.

I have in mind the whole story of phasing out section 202 housing program into 236, a story told so well by my colleague, Mr. Fullerton, in the hearings that have just been released in Report 91-875, on page 73 and following, of how the Department of Housing and Urban Development has misinterpreted and misunderstood the congressional intent, and took the permissive kind of an optional choice given to it.

Of overriding importance to the future of housing for the elderly is to assure the continuation of the vital 202 program.

The phasing out of this program and shifting it to the 236 program is contrary to the expressed intent of Congress. It is a disservice to the elderly and to the public interest. It is pennypinching of the worst kind—pennypinching at the expense of the impecunious oldsters.

I ask this committee, and call on all organizations represented here to join us in the drive to save section 202 by reaffirming its congressional authorization and—most important of all—by funding it.

As Senator Williams has pointed out, section 202 program is running out of funds. Since section 202 is the program of housing for the elderly, it is imperative that the strongest possible representations be made to the Banking and Currency Committees of both the House and the Senate, as well as to HUD and the Bureau of the Budget, to continue this program and to provide funds for its unimpaired operation.

There seems to me to be a real need, Mr. Chairman, for the legislative branch of the Government to make sure that the intent as well as the letter, of the laws it enacts is carried out by the executive branch.

We have already noted the tragic phasing out of the section 202 program by HUD contrary to the congressional intent.

Deserving our notice also is a speech made by the Assistant Secretary of HUD and Commissioner of FHA, Eugene A. Gullledge, in which he said, in substance, that nonprofit organizations should get out of housing, that they should not undertake any housing, and that they are doing more harm than good when they engage in housing.

The intent of Congress to have nonprofit institutions undertake housing projects serving moderate income families is plainly written

into our laws. In fact, some of the programs are specifically designated in the statute as "nonprofit."

It seems to me, Mr. Chairman, that when a highly placed official charged with the execution of a particular law, enunciates policies contrary to the stated congressional intent of those laws, somebody ought to blow the whistle.

I would like to turn now to the specific merits of what I think is a most important thing before the committee at this time, and the kind of problem that ought to be called to other legislative bodies with which this committee is working, such as the Banking and Currency Committee and the Labor Committee.

The section 202 approach is what all of us here want in providing the kind of a future assistance to the older people in respect of housing. This is what is needed. It is not too far gone not to be revived. I think section 236 and its demerits ought to be clearly recognized and spelled out before the legislative committees.

I refer to Mr. Fullerton's presentation in the report that has just been published by this committee. I want to elaborate a little bit on what he says on page 77 of that report respecting the comparative merits of sections 202 and 236.

Local taxes are abated under section 202. Under 236 the units will be fully taxed, raising rents about \$30 a month. I think that is a very important and vital factor. When they raise the rents that much, you are really pulling housing out of the reach of the people who need it the most.

With respect to zoning, there are all kinds of requirements with respect to parking and so forth.

There is the utility company, under section 202, single metering for greater savings for the tenants for a whole group of apartments; 236 requires a separate meter for each apartment.

There are other considerations, property standards covered in 236, the benefits for the needy in 202. The advantages of 202 over 236 are overriding and ought to be taken into account in future legislation with respect to housing for the elderly.

This is a major objective and goal, I think, of the legislative concern on the part of this committee in the present session of the Congress. There are other things that are also important that are going on now, and they go through the whole range of authorizations and appropriations to fund these programs.

The administration has neglected to call for tenant services, for example. When we are talking about housing for the elderly, I think the provision of tenant services is vitally important. It has to be there.

The appropriations committees that are hearing these presentations ought to provide them. How come there is no request for provision for these services? I think this committee ought to blow a whistle on that one. Tenant services are very important.

I think in carrying out these programs you also have to spell out specifically the place for housing for the elderly in the model cities program. I have never seen such an unprecedented mismanagement of a really very important program that goes to the heart of the problems that surround the people who are of low income and limited means.

Here, again, I think that no guidance, no initiative, no drive has been provided to give the communities the kind of centers to deal with

the problems of the older people who are in these ghetto areas and who need special attention and require special concern.

I think in all of these directions this committee can do much. I think it has rendered a really marvelous service already by holding this series of panel meetings and focusing the national attention on this problem which is of such great concern to the whole American community.

Thank you, Mr. Chairman.

(See prepared statement, app. 1, item 4, p. 238.)

Senator WILLIAMS. The next witness is Rev. John Vanderbeck, president of American Baptist Service Corp.

STATEMENT OF THE REVEREND DR. JOHN VANDERBECK, PRESIDENT, AMERICAN BAPTIST SERVICE CORP.

Reverend VANDERBECK. Thank you, Mr. Chairman.

I would like to take a few moments just to capsulize and crystallize some of the thinking that we have arrived at out of our background of housing loan processing and sponsorship.

I am representing two groups here today, the American Baptist Home Mission Society and also a group which is called the Housing Task Force of the Joint Strategy and Action Committee under the National Council of Churches.

This group represents seven of the major denominational church bodies at the national level, with a constituency of approximately 70 million people. This group has banded together to do some unifying and cooperative action in this whole field of housing.

I think that all the problems with the FHA—problems in housing, if nothing else, has brought us together so that for the first time, seven major denominations are speaking together as national offices representing this size of constituency.

Some of the folks around the table are also, through their representatives, a part of this group.

It is incredible that the 202 program which has been most creative and effective in providing housing for the elderly should be shelved. This is one of the greatest programs which has ever been designed and used, both administratively as well as for the benefit of the elderly.

I would also like to comment on the fact that as far as we are concerned, some of our best programs have operated under section 231. This program has been called anything from a failure to a classic failure, and its major sense it has been.

However, this failure has not been due to the law passed by Congress, but has been due, in fact, to poor administrative procedure. It seems to me very poor action to shelve a program because there are some administrative failures in its procedures. The 202 program has been shelved largely, we feel, because of both its great positive factors, and because of its negative.

We would like to submit that progress is not made by running away from a failure; we make progress by acknowledging the areas of failure, finding solutions and instituting corrections.

Mr. Axelrod, a few minutes ago, spoke about some of the additives which were needed in the programs for the elderly. These could all be accomplished under a revamping of many of the criteria under section 231 of the Housing Act.

It seems that to literally take the failures of section 231 and place them in section 236 without maintaining and expanding the positive values is administrative folly and has no relationship to good business procedure.

So we would very definitely, representing our groups, like to see the 202 program reinstated, because it is one of the finest programs. We would like to see sections of the 231 program analyzed and revamped or added to section 202 so that it can do what Congress intended for it to do.

Finally, I would agree with Mr. Shishkin in his statement. Representing all of these major groups under the Housing Task Force, I have been asked to state that in business an administrator cannot repudiate the action of policy taken by his board.

In like manner we do not feel that Federal officials should be allowed, by administrative procedures to abrogate the laws passed by Congress.

We feel, therefore, that these laws now on the books should be considered by this committee as laws of Congress and they should be enhanced and strengthened rather than allowed to be shelved by administrative policies and procedures.

We will participate in other aspects of this hearing, Senator. We thank you for the opportunity to make these statements.

(See prepared statement, app. 1, item 5, p. 243.)

Senator WILLIAMS. Thank you very much, Reverend Vanderbeck. I suggest we recess for about 5 minutes. There is such a range of areas that really require discussion. I would like to start coming to the administration of the housing programs for the elderly, and see if there are any attitudes on improvements that might be suggested here, perhaps, bringing the various programs under the pinnacle leadership of an assistant secretary for these programs.

That is one suggestion that we have been thinking about. We would like to have your views on it.

(Whereupon, a brief recess was taken.)

ROUNDTABLE DISCUSSION

Senator WILLIAMS. The committee will be in order.

We are honored with Mrs. Marie McGuire joining us at the table.

You are director of the programs for the elderly and the handicapped, both?

Mrs. MCGUIRE. I am program adviser for housing for the elderly and handicapped.

Senator WILLIAMS. I am told that there are about 21 programs that deal with the elderly housing, including nursing homes. These are all within the Department of Housing and Urban Development. We were wondering whether it would make administrative sense to have this move up to the responsibility of an Assistant Secretary in this area.

Does anybody have any observations on that?

Father FAHEY. I would like to make an observation, if I may, in this regard.

It seems that in the context of our present decisionmaking, the elderly are susceptible to two problems: No. 1, we all have the problem of dealing with the bureaucracy and attenuated decisionmaking.

When you are dealing with a Federal establishment this is especially acute, and especially acute in housing for the elderly.

Secondly, to have the elderly be participants and get their portion of the pie is increasingly difficult as we develop local decisionmaking bodies in which the consumer becomes a major voice.

In most of the model cities, the poverty program and various others, citizen or consumer participation is a development we applaud.

The consumer, the poor, those concerned, are going to have a major voice. This is fine, except not the elderly who are disproportionately poor and disproportionately bound in inner cities are also, because of life style and various other things, increasingly unable to have their voice heard in the community organization process.

They need in a very special way someone who will be interested in them and in their full participation all across the board in the various programs to be developed.

The elderly need someone at a high level who is going to be an articulated spokesman for the elderly and to make sure that they are part of the action. The groups that I represent would strongly endorse such a notion.

Mr. ESTILL. I endorse what you are saying. At the local level the style of living is so different between, say, a coal mining and agricultural community among the elderly, their habits and so on, that an Assistant Secretary or somebody directly concerned with it might be much more responsive to the needs for the local area, to set up programs suitable to their desires and not subjected to the broad guidelines which really become straitjackets when you try to put them into effect in areas of peculiar characteristics.

Mr. ORIOL. May I ask Mrs. McGuire how large her staff is and what is the range of her responsibilities?

Mrs. MCGUIRE. Let me first say that the word "director" is incorrect. I am a program adviser which means the consideration of policy matters having to do with the elderly and handicapped. We are only a staff of two at the moment.

Mr. ORIOL. Is that you and someone else?

Mrs. MCGUIRE. Yes.

Mr. ORIOL. What is the responsibility of the person who works with you?

Mrs. MCGUIRE. At the moment, secretarial assistance. Right now we are spending a great deal of time on guidelines with respect to the specially designed housing for handicapped people of all ages as well as the elderly.

Mr. ORIOL. About how many inquiries or requests for help do you get in a year?

Mrs. MCGUIRE. I wouldn't know in a year. I would say in a week, perhaps 25.

Mr. ORIOL. How many are you able to help?

Mrs. MCGUIRE. Well, it depends. Sometimes I get to them very quickly and at other times there are very complicated programs in which sponsors are interested in broad approaches, basic assumptions, and psychologic underpinnings of housing programs for the elderly, such as have been discussed here this morning. These may be villages, or projects, mobile homes, or home rehabilitation.

These are oftentimes very complicated and require a visit to the city so that there will be an understanding of location related to shopping and other services needed by the elderly and handicapped people. Early planning decisions often will determine the eventual responsiveness of the program.

Mr. ORIOL. Do the regional offices of HUD have specialists in housing for the elderly?

Mrs. MCGUIRE. I think Mr. Hughes is better equipped to answer that.

Mr. HUGHES. We do have an elderly housing staff in each of the regional offices. Mrs. Maguire's role and my role are somewhat parallel but in different areas. I have the loan program and I now have the 236 program dealing with the development of housing for the elderly projects.

We have a small staff in each one of the regions who are counterparts of our central office.

Mr. ORIOL. Are these regional staffs limited to provide help on programs for the elderly?

Mr. HUGHES. Yes. They are on the housing for the elderly staff.

Mr. ORIOL. And about how many are there in each regional office?

Mr. HUGHES. At the present time the staff is being reduced. We have had an elderly housing specialist, a program assistant and secretary as the basic staff. Some offices also have an assistant to the program officer.

Mr. ORIOL. Perhaps other members of the panel would care to comment. Reference has been made to the hard-working, responsive type of person met in the regional staff.

Do you feel there is a need for more of that type of help?

Reverend FULLERTON. There is probably no better example of the overwork or dedication. Efficiency would be perhaps a better word. There is no better example of efficiency in Government that I know of or that I have heard of than the administration of the section 202 program. It just sort of grew like Topsey.

When we try to get something to be done, it was put into CFA for lack of a better place. There was one man in the regional office. This was part of the genius of the success of the program, I think. It is not only the direct funding. The administration of the program was the key to the success that occurred.

These men had the courage of their convictions to turn down the bad projects and to thwart promotions that were obviously wrongly motivated.

In other words, they made moral judgments in favor of frugality and in favor of service rather than expedient judgments in favor of whoever it is that is putting the most economic or political pressure on at the regional level.

The staff did a marvelous piece of work through these years. I don't say it was easy. Some of them I think nearly went insane in trying to carry the workload that they carried, but they worked at it. They stayed put.

Section 202 people are the only people in Government that I dare call at home on the weekend, but I have done it in many regions in order to expedite the work.

I have to work on weekends and they should, too.

Mr. ORIOL. Did you ever call Mrs. McGuire on the weekends?

Reverend FULLERTON. No, I never called her. She is a little above the practical level where I am called upon to work. But I mean what I am saying, that these people worked in this program, and they were choosy in picking projects, in picking propositions—not a bad word after all—in deciding what and where and who and how. It was just plain horsensense that made 202 succeed.

Mr. ORIOL. I think you said in your statement that people who worked for CFA are now working for FHA?

Reverend FULLERTON. When HUD was created, HHFA was made a department in the Government, then the Housing Assistance Administration included section 202. It was distinctly not FHA. It was a separate staff that made all the decisions, architectural, legal and administrative. Recently it has all been put into FHA to where the market study and all is a function of the FHA with just this one man rather isolated trying to supervise a program that he really can't control.

This is what has made 236 such a problem even in these conversions.

Reverend VANDERBECK. I would like to comment on what the Senator has proposed and also on what has been said here. There are two aspects of dealing with these programs. One is internal within the Federal agency and one is external, within the sponsoring organizations.

As one organization dealing with local church and community groups, we are currently involved in the processing of 157 projects, most of which are carryovers from 202 with a total potential construction budget of about \$250 million. This is just one organization.

In comment to what you have said, Senator, about an office of the nature which you have proposed; one of the things that we found in previous workings since the late 1950's and early 1960's in this field is the fact that if we needed to talk to Marie we were able to get through to her.

In the 202 program when we had processing problems on a local level, we could come and talk to Bill Hughes and we could get some uniformity in the procedures, which was essential.

Currently, under the style of operation of the decentralization and things being done in the local office, we are discovering that no local office has the same processing procedure. It is becoming a processing nightmare to get the projects built and developed because every region has a different style, different requirements, different regulations which are being applied as they see it in their office.

We feel that a proposal like you are speaking to now would allow us some place to get the uniformities we cannot get at the present moment.

Senator WILLIAMS. When you speak of uniformities, in what area? Could you amplify that?

Reverend VANDERBECK. Yes. For instance, there are a number of areas. There are rule of thumb criteria as far as land cost, for instance, and construction cost, things of this nature.

In some offices we are told that if these items go beyond a certain figure you can't do it. Well, you can do it. The important thing is not so much the individual line item in processing a project, but the final total within the limitations.

There are so many times we have an argument over some little picayunish thing within the processing procedure when no matter what you did with it it is not going to affect the total. The total is what makes a project feasible or not feasible.

Due to internal policing within our own organization we have turned down, in the last 6 months, 84 proposals for projects which have come to us because in our analysis of them they are not feasible and should not even be presented to a Federal agency office.

We have been asked for escrow accounts, for instance, in some areas and not in other areas. We have been asked for letters of credit in some areas and not in other areas. We have been asked for certain criteria in how many two bedrooms, one bedroom, and singles in projects. In some areas you must do it this way because it is a national requirement: You get to another region and it is not a requirement. There are a whole host of things of this nature.

If we had some centralized place where we could get a uniform answer, such as we have under the 202 program, it would simplify the processing procedure, and we could get the project processed within a 12-month period of time rather than 24 to 36.

Thus you would be saving costs in interest, processing, increased construction costs, labor costs, which all have to be passed back to the resident.

Senator WILLIAMS. Perhaps I am talking to another matter, but I think this is analogous now. In the area of design and in public housing generally, I think Mrs. McGuire innovated in San Antonio. Perhaps they thought there was a national standard, but she sort of innovated there. That is another area, of course. It is public housing and it is general.

Mrs. MCGUIRE. This was a demonstration of the impact of good design on the status of older people and their happiness within the housing.

We were fortunate enough to have some research funds about the middle 1950's in order to work out these various design factors that would make a contribution to the safety, comfort, and happiness of older people.

This project demonstrated the need for this research.

Senator WILLIAMS. Is that antithetical to what you are suggesting?

Reverend VANDERBECK. Yes. In our early programs we went down and researched what was done in San Antonio and followed it through from the very beginning.

We were able to put some of the things we learned there into the processing procedure of our own projects. We found a creative national climate through Marie's office which allowed some precedents, at least, to be established which could be taken through a local office.

We found the same thing with 202, dealing with Bill Hughes, for instance; both Marie and Bill have been outstanding in their creativity in developing these kind of programs.

We feel we have lost this kind of relationship and it needs to be reinstated.

Senator WILLIAMS. Perhaps the question that I raised at the outset is the cart before the horse. You people are on the construction line of the housing we are talking about, and it seems to be that 202 is a most worthy program and it is being phased out, or in appropriations termed it has been phased out. There is no money.

I would say it is the judgment here that that program should have money life breathed back into it, is that right?

Reverend FULLERTON. Provided, Senator, that it is handled administratively as in the old days. To put a direct loan program in the hands—and I have less to lose than anyone here; I am not managing a project so I may as well be the one to say these things—to put direct loan money in the hands of the FHA, as I know the FHA, would be the worst of all possible conditions. It is bad enough when they are only insuring the loan.

Now that they are actually lending it, with the GNMA and FNMA handle, they have gone hog wild. To put actual Treasury Department funds at their disposal would be an impossible thing for an unsophisticated outsider, as we are, to manage.

That money would go immediately to the best individual private entrepreneurial friend that the local insuring office director may have. It is bad enough, as I say, where you have the checks and balances of the private money market working, where the broker and the lender is reviewing it to see if he will ever get his money back.

But if it is a direct loan they would be very shallow in the development, I fear. But to get it back to where people like Mr. Hughes and these regional men treat this as if it were their own money and actually beat prices down, and actually go into the communities and work out problems where the frugality is an essential characteristic would be the best of all possible conditions.

Mr. CRAMER. May I ask a question? What do we mean by promoters getting any moneys? I don't understand that. Maybe I am too naive. If this is a charitable, nonprofit organization where does a promoter get any money?

Reverend VANDERBECK. In all kinds of ways; on land writeups and everything manageable. On almost every line item there is room for a promoter somewhere. They put it together and take a fee. You can have a packager who comes in and he may have part ownership in the land or he has a deal with the landowner. They are involved with an architect. They take the architectural fees. They are involved in the consulting services.

Reverend FULLERTON. I can show anyone who is wrong enough morally to take the money and show him how he can make 30 percent off the top of a 100 percent financing. I won't participate with him. I was offered \$100,000 on one project, my share of what could be bled out of an FHA 100 percent mortgage.

Mr. ESTILL. All of this happens before the doors ever open.

Reverend FULLERTON. In one case I can cite it occurred before the door was ever opened and before the door was put on the hinges. The builder got in and got out and the foreclosure took place before the building was ever opened.

Thirty percent can be made easily by packaging all of the fees and the services, the lawyer, architect, everybody working in-house and the fees piled on top.

Mr. CRAMER. I still don't understand it. You know, we can put a lock on the door and that is a notice for an honest man to stay out. But if you want to be a thief, I hope I am not going to be part of that kind of an operation. I think that the nonprofit organization can certainly guide themselves.

Otherwise, they are not honest nor honorable and should not be afforded an opportunity to put up housing for the elderly.

Reverend LUTHER. The emphasis at the moment is on the turnkey operations in which the nonprofit doesn't come into the picture until actual operations and mortgage payments begin.

Mr. CRAMER. Let us eliminate them.

Reverend LUTHER. Going back one step for the need for a central office, I have a large part on that in my paper.

I wrote on 236 that there is a flat payment per month for principal and interest for the 480 months, and that if the reduction subsidy program was only on interest the rents on a 236 have to go up about \$65 a month over the 40 years in order to cover the increased principal which would not be under subsidy.

I took this to the local FHA office and practically stopped the works for a day. We made four long distance phone calls to Washington to try for an answer. Three people who were supposed to be in very high places could not give us an answer.

The fourth person said :

We know that is a problem, but you have the wrong interpretation on it. This is not a subsidy program for interest. It is a subsidy program for both interest and principal.

I don't find that in reading the paragraph on how you compute the monthly charge, but if my premise is true we have worked ourselves into a real box canyon because if it is only a subsidy on interest in the 40th year practically all of your payment is principal and none of it is interest and thus no subsidy.

As I say, this is one reason I would be interested in an office. We tried to get an authoritative answer from four different departments and not one could give us a direct answer. The fourth person said he knew about the problem, that it had been raised once before, and it didn't exist because it was going to be worked out this way. But I don't find that when I read the law.

Mr. AXELROD. I would like to respond to your comment concerning funding of 202. There are moneys available now, right in the pot, so to speak. There are some of the conversion funds, as I indicated in my talk.

As I understand it, some \$60 million is coming through on this fiscal year and another \$30 million in the following fiscal year, which could be used through the current 202 agencies.

Also, if Congress is disposed to only use 236 funds, then let some of this money be given to the 202 agencies to administer, so we can avoid this problem of poor administration.

Reverend MABRY. I am quite concerned. I have 1,300 on a waiting list. This is highly unusual for 202. Many of these people will never live in a project that they can afford to live in simply because they will not live long enough.

I am concerned about getting housing, especially in New Jersey. In New Jersey, we are ninth in the number of elderly living of the States in the Union. We have about six 202 projects in New Jersey. We need it desperately and badly. We have some State problems that I think we can manage. But if you make it an Under Secretary or what, and make 202 part of the HUD program, our senior citizens' housing separate within the Department, however it is done, we need housing.

The Appropriations Committee now is setting on some money which should be turned loose so that housing can be built. I deal with these people coming in every day. They live in fear, some in squalor, some unable to pay rents. It is for these people that I see something has to be done and I think it has to be done quite rapidly.

Senator WILLIAMS. Mr. Axelrod, you said on the 202's they are being paid off. How is this fund being accounted for and is that available for additional projects under the total authorization?

Mr. AXELROD. There has been an interim period where the 202's are required after a certain date to convert to 236. It is this conversion money. We do have Mr. Hughes, who is Director of the 202 housing programs, and perhaps he could give us some information as to the amount of the funds. But I think \$60 and \$30 million are correct figures.

Mr. HUGHES. I would like to add a little explanation of that, Senator Williams. The \$30 million and \$60 million figures referred to are goals for recovery of section 202 loan funds by conversions of existing loans to section 236 insured mortgages. As a matter of fact, we will not get even close to \$30 million this fiscal year. We are working right now to complete our first conversion. We are not going to get \$60 million back this year. We have approximately \$4 million left of 202 money that we are using to fund increases in past approvals.

At such time as these conversions are completed, the funds then can be reused for new 202 loans. What Mr. Axelrod refers to is what we were expected to convert.

As I say, that has not materialized.

Reverend MABRY. Wasn't there \$170 million appropriated for 202 in 1970?

Senator WILLIAMS. Here is where we run into our legislative situation of authorization and appropriation.

Reverend MABRY. I understand the Appropriations Committee is drawing up the budget for a new year, for 1971. So whatever we do we have to do rapidly because it takes money to build buildings.

Mr. AXELROD. Senator, in response to your comment on the Under Secretary for the Aging, the national association, which represents the 202 and 236 as they apply to elderly housing, would be in favor of this.

We feel that very often in the communities there is an exploitation, both politically and economically, of senior Americans.

We feel that there has to be an outlet for these people. The protesting of the youth of today could be just the beginning of seniors starting to react and have no way out but turn to the streets. They are doing it in certain communities now.

We need to channel this energy. We could be strongly in favor of an Under Secretary specializing in this type of activity relating to housing and services for seniors.

Reverend MABRY. Senator, let me get back to the money problem. I feel that this is quite urgent. Whether we do it by an Under Secretary or by existing format I still think, with the Appropriations Committee sitting now for markups for next year, I would like to see us go on record as a group, authorizing you or individually to mark some money in there for our senior citizens under 202 specifically.

Senator WILLIAMS. You are all here in representative capacities, from major institutions and organizations. You are speaking for a great bit of America.

I would like to carry this message to the Appropriations Committee and with great confidence if this is the consensus of this group.

Reverend MABRY. I would like a discussion from our people here about this. I am pretty sure that, following the habit of the Appropriations Committee, they are right now drawing up the budget for 1971. We have \$170 million in 202 that we can't get.

Reverend FULLERTON. There is an essential budget with the administration in the Department of Housing and Urban Development which must be mandated.

As to the Assistant Secretary, it would depend on to whom he answers. I am confident in my own mind that at this moment, were the funding available and were the present staff people given a green light and, in certain places, a couple of extra helpers, they could go on and revitalize the housing for the elderly program in its proper context. I fear in practical terms that the superimposition of a new Assistant Secretary would have to enlarge the bureaucracy here and on the regional levels and it would never get off the ground.

I would rather see a little bit of fresh blood and life money pumped into the present staffing, emaciated though it may seem to be. I think it would come back to life.

Mr. Shishkin made a very competent observation as to the intent of Congress on the concept of direct funding.

In 1968, again in 1969, and on both sides of the aisle and in both Houses of Congress the intent was very clearly articulated that the concept of direct loan funding is to be preserved and the money is to be made available for housing for the elderly.

The housing subcommittees have been very clear in their statement that they intend to go with success. At least keep the thing modestly alive and then let the budgetary problems work out.

What we are faced with here is the impact on the budget, and the concept of direct loan funding just galls the Bureau of the Budget, whoever the Director is.

The idea of lending the principal rather than just supplying the interest galls them. But that is very, very short-range thinking. The long-range of that is killing. It has had horrendous short-range implications.

I submit that the interest subsidy concept by itself has been the major factor in the recent increase in construction money. It is not a mystical, uncontrollable inflation. It was simply a new concept of mortgage financing introduced by the Congress that made it enormously profitable and wonderfully guaranteed with the Government, itself, providing the interest.

I think, to back away from that, which I think both the Senate and House Banking and Currency Committees intended to do and made very clear, especially Senator Sparkman, to back away from that to the interest subsidy concept and strengthen the direct loan funding, to take this money and put it over there, we can see what will actually produce housing.

Mr. ORIOL. Reverend Fullerton, the Senate Committee on Banking and Currency in its report on the 1968 bill even included language urging gradual transfer of 202 to 236; is that right?

Reverend FULLERTON. Yes.

Mr. ORIOL. In the 1969 action in which the Congress authorized \$150 million for the 202 program, is there any language indicating that this \$150 million is to be administered through FHA or is there an alternative?

Reverend FULLERTON. I am very sure that it was not intended to be administered through FHA, arguing from silence.

Mr. ORIOL. You are sure it was not intended to be administered through FHA?

Reverend FULLERTON. I am sure of that; yes, sir. There was never any intent. The FHA is an insuring office. It has no way to operate as a direct lender.

Here is a letter from Senator Hollings of South Carolina to me on August 5, 1969:

Today in an executive session of the Banking and Currency Committee, we agreed to the extension and continuing function of the 202 program for three years.

In addition, we decided to maintain Section 231(d)(3) until Section 236 has been proven effective.

That is the language of the markup of the bill.

I feel this is a major victory for our side and hopefully will be followed through by the House.

There is a consensus in both Houses and on both sides of the aisle that we need to go with this good thing we have because it stimulated a wondrous amount of private effort, private participation.

These are private people. These are not profit people here. Nor am I, in any sense of the word. This is the thing that has been thrown down. This is the thing that has been affronted and shoved aside in favor of those who can put the neatest package together.

We as churchmen—and I am more outspoken than the rest, less delicate, and I lose a lot of friends and influential people—have been affronted. We have been insulted by having our success record pushed aside in favor of those who are the packagers, admittedly so.

Mr. ORIOL. Reverend Fullerton, I believe you have said on other occasions that there have been no failures under 202.

Reverend LUTHER, I think in your statement you mentioned a 202 project in Phoenix, I think it was, which had to be repossessed.

Reverend LUTHER. No; that was a 231.

Reverend FULLERTON. Mr. Hughes can tell us the exact record of 202.

Mr. HUGHES. There have been no foreclosures under 202. We have been pretty lenient in helping the projects get on their feet and get going. We could be more intolerant, probably, than lending institutions might be.

Reverend FULLERTON. They are lenient with time but not money. The Government will get their money back.

This is one of the administrative things that has been talked about. The Government says, "You owe us the interest. We will put it on the far end of the mortgage."

Why does the Government want to foreclose? They are speaking of only a half dozen projects at the most, the experimental projects that came in in the first instance.

Recent projects are rented up in advance with hundreds and hundreds on their waiting list. More projects have been rented before they went under construction than ever before. It is a fantastically successful program.

Nor did I mean to take comprehensive issue with section 231. The exceptions prove the rule. Those that were entrepreneurial in their motivation were failures and those where the church went in and made the sacrifice and died the death and put up the enormous amounts of escrow money, those succeeded because of the dedication and the others failed because of the promoter.

I lived in Florida when housing for the elderly first became a major function of HUD. I was approached by every promoter in the State, it seemed like, because of my ability to get next to the church and develop these projects. I have been offered all kinds of deals, and I still am, for that matter, to get in and promote them for the profit sector, just bringing the church along for the ride.

This is why I am so keyed up on this issue constantly. I have three letters on my desk right now from promoters who have all the connections in their local FHA office that they need. All they need is for somebody like me to bring the church in, and I can have a piece of the action if I will.

I am talking about big money. In a \$3 million project, I could have \$50,000 or \$60,000 for just a token amount of work.

Mr. ESTILL. This is the turnkey?

Reverend FULLERTON. Turnkey is a term that should be reserved for public housing.

All I would have to do is lie a little bit to the church. All I would have to do is tell them it is a good deal. I can truthfully say it is the only deal now but I can't say it is a good deal or a thing the church ought to be involved in.

Mr. SHISHKIN. I would like to put my organization on record as being in strong support of full funding of section 202 and to say that we will make presentations accordingly before the Appropriations Committee and also before the Bureau of the Budget and HUD to see that we can win support for that particular action.

While I have the microphone, I would like to say that I am strongly in support of the suggestion made by Senator Williams at the beginning, for the creation of a post in the Department of Housing and Urban Development to deal with the elderly housing program.

It seems to me, however, that in doing that there ought to be sort of a job description given by Congress, knowing how the agencies operate these days, of what the job should include, how it should work.

There are many aspects of the many programs that need to be pulled together by the Under Secretary or Assistant Secretary for the Elderly, related to facilities, related to public housing, and the various programs of FHA and elsewhere.

I think it also ought to be borne in mind that many of the duties are not being carried forward now, in such areas as mass transit, for example, which is extremely important for elderly people who cannot

get to where they have to go because of the horrendous traffic situation in most cities.

Therefore, there should be work done by HUD with the Department of Transportation on that. I think there exist many areas of common concern in HEW, where Secretary Romney should establish a hot line with the Secretary to be in HEW.

I think actually there are other agencies of the Government that have not done enough to pay sufficient attention to the elderly people.

The Department of Labor has the Women's Bureau, Children's Bureau, and everything else, but it has no special concern for the elderly workers. I think it should. Older workers and retired people have special problems that the Department of Labor should be concerned with.

On the side of housing, the Secretary should be dealing with the housing aspects of it.

There is also a problem of relocation of displaced people when urban renewal projects go forward. I think the Assistant Secretary should deal with those. The groundwork has been laid by such distinguished officials as Sidney Spector, Moe Gozonsky, and Marie McGuire, who have set precedents for the kind of thinking that is needed in this area.

These are real human problems. As a matter of fact, as I recall now, Mr. Chairman, I think the whole idea of rent supplements, developed as a separate program, actually originated in this committee.

I remember testifying on displaced older workers from their housing because of urban development. I made recommendations then for rent supplements for them after they moved, to be able to cope with the kind of housing problem when they had been forced to move through no fault of their own.

I think this committee has really laid the groundwork for many important advances. One of them was in the area of land frauds, which is now law, which was a major breakthrough, I think, on protecting the older workers who have been cheated around the country by these speculators.

So I think we ought to move forward and have the approach of creating this office, but with a mandate to do the job that will be fully accredited, comprehensive, and related to the other agencies of the Government.

Reverend LUTHER. Most people think that 202 is the millennium. Mr. Hughes in handling that program did it very judiciously. But at the beginning there were two large towers in Phoenix in which there is not a single bit of carpeting in the whole project.

I realize as the program has gone along this has changed. But it is what 202 was doing at the end which was approaching section 231, which would make it a program of more than mere housing and thus something that should be continued.

STATEMENT OF MRS. EVELYN WAKELAND, DIRECTOR, RESIDENT SERVICES, TEAMSTERS COUNCIL HOUSE, ST. LOUIS, MO.

Mrs. WAKELAND. As representative of the Teamsters Joint Council 13 and a member of the board of National Association of Nonprofit Homes for the Aging, I would most heartily endorse what Mr. Axelrod

and Mr. Shishkin have suggested, thinking in terms of the creation of this post of Assistant Secretary.

I wonder if I am naive in hoping that in addition to the very definite job description we might also have one area which would be devoted to the application of statute rather than policy.

Mr. ORIOL. Do you mean congressional intent?

Mrs. WAKELAND. Statute rather than policy. We all know how many times policy determines an answer. We have heard today about regional policies, where statutes are bypassed.

I would hope that if this post is created along with the job description there would be some provision for adhering to statute rather than policy.

Reverend VANDERBECK. I would like to support what has been said thus far, and also add this last comment. I can see two things that would happen with the revitalized 202 program. All the ancillary facilities available under section 231, which are very good, could come under the section 202 program. This could enhance the program as well.

The other factor is that I would like to encourage the statement that the job description include the fact that whoever sits in this kind of position not be a political appointee but be someone who is of the working staff who can deal with the whole matter of this policy was directed. You can't have a conflict of interest. You can't have someone who is involved in the political aspects and make decisions on a working level.

This person should be free to be able to be an administrator in the sense that Bill and Marie have been; free from the political aspects so they can say, "This is what Congress intended and we are free to carry out that intent." I think this is an important factor; that these are not appointees which would change with administrations.

I say this purposely.

Senator WILLIAMS. I think the job description idea probably is more politically realistic here than placing it beyond the political processes.

In the job description, we certainly could restate congressional objectives and congressional intent. That is what a job description would be, probably.

Wouldn't you at that point advise us to restate if we get to this point?

Mr. SHISHKIN. That is right.

Senator WILLIAMS. I certainly can understand how you feel with total frustrations of seeing a congressional policy ignored. That is what it amounts to. That is what you are saying.

Reverend VANDERBECK. As part of the record, we recognize the problems. We are not naive. But there is also the factor that I think in recognizing the problem and putting it on the table you can design the job description in order that the intent may be carried out.

Reverend FULLERTON. In the spirit of a roundtable discussion, Senator, without meaning to take issue with what the others have said, I don't feel qualified to suggest or recommend whether or not a new Assistant Secretary should be created. I don't know what an Assistant Secretary does, or a Deputy, or whatever.

I think the consensus ought to be or is that we are making a plea for a special in-house executive or program for the elderly. Then,

further, as to a national policy being a mandate, again I think part of the genius of section 202 was that the regional men were allowed to flavor the project regionally so that they learned from one another.

The central office was something of a clearinghouse. It did not hand out mandates. It coordinated approval. It was the last word on money and the final court of appeals.

But the program was administered regionally. Whereas, in Arizona they had no carpets, in Florida we had carpets all the way. This was not mandated.

There was a great deal of dedicated discretion, and I think this was a success factor in 202.

Reverend MABRY. Senator, I think we have demonstrated the fact that these people should be brought in on this, if we do get extended life in 202. But I am still concerned about housing. We have money that the Appropriations Committee has appropriated but which 202 does not have at its disposal.

Nineteen hundred seventy is the cutoff. Nineteen hundred seventy-one is being planned. We each have to do something in this respect if we expect to have any money for senior citizens.

With my county alone, there are 64,000 senior citizens, and I have to be their voice. Money has to be appropriated.

I wish each of us would write to whoever it is necessary to write to, and perhaps the staff can supply us with the person we have to contact immediately, to request appropriations for 202 not to be administered by FHA.

Mr. ORIOL. We are checking with the Appropriations Committee to determine what action is possible before markup of the bill.

You mentioned 65,000 senior citizens.

Reverend MABRY. This is in Essex County.

Mr. ORIOL. Reverend Maletta, you mentioned before, I think, that you have 300 units, with about 900 on the waiting list. I just want to get a rough idea from the entire panel about waiting lists. How is it running?

Father MALETTA. Our project is going to have 200 units, 183 efficiencies and 17 one-bedroom? We have already over 900 preliminary applications, and I know there will be a lot of disappointed people because they will not be able to get into the project.

I would like to support the call for appropriations for the 202 program because we are now involved in planning two additional projects, one of which is in southern Maryland and the other in northeast Washington.

We are a little bit hesitant about going the 236 route. We like the 202 program. We were terribly helped both by Mr. Hughes and Mrs. McGuire, as well as the regional staff. As a matter of fact, it was really the expertise that came to our project, lowering the cost of the project.

Mr. ORIOL. Can you tell us a little bit about people who are on the waiting list?

Do many of them own their own homes and can't pay the taxes? Who are the applicants?

Father MALETTA. Some of them are on limited income. The average is between \$2,500 and \$4,500. Some of them do own their own homes but they are not able to take care of their own homes. They are too big for them. It is too costly. So they are looking for housing that they can afford.

Mr. ORIOL. Do you have any idea what taxes some of them are paying on their houses?

Father MALETTA. No; we have not gone into that kind of research.

Mr. ORIOL. May I ask of the entire panel is that roughly the type of ratio of waiting list you have?

Reverend LUTHER. That is roughly the type of waiting list. In addition, we have one other factor. In our community, nobody has gone into the low-cost areas. Five churches, including the Catholic church, the Methodist United Church, the Baptist, and the Jewish synagogue have gone together with a proposal of going into the inner city and building houses that is not being done today.

We have taken no waiting list down there. We know of numbers in the thousands.

Earlier something was said about taxes. We happen to be one of two States where taxes are already imposed and they run better than \$30 a month per unit. In our case, we have a resident population of 725 people. We could have a 100-percent waiting list if we wanted to accept their applications.

We refuse to take reservations for people 80 years old or more, knowing we couldn't possibly get them into an apartment within 3, 4, or 5 years. We feel this is a torture we would be giving them. We turn down reservations every day and we still have a 2-year waiting list of people.

Mr. MCPADDEN. It is easy to ask you a question because you document your paragraphs. I refer to paragraph 2-2, where you say: "Apparently in 1969 and 1970, no 236 programs are being funded for the elderly."

And then 2-4: "out of 734 units in Arizona, not one single unit is allocated for the elderly."

Isn't this all rather academic?

Reverend LUTHER. If you are talking about new housing today, yes; it is academic. I cite:

The FHA decided not to put any housing for the elderly in 236 program.

Mr. MCPADDEN. There is no housing being constructed at all?

Reverend LUTHER. There are 700 units going up under 236; that is correct.

Mr. ORIOL. Reverend Luther mentioned about help to the low-income people in the inner city. I would like to point out, Mr. Chairman, that the Department of HUD has submitted to this committee for a publication soon to be published, a report on HUD programs serving the elderly and there is a section in there on how private organizations, churches, and so forth, can be helpful in the area of public housing.

I wonder if you might want to comment on that, Mrs. McGuire.

Mrs. MCGUIRE. I feel this is a great field for cooperative action in a local community.

I have found all around the country beautiful projects, 202 and 231, and a block or two away desperate and abandoned older people.

It seems to me we can't justify on the one hand serving 200 of the very fortunate who are able to be housed in a given project no matter how financed, and at the same time have right within the shadow of that building the desperately needy elderly people who don't have a chance of living long enough to get adequate housing.

It seems to me that until the groups interested in older people, whatever their economic status, can find a way of getting together, we will continue to serve the few in our housing and abandon or not serve at all the great number who live around the projects.

I think if we would change our planning concept a little, perhaps a little more money, and broaden that concept to embrace all the older people and their needs within a given community, not necessarily for housing but for services emanating from the housing, a good deal could be done for those in a delineated area, including health services, in the immediate neighborhood.

We can have many definitions for neighborhoods, but until we operate on a neighborhood basis with services we will never have enough money to build new housing for all nor would it be essential.

I am referring now to Reverend Luther's efforts in Phoenix, which are certainly very significant. One of the reasons why public housing did not go forward for the elderly in Phoenix was that they had a referendum some years ago on a building or housing code. This referendum was lost. Therefore, it was impossible for that city to produce a workable program which was then a requirement to participate in public housing, urban renewal, and several other Federal programs.

So we have seen as Reverend Luther knows, side by side, desperate need in Phoenix, and yet, very little being done for the elderly poor.

This is what prompted the organization of the several church groups, to see whether, under other programs, specifically 236, they might be able to generate housing for low-income people, using maximum rent supplements, in the south Phoenix area where the elderly poor live.

You were saying that this has not gone forward.

Reverend LUTHER. There has been no allocation whatsoever for the elderly under that program. In other words, for the units Mrs. McGuire referred to we even tried to explore taking public housing and renting it back, and using the auxiliaries of the church and everything else to enhance public housing.

If anything has ever been bare-wall housing, it has been the public housing program in our area.

Mrs. MCGUIRE. I think that is the second part of the question, that very often, not only in public housing but in other housing, including nursing homes, they desperately need the involvement of groups who are interested in serving these people, groups which have a concern for their well-being.

I will say, Reverend Luther, that in many public housing developments we have extraordinarily good service programs. Personally, without expressing an opinion, except my own, it is a shame we have not been able to work out a method for having food service as part of the operation in public housing.

Of all the people who need to be assured of one nutritious meal, it is the low-income people. Yet, we have not worked out the mechanism for providing whatever is necessary, authorization first, a very minor amount of subsidy.

With the growth of catered meal companies that can prepare and deliver food it seems to me that we could provide meals without a deficit in public housing.

Reverend LUTHER. This is why I used the term "day care center" to cover food, health, and social activities.

Senator WILLIAMS. Is that what you meant in your discussion on day care?

Reverend LUTHER. Yes, sir. In other words, you have an established home in 202 or 236, whatever it is. You have a kitchen, a program director, you have everything there. But you lack the physical space to put the day care center in.

If something could be done to get the physical space, these people would be drawn out of their homes to get one good meal a day, and, if necessary, the doctors would prescribe the shots or anything else necessary from a health point of view.

In our particular instance we have nurses on duty 24 hours a day, and dietitians.

Mrs. MCGUIRE. These people are in short supply. If you have them, why can't they be shared with others in the community? This is the question. It has been proved successfully in Europe in many countries.

It has decreased health cost to a great extent. It has provided services. They require—and I am thinking now of Denmark—that if any Federal Central Government money goes into anything, whether it is a nursing home, a housing project, whatever it is, they must provide services for the surrounding community.

I believe this is the only final answer rather than having our responsibility end with the needy persons in residence.

Reverend LUTHER. There is one point to remember: Malnutrition is the No. 1 health problem of our elder citizens. Oftentimes it is not a question of money but a question of motivation, being able to prepare a balanced meal.

Mrs. MCGUIRE. And loss of interest in food if you are by yourself.

Father FAHEY. I just can't remain silent. First of all, the National Council of Catholic Charities for a number of reasons would favor the 202 program and request that it be refunded and continued.

But, No. 2, from its inception we have felt it was inadequate and the public housing provisions have been held inadequate.

We are talking now about providing to people outside public housing. You can't take care of those that are in it adequately. Every public housing authority in the United States is in trouble.

One of the reasons they are in trouble is that they have not had the means to provide the human services that are necessary within them for all population, including the elderly.

Again, I think it is a nice idea, and the senior citizen centers where there are clusters of people should have human services available.

We have yet to develop the mechanism, however, where we can fund the program practically.

Mr. MURPHY. Senator, I would like to make one observation here from the point of view of O.A.S.I.S. Our agency is not involved in housing so this is an observation about the use of "statistics of waiting lists for housing projects" to determine any kind of need among the elderly. To use these would lead to a false assumption because most of the elderly that we run into in our agency are so tired of being on waiting lists, and so discouraged by the fact that there is nothing for them, that they simply refuse to be put on waiting lists to get into these projects.

It seems to me that we have to realize that after we have talked about everything we have talked about today in terms of housing, we have talked about service to less than 5 percent of the elderly in this country.

We have to get a program that is able to go beyond brick and mortar. Tomorrow, I understand the hearings will be in this broader area. I don't know if any of us are invited to those hearings or not. What is the situation tomorrow?

Senator WILLIAMS. We certainly welcome you. We do have a lot of scheduled participants. We might break at lunchtime and come back in the afternoon. We are not going to be in this room, by the way. We will be at the Library of Congress.

I think we better see if we can schedule for the afternoon, too. It is quite obvious that this discussion here could fruitfully go on beyond this hour, and yet I have limitations and I am sure you folks do, too.

Tomorrow you are welcome and we will try to keep the room available for the full day.

Reverend VANDERBECK. I would like to make one comment representing our groups. We are here today dealing with the question of housing because it is the agenda and it is one of the important agendas of the whole matter of services to the elderly.

But I think we would also like to go on record to the effect that as far as we are concerned, the housing is only a vehicle for the services that are provided to and for and by the people.

As important as the buildings are, we are more interested, rather than the bricks and mortar, in what happens to the people who live in these projects after they are built than we are in the actual buildings themselves.

Buildings are merely vehicles to get a job done and to be part of the total life of the elderly people.

Mrs. WAKELAND. I am a practitioner of human engineering, if you will. You asked the question, or someone did, about on what reasons were the applications based. We all know a release from maintenance, a release from the generation gap, the home of the children, and possibly a monetary consideration.

I believe the primary one is the fear of the older person of being alone. He is afraid he will die and 5 days later be found. He is afraid the locks on the door won't keep the unwanted out.

I find we have accepted beyond the 800 persons we had in our two buildings the completed applications of 800 other persons. Someone here mentioned it is a harmful thing in many ways to take an application of a person who is 80, who can't possibly live long enough to be eligible for a vacancy.

The only reason that you have vacancies is through death. We, however, never refuse to take an application, but we are always very frank to say that there is very little possibility.

While we are talking about housing, and this is going back to 202, which is why we are here, is there some way that we can also ask for funds for, again, human management and human engineering, once the people do have the unit?

In most cases, I think that regardless of how inadequate these units may be, in most instances they are better than what the people have come from.

But are they relieved of the disengagements of life? Are they just put in the box? This is where you must have human management.

Mr. SHISHKIN. I would like to make one other recommendation, Senator, which might make it unnecessary for me to picket the meeting tomorrow.

That has to do with your proposal of 1967, S. 2067 at that time, providing for a National Community Senior Service Corps.

In my statement submitted in advance of these panel sessions, I refer to S. 276, proposed by Senator Williams in 1967 to establish a National Community Senior Service Corps. As I have noted, the then Secretary of Labor Wirtz managed to scrape together some funds from other sources to set up and operate this program for a time, proving its great value. But that bill was never enacted into law.

I strongly recommend, therefore, that a new bill to provide for a National Community Senior Service Corps be introduced in the present session of Congress and be pressed toward early enactment. I am glad to say that I have just learned that Senator Williams and Senator Edward Kennedy are planning to sponsor such a proposal and to hold hearings on it at an early date. It will certainly receive our support.

I am sure it will receive strong backing from our organization and many others who are concerned in obtaining a useful service in which the senior citizens take an active part.

Senator WILLIAMS. We are having a hearing on that next week. At that time I will move to put into the record just what you said.

Mr. SHISHKIN. Thank you.

Mr. CRAMER. Mr. Chairman, I think in bringing this to a conclusion—I have jotted down a few notes—what we all want is sufficient funding and the implementation thereof for housing, with services, for the senior citizens.

I believe that is the crux of this entire discussion. We need a separate section or a separate window for the elderly only, if it is to be under section 236. Otherwise let us revert to section 202 which is for the elderly. We are concerned about dollars now and about construction now, and not be compelled to wait until 1972, 1973, or 1975. We want action now.

I think that is the consensus of the people here.

We must have definitive guidelines in all regional offices as well as in Washington on which way we are to go.

In setting up these guidelines, we must take into consideration land cost in the respective area where the project is to be constructed.

I think the overall cost should be that which predominates and not the line items.

The land in Cherry Hill, N.J., is not the same as it would be in Mount Holly, N.J. Therefore, our land costs would be different.

The seed money that is now set up under section 106 should come early, so an organization may be able to buy or option the land.

Unless such a tax climate is established at the outset (it was indicated by one of the panelists) an additional \$30 per month may become necessary to be tacked onto a fair rental of \$80 per month. Such a differential would eliminate the help that we propose to extend to our senior citizens. These people cannot afford to pay such rental for a studio or efficiency apartment.

Senator WILLIAMS. I agree.

Our time has run. I will just say that this has been one of the most productive legislative hearings I have been honored to be a part of.

I would say this, too, that the content and quality of this should have benediction from a very esteemed and distinguished Member of the Senate. I will invite him to offer the benediction to this hearing. I am referring to Senator Pastore of the Appropriations Committee. I will tell him what you said.

Thank you very much.

(Whereupon, at 1:18 p.m., the committee recessed, to reconvene at 10 a.m., Tuesday, June 9, 1970.)

SOURCES OF COMMUNITY SUPPORT FOR FEDERAL PROGRAMS SERVING OLDER AMERICANS

TUESDAY, JUNE 9, 1970

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

The committee met at 10 a.m., pursuant to call, in the Whittall Pavilion, Library of Congress, Senator Harrison A. Williams, Jr. (chairman of the committee) presiding.

Present: Senator Williams.

Staff members present: William E. Oriol, staff director; John Guy Miller, minority staff director; Michael J. McPadden, professional staff member; and Mary Kopenski, clerk.

Senator WILLIAMS. Good morning.

We will get underway continuing our Special Committee on Aging hearings.

A few months ago the U.S. Senate Special Committee on Aging undertook a project which we hoped would be of value to churches and other possible nonprofit sponsors of services for the elderly. The idea was to acquaint such groups with what was available to them in the form of Federal assistance, financial or technical, if they wanted to get started on a program of service for the elderly.

We proposed at that time to get our information from two sources: First, from the Federal agencies to find out exactly what the picture is, here and now, in 1970. Second, from the nonprofit people themselves, to find out what their needs are and if they have already been involved what their experiences have been.

Yesterday, at a hearing devoted specifically to housing, witness after witness told us of his own frustrating experiences in trying to implement programs enacted into law by Congress.

Would-be sponsors of housing for the elderly are sometimes forced to abandon their plans due to unresponsiveness or outright hostility on the part of municipal governing bodies or Federal agencies.

A very useful housing program is being phased out over the protests of nonprofit sponsors.

Today we are going to discuss general programs of service to the elderly. I want to be sure at the very outset to set our sights correctly. Our first objective is what it has been all along. What programs are actually available at the Federal level?

But we want to dig deeper than that. We want to find out what the experience of our witnesses has been. Are you satisfied with the situation as it is? Do you think Congress has done enough? Or is further legislation necessary? In other words, are programs already enacted doing the job they were created to do? At this point I will submit a fact

sheet prepared for our use today by the Special Committee on Aging.
(The fact sheet follows:)

FACT SHEET PREPARED BY U.S. SENATE SPECIAL COMMITTEE ON AGING

ADMINISTRATION ON AGING FUNDING

Adopted with overwhelming support, the 1969 Amendments to the Older Americans Act (Public Law 91-69) increased significantly the authorizations for existing activities and added new programs to meet the service and participation needs of the elderly.

The authorization for programs for the aged was increased from \$26 million in fiscal 1969 to \$62 million in 1970 and to \$85 million for 1971.

Appropriations for fiscal 1970 for the Older Americans Act amounted to \$28,360,000. However, an amendment to the 1970 Labor-HEW appropriations law gives the President authority to cut 2 percent from the total appropriations, but places a 15 percent limitation for each line item. The plan for a 2 percent cut-back in funds will probably have the effect of reducing appropriations for the Older Americans Act to about \$27,759,000.

In fiscal 1971 the Administration requested \$31 million in appropriations for the Older Americans Act, approximately 36 percent of the authorized funding.

RSVP

RSVP was enacted into law with the passage of the 1969 Amendments to the Older Americans Act. It provides new opportunities for community service for individuals 60 and older to serve their communities without compensation, except for reimbursement for transportation, meals, and other out-of-pocket expenses.

Although \$10 million is authorized for this program for fiscal year 1971, this is the second consecutive year in which no funding is requested.

LONG-TERM CARE

On February 2 of this year HEW and Social Security announced new accounting rules designed to restrict payments to profit-making nursing homes and hospitals under both Medicare and Medicaid. New rules tighten up procedures for calculation of depreciation. Second change prohibits use of accelerated depreciation in new facilities or facilities expanded to include Medicare. On July 1, 1969, decision was handed down to eliminate 2 percent "bonus" above actual cost.

Senator WILLIAMS. We are honored to have with us this morning Commissioner Martin of the Administration on Aging and Special Assistant to the President on Aging. He has graciously consented to represent the executive branch. After hearing from the Commissioner, we will proceed to hear the statements of our panel of witnesses and then get into a general discussion.

Those that were not here yesterday, this was the format we used and I thought it was an approach that had great success—it did for me anyway.

Mr. Martin, we welcome you again to our special committee.

STATEMENT OF HON. JOHN B. MARTIN, COMMISSIONER,
ADMINISTRATION ON AGING

Mr. MARTIN. Thank you, Senator.

I have a statement which I will try to summarize and ask that it be entered in the record.

(See prepared statement, app. 1, item 6, p. 245.)

I especially appreciate this opportunity to testify on Sources of Community Support for Federal Programs Serving Older Americans because I recognize, as the committee does, the importance of churches

and other nonprofit organizations to the success of our Federal programs for the elderly. I hope that we can contribute in some way to make the partnership between the private and public efforts more productive and of greater benefit to our older population.

Due to the good will and good judgment of many that have been involved in these programs they have been far more complementary than competitive.

The staff of the Administration on Aging has analyzed our list of projects funded under title III of the Older Americans Act.¹ They tell me that several conclusions can be drawn from this list. First, it is interesting to note that there is at least one title III project conducted by a private, nonprofit organization in most of the 51 participating jurisdictions. Second, a wide variety of organizations are conducting these projects, ranging from churches and other religious organizations to community chests to civic clubs to Chambers of Commerce to YMCA's and YWCA's and other types of organizations. Third, many different types of activities for older persons are carried out by these organizations, including senior centers, information and referral centers, counseling, recreation programs, meals-on-wheels and group feeding programs, transportation projects, friendly visiting and phone reassurance programs and many others.

I think the genius of this Older Americans Act is that it provides funds for the States to make decisions with regard to their distribution, and as a result we really have 50 laboratories in which people are using their imagination to develop ways and means for working with both public and private nonprofit organizations. This I think has been very productive.

An example of leadership by a religious organization in implementing title III is the statewide program of senior centers conducted by the North Dakota Lutheran Welfare Society. An article on its activities appeared in the January 1970 issue of Aging magazine which we are submitting for the record.² This will outline what has happened there. As a result of this senior centers have been established all over the State and it has been largely through the efforts of this one church organization.

The success of title III projects attests to the wisdom of the policy of making maximum use of existing organizations for conducting these projects instead of attempting to establish new, competing organizations for this purpose, and this is the policy we have followed.

We are submitting for the record a list of research and demonstration projects which are being conducted by private nonprofit organizations under Federal grants and contracts which we fund under title IV of the Older Americans Act. Through these projects these private organizations are contributing very significantly to expanding the knowledge of older persons and their problems and their opportunities. We have welcomed suggestions from private organizations as to areas of research and demonstration which they felt would be productive, and we have been able to fund and to work with them on some of these projects.

(See app. 1, item 6, p. 249.)

¹ On June 30, 1970, State plans had been approved for all 50 States, the District of Columbia, Puerto Rico, Virgin Islands, Guam, and the Trust Territory of the Pacific Islands, leaving American Samoa as the only U.S. jurisdiction without an approved plan.

² Retained in committee files.

Under title V, which is our training section we have had one of the most significant training programs assisted under that section has been conducted by the Center for Instruction in Care of the Aged, of the Jewish Home and Hospital for Aged in New York City. The center was established before enactment of the Older Americans Act and was conducting an active program of training in care for the aged when it received its title V grant in September 1966. The grant enabled it to expand its educational program by conducting institutes and seminars in cosponsorship with organizations and institutions serving the aged in the metropolitan area of New York City and in other locations in New York State.

In its applications for this title V grant, the center stated that the preparation of the people to deal with problems of the aging can be best carried on in the setting of a modern home and hospital for the aging that has clinical facilities for teaching under the guidance of the institution's professional staff and a group of invited faculty instructors. We are very proud of this program and so are they.

Some 20 of the 68 foster grandparent projects funded under title VI of the Older Americans Act of 1965, as amended, are operated by private nonprofit organizations. They are scattered all over the country. A list of these 20 sponsors is submitted for the record.

(The list follows:)

PRIVATE NONPROFIT ORGANIZATIONS OPERATING FOSTER GRANDPARENT PROGRAMS

Family Services Agency of San Francisco, San Francisco, California
 Metropolitan Council for Community Services, Denver, Colorado 80204
 Senior Citizens Services of Metropolitan Atlanta, Inc., Decatur, Georgia 30032
 United Cerebral Palsy Assoc., P.G. County, College Park, Maryland 20740
 Catholic Charities St. Cloud, Minnesota 56301
 New Hampshire Social Welfare Council, Concord, New Hampshire 03302
 Rockland County Council for Senior Citizens, Inc. New City, New York 10956
 Elwyn Institute Media, Pennsylvania 19063
 Senior Citizens, Inc., Nashville, Tennessee 37203
 Community Services Council, Salt Lake City, Utah 84115
 Waterbury Area Retired Workers Council, Waterbury, Connecticut 06702
 Family Services Assoc. of Greater Tampa, Inc., Tampa, Florida 33606
 St. Vincent's Villa, Fort Wayne, Indiana 46808
 Catholic Social Services of Wayne County, Detroit, Michigan 48202
 Minnesota Assoc. for Retarded Children, Minneapolis, Minnesota 55403
 The Cardinal Ritter Institute, St. Louis, Missouri 63108
 Catholic Charities of Cincinnati, Cincinnati, Ohio 45220
 Our Lady of Providence Nursery, Portland, Oregon 97213
 Philadelphia Center for Older People, Philadelphia, Pennsylvania 19147
 Houston Metropolitan Ministries, Houston Texas 77006

Mr. MARTIN. Our relationship with those nonprofit sponsors has been extremely good, cooperative, and we have no complaints and I hope that they have none.

In the area of information and liaison activities, the Administration on Aging carries on an active program of information and liaison with private nonprofit groups, including religious organizations, to help them find out what has been done for older persons by other similar groups.

We have numerous publications on this subject, including a bibliography entitled "Older Adults and Organized Religion" and several of our two series entitled "Designs for Action for Older Americans" and "Patterns for Progress in Aging." Included in our "Designs for

Action" series are two entitled "What Churches Can Do," on church programs in Hartford, Conn., and Oakland, Calif. The publication in our "Patterns for Progress" series which is most pertinent to this hearing is our pamphlet "Brighter Vistas" which relates the experience of St. Luke's Methodist Church, Oklahoma City; First Baptist Church of Los Angeles; Riverside Church of New York City; and First Methodist Church of Baton Rouge.

These are some of the programs which are described in detail, so that private organizations can find out how others have carried out these programs and adapt them to their own situations. I am submitting a new publication, "The Older Person, The Church, and the Community" to the committee for its files and copies of several of these publications.¹

In addition to the publications, we have cooperated with various organizations, when we have been invited to do so, in conducting work shops and seminars to stimulate and assist workers and ministers in these organizations and others in recognizing the needs of the elderly and in developing programs. We are working right now with combined churches in the State of Indiana to help them develop a multi-church program which will be duplicated in other States.

As part of its information and liaison activities, the Administration on Aging on November 18, 1969, sent to State agencies administering plans under title III of the Older Americans Act a letter requesting information on activities for the elderly carried out by church groups in their respective States. Based upon the replies we have drafted a "Synopsis of Church Activities" to be submitted for the record.

(See item 6, Exhibit B, p. 255.)

Private nonprofit organizations, of course have cooperated with the information activities of the Administration on Aging. The American Red Cross, for example, sends out each year to its area managers various pieces of information on Senior Citizens Month, and many New York organizations have cooperated in this same way.

In the area of public assistance, a number of State welfare agencies have established policies under which assistance provided welfare recipients by other agencies and organizations, including private nonprofit organizations, will not be deducted in determining the amount of public assistance to be paid a welfare client. This encourages supplementary assistance from these organizations, as would not be the case if the States concerned merely reduced public assistance outlays by the amount of such private assistance given.

In program regulation 20-7, issued early in 1969, the Department of Health, Education, and Welfare recognized and approved these policies, except that it required that such private assistance be taken into consideration when it duplicates a public assistance allowance. For example, if a church or other private organization provides housing or a housing allowance to a recipient and a housing allowance is also provided as part of his public assistance, these regulations require that this assistance be taken into account so that he will not receive duplicate assistance on account of his housing need. However, if the private organization provides assistance of a type which supplements, but does not duplicate his public assistance grant, the State is free to

¹ Retained in committee files.

disregard this supplementary assistance. These regulations even permit the State to disregard private assistance which duplicates public assistance if it helps "fill the gap" between the minimum determined by the State to be needed by the recipient and the maximum public assistance the State will pay. There are a number of States which determine the minimum needed by a recipient but are not able for one reason or another to meet that full need. Therefore, any assistance furnished from private sources to fill that gap would not be deducted.

It is difficult, if not impossible, to ascertain whether private assistance of this type has been a major supplement of public assistance in this country thus far. However, whether or not it has been, it seems that it has potential for providing badly needed supplementation for our public assistance program.

Under the heading of social services, the Community Services Administration of the Social and Rehabilitation Service is responsible for the provision of social services to eligible older persons, including recipients of old age assistance and the medical services program, former recipients and potential applicants who are aged, and the aged leaving mental institutions. These services are provided for under various titles of the Social Security Act.

Prior to 1968, public welfare agencies could not purchase non-medical services for their clients from private agencies. A March 1966 report of your Subcommittee on Federal, State, and Community Services pointed out that this unnecessarily hindered public-private cooperation in providing needed welfare services. As recommended in that report, there was a provision in the "Social Security Amendments of 1967" which permitted such purchase of welfare services. While there seems to have been no great upswing of purchase of such services as homemaker service for other welfare clients, this provision of the Social Security Act offers great potential for enhancing public-private cooperation in meeting service needs of this group.

In the area of rehabilitation services, nonprofit private organizations have played an active part in Federal programs to rehabilitate older disabled persons. For example, the Goodwill Industries of America operates around 150 main unit and branch unit facilities throughout the United States providing transitional and extended employment settings which offer both rehabilitative and employment opportunities for handicapped persons, a large number of whom are in the 50-60 age group.

Under sections 12 and 13 of the Vocational Rehabilitation Act, as amended, Goodwill Industries, Inc., has received since fiscal year 1966 around \$7 million in Federal funds to assist in operating its facilities. It is estimated that in any one year Goodwill Industries, Inc., receives about 30 percent of the Federal grant awards made under sections 12 and 13.

A number of research and demonstration grants have been made by the Rehabilitation Services Administration to private nonprofit organizations to promote the rehabilitation of aging handicapped people. I am submitting a list of such grants for the committee's files.

Private nonprofit organizations cooperate in Federal health programs for the elderly. For example, the American Cancer Society, the American Heart Association, and the National Tuberculosis and Res-

piratory Disease Association cooperate with the Public Health Service in its regional medical programs.

Religious organizations and other nonprofit organizations operate hospitals and nursing homes which are needed to provide health services to older persons under Medicare and Medicaid. Religious organizations also provide services needed by older persons in institutions of this type which are not under their sponsorship. The American Red Cross enlists volunteers, some of whom are themselves elderly, to serve the elderly in nursing homes. With volunteers it also provides transportation to health facilities for older persons who face transportation barriers. This is a tremendously important service because so many older people have difficulty in getting where they need to get. Some of the driver-volunteers are older persons. The American Nursing Home Association has a volunteer service corps which also provides services to older nursing home patients.

In Austin, Tex., there is an organization called the Roadrunners which has received funds under title III for the Older Americans Act to use volunteers to provide services to institutionalize older persons in that area—transportation services for institutionalized older people, giving them some freedom to shop, to visit relatives or to carry out other activities and get about.

The Visiting Nurses Associations render indispensable assistance to Federal programs to establish and maintain home health services in communities throughout the Nation. Homemaker services organized and operated as private nonprofit organizations help many older Americans to remain in their own homes, outside institutions, and to take advantage of home health benefits provided by Medicare and Medicaid.

I should say that the development of these home services seems to us in the Administration on Aging one of the most important developments that must occur in the near future. They must be developed far more broadly than they are, because without them we simply will not be able to provide the kind of medical care that is needed. We consider this a matter of high priority.

Professional associations also contribute significantly to the success of Federal programs for health of the elderly. The National Medical Association right here in Washington is building a combination nursing home-outpatient clinic—physicians' office building which is urgently needed here in the city.

You discussed housing in your hearing yesterday and I won't comment on that other than to say that it does seem important that there be some recognition in housing programs of the fact that there are a lot of older people in our population, and that unless some set-aside is made for them in houses that are built for the public generally they will probably get a very small amount of it. I am hopeful that whatever is done there will be some recognition of the fact that older people need housing and that they certainly ought to be entitled to a fair share of whatever housing is built, whether it is under section 236 or section 202 if the section 202 program is continued or whatever provision is made for it. That adequate special provision was made for allocating a portion of such housing for older people.

The records of past hearings of your subcommittee on employment and retirement incomes contain information on the activities of pri-

vate nonprofit organizations. Of course right here in the Washington area we have an Over-60 Counseling and Employment Service, sponsored by the Montgomery County, Md., Federation of Women's Clubs, which has done a splendid job in placing older people in jobs and helping find them jobs.

In conclusion, it has, of course, been necessary to present more about organizations and less about people than I'd prefer but I would like to quote a passage from an address by C. M. Gilmour, vice chairman of the Department of Christian Social Relations, Eighth Province of the Episcopal Church and attorney at law of Salt Lake City which reads as follows:

And in this total picture, the matter of aging, of concern for the old, comes not as a problem of society, but as a great opportunity for common, inter-faith action, to restore man back to what God intended him to be, a man, and not an abstraction, not a functionary, not a number, not a statistic.

Essentially, I think that is what this hearing is about, today.

Thank you very much.

Senator WILLIAMS. Thank you very much, Commissioner Martin. That is a comprehensive rundown of the areas where your administration is associating with the private groups.

You indicated there would be considerable material for the record. Now there is none of that available right now?

Mr. MARTIN. Eighty percent of it is available now and has been given to the reporter and the rest will be supplied.

Senator WILLIAMS. All right.

It would be good to look that over, Bill.

Commissioner, you can stay with us through the morning.

Mr. MARTIN. I hope to do so.

Senator WILLIAMS. Fine. I have one or two questions but I will hold them until we have heard the other witnesses.

Mrs. Jean Wallace Carey, staff associate for the aging, Department of Public Affairs, Community Service Society of New York.

STATEMENT OF JEAN WALLACE CAREY, STAFF ASSOCIATE FOR THE AGING, DEPARTMENT OF PUBLIC AFFAIRS, COMMUNITY SERVICE SOCIETY OF NEW YORK

Mrs. CAREY. Thank you, Senator Williams.

On behalf of the Committee on Aging of the Community Service Society of New York we are appreciative of the opportunity to testify today. Our statement reflects the opinion of the Committee on Aging and two sister committees within the CSS Department of Public Affairs. These are citizen committees professionally staffed.

We are putting into the record a preliminary statement which you have at the head table. Our statement does include five specific recommendations based on two demonstrations and two inquiries.

(See prepared statement, app. 1, item 7, p. 263.)

In the first place, we strongly recommend that Congress appropriate funds to implement part A of title VI establishing a retired senior volunteer program under the Older Americans Act Amendments of 1969. We hailed the 1969 enactment of legislation to establish a national older volunteer program known as RSVP. We supported its realistic provisions to reimburse out-of-pocket expenses

incident to volunteering and to cover the comparatively modest cost of developing and operating such volunteer service programs.

We cited the highly successful results of project SERVE financed by an AOA grant. In this project older men and women have been involved in meaningful service, and have contributed to their own well being and that of the community in which they live which is Staten Island. We saw a new social role opening up for thousands of older Americans all over the Nation, with an authorization of \$5 million for 1970, \$10 million for fiscal 1971, and \$15 million for fiscal 1972. But to date there has been no appropriation whatsoever.

We reiterate our belief in the value of this program which, however, has no substance or meaning without funding at the national level. Moreover, funding should be in an amount that permits broad rather than selective development of the program.

Our second recommendation is that we strongly urge the Congress to take early and positive action to incorporate an out-of-hospital drug insurance program under part A of title XVIII of the Social Security Act. Our recommendations are to simplify the administration of the program so that out-of-pocket cost of out-of-hospital prescription drugs can be readily available to needful older men and women.

It seems reasonable to us to expect that this inclusion of lesser cost care would reduce in some degree the drain and strain on increasingly costly facilities such as hospitals and extended care facilities. It will ease the financial burden now borne by the elderly.

Our third recommendation is that we strongly urge that Congress renew authorization and make the necessary appropriations to implement section 204 of the Housing and Urban Development Act of 1968 which provides for the upgrading of management and tenant services in federally financed public housing.

The CSS Committees on Aging and on Housing and Urban Development cite the solid documentation of the value of tenant services afforded by the demonstration "Senior Advisory Service for Public Housing Tenants," sited in the Bronx, New York City.

We believe that a social component is essential if poor, needful older tenants are to cope with the complexities of urban life, with the multitude of agencies, the complicated transport system, the confusions and perplexities of bureaucracy. That social component in Senior Advisory Service was the in-service-trained worker who served as a reaching-out agent, expediter, and friendly supporter. Her presence and activities benefited tenants and proved to be a helpful adjunct to management. The service was useful and not very costly.

I think there is some discussion about a request scaled down to some \$5 million, though I am not sure that it is a formal budgetary request to provide such services in federally aided public housing. This is a small beginning, if it comes to pass, but it is an important one. It provides, I think, recognition by the Federal Government of the need for a strong social approach in public housing and management. It would be highly helpful, and moreover it would encourage States and localities to follow a similar pattern.

Our fourth recommendation is that we strongly urge that Congress appropriate adequate funds for the construction and staffing of community mental health centers. This very day it is my understanding that budgetary hearings are scheduled on the Community Mental

Health Centers Act. The Committee on Health of the Community Service supports the recommendations of the National Association for Mental Health for \$80 million for construction, \$100 million for staffing, and a designated \$12 million for children's services.

This recommendation has to be stacked against an Administration bill that would appropriate \$20 million for construction, a carryover item, and \$60 million for staffing, the latter an amount below what is required to continue the existing programs. We had looked to this source to finance two needed services. What we showed in senior advisory service for public housing tenants in the way of a reach-out service, we believe, is perhaps even more important for older persons who live in conventional housing.

Our report suggests that the New York City Department of Mental Health and Mental Retardation Services should direct each mental health center in New York City to assume as a priority the responsibility to set up decentralized services similar to the senior advisory service model. This program could, however, be funded through other Federal agencies and provide needed useful service on the local level. Notably this could come about through the Older Americans Act or the social and rehabilitation service.

An inquiry that we undertook on "The Elderly and the State Mental Hospital in New York State" called for the establishment of a network of community based geriatric centers for the mentally impaired. A group that does not require State mental hospitalization but does need some kind of service. We saw that service in the geriatric center serving a defined area, a means of providing diagnosis, short-term treatment, and placement.

The suggestion that is included in our report which you have, Mr. Chairman, is modeled on the Pennsylvania program of restoration centers with some aspects of the San Francisco geriatrics screening team. This suggestion is clearly an appropriate and greatly needed development in the mental health field. Without adequate support at the Federal level, local communities are frustrated and stymied in their efforts to meet evident needs of this mentally impaired group.

Our fifth recommendation is that we urge, finally, that the U.S. Department of Labor, through its Federal-State employment system, expand and strengthen existing programs for the recruitment, training, and placement of middle-aged and older workers and engage in a vigorous program of job development to open up placement possibilities in community service programs.

Again our own experience and the experience of others in demonstrations bear witness to the feasibility and desirability of employing mature persons of capability and sensitivity as paraprofessionals in the fields of health, education, and social welfare. In our experience, the carefully screened, agency-trained and supervised nonprofessional performed at a high level on the job, gave valuable service as an adjunct to housing management functions, and freed the professional worker for functions requiring professional expertness and experience. Other investigators assigning other functions to workers in other settings report similar and positive results.

We think that the Department of Labor with its expertness and structure is the appropriate agency to develop such programs and encourage local communities to take advantage of a ready pool of trainees

to meet the critical shortage of trained personnel. We have been informed that the U.S. Training and Employment Service is working on just such a program and hopes to begin to develop some definite plans in the near future. We applaud this effort and hope only for early realization of the objective.

In closing, Mr. Chairman, may I note that in our conduct of demonstration projects we have had easy, good working relationships with the funding agencies, both the Administration on Aging and the National Institute of Mental Health.

We believe, however, it is time that the findings of demonstration projects and inquiries get into the regular fabric of government and that on-going programs be funded that are sorely needed on the community level.

Thank you very much.

Senator WILLIAMS. Thank you very much, Mrs. Carey. We will look forward to a discussion period with you.

Mrs. Helen Diamond, director of the older adult program, B'nai B'rith Women.

STATEMENT OF HELEN DIAMOND, DIRECTOR, OLDER ADULT PROGRAM, B'NAI B'RITH WOMEN

Mrs. DIAMOND. B'nai B'rith Women is a national Jewish women's service organization with over 130,000 members in 880 chapters in the United States. We provide opportunities for service and direction for our members through a wide range of community service projects.

Responsibility for the elderly is an integral part of Jewish philosophy and Jewish heritage. Since its inception, our organization has maintained community service projects for older adults. We also carry on a program of education to prepare older Americans for their later years, emphasizing the contribution a woman can make to her family, to the organization, and to her community regardless of her age. Yet we wonder how effective this can be, these programs.

As part of this program, we promote observance of Senior Citizens Month. This is an excellent vehicle to highlight both the contributions older Americans make to the Nation and their current needs. Its success must be measured by the impact made on the younger generations, rather than on older Americans. Distribution of the specially prepared AOA materials has been delayed each year awaiting signing of the annual Presidential proclamation. This has seriously restricted the cooperation of national organizations such as FFW, since approximately 1 month is required to give extended coverage on a national, regional, State, and local basis. We therefore urge that the annual Presidential proclamation be sufficiently advanced to cover this situation.

In 1963, because of our concern for the health and well-being of older members, we initiated a program known as tele-pal. It is similar to the telephone reassurance programs now carried on by many family agencies. Chapters cooperate with local community centers and family agencies in extending this service throughout the community.

The daily telephone call provides social contact for older Americans who have been forgotten. It restores their sense of individual worth because they realize that their fellow citizens care about them. The

possibilities of this program are well illustrated by the article on "Call and Care," attached to this statement.

In spite of the efforts of community centers, voluntary membership organizations and social agencies, there undoubtedly are many thousands of individuals in towns and cities who should be included in the tele-pal and telephone reassurance programs. B'nai B'rith Women urges this committee to take such steps as will insure the means for locating them.

The older workers community service program offers a practical method of obtaining, training, and utilizing volunteers. We urge that Congress act affirmatively on S. 3604, and further, that its funding be authorized.

BBW chapters cooperate with various community agencies in delivering meals on wheels, particularly Kosher meals, to homebound older adults and those in institutions.

BBW heartily endorses facilitating this service through grants by Federal Government departments concerned. Meals on wheels provides the means for meeting the nutritional needs of the recipients. Delivery of these meals offers the shut-in opportunity for social contact.

We suggest that those who can pay, wholly or part, do so; but we feel that all should be assured of receiving these meals and that their participation should be on a basis that will permit them to retain their dignity and their feeling of self-worth.

Safety for the elderly programs, whether concerned with street crossings or hazards in the home, or installation of safety equipment, have had a high priority in our organization. In spite of an excellent program on the part of the Administration on Aging, thousands of families still need to be reached.

This will enable us as nonprofit agencies and organizations to do a far more intensive job and successful job of reaching the individuals who need these programs, as well as those involved in giving the necessary services.

Transportation service is another B'nai B'rith Women project. Shut-ins or institutionalized older adults are provided with transportation to the doctor's or dentist's office or clinic club meetings, hospitals, or agencies where services of older adults are needed or for essential shopping. In some communities, this service, made available by our chapters, social agencies, or other organizations, has been tied in with a special bus pickup system, reduced fare procedures and movie admissions during nonrush hours.

Adequate reporting is given in governmental and specialized agency publications, as well as in the house organs of the various groups concerned. The mass media coverage has improved, yet it seems obvious that many thousands of the shut-ins who could avail themselves of such services, have not been reached.

We suggest that passage of S. 3604 funding of the program and its implementation could provide the manpower to seek out and identify a large number of the homebound who would welcome this vital service.

BBW has long been concerned that the elderly receive a proportionate share of local funds for model city programs. We urge the committee, through every possible means, to encourage local communities to take practical steps to make such allocations a part of their on-going budgetary action.

According to the May issue of "Aging," the foster grandparent program is now established as an on-going program, with over 4,300 low-income older Americans working with more than 8,000 children. This is an excellent beginning, but obviously the program needs many, many more older adult volunteers, if it is to be of benefit to all the children for whom it is designed. A rich resource lies in the membership of voluntary organizations like B'nai B'rith Women, whose members evidenced their desire several years ago to be utilized.

In 1967, BBW was officially informed that it had been decided to permit participation of interested middle-class older Americans as volunteers in the foster grandparent program. As requested, we developed a proposal. It constituted our detailed plans for implementation of a demonstration project in a major city (which is the method BBW uses to introduce and test a new project under consideration for possible adoption on a nationwide scale). The proposal was conveyed to the State authority concerned, in accordance with the suggestions and advice given at the Federal Government level. It was frustrating and disappointing to us that not even an acknowledgement was received.

B'nai B'rith Women urges that HEW take such steps as are necessary to insure that interpretation of policy in relation to proposals for service such as the above—and particularly where the funding of grants is an essential part—is in line with departmental decisions.

We cooperated, and were very happy to do so, with the Social Security Administration in seeking to locate people who needed to register in order to receive Medicare and Medicaid benefits. We supported the increase in benefits in social security, and we urged that social security benefits be tied into the cost of living.

We want to take this opportunity to commend the initiative taken by the Social Security Administration in encouraging the cooperation of nongovernmental organizations to cooperate in the nationwide effort to bring to the attention of older Americans, particularly the disadvantaged, the need to register for Medicare, after its enactment into law.

We also wish to acknowledge the SSA's excellent and effective cooperation with our organization to reach the maximum number of BBW members and other older citizens in the general community with pertinent, informative material on the new social security benefits made available through the amendments passed in 1967.

The extensive utilization of nongovernmental organizations such as ours in the planning and preparation for the previous White House Conference on Aging greatly facilitated widespread, productive participation and action. We are looking forward eagerly to similar pre-planning and to the kind of conferences that were held in the community and at the State level prior to the White House Conference. We hope that these will be repeated, and also that the participation of nongovernmental agencies will be as fully utilized for the 1971 White House Conference on Aging.

Friendly visiting (sometimes known as adopt-a-friend-in-need) is an on-going BBW service. Regular visits are made to residents of private or public homes for the elderly, nursing homes, boarding-homes, patients in a public hospital (including a veterans' hospital), and older adults living alone in an apartment or room who are home-bound because of physical disability or very limited funds, or have outlived relatives and friends in their own age groups.

All of us are aware of both the therapeutic value that on-going personal interest has given to these senior citizens and their reactivation. In many instances, it has also given community agencies necessary information to effect nutritional improvement.

B'Nai B'rith Women urges that adequate financial aid be made available to public and nonprofit agencies and organizations for subsidized transportation and bus fares for senior citizens.

B'Nai B'rith Women submits that both passage of S. 3604 with funding of the program and reconstituting the Senior Service Volunteer Corps would also give a needed thrust in providing enough trained friendly visitors.

Even if all our goals for senior citizens, such as adequate housing, geriatric centers, expanded nutritional, welfare and personal service programs were to be achieved in 1971, most older Americans would still have very serious questions regarding the value of the added years we hear so much about. Polarization between senior citizens and youth is only too obvious. An unwillingness to face the reality of getting old remains a driving force for millions of middle-age Americans. In other words, the basic attitudes of this Nation in its concept of aging and toward the aging themselves must be dealt with by action beginning now, on the part of the administration and Congress, by public and private, nonprofit agencies and organizations. We recommend that both the Congress and the departments of the Federal Government promote inclusion in the public school curriculum of subject matter about the process of aging, and understanding and appreciating the senior citizen and his contribution to this Nation. We further urge that HEW take immediate steps, through the Department of Education and the Administration on Aging, to gain the active cooperation of public school administrators and teachers, so necessary to make this program an on-going reality and success.

I would like to leave with the members of this special subcommittee our deep feeling that time is running out each day for too many of our fellow older citizens; that your feeling of urgency is matched by that of all the organizations and agencies we represent; that somehow, together, we must accomplish change—and there must be a very extensive action-packed beginning.

Mr. Chairman and members of this committee, B'Nai B'rith Women appreciates this opportunity to testify.

Senator WILLIAMS. Thank you very much.

Dr. Inabel Lindsay, board of trustees, National Urban League.

STATEMENT OF INABEL LINDSAY, BOARD OF TRUSTEES, NATIONAL URBAN LEAGUE

Dr. LINDSAY. Thank you, Senator.

Mr. Chairman and members of the committee, my name is Inabel B. Lindsay. I am a member of the board of trustees of the National Urban League and chairman of its committee on services to families and individuals.

As you are no doubt aware, the National Urban League, founded in 1910, is a national organization devoted to the achievement of equal opportunity for all, and it focuses especially on the attainment of this goal for Negroes and other minorities. It is interracial in leadership and staff, and operates through local affiliates with trained staff throughout the continental United States.

I regret very much that heavy prior commitments on my part and on the part of staff have prevented the preparation and earlier distribution of our statement. With your permission a formal position statement will be submitted for the record prior to its closing. We wish to express, however, our very deep appreciation for your invitation to appear before this Special Committee on Aging to present some of the special, urgent, and unique problems of the largest minority group of Americans; namely, American Negroes.

We are not unmindful of problems of other nonwhite minorities and I hope that alleviation of inequities and disadvantages which have borne heavily on the Negro minority will do something also for the improvement of conditions of life for others and for the achievement of equal opportunities for all Americans.

Today I would like to outline briefly the special problems with the Negro American minority in two broad general categories. These will be expanded and documented in our position paper which will be presented later for the record. We hope in the informal discussion which will follow that we can expand and amplify some of the areas of our concern.

This statement is in no way intended to negate the benefits derived from the existing programs in which blacks and other minorities have shared to a very generous extent. I propose briefly to address this statement first to problems of income maintenance and second to social problems other than housing which I understand was the subject of yesterday's hearing; problems which affect the well being and optimum living of the Negro minority in America. All of these are interrelated and separation in this discussion is only for ease of discussion rather than actual distinction.

All past studies, especially those in which opinions of recipient populations were taken into account, express the fact that utilization of services can be effective only when income is sufficient to provide minimum adequate security and guarantee of the basic necessities of life: food, shelter, clothing, health care, and so forth. No amount of supporting or auxiliary service such as recreational or cultural enrichment can take the place of sufficient money to meet basic needs. This is especially true for the aged, many of whom have become poor after they became old.

With the passage of the social security insurance programs for the aged it was perhaps naively assumed that all of our elderly would be assured of a life in retirement of minimum adequacy of material resources to provide continued dignity and self-respect but with cost of living far outstripping maintenance provisions this has not proven to be the case.

With Negroes, whose prior earnings, at best reach only about two-thirds the income of whites of the same economic levels and with a shorter period of coverage in the Social Security system, this is especially true, and is documented in a report of Project FIND which stands for Friendless, Isolated, Needy, and Disabled and was conducted by the National Council on Aging, and was funded by the Office of Economic Opportunity. About 80 percent of the poor characterized their income from social security, old age assistance, and other sources as not enough to make ends meet.

In the same report 22 percent of the whites considered their incomes adequate or nearly so, while only 9 percent of the Negroes felt the

same way. Similarly, stating the same fact in a slightly different way, 91 percent of the Negroes as compared with 75 percent of the whites felt that their incomes were inadequate or just barely so.

One of the questions on which this assessment was based is called for information as to the most immediate and pressing need. The specific need expressed by most was simply for more money. The nonwhite poor expressed more need than the white poor people. Other tangential evidence in the same study illustrating the more precarious position of Negroes in this regard was found in an analysis of reasons for retirement. Negroes retired more frequently because of having reached retirement age and illness than did the whites who retired because they wanted to or because they considered their current jobs too difficult.

This suggests a more voluntary aspect of retirement among whites than among Negroes even among the poor. Corroborative evidence is found in a study of changes in the beneficiary population conducted by the Office of Research and Statistics of the Office of the Social Security Administration. This study compared characteristics of the beneficiary population in three separate periods extending from 1955 through 1967.

From 1955 to 1967 the increase in nonwhite beneficiaries had been only 2 percent, from 6 percent in the earliest year 1955 to 8 percent in 1967. In addition, the average monthly benefit for nonwhite workers in 1967 was only a bit above \$68 per month as compared to an average for all workers of slightly more than \$85 per month.

Moreover, this reflected an increase from nearly \$62 per month for all workers in 1955 to an average of more than \$85 per month in 1967 while the average for the nonwhite rose from slightly over \$50 per month in 1955 to only a bit more than \$68 in 1967. This and considerably more evidence can be advanced to show that income to support minimum needs for survival is grossly less adequate for Negroes and other minorities than for whites.

In addition, there is evidence to show that because of shorter life expectancy, a Negro male beneficiary at birth cannot expect to live long enough to collect equivalent social security benefits as his white counterpart. The foregoing discussion should also be sufficient to explain why there is a disproportionate number of Negro recipients on old age assistance relief programs.

The inadequacy of income guaranteed from the insurance system must be supplemented by income provisions in the welfare system with its accompanying requirement for meeting dehumanizing requirements. A study of old age assistance recipients in 1965 indicated that the nonwhite recipient's rate substantially exceeded that of the white person's.

The comparative rates were 345 nonwhites in each 1,000 of the population to only 95 of 1,000 for whites. This clearly reflects the relative economic positions of the races. Even if adequate income provisions were available, there would still remain the need for services to help with other social services of the nonwhite aged as well as the other population age groups.

In the case of the Negro minority, the heritage of over 300 years of second class citizenship, or even "nonperson" status requires special attention to help this group move into the mainstream. We need much

more aggressive help for the aged than for the younger generation of Negroes. For the aged, particularly those born before the current century, they accommodated and adjusted to a concept of second class citizenship.

The self-image of "unworthiness," less personal adequacy, submissiveness and acceptance of direction from "superiors" is very deeply embedded. Negro social workers of my generation had to accustom themselves to attitudes of older Negroes who felt that no authority nor ability to help were possible from black practitioners. This suggests a need in the administration of supportive programs for an especially aggressive outreach approach.

It is not enough to offer multipurpose centers but this needs an aggressive and active recruitment of the elderly to participate in recreation, adult education, cultural enrichment programs and interpretation of health benefits. Other services often alien to aged blacks make even more need for aggressive and directive approaches than is consonant with approved theory and practice in helping aged Negroes to take advantage of existing community resources in such areas as health and employment. It would be richly rewarding to have a group of aged Negroes identify a need and demand that it be met, to achieve the goal of self-respect and appropriate and realistic self-direction of the aged—particularly those suffering the triple threat of age, minority status and economic insufficiency. This will require the combined efforts of voluntary and public agencies and the resources of both Government and private enterprise.

Thank you, Mr. Chairman.

(See supplementary statement by Dr. Lindsay, item 11, p. 289.)

Senator WILLIAMS. Thank you very much, Dr. Lindsay. We will look forward to discussing this with you.

Mrs. Mary C. Mulvey, director of adult education, Providence school system.

STATEMENT OF MARY C. MULVEY, DIRECTOR OF ADULT EDUCATION, PROVIDENCE SCHOOL SYSTEM

Mrs. MULVEY. Thank you, Senator Williams.

I am very happy to be here today. I have not prepared a written statement but I request my prepared statement when submitted be included in the proceedings.

Senator WILLIAMS. Everybody has a lot for the record. I can see our staff having many, many interesting evenings.

You are smiling out there, but these guys aren't.

Thank you very much.

(See prepared statement, app. 1, item 8, p. 268.)

Mrs. MULVEY. I am the director of adult education in Providence, R.I., so my emphasis will be on education. First, however, I want to speak to a program which I am running in my adult education department, the senior aides, which I have been conducting for 2 years, funded under the U.S. Department of Labor through the National Council of Senior Citizens. I employ 60 of them.

Now, as far as community support is concerned, we match 10 percent in kind—and in fact, we match more than 10 percent. My whole staff have been turning into mini-administrators and mini-supervisors, as they supervise and train senior aides. I have 60 under my funding, though we could use seven times that many.

Boston, Mass., has 60; and they say they could use 5,000. I am leading up to my support of S. 3604, the Older Americans Community Service Employment Act of 1970, which has been sponsored by Senator Kennedy. I do not know who else sponsored it; but Senator Kennedy held a hearing in Fall River, Mass., on April 4 at which I gave extensive testimony concerning the need of the senior aides program and what they are doing in the communities across the country. Most of my senior aides work in my adult education department. You probably know that adult education is the stepchild of the public school systems; we get what is left, so I need the senior aides. I could not operate at the level at which I am operating without them.

Incidentally, we held a hearing in Providence on the senior aides project, and here is a copy of the published proceedings.* It is just chock full of what my senior aides do and of testimony from the community aides as to how they contribute to their respective programs. S. 3604, which is the proposed bill for a senior employment program across the country, would multiply these programs into many, many communities. It would also increase the numbers of senior aides who could contribute in each community. The senior aides have to be 55 and over, unemployed with income at the poverty level.

Here is a recommendation I am going to make, an informal one. The standard yardstick that is used to define the poverty level should be made more flexible. You are acquainted with BLS reports and what is needed for a retired couple to live on as far as the cost of living is concerned in various urban areas. We up in the northeastern part of the country have a much higher cost of living index than the southern areas and some other parts of the country; so income criteria for eligibility in the program should allow for variances.

But, in spite of the rigid economic criteria which we have, we still have senior aides, as many as we are funded for; and the demand for them by community agencies and the number who apply for jobs are greater than we can accommodate.

The MTDA programs train only about 4 percent of people 55 and over. When you get up to 45 and over, about 10 percent are included; so the discrimination is really crucial against older ones.

I will get back to my educational focus. Since 1963, I have been conducting a course at the University of Rhode Island each semester in preparing for retirement. I have not heard anything said yet this morning about preparing for retirement. We have had about 400 enrolled up to now. Their ages range from 28 to 83; and their educational level runs from the fourth grade up to the doctorate.

An interesting phenomenon lately is the influx of religious nuns into the course. Women outlive men, and nuns outlive lay women and they are clamoring for things to do. We have so many retired nuns! They are flocking into my class asking, "What can we do?" They don't want to vegetate. They need guidance because they have been in a sheltered atmosphere. Most of them have masters degrees, and they are eager to use their skills in the community.

As I mentioned, I started this course in retirement in 1963 and it is still one of the few in the country which is university-sponsored and broad based.

*Report retained in committee files.

There has been a terrific lag in courses in preparing for retirement, or preparing for the later years.

I would like to raise one issue while Father Fahey is here. These nuns are not only concerned about doing something—there are so many, many things to do; and they are so well prepared that they can be teacher aides, they can be teachers, they can do almost everything that is needed to be done in the community.

There is one other crucial problem that I have found with the nuns. Nuns are not eligible for social security. There seems to be an inconsistency here. When the Medicare program became law all 65 and over became eligible for Medicare part A under social security; but now nuns are not allowed to work up enough quarters—these younger ones now coming along—to make themselves eligible for Medicare, part A; but they can buy part B.

I am just raising the issue; I don't want to get into the intricacies of the hierarchy. This is a crucial problem. These nuns today are getting poorer and poorer. The cost of living is going up. There is a complete revolution in the lives of nuns. Many of them have to take care of themselves. Yet Social Security says they cannot participate in the program because they have taken the vow of poverty. Even with minimum social security benefits, they would still be poor!

This lady who just testified mentioned the problem of recruitment. It is indeed a problem. The course preparing for retirement in Rhode Island is very well known. But the problem of getting older people, the real "hard core," the ones that really need to participate in the programs that are available is a problem. I have developed a model for recruiting illiterates in adult basic education and I am going to apply this same model to recruiting for preparing for retirement. In fact, I am going to put senior aides out recruiting to see what will happen.

Our greatest recruiter is the Providence Journal-Bulletin. We are very fortunate, because an article on some aspect of senior citizens is featured in the Providence Evening Bulletin every Friday night, written in large print by a feature writer. These are full-page stories and geared to senior readers. This service should be replicated across the country. And here is where some of our title III State units on aging should get busy and promote similar feature stories in newspapers in their respective States.

I would like to speak about the Galaxy Conference on Adult Education in December of 1969, Washington, D.C. Two things happened which concerned me very much. No. 1: I am the chairman of the section on education for aging in the Adult Education Association of the USA; and Dr. Allen who was the Commissioner of the U.S. Office of Education at that time spoke about his dream, his concept of establishing a national center for lifelong learning. However, the proposal said nothing about a place for the senior citizens in there. Now I have written to him since and to others about this omission. The center will be some time in becoming a reality; but certainly there should be a place in there for older persons. I would also suggest, informally, that you encourage the U.S. Office of Education to develop this national center for lifelong learning in cooperation with private organizations, and include a component for senior citizens.

No. 2: At the same Galaxy Conference, Commissioner John B. Martin, of the Administration on Aging, spoke to our group in rela-

tion to the White House Conference on Aging of 1971 and suggested that we become involved, and that we prepare a handbook. We are a voluntary group, we don't have any paid staff. We are eager, and willing to go. As yet, we have not received any guidelines from the Administration on Aging.

We could probably get some funds somewhere if we had some guidelines, but unless we know what you want us to do, Mr. Martin, our committee is floundering—just sitting on the edge of our chairs and waiting. We don't want to involve ourselves in duplicating what other people are doing for the Conference. I have made some overtures; but all is silence. I have received a couple of communications but way back some time ago—with promises. So, while I am in Washington, Mr. Martin, I certainly would like to come over and talk to you people to see what I can bring back to my committee.

Mr. MARTIN. Very well.

Mrs. MULVEY. Incidentally, three of my committee have developed an annotated bibliography in cooperation with ERIC—the Educational Resources Information Center at Syracuse University; and this should be very helpful for your White House Conference on Aging. It is very broad in scope, and is being published by the University of Syracuse.

I want to say this. I don't blame you, Commissioner Martin, for this delay. I think that your agency is handicapped in taking real leadership in education for aging because of your having been transferred into the Social and Rehabilitation Service. This location connotes dependency. You should be brought back to what the original Older Americans Act demanded—an independent agency in the Department of Health, Education, and Welfare.

Harvest Years, March of 1970 issue; published a report on what is available in the various States in climate, housing, cost of living and other retiree services. They polled 57 of the States and territorial title III units on aging and received replies from 38. Of the 38 replies, only nine State units on aging reported any programs that even relate to education for aging. Only three reported retirement education or retirement counseling. Senior centers were a common service reported. But from my knowledge most of the senior centers programs are "fun and games" with not too much of serious consideration is usually just places to congregate.

I have a good deal of information in my notes here and I will pull them all together, and submit this testimony in written form, I have some documentation, more than I have mentioned, and I will be happy to summarize it so that your staff will not have to stay up too late nights to work it over, as you fear they might have to, according to your opening statement. I have here my senior aides progress report covering 2 years if anybody would like to look at it.

Thank you very much.

STATEMENT OF REV. CHARLES F. FAHEY, CHAIRMAN, COMMISSION ON AGING, NATIONAL CONFERENCE OF CATHOLIC CHARITIES

Senator WILLIAMS. Now you were mentioned. Father, not by name but by position if you want to come on next and sort of get a balance here:

Reverend FAHEY. I am running into a time problem and I will try to be brief. I think there are several things of some significance.

Senator WILLIAMS. You are not going to run away now, are you?

Reverend FAHEY. I am going to have to run fairly soon.

Senator WILLIAMS. We regret that.

Reverend FAHEY. I will have to get a plane back to Syracuse.

Senator WILLIAMS. You were with us yesterday and you have been a trooper.

Thank you.

Reverend FAHEY. I would like to mention very quickly various trouble areas in the health field if I may.

The first one is in regard to Medicare which we see in terms of extended care benefit. For example, in one community there are 2,000 units of health care for persons outside of a hospital and 885 units are approved as extended care units. As of a month ago 34 persons in them were receiving Medicare benefits. The average length of the benefits was 18 days. In effect, this has ground for complete halt. The extended benefit has virtually ceased.

Its administration is extremely cumbersome, involving no less than six reviews by professional persons. Undoubtedly, the cost of administering the program is exceeding the benefit that is being delivered to individuals. There are problems of retroactive payment, retroactive denial, et cetera, et cetera. So we just merely would cite that there needs to be a very deep look at the whole problem of Medicare.

Unfortunately, House bill 17550 while having some attractive benefits seems to again be based upon not what people need but primarily on the fiscal implications of the program.

We are especially concerned about folks who are mentally ill who now seem to be the subject of a pushing match between State and Federal Government in terms of who is going to have the primary responsibility regarding the funding of their care. They are not just going to go away, they are people who are in need of service on the long-term basis.

By the same token, caught in the middle is the individual who has reached a plateau, who is not capable of "rehabilitation." These are nonetheless people who are in need of service. Again the kind of legislation that is being developed, the legislative fact that is being taken will relegate them to a second class kind of service. We feel it is a most unjust and unfortunate development.

The problem of the "intermediate care facility" is one that is of extreme concern to us. Just yesterday we received a notification that there will be new regulations presented in the Federal Register which, by and large, standards are being removed and it will be left to the area of State determination. It would seem that what we have in category of intermediate care facility a second-class nursing home or those nursing homes that are unable to meet the standards that we all feel are necessary.

It has become an escape hatch for those facilities that cannot "cut it" otherwise. By the same token it should be noted that intermediate care in its best and most positive sense is not a facility which is a cost-cutting program. It very well may be that those persons who are ambulatory, who are able to make it and yet need some sort of a quasi-protective setting are in need of more services than some persons who are in nursing homes.

A number of studies which we have undertaken locally and what are coming through in other areas would indicate that the difference in cost in "intermediate care facilities and nursing home" may be slight.

In regard to planning mechanisms, one of the proposals of 17550 is that the reasonable reimbursement be tied to local planning and we feel this is as it should be. However, the local planning agencies being developed under the various auspices are so health oriented and professionally oriented that we wonder about the ability of the elderly to participate in them and are concerned whether or not the social component of care will have any consideration at all.

Lastly in regard to home health services which we all feel are necessary, a logical base is existing facilities, whether they be homes for aging, nursing homes or whatever. We find throughout the Nation a kind of protectiveness in home health agencies by which they preempt the field for themselves. If we want to use the scarce personnel that is available to us, we think leadership should come from the Federal level to break loose the resources that are now available in existing facilities whereby they will be able to bring patients and persons to their programs on an outpatient basis and vice versa, be able to use their services to go out into the community in a more creative fashion than they have under the present circumstances.

In the second general category Commissioner Martin made reference to purchase of service under the 1967 welfare amendments. This purchase of service was available in all categories. I think so far the record is dismal in the use of voluntary agencies, by and large, whether it be elderly or children's services. Again it is a protectiveness I suppose we all get into in terms of our own establishment.

In the approval of State plans for participation in the Social Security Act special attention should be given to the purchase of service and to the creativity States have shown in encouraging leadership whereby the purchase of service is being utilized. Such consideration has special meaning as we are developing a family assistance program which will bring about a chance not only in income maintenance but also the delivery of service.

The Older Americans Act is underfunded at the present time and every indication is that it is going to be continually underfunded. While we have many projects that have been well begun, they stand in jeopardy of going out of existence because of the current lack of commitment of the Federal Establishment in regard to our senior citizens.

Again on behalf of the National Conference of Catholic Charities we endorse Older Americans Act but it is just a drop in the bucket in terms of need. Many planning agencies in local communities that are offering leadership, but can only identify problems. Our black poor, our elderly poor, our urban poor have been promised over and over again. We spend all the money in planning and then when it comes to the development of those programs we have no means to implement the program. This is not a time to cut back. We have to take the second step to implement the plans.

We look at the White House Conference as an opportunity. We are encouraged, Commissioner, by the work you have been doing so far in regard to it. We see the profile of the elderly at this moment as low in our political process and we consider this as a very meaningful op-

portunity by which our elderly folks be visible to local, State, and Federal administrators and legislators as well as us in the voluntary sector as well.

Lastly, I will reiterate something I have said over and over again that is in regard to the planning vehicles that are being developed in local communities. The elderly are not getting their fair share of the ever shrinking pie. They do not have the ability to be participants, whether it be OEO programs or model cities. By and large with the concept of planning by participants alone the elderly are not going to get their part of the action. We need a review of all the model cities programs to make sure that the proportionate amount of the pie is being made available to our senior citizens.

That would be the substance of my remarks and I really would not choose at this time to go into the notion of religious and social security, it is a very complex issue in which we are deeply involved. I think it is so specialized that really it is not germane to our discussion today although I am ready to discuss it if anybody were interested.

Thank you for the opportunity. I will remain for a while but I cannot remain too long.

Senator WILLIAMS. Father, we won't get into the social security aspects because of your time schedule and we won't interrupt the format here. If we could get your up-to-date report on the model cities and programs for the elderly in Syracuse—I believe that there was a hearing there of one of the subcommittees.

Reverend FAHEY. Syracuse University has a grant through the Office on Aging. Actually, the basic design of the program is to try to make sure the elderly do participate in model cities programs. The irony of this is that while Syracuse University has the grant it involves cities other than Syracuse. I fear that in Syracuse the elderly are not going to be participants to the degree in which they are represented in our community.

Syracuse is like all other communities in that there is a disproportionate number in the inner city, they are disproportionately poor, they are underrepresented in terms of the Model Cities Agency, its board, its committees, and as such they will not receive the benefits that they should receive. To be black, to be elderly, and to be in the urban area is to be thrice damned, if you will, and to be damned under a number of different ways. Despite the fact Syracuse University has a grant, I would say that so far their participation in the program is rather dismal.

Senator WILLIAMS. Thank you very much.

Reverend FAHEY. I would like to clarify just one other thing if I may quickly. You know in Syracuse we have 2,000 acute hospital care beds at this moment. In those beds there are 500 people who should not be there today. Of those, 200 are inappropriately placed because of insurance mechanisms; that is, they cannot receive diagnostic procedures in a doctor's office and therefore in order to get Blue Cross payment they are in the hospital or the doctor has made a poor diagnosis and put them in the hospital.

There are 300 people, however, who need extended care benefit. These people are getting the worst kind of medical care in acute care hospitals. They sit in a corridor and they have nurses doing things for them but they are not getting the kind of service they need. This

is just illustrative. We don't need a new 500-bed hospital at a \$40,000 to \$50,000 bed investment on the part of the community, we need more flexibility. Ultimately we desperately need a universal health insurance program and it has to come on the Federal level to bring the rationality to health care.

Senator WILLIAMS. Thank you very much, Father.

Miss Esther Stamats, consultant to religious organizations, American Association of Retired Persons.

STATEMENT OF ESTHER STAMATS, CONSULTANT TO RELIGIOUS ORGANIZATIONS, AMERICAN ASSOCIATION OF RETIRED PERSONS

Miss STAMATS. Thank you.

I nearly tore up my paper in order to answer the previous speaker but I didn't, I decided I would not. I better stick with the written testimony.

Father Fahey in his last remarks has incorporated a piece that I had in my first draft and left out, so if you will just add my name endorsing the need for adequate hospital care and the problems which that has brought up, I will appreciate it.

Research has a long tradition in history of primary concern in the ministry of older persons. In spite of this fact, however, today many churches have apparently turned their backs on the vital ministry in order to devote more time to youth, special interests and the immediate problems of today's world.

Daily the churches are confronted with urgent problems of aging persons. The church has the responsibility as well as unique resources to assist people in this period of life to live creatively, to use existing services and to help to set up new services to meet rapidly changing needs. And there is a need today to share frankly among church people the challenges that change.

Since the last White House Conference on Aging the churches have developed the retirement homes and other facilities moving far beyond the traditional concept of care. It is important that this trend continue, that the churches' commitment must be deeper than ever before. This is only a beginning as yet. New cooperative effort between the church and older people best follows where there is an effort to develop understanding of the special needs of older people.

The traditional role of the churches is being bolstered by new programs in services for older people involved in the planning of older people themselves as long as the church has discovered the older person in his fullest potential or the church has discovered that older people are creative, resourceful, with ability, experience, and knowledge.

I have been working for two and a half years with religious communities of nuns and I have gone to 38 of them and realize how important they feel it is to have a part in what goes on in the world and they are doing the most creative kinds of programs all over the United States. It is an interesting thing to know about and watch.

But the clergy and religious leaders must cooperate with community agencies, public and private, and with the Government and take its fair share of the community load. It must understand and work for legislation and know the problems which worry older people and help them through referral and interpretation both to themselves and to their community.

The American Association of Retired Persons and the National Retired Teachers Association advocate a 10-point program that recommends to the churches to furnish participation of older persons in programs aimed at serving their needs.

1. Survey older persons in the congregation to become familiar with their potential.

2. Plan and encourage the development of the Committee of Older Adults who will work with programs.

3. Study ways to involve the older person in the total program and activities of the church.

4. Arrange for transportation to church services and functions.

5. Develop and extend church food programs.

6. Develop assurance telephone service.

7. Use committees to encourage older persons participation in community projects.

8. Government sponsored programs could be utilized to provide the local expertise for older persons in the congregation.

9. Try to interest other churches in the neighborhood in a joint program to serve its older people. This should be planned with a cooperative clergy and a committee composed of older interested leaders from each church.

10. A list of community agencies serving the aging should be available in every church office listing the type of services rendered, interviewing hours, name of the contact person and phone number. Many older persons require help in making their first contact with an agency and need someone to accompany them at least for the first time.

Frequently where older persons have a problem in common such as social security questions, either church leadership or voluntary leaders among older persons could provide specialized counseling.

Our associations are particularly concerned that Government sponsored programs utilize the freely given volunteer help from the nation's churches to organize and develop church related programs for older persons. It is a cause of irritation that a recent ruling from the Administration on Aging virtually cancels much of the in-kind credit allowed for volunteer assistance and dedication of facilities funded by the State administrations on aging.

This gift of services consisting of the allocation of staff or manpower hours made it possible for many projects to continue since it cut down administration by providing skill and knowhow for the project. When this practice was curtailed it not only put the sponsoring agency at a disadvantage but also jeopardized the programs which they were sponsoring. This is because the higher local costs before the project can demonstrate its worth tends to discourage the necessary role of the sponsor in gradually assuming all financing costs.

The structure of this society shows a variety of social patterns with too much emphasis on the biological aspects of aging. Their role and status are determined largely by this factor. Our society has so many conflicting ways of treating older people, many of which only add to their insecurity. Many aged are isolated, rejected and dependent. The people in the churches, the leaders in the churches and the clergy, need to take more care that the many dilemmas of this group are recognized.

There are self-sufficient older persons who can and do take a positive approach to all their problems. We need to adjust the situation

just to stay home. We are particularly concerned with the relation of the church to all groups of aging, including the poor, the sick, and the lonely. We believe the church has definite responsibilities in relation to these persons and an obligation to them as well.

Better understanding is achieved through communication as to their needs, their problems and their actions. This should lead to a definite involvement in the church by the elderly and by the church in all aspects of their lives. Here both church and community can cooperate in taking an active part to make older citizens valuable members of society as long as they live. There are many ways of doing this and the church has been too slow in developing new and imaginative programs in which older persons themselves play a leadership role.

I have been quite thrilled in the last 6 months at the new ideas and creative planning done by churches across the country, and this I think is one of the things that we have to think about that gives us a little faith that something is going to happen again, as it did after the first White House Conference.

We look to the coming White House Conference on Aging to stimulate new programs and designs of cooperation in the community and pledge our active support to the endeavors of this committee, but we call upon this committee through hearings such as this one to alert and dramatize the issues facing society that must be dealt with through the stimulation the White House Conference can uniquely provide.

Senator WILLIAMS. Thank you very much, Miss Stamats. I know how helpful you have been in the arrangement for these hearings and we appreciate that.

Point 6: Assurance Telephone Service, when we get to the discussion I wonder if we could discuss what is being done to use that means of communication.

Mrs. Gladys Weinberg, director, the Friendly Visitors Project, Retirees Service Department of the International Ladies' Garment Workers' Union.

If I could say, I have had the pleasure to meet with the retirees of the ILGWU. Your program is electrifying, it is inspiring, believe me.

STATEMENT OF GLADYS WEINBERG, DIRECTOR, FRIENDLY VISITORS PROJECT, RETIREES SERVICE DEPARTMENT, INTERNATIONAL LADIES GARMENT WORKERS UNION

Mrs. WEINBERG. My name is Gladys Weinberg and I am director of the Friendly Visiting Project of the Retiree Service Department of the International Ladies' Garment Workers' Union. Our union represents 430,000 members on the mainland of the United States and in Puerto Rico. Our union also represents 52,000 retired members who are serviced by the union in various ways. My testimony will be based on the services developed by the union's friendly visiting project for the 27,000 retired ILGWU members in the New York City area. This project was set up under title III of the Older Americans Act in March 1967.

I am grateful to be here today, glad for this opportunity to express the appreciation of the ILGWU for the Government funding used to initiate and develop the friendly visiting program for the union's retirees. Mr. David Dubinsky, administrator of the retiree service

department and honorary president of the ILGWU, and Mr. Louis Stulberg, president of the ILGWU, have stated that the union would not have set up the friendly visiting program in its present form if the Government had not participated in funding the program and set guidelines for its functioning.

The cooperation of the ILGWU and the New York State Office for the Aging, the joint efforts of the union with its long tradition of pioneering in social welfare and the Government with its financial support and guidelines made possible the development of this human service program of friendly visiting.

I cannot give the complete array of services that have been developed during the past 3 years since services were developed in response to individual needs of retirees.

Instead, I will describe the basic practices evolved in the development of the program.

The program is based on personal visits by Friendly Visitors to retirees in their own homes or wherever they are living. Each retired member is visited systematically at least once a year, with more frequent contact for those families in need of additional services.

The outreach aspect of the program has been fundamental in setting the tone of the visits. Having the project initiate services says to the retirees, society, in the name of your union, believes you are worth the respect and dignity of a visit, not just when you are in need, but also when you have reached a time of life when you no longer work. That the Friendly Visitors are themselves retired workers, between the ages of 65 to 85 years old, makes for empathy between the visitors and the retirees they are visiting. Retirees have told the visitors they would be ashamed of letting younger people, including their own children, know their problems, "It is more seemly to tell someone your own age."

We have found that the outreach visits establish a vital connection for each retiree to the union and through the union, to the rest of the community.

The visitors and the office staff of the project serve as a source of information about health and social services available to retirees; give assistance in filling out and filing applications for Medicaid, Medicare, public housing, old-age homes, and nursing homes.

One goal of the program is to offer services that will help retirees remain in their own homes in the community. We have found that sympathetic Friendly Visitors can help mentally disturbed or physically incapacitated retirees remain in the community. We have several marginally disturbed retirees whom we are maintaining in this way. We call it, "padding their symptoms." Evil people still "come up through the floor or through the telephone to steal," but we find that when Friendly Visitors and project staff remain available, the anxiety of the disturbed person need not become insurmountable. The program carries responsibility for such retirees. The retiree feels and knows this.

The program makes referrals and calls upon community services needed by retirees that Friendly Visitors cannot themselves give. When a retiree can no longer be maintained in his own home, he is helped with transfer to a nursing home, hospital, or old-age home.

Escorting is a concrete service that Friendly Visitors are exquisite in giving. When this is done by a Friendly Visitor, it is a personal and emotionally sustaining service, not only transportation to the doctor or to the hospital.

Household help is provided on a biweekly basis for incapacitated medically indigent retirees.

During its 3 years of operation, the project has established that it is possible to sustain the marginally competent elderly in their own homes if appropriate services can be provided. Our 3 years' experiences reinforce the findings of the Health Insurance Benefits Advisory Council report which pointed out that it is far less expensive to give health care at home than in the hospital and "in most cases far more beneficial to the patient." I will give several case illustrations from our project in support of the greater economy to society in providing these home help services to the elderly in their own homes.¹

Economical provision of the kinds of services the project gives is made possible through enlisting retired people who do not come with formal academic training. For these retired men and women, payment for their service is considered an addition to their social security and union pensions.

Through on-the-job training in individual and group supervision, these retired men and women develop skills so that they are able to function as responsible competent human service workers. They are themselves therapeutically helped through the new vital experiences in the friendly visiting program.

We have found that \$10 per capita per year will take care of our kind of retiree outreach program.

We would like to reinforce the findings brought out in the June 1970 annual report of the Health Insurance Benefits Advisory Council, particularly that prescription drugs be included under Medicare coverage.

Our experience also reinforces their recommendation for longtime care in a patient's own home. At the present time there is no provision for continued care in a patient's own home where there are no specific medical services to be provided. The few examples that we have presented both show the possibility and economy of taking care of elderly ill people in their own homes.

If we could give every single retiree in this country somebody or some organization to which he had a right to turn, it would cost \$10 per person per year. Of course, some retirees need a lot of visiting and we visit some of them weekly, but \$10 per person per year allows for those that need the more comprehensive services and those that just need to know that services are available for them.

From what I have seen of what it does for people—talk about changing the image of the elderly, this is respecting them not because they are in need but because they are at a time of life when they are important. This is society's way, we found, of recognizing that they have value. I feel that it has done a tremendous lot for all of the retirees, for those in need, and for those who did not need specific services. For an elderly person, there is always the idea in the back of his mind: Next year I might be in need.

Senator WILLIAMS. We will be thinking, Mrs. Weinberg.

¹ Retained in committee files.

Where was the seed money funded?

Mrs. WEINBERG. The seed money was funded under title III. With the funding no longer there, the union has at this moment agreed to go ahead for 2 years. I believe that we should have further funding, based on the questions I am getting from all over the country. The commissions on aging in varying States ask "How do you do it?" "How do you organize it?" "How do you train your people?" The program provides household help once a week or once every 2 weeks to retirees in need. We have been asked, "How did you get the cooperation of your State employment service?"

Now this kind of a program needs further funding from the Government to develop a design of how the program is administered. You see, that is the need now, but we were funded under title III for a period of 3 years, and the cooperation of the Government and the ILG made this program possible.

Senator WILLIAMS. Was that basically for the salaries of personnel that were the Friendly Visitors?

Mrs. WEINBERG. The Friendly Visitors are paid the first year \$1.60 an hour, the second year \$1.80 an hour, and the third year \$2 an hour, and they work approximately 78 hours per month. There is a professional staff of social workers. My assistant is a high school graduate but she had worked with volunteers at other organizations. She is an unusual person; so competent in her work.

Senator WILLIAMS. It would take time for the union to work this into their regular union funding; you could not do it like that.

Mrs. WEINBERG. That is right.

Senator WILLIAMS. Because you work with contracts and expectations, pension funds, et cetera. You cannot impose a new program on a pension fund, for example.

Mrs. WEINBERG. That is right.

Senator WILLIAMS. Very interesting. More than interesting.

Mrs. WEINBERG. I am pleased to let you know one of the other unions, the hotel trade councils, already has a friendly visiting program written into their agreement. They have not set it up yet, but are working on it.

Senator WILLIAMS. We expect you all to come back after lunch. We are going to finish our direct statements and then recess for an hour for lunch and then come back. Will you all come back, as many as can? We will certainly appreciate it.

Thank you very much, Mrs. Weinberg.

Mrs. Fred Weiser, treasurer, national executive committee, National Council of Jewish Women.

STATEMENT OF MRS. FRED WEISER, TREASURER, NATIONAL EXECUTIVE COMMITTEE, NATIONAL COUNCIL OF JEWISH WOMEN

Mrs. WEISER. Thank you, Mr. Chairman.

I appreciate the opportunity to participate in today's hearings. The National Council of Jewish Women has submitted a prepared statement.

(See prepared statement, appendix 1, item 9, p. 285.)

I am, as Senator Williams indicates, Mrs. Fred Weiser, treasurer of the National Council of Jewish Women and member of the national

executive committee, and also a member of the advisory committee of the Senior Service Corps of Essex County, N.J., which is sponsored by the Essex County section, National Council of Jewish Women, and the YWCA of Orange. With me today is Mrs. Martin Simon, cochairman of the Senior Service Corps.

The National Council of Jewish Women, an organization established in 1893, with a membership of over 100,000 in all parts of the United States, has had concern for older adults since its inception. We appreciate the opportunity to participate in the discussion of "Sources of Community Support for Federal Programs Serving Older Americans."

Throughout its history, the National Council of Jewish Women pioneered in programs designed to get at the root of problems which afflict the older adult. I am not going to list those, they appear in part in our testimony.

Several years ago, the council initiated the Senior Service Corps, a pilot program. We are extremely proud that Congress gave recognition to this program, based on our experiment, by approving an amendment to the Older Americans Act and authorized funds for the development of the national older American volunteer program, RSVP. We wish to commend the chairman of this committee, Senator Williams, for initiating this legislation, and his very effective leadership in bringing the campaign to a successful conclusion.

The Senior Service Corps provides an opportunity for older Americans to contribute to and participate in community life by utilizing their skills and talents and life experience as volunteers in public and private nonprofit, social, educational, and health agencies. The Senior Service Corps of Essex County, N.J., placed more than a hundred older citizens as volunteers in 34 different community agencies during this past year while operating only on a part-time basis and funded through limited private sources. The program has been curtailed because authorized Federal funds have not yet been appropriated.

The sponsors of the program are not satisfied with this result, but regard their achievement as merely a demonstration of what might be accomplished with a full-time operation and what the national potential might be for RSVP. The incentive of Federal funding is vital to transform this demonstrated potential into reality. We join Mrs. Carey of the Community Service Society and respectfully urge that the members of the Senate committee and Commissioner Martin make certain that an appropriation for RSVP is included in the HEW budget, thus opening the way for local community groups to initiate new programs and expand current services.

Continued exploration and development of new services to meet emerging needs is essential. However, the National Council of Jewish Women believes that we must turn our immediate attention to broaden the utilization of currently available Federal and local programs. Health services, recreation centers, home health services, educational opportunities, food stamps—to name a few—are frequently either little known or imperfectly understood and very often inaccessible because of lack of transportation.

Commissioner Martin referred to information and referral services. However, to the best of our knowledge most of these are centralized services and we are suggesting that local communities develop a co-

ordinated network of neighborhood information and referral centers located where clusters of older people live. Such centers, being neighborhood based, could reach out to deliver services to those older neighbors who have been too long out of the mainstream of community life.

We hope that some effort will be made to provide community directories of resources for older adults written in easily understood language to meet the needs of those whose native tongue is not English. Many of the generation we are speaking of are foreign born.

The only generally available directory is the telephone directory, and for older people even the famous "yellow pages" are difficult to read when vision is impaired. Those whose vision is adequate are often frustrated by unfamiliarity with agencies and institutions whose names frequently are less than descriptive of the services they perform and their purposes.

Of all the impediments to the utilization of the available programs, transportation, lack of mobility is almost everybody's problem. Retired people living on fixed incomes have year after year suffered the erosion of their incomes through inflation. Increased transportation costs sharply limit their freedom to use social and health services and to visit friends and family maintaining normal social contacts.

The experience of the Senior Service Corps of Essex County demonstrates the necessity of including transportation in planning all services for older people. When this program was initiated no plans or provisions had been made for travel subsidies. It soon became apparent that people eager to serve as volunteers simply could not afford to spend even a small portion of their limited income on travel to volunteer jobs.

The New Jersey division on aging offered a demonstration grant to the Senior Service Corps for transportation and out-of-pocket costs and the response was immediate. The number of volunteers and the number of days served increased substantially. In addition to cost, the inadequacy of intracity public transport affects rural as well as urban older residents who find it difficult to reach clinics, rehabilitation centers, mental health facilities, and so forth.

In these few minutes it is not possible to detail the variety and complexity of transportation difficulties which face almost all older Americans. In fact, it is the variety, the complexity, and the broad social and economic implications which make this problem national in scope and demanding national intervention. We are encouraged that last month a workshop was convened in Washington on transportation and the aging, and to hear Commissioner Martin underscore transportation needs when he spoke to us earlier this morning.

The National Council of Jewish Women proposes to the Special Committee on Aging consideration of a Federal older adult travel ticket plan similar in operation to the Federal food stamp plan. We suggest that the plan be designed to include financial aid to public and private nonprofit agencies for the purpose of providing subsidized transportation facilities to older clients as well as offering low-cost fares for general travel to older adults.

In response to the purposes of today's hearing I will recap briefly the four proposals we offer for your consideration.

1. Funding of the RSVP through the Federal budget.

2. The establishment by local community groups of coordinated neighborhood information and referral services.

3. Initiation of a Federal older adult travel ticket program.

4. Financial subsidies to urgently needed health and social services to overcome the problem of inaccessibility of transportation.

Thank you very much, Mr. Chairman.

Senator WILLIAMS. Thank you very much, Mrs. Weiser.

Mr. Rudolph T. Danstedt, assistant to the president, National Council of Senior Citizens.

STATEMENT OF RUDOLPH T. DANSTEDT, ASSISTANT TO THE PRESIDENT, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. DANSTEDT. Thank you very much, Mr. Chairman.

I am going to be very brief. I have a full statement which I ask be filed with the record.

(See prepared statement, appendix 1, item 10, p. 287.)

The general thesis of the statement I have is that we ought to be deeply concerned about what is going to happen to all these programs for older people that we have developed over the past several years; they are all demonstration programs and demonstrations have got to come to an end.

As you examine all this you can only come to the conclusion unless we develop some device for putting substantial moneys into the conduct of these programs on a permanent basis they are all going to dry up on the vine. In organizing the senior aides program, for example, the national council paid a lot of attention to the way it was organized. We knew it was a demonstration so we asked that there be a well organized group of seniors in the community.

Secondly, we asked for a responsible sponsor so the program would have a solid financial base.

Third, we wanted to be sure that our senior aides were serving in a variety of services: health, welfare, education, mental retarded, mentally ill.

I note with interest, for example, that of the paneless today, at least four or five of the organizations have locals which are participating in employing senior aides—the Salvation Army, National Council of Jewish Women, National Jewish Welfare Board, the National Urban League the projects have also had support from unions like the Teamsters, autoworkers and machinists through these involvements so we have sought to make sure we had a good, solid backing in the community for these employment demonstration programs.

As Mr. Mulvey has pointed out, unless we can erect something like S. 3604 which was introduced by you, Senator, and by Senator Kennedy and I think the majority of the Republicans and Democrats on this committee, we will kiss the program goodbye at the end of the year. We will thus deny to thousands of elderly persons of low income the opportunity to earn some money and deny to some of the hard pressed social agencies the services of eager and willing seniors.

There is no point kidding ourselves either that we are going to pick any of the demonstration programs that have been run by the Administration on Aging, Meals-on-Wheels, Foster Grandparents and so forth. There is no point kidding ourselves that the United Funds are

going to pick up the cost of these programs or that the locality is going to pick it up because most localities are hard pressed to finance their essential housekeeping services—sewers, fire and police and roads and the rest of that.

Even in Miami, which probably has the highest proportion of older persons in the country, the city government withdrew their support from the Senior Citizens Center because there was a taxpayers revolt against any increase in the tax rate. Nor can we count on the States to finance these programs.

We have all noted that when the Governors came here to Washington with respect to the welfare program, they wanted the Federal Government to take the whole welfare program over, and carry full financial responsibility for it because of the financial crisis they find themselves in in the States. I am not arguing that we ought to let localities off the hook or the States off the hook but I think we need some system that is going to provide substantial Federal matching; otherwise, we see these excellent demonstrations that are needed and necessary vanish with the wind.

I don't think anybody has any very smart answers as to what ought to be done but I have done some looking around and I have been rather impressed, for example, that at the present time the States and localities are spending about \$600 million a year in the form of money for services. These funds are provided under the Social Security Act and are tied in with assistance at the present time.

These are services to the elderly, services to the blind, services to the handicapped and also to AFDC family. It would be my guess about \$150 million of that is going to the form of service for the elderly. This is not always tied to the elderly who are on assistance. There are a number of States that have taken a rather broad look at services for the elderly.

States have established senior centers, have provided services to the elderly who are not on assistance, have provided protective services, foster home care, and many other services. This \$150 million is a respectable piece of money for services for the elderly and we want to hope we don't lose it in the reorganizations that are being proposed.

This program of services has been hobbled by its close association to the granting of assistance.

But a change is occurring for in 1967 the Federal Government separated at the Federal level services and assistance and then asked the States to proceed in this direction. Also a number of States have done this. And in a number of States are renaming their welfare departments State Social Services Departments.

Another step in separation of services and assistance is being taken in the current family assistance plan that recently was passed by the House. This legislation provides an absolute separation of the payment of money and services. For the first time there is a real recognition at the Federal level that the money is going to be administered by a separate agency in HEW which will be responsible for the income maintenance while the States themselves will have to separate their money payments and services arrangement. So we are beginning to see a potential for the first time of real services program if we can hold on to it and don't lose it.

Such a Federal program of social services, of course it is not just for the elderly but the elderly certainly will be included. I understand just this week HEW is going to put a bill before the Senate. I have not seen the detail of the bill but I understand there is language in it that requires that there be proportionate distribution of services so the elderly are not going to be left out. The bill demands a separation of services and assistance. I think we ought to put our support behind this kind of an approach to services.

There are several things about this bill I don't like. First, the bill sets an income limit. In other words, they are saying that you can get these services providing you are a man and wife and your income is not more than 133 percent of the poverty level which roughly would be \$3,200 for a man and wife. This is ridiculous.

The average income of an elderly couple is about \$4,000 a year. Nobody with that kind of money can afford to pay anything for services, and even if you doubled it and made it \$8,000 it still would be difficult for them to pay something for services. I think there ought to be some pressure exerted which would prevent the legislation from being dragged back into the poor law business and the income test either deleted or increased substantially.

Second, the legislation to place a ceiling on funds at 110 percent of the amount spent for services in fiscal 1971. This is also ridiculous. In a number of States and localities which are beginning to pull assistance out of the welfare program there is a real desire to expand services. Setting a limit on funds tied to past appropriations will prevent States from improving their services to the elderly and seriously inhibit the development of a services program.

This services legislation provides an opportunity we must not overlook to contrive programs for the elderly that have demonstrated their value.

Thank you.

Senator WILLIAMS. Thank you very much, Mr. Danstedt.

Reverend William T. Eggers, president of the American Association of Homes for the Aging.

STATEMENT OF REV. WILLIAM T. EGGERS, PRESIDENT, AMERICAN ASSOCIATION OF HOMES FOR THE AGING

Reverend EGGERS. Senator, thank you for the privilege of appearing before the committee this morning.

As you are aware, one of the great functions historically of church, community, and nonprofit groups in general has been to maintain homes for the aging, and it is to the concerns of these homes that I want to address myself.

I would like to say that I do not have a formal statement. I would like to read, however, a part of a formal statement that will be an address delivered by Jerome Hammerman to the National Association of Jewish Homes for the Aging at the end of May. I would like to quote the last two pages of that address this morning because I feel that it does much to summarize the dilemmas that long-term care facilities find themselves in, especially homes for the aging, under our current legislative programs.

Constructive changes, Mr. Hammerman says, are needed that would better prepare us to meet the needs of the Nation's elderly on a more efficient and economical basis while improving the quality of care. We seem to flip nervously between rejecting an insurance mechanism for financing care on the grounds that we lack sufficient experience and identifying costs and refusing to examine such costs because we are convinced that they will be too expensive.

Senator Moss suggests that we may be overstating this problem. I concur. Not until serious efforts are made along these lines will we know what the cost really amounts to. Financing, through general revenues, of the traditional needs rather than insurance mechanisms is deemed the appropriate approach but by and large this has produced inadequate resources and a stubborn crop of facilities poorly equipped philosophically or materially to advance good care. The indecisiveness of a needs program splintered into 50 different jurisdictions of need definition and level of support only continues a chaotic program. For all intents and purposes it enthrones mediocrity. Intermediate care is the highest aspiration of the institutional field.

We need a long-term care model that would stabilize the environment for the chronically ill person, one that would make the services mobile and adaptable rather than expecting this of the client. Medicare has not proven to be the Holy Grail we thought. For the most part we are not using our beds to service the ECF patients. In the Chicago area, for example, only 15 percent of all nonprofit beds were used for this purpose and many who have provided this service in the past are now checking out.

I think this underscores the point that Father Fahey was making and the point that our association has recently made in a number of its statements: There are extreme limitations in the Medicare and that the program as far as long-term care is concerned is, as the Father said, grinding to a halt.

After 3 years of wandering in the wilderness angry, bitter and frustrated, we may be ready to push for more broadly conceived, suitably constructed and useful legislation to serve the aging. All of us who have worked with people who need help know how many individuals simply do not qualify for one kind of program or another because of poor linkage among programs. Medicare has merely highlighted these problems by raising our level of expectations. They were of course there all the time.

Our objective is more comprehensive coverage. It is concerned with the whole person and not with an artificial definition of his spell of illness. His chronic illnesses persist over time and are not easily contained. Medicare does not suit the needs of our clients. We must make those needs known to those who can affect change.

Sol Geld of New Jersey—you may know him—and Herb Shore of Dallas, Tex., most clearly enunciated the position of our homes in their testimony before a Senate committee back in 1963. They pointed out the home already provides a model of comprehensive care, alert to the new needs of the individual and capable of responding appropriately. We are not merely concerned with standards—we know they are necessary, we fought for them, we offered them. We wanted them long before the Government recognized the need for them. We wrote them.

Herb, I think, phrased it well when he said we are interested in the social needs of the patients and the health needs of the residents.

Finally, I recall Jack Goll's comments on the name "home for the aged." Home, he said, is our middle name despite our multifaceted services. Thus, wherever we may venture, whatever direction the trends may take, however, we may plan, the focus will continue to be for a warm supportive and therapeutic environment.

This summarizes some of the difficulties which we presently face. I would like to, for the sake of the record, enumerate some of them and, very briefly our concrete proposals in connection with them.

One of the great problems that we observe in the Nation is that in the last generation the ratio of the beds in the proprietary and the non-profit fields has shifted so that an overwhelming proportion of them exist in the proprietary field. We wonder whether it is in the best public interest that this continue. This new fact raises questions of capital needs and the concept of reimbursement tied to planning, as well as the concept as to whether or not—and we are beginning to elaborate this—whether or not our facilities should have a return on capital on the equity provided by the community, as proprietary facilities have a return on the equity capital that they have invested in these facilities. There is a rationale for this which we offer in later statements.

As Jerry Hammerman worded we need more than a Medicare program, which is threatening to become a program of inferior standards. We are deeply concerned about the proposed changes in the rules and regulations governing intermediate care and, of course, we are just as deeply concerned with the proposals concerning the funds for Medicaid. We believe that all of these matters seriously will affect the care of individuals in three-quarters of a million and more beds in this country.

We have from the very beginning of our existence as an association been concerned with standards, with continuity of care, with the need to bring services to people rather than to fragment people between various levels of services. We are very conscious of and would here urge that the difficulty which is connected with multiple surveys, multiple audits, their heavy cost to the Medicare program and possibly also to the Medicaid program, be eliminated, and we are concerned at the present time also that the program of licensing administrators, as it is being worked out in the 50 States, that this program is not accomplishing what the Congress apparently wanted to accomplish.

We have established within our association a committee which we have called the Inter-Faith Committee which we call together from time to time in order to inform the major religious groups of the developments that are occurring in the field and to solicit their support for various legislative measures and to encourage them to more aggressively work in the field of aging.

Father Fahey happens to be the chairman of that committee which has been a very productive committee in the past.

We do hope finally that the White House Conference will be a conference that truly focuses on the issues and seeks solutions to problems. At this conference we will be prepared to express the viewpoint of the nonprofit facility as we will develop it in our own annual meeting in November of this year.

Senator, I cannot express to you too strongly the depth of our concern over these issues and I would hope that our full testimony would spell it out in greater detail.

Senator WILLIAMS. We will look forward to that with great interest, and I know it will be very helpful to us.

Mr. Moe Hoffman, Washington representative of the National Jewish Welfare Board.

Mr. Martin, our last direct statement will be from Dr. Norman Klump. You can stay and/or leave when we break for lunch. If you want to make concluding observations, we would be happy to have them.

Mr. MARTIN. I will stay, Senator, and I will be back with you after lunch, if necessary.

Senator WILLIAMS. Very good.

**STATEMENT OF MOE HOFFMAN, WASHINGTON REPRESENTATIVE,
NATIONAL JEWISH WELFARE BOARD**

Mr. HOFFMAN. The National Jewish Welfare Board is a national association of 450 Jewish community centers located in every major city of the United States. These centers serve 800,000 individuals and families. Our statistics indicate a growth of proportion of center members over 60 years of age. The proportion of members 60 years and older rose from 6.7 in 1966 to 7.3 in 1967 and continues to grow.

Many older adults participate in Jewish community center programs, and in addition every center endeavors to meet their special needs. Increasingly counseling and referral services are required to a greater degree than heretofore. Our centers are collaborating with the Jewish Family Service agencies, hospitals, and other community services and other organizations as the National Council of Jewish Women is providing special assistance when required.

We conduct many activities for older adults. A partial listing would include residential accommodations for senior citizens in center buildings or in facilities that are immediately adjacent to the centers. Inexpensive vacations and camping experiences for the aged. We utilize the elderly as teachers for new immigrants and we involve senior members in adult education and discussion groups and in public affairs programs.

The senior adults in Jewish community centers report that they are concerned about the following problems: High transportation costs, housing shortages, lack of comprehensive medical services, unemployment and the rising cost of living.

We, therefore, propose that further Federal legislation be enacted which would subsidize local transportation systems so that elderly people whose incomes are at or below the border of poverty may pay reduced fares on buses and subways and eventually that all fares be eliminated for elderly commuters.

We are concerned that H.R. 17550, which passed the House on May 21, 1970, will decrease Federal matching percentages for care for the aged in general hospitals and skilled nursing homes and hospitals. If this trend is to represent the thinking in Congress, then we would therefore propose that there be substituted group health

insurance for the existing insurance plans and thus provide comprehensive universal health programs which would emphasize preventive treatment as well as physician, hospital and out-patient service to all persons over 65.

We believe that older persons should be involved in model city planning and that comprehensive services for older people should be elevated in the model city programs to an adequate level and that adequate funds should be directed toward these programs.

We think there is need for Government departments to review techniques for measuring and projecting income needs of the elderly and to consider proposals to adjust retirement benefits and social security to changing conditions.

We believe very strongly that there is need to re-evaluate the effects of the 1967 Age Discrimination in Employment Act and determine how to make it more effective so that business and other employers could be encouraged to hire the elderly in increasing numbers.

We think that there should be funds made available to study how much an elderly person should pay for food on a daily basis, to make the receipt of food stamps more liberal for the elderly, to plan nutritional programs for the elderly, to insure that distribution points for Department of Agriculture donated foods are easily accessible to older people and that these programs are appropriate to the nutritional needs of the elderly.

Finally, we propose the establishment of coordinated community service facilities so that elderly people could be served without the need to visit multi-decentralized units scattered throughout the communities.

Thank you.

Senator WILLIAMS. Those are the most worthy objectives; most ambitious, too, with all of our practical limitations.

Finally for this morning Dr. Norman Klump of the United Methodist Church.

STATEMENT OF DR. NORMAN KLUMP, UNITED METHODIST CHURCH

Dr. KLUMP. Senator Williams, ladies and gentlemen, I thank you for this privilege.

I am head of the section of Health, Education, and Welfare of the Division of National Missions of the Board of Missions. I have been in conversation with Dr. Roger Burgess of the Health and Welfare Board based in Evanston and with Dr. Howard Washburn of the New Jersey Methodist Homes at Ocean Grove.

The United Methodist Church has well over 300 institutions at community level that in one degree or another are committed to service to the aging. I am not going to speak about any of the innovative and creative kinds of things those institutions are attempting to do in the several places where they are at work. That can be put in the record in some other form.

I would only like to take a few minutes of your time to speak about some things that seem to me to be of paramount importance as I look at the field of ministry to the aging from the point of view of the United Methodist Church and the problems and frustrations we face in trying to implement worthwhile and creative programs.

As I have listened this morning my feelings and findings will be namely the basic ones; namely the lack of responsible and adequate structures with some guarantees of continuity that to whom can be entrusted and to have the capacity to provide the kind of services we all have been talking about and wishing could happen. It seems to me that we have been immobilized, the whole national will, but particularly in the area of administering to the aging by the magnitude of the problem as has been spelled out by the problem all of us have heard said again and again.

There seems to be another element in this immobilizing and that is that there is no significant initiative in the process of planning. I do not know of any place in this Nation where at a community level planning is moving forward to develop the strategy for service on a total community level for services to the aging. Each of us in our parochial or public or private sectors are attempting to do our own thing but the degree of cooperation and the degree of planning is rather insignificant.

So I think I would plead for someone, somehow for us together to find a way of implementing some significant planning at the community level so that no one would be missed and no one would get more than his share, and that adequate service would be rendered. I suppose part of this is due to the fragmentation that exists.

Here I would like to register what I feel to be one of the problems in the government level of operation and that is the fragmentation at the government level of services and agencies that are attempting to make provision for funds standard, et al. Is there some way that we could somehow get beyond that kind of concept of operation?

Then, too, there is great fragmentation at the local level in terms of each of us attempting to move in the direction that we think is the way to go.

Now I would just like to call attention to the fact that it seems to me that one of the basic problems is that we have not found the means to implement the will to do what all of us believe and are convinced has to be done, and how do we implement this will to do?

I believe, for instance, in the United Methodist Church there is a massive willingness to render service, to discharge a great compassion for people that is more than sympathy, that would issue in genuine service, that would give dignity and enrichment to older people but we seem not to have the handles on the tasks so we can give them the job to do.

Would it not, therefore, seem advisable and in the United Methodist Church we are struggling with this problem to create corporate structures at the local level, incorporated with boards of directors with a degree of autonomy and yet related to the United Methodist Church lending its stability, some of its resources and know-how and experience to give such a structure permanence, that thereby that corporate structure could provide the kind of services needed.

Now there is one flaw in that. If the United Methodist Church does it by itself, it cannot be total community. So, again I come back to the need for total planning at the community level.

It seems to me, too, we need to have a corporate structure to bring together the need that I see existing on the part of older citizens who have retired; they have a lot of ability, they have skills. These skills,

these talents are needed at the community level for the development of our communities.

But there is no process by which these skills and talents and energies can be put together and implemented. Neither is there any process by which the needs that exist at community level can be defined and put into operable form so we can get talent and skill and energy and needs together. It seems to me that the human capacity at this time and wisdom ought to be able to put that kind of structure together, and in the United Methodist Church and HEW this is one of the things we are asking.

In conclusion let me say the resources of the United Methodist Church through the agencies of the persons I have mentioned earlier are available for you and we bring them with a sincere sense of commitment and dedication to finding a way to solve some of the problems that have been voiced in this committee room this morning.

I think, Mr. Chairman, that is all I would like to say except to add that at a later date because of problems in logistics the statement that should be in print is not but it will arrive and we will try to put in more explicit detail that which I have said here.

Senator WILLIAMS. Thank you very much, Dr. Klump.

We will recess now and return at 2 o'clock and get into our roundtable discussions.

(Whereupon, at 1 p.m., the committee recessed, to reconvene at 2 p.m.)

AFTERNOON SESSION

ROUNDTABLE DISCUSSION

Senator WILLIAMS. We will reconvene for our general discussion.

Mr. Martin, do you have any observations at this point that you would like to make to us? If not, we have two friends from yesterday, Evelyn Wakeland and Gilbert Murphy, who spoke to us yesterday about their work out in St. Louis on Project Assist.

Mr. MARTIN. We are just moving into, at the moment, a whole series of meetings with the voluntary organizations. I just thought you might like to know that. During the month of July we are setting up a number of meetings to which the various voluntary organizations will be brought and we do expect to consult with them and work with them closely.

If the pattern of the last conference is followed, the voluntary organizations will have delegate representation, as we did then, some kind of a proportionate basis.

Someone mentioned the Foster Grandparents program, the use of foster grandparents who don't need to be paid for their services. Of course, the Foster Grandparents program under the statute has to take low income people. They have to be low income people because that is what the statute provides.

Now that does not mean that you cannot have foster grandparents on a purely voluntary basis, but it would not be under that same program. You might have foster grandparents who were doing the equivalent work under the RSVP program, if that is functioning.

Dr. Lindsay mentioned the Handbook on Adult Education and we will be talking with her about that.

I think Father Fahey mentioned a problem which we are struggling with, because we are getting lots of letters about it and that has to do with the number of reviews that are involved in the use of extended care facilities, which seems to have slowed the use of those facilities considerably.

I had correspondence with Commissioner Ball about this in relation to medicare. There is a serious problem there that I don't have the answer to. Somebody has to get better answers than we have, because so many people are staying for a while in extended care facilities and then finding that retroactively they are being charged for something that they didn't know they would have to pay, and that naturally makes them very upset and angry. So they write us, although we are not responsible for the program.

I am concerned about it and we will see whether we cannot improve the procedure there.

There were several references to nutrition this morning and I am most anxious to see whether something can be done to expand on the experience that we have had in the nutrition field. We have pretty well proven the advantages of the meals in a group setting. There is some legislation pending now which would allow the use of food stamps for purchase of Meals-on-Wheels. That is a pretty small segment of the problem, but we are studying the question of whether food stamps can be used for meals in a group setting. If that were possible, there would be considerable use of them for that purpose.

I think those were the principal things that occurred to me this morning, Senator, as I listened to the discussion.

With regard to RSVP there is no funding for it at the moment. As the next budget comes along, I certainly expect to ask for it again as I asked for it before, and I am hopeful that we will have a different result this time, because I am completely convinced of the value of this RSVP program.

Senator WILLIAMS. What was the funding, what is authorized?

Mr. MARTIN. \$5 million for fiscal year 1970 and \$10 million for fiscal year 1971. Either of these amounts would be sufficient for a good beginning.

Senator WILLIAMS. What are the fundings? Give us the authorized funding and the years.

Mr. MARTIN. Amounts authorized in section 603 of the Older Americans Act of 1965, as amended last year are \$5 million for fiscal 1970, \$10 million for fiscal 1971, and \$15 million for fiscal 1972.

Mr. HOFFMAN. \$3 million out-of-pocket expenses?

Senator WILLIAMS. Well, now you requested funding; is that right?

Mr. MARTIN. I requested funding for 1971 but they were not able to include it within the scope of the overall limitation that was given us.

Senator WILLIAMS. Where was the cut made on RSVP, in the Administration or in the AoA or—

Mr. MARTIN. At the Bureau of the Budget.

Senator WILLIAMS. I see. \$5 million? Was that the figure or was it \$10 million?

Mr. MARTIN. It was \$5 million authorized for fiscal 1970, and \$10 million for fiscal 1971. I did not ask for the full authorization. We asked for what we thought we could put into use and I think we asked

for \$2 million as a starter. This would have given us enough to get started and try the program out in a number of places and to make sure that we had the bugs out of it before putting it into effect more extensively.

Senator WILLIAMS. Now I am going to appear before the Appropriations Committee Tuesday on that. Notwithstanding the Budget's position on this, we are going to try to get the Congress to appropriate some money to follow through on the program that we authorized and created here. I don't know, we can get emotional about any one of these programs that are so tragically not being followed with the money. This is not seed money, this is program money and it is very small money in any way you want to measure it. I hope that we will succeed notwithstanding the Budget Bureau.

This again is our problem. It is everybody's problem. I with the Budget Bureau would look at a few other things: they sure zero in on the aging.

How are we going to light a fire and just get so little money where the need is?

Mr. MARTIN. Whatever Congress does in that connection, Senator, we will be able to produce.

Senator WILLIAMS. We have to overcome that darned Budget Bureau. You put in, although you were not precise on just how much money you put. Your agency gets up its budget and then it goes forward and then has to go to the Budget Bureau and other areas, I know that. If I could know precisely what you put in for, that would help me on Tuesday. Senator Prouty is going to be there, too.

Am I right? So if we knew precisely what you could use, that is always one of the questions. "Well, how do you know they will use it or could use it?" If we knew that precisely, that would help us.

Mr. MARTIN. Well, we could use \$2 million as a starter. Now we might be able to use more, I don't know that, but I am sure we could use that much.

Of course, there have not been any requests for funding any of these projects, so we don't know what the total amount requested would be.

Senator WILLIAMS. Anybody around here know of any possible requests that might be forthcoming?

Mr. MARTIN. We know that in the Foster Grandparent program that on the basis of pending requests we could make good use of additional funds for that program.

Mrs. WEISER. May I say something to the Commissioner? There have been no administrative procedures to enable anyone to make the requests as far as we know.

Mr. MARTIN. No, there have not, because there has not been any money.

Mrs. WEISER. Exactly. So it is little difficult to understand when you say there have been no requests. We, for example, in Essex County have made a request informally to Mr. Atwell, deputy commissioner, but there is no procedure by which we may make a formal request.

Mr. MARTIN. That is right. I was not suggesting that there should be any request.

Mrs. WEISER. I just wanted that clarified.

Mr. MARTIN. I was just suggesting that there is no way of proving what the demand for funds would be in the absence of such requests.

Mrs. WEISER. Thank you.

Miss STAMATS. As I go around the country, there is a prodigious amount of lack of information about what goes on here in Congress anyway, and it seems to me that we are all missing a very good bet if we don't take the States and the local communities into your confidence enough so that you get a large group of letters and everything else. You inform people. Now the senior citizens have all those members and we have about 2 million members ourselves, and we have 630 chapters. How many chapters do you have?

Mr. FITCH. 2,500 plus.

Miss STAMATS. This could help a lot. It is not only that. I think one of the reasons for lack of interest on the part of the church leaders, the clergy, is not only that they don't want to be responsible but that they are not challenged enough and they don't know enough or perhaps nobody has asked them to explain how helpful they might be in this whole picture.

Mrs. DIAMOND. I would like to second what Miss Stamats has just said. May I comment, when you held your committee meetings around the country in different communities, that did engender a lot of interest and appreciation of the problem.

Maybe that could be done again. Getting into the communities and creating understanding.

Mr. ORIOL. Commissioner Martin, perhaps you would care to comment on that week of September 20 when the older Americans would speak out. It seems to me this would be a good time to bring the clergy in to listen to the elderly.

Mr. MARTIN. What we contemplate, the White House Conference is being sort of developed now on a three-phase basis. The first year, 1970, we do the talking and specifically in the week of September 20 we are going to talk about getting in to take part in what we call Older Americans Community White House Forums, which will not be full-fledged conferences, but will be primarily meetings where older Americans just come in and not only state their needs, but indicate what they think their opportunities are and so on.

We will be in touch with the churches, of course. The churches can do a great deal and other organizations can do a great deal in stimulating attendance at those forums, and there will be more publicity on that.

The more older people that attend those, the better—that is the whole purpose of them.

We will be using the technique of not only recording what they say, but of distributing and then compiling and using by computer some questionnaires that will be made available at the same time.

In that way we will have to pass on to the technical committees some pretty specific information as to what older people themselves think is good for them, instead of having the experts start out by telling what is good for the older people. We are going to have the older people start out by telling the experts what they think they need. This is a reversal of the ordinary form.

Then the regular statement of the White House Conferences will be held in 1971 and after that we will come to a point of making a re-

port and making whatever recommendations are made into legislation and carry it on from there.

So hopefully, we will have some structure which will enable us to follow up on the issue.

Senator WILLIAMS. Mr. Hoffman?

Mr. HOFFMAN. I sense the importance of involving the elderly in public affairs, and social action, but I would instead recommend that we address ourselves to more pressing problems if we are to get the greatest mileage of the time that remains with us. We could talk about priorities. What priorities would we like your committee to address yourselves to?

I would like to propose at least a concern that I had that come out of your committee on September 9. It dealt with the fact that over one-third of all of the elderly are not only old but poor and malnourished and that food for them becomes a very expendable item especially when prescription drugs and mortgage payments come out of their food budgets.

I think the lack of food adds to the severity of other problems and I would like to propose, perhaps just to kick off a consideration of priorities, that malnutrition is one of the dire concerns of the elderly and one of the areas that should get priority attention in Congress.

Senator WILLIAMS. Your approaching our discussion now on this basis of priorities makes sense to me.

Mr. HOFFMAN. That is what I would like to propose, sir.

Senator WILLIAMS. I think it is a good way to bring things together in the relatively brief time we have.

Mr. HUTCHINSON. I would like to direct a question in that same direction too, to Mr. Martin, and ask, is there going to be a proportionate representation of the elderly poor? You just referred to the remarks about a proportionate representation from the voluntary organizations. Will there be a limitation on the number of elderly poor who can be involved in the 1970 September planning sessions and also in the conference of 1971?

Mr. MARTIN. Depending on what the advisory committee has to say about it, we expect to recommend that substantial numbers of the elderly poor be included among delegates to the conference.

This will, in the last analysis, be something we cannot force the Governors to do, but we think we can influence their action by such a recommendation.

Mr. HUTCHINSON. Will any provision be made for the elderly poor to attend the conference in Washington, any per-diem cost or any travel allowance or anything?

Mr. MARTIN. At the present time we have no funds for payment of the transportation of delegates. If that happens, if that is to be changed, it will have to be changed by further appropriation than is now pending. There is another million dollars pending in the 1971 budget which we think will proceed here as in the past, but we don't view that on the basis of our past experience as including anything for transportation.

Dr. LINDSAY. Will that be a part of your recommendation to the Governors?

Mr. MARTIN. Part of the recommendation to the Governors of the States will be that some local funding be sought. There seems to be

considerable interest in this problem, and whether Congress could do something about it or not, I don't know.

Mrs. MULVEY. Are there funds in the State budgets to send some of the elderly poor?

Mr. MARTIN. No. There are enough funds in the title III budget to do much of what was done with the money that was made available last time. In other words, in 1961 we have no organization whatever in the States. We had no State units on aging and we had no funding for State units on aging, so there were made available to them about \$15,000 to each State.

Well, out of that money many of the States used it not for delegate transportation, but they used it to set up a State unit on aging or a State committee which eventually became a formal State unit on aging.

Some few of them, I think, did use their money bringing delegates to Washington, but many of them as far as help was needed, raised their own funds or people paid who were able to pay their own transportation and per diem.

Reverend EGGERS. I am not sure I agree on the priority approach. I wonder if we might not come to a little bit about the importance of devices and methods that provide an opportunity for older people themselves to get involved in policy determination and decisions with respect to programs? It seems to me the 1971 White House Conference is just such a device from a practical standpoint. I would not be talking about the elderly poor, I would be talking about the average elderly person who is going to find it difficult to come on his own to Washington and participate in this.

I accept the concept that this 1971 White House Conference offers a very extremely desirable device to involve older people in studying recommendations and programs, making policy decisions affecting them. It follows that we also set a priority of resources for them to come here.

Senator WILLIAMS. Do I get part of your point that nobody should be able to estimate priorities better than the older people themselves?

Reverend EGGERS. I would say that they ought to call upon all the experts they can find, get advice in the areas, but you know we are not children at this particular point. This is not a White House conference on children, this is a White House conference on elderly people, and they ought to be sufficiently informed if there is a problem.

Gil Murphy tells me there is a problem in the people coming there. They are people with average retirements and they cannot afford the couple of hundred bucks to come to Washington and stay here unless the Teamsters will finance them.

Dr. LINDSAY. I would like to throw another item into the hopper to be considered as having some priority, probably a very high priority from my point of view, and that is recommendation of reorganization of the Medicare and Medicaid programs, particularly to include some now excluded costs which make it necessary for longer periods of hospitalization than are actually required for medical reasons.

I think someone mentioned that this morning in testimony.

Provisions for extended home care and certainly inclusion of prescription drugs out of hospital. These are urgent needs for many of the elderly, particularly the elderly poor. So somewhere along the line,

in ordering priorities, I would suggest serious consideration of what might be done by way of amendments to the Medicare and Medicaid programs.

Senator WILLIAMS. Could I summarize here what I know is a bad phrase in the works in the Congress and in the very early works. I don't know as much as I should on broadening the nutrition and the food programs. We have to cover older people more broadly.

In this area Dr. Lindsay just mentioned legislation has been introduced that meets part of this. I do know that an effort will be made before the Appropriations Committee to include money for the people who cannot afford to come on their own expenses. This would meet, as we say, not the elderly poor, but almost by definition these days to be elderly is to be in layman's language, poor—the average elderly people. So these are in the works, in part, but it is good to have your focus on them.

Mrs. ROBINS. I have been working with the McNerney task force on Medicaid and related programs. The last meeting of this group will be held Thursday and Friday of this week. The task force is keenly aware of the need to develop a positive program for long-term care services which includes personal support services; residential services, and medical, dental, and psychiatric services. Such a program should include the delivery of services in the home as well as in institutions. The task force is of the opinion that the upcoming White House Conference on Aging will provide an appropriate and timely forum for an in-depth discussion of the total problem.

Mr. ORIOL. Mrs. Robins, may I ask you a question? You have been responsible, or your agency, for several publications which perhaps would be of interest to this group. Would you care to give a brief description of them?

Mrs. ROBINS. I will be delighted to. When the gerontology branch was first created in the Public Health Service in 1963, the outstanding need that was recognized was the need for resource material for health professionals who work with the elderly. We started then and are just completing now a comprehensive body of knowledge in applied gerontology, to be released in a series entitled "Working With Older People, a Guide to Practice." Volume I, "The Practitioner and the Elderly," has been out for about 3 years, is in its third printing, and has met with enormous success.

Volume II, "The Biological, Psychological and Sociological Aspects of Aging," just came off the press 2 days ago and you don't have copies yet, but I made a note to send you some today.

Volume III is at the printers now and will be out in about a month or two. Entitled "The Aging Person: Needs and Services," it focuses on social welfare as it relates to the health of the elderly person.

Volume IV is a particularly exciting volume. Entitled "Clinical Aspects of Aging," it is intended for all medical personnel who work with older people. It considers the special preventive and therapeutic needs of the older person with regard to the various disease categories, and is written by specialists for the general practitioner.

There are also sections on nursing, physical therapy, surgery, podiatry, drugs—all of which are geared to care of the elderly.

This fourth volume is going to the printers but it won't be out for about 3 or 4 months.

If any of you would like to have copies of those publications that are now available, and if you would like to have your name placed on the mailing list for the additional copies, please give me your names and I would be very happy to see that you receive them.

Thank you.

MISS WAKELAND. Would I be out of order if I referred to yesterday's suggestion about housing?

Senator WILLIAMS. No.

MISS WAKELAND. I have written down many notes here as things occurred to me, but I will be out of context. I would like to speak to your situation. I wonder if we may somewhere make a recommendation that insofar as the medical profession is concerned that we have young men specializing in the gerontological field as well as pediatricians, and so forth. We all know when you are 60 there are bone and circulatory changes, and so forth. I don't know that this is happening at all in medical schools?

Mrs. ROBINS. The young doctors are quite a militant group and they are interested in social action. However, the whole concept that you are talking about, the gerontological content of medical school curriculums, that is what you are talking about—

Mrs. WEINBERG. They are doing a wonderful job.

Mrs. ROBINS. There is much controversy regarding the adequacy of the gerontological content of medical school curriculums. Many are of the strong opinion that there should be much enrichment of the curriculums with respect to health care of the aged.

MISS WAKELAND. Then the second point, again I think just now in curriculum there are courses being initiated for the training of what I call human engineering/management. On the housing of the elderly, we were talking about licensing the directors of the various homes. A lot of grandfather clauses would be involved here. I, at the moment, am director of resident services for 800 persons who live in two buildings originally sponsored by the Teamsters. I am the only professional on the staff.

I want to tell you the people we have, of course, are between 62 and 91. All of my staff are the volunteers from the residency. This is one way how we avoid life-style disengagement. Each person has a specific job, he is either a department head or a member of a committee. They are staff members and they take as much pride as if they were highly paid personnel.

They are not paid in money but they are being paid in kind because their rents are not at the level which they would have to be to provide a full professional staff.

I am very pleased to say that we enter into community services, as well as asking for them. We were talking about nutrition.

We take advantage of the extension service at the University of Missouri. We invite all of the retired persons in St. Louis to our information center. We have an educational program in the nutritional field and provided with consumer guides; that is, what are the best buys? What are vitamin C and vitamin A?

The extension service has suggested to our people what kind of clothing to buy, knowing that most of them will be buying their last coat. (You don't need heavy woollens anymore because of central heat-

ing, so you buy the coat with the zipped-in lining, that sort of thing.) How to store your clothing. How to care for the new man-made fibers.

There are all sorts of community resources to help these people along.

However, despite the fact we have been so extremely successful in congregate dining, each person has his own apartment and he can cook if he wishes.

I am at the point of the wilderness wondering when the right to self-determination ends and the need for professional direction is indicated insofar as the persons who have become arteriosclerotic or semiambulatory and should not live alone. I am hoping that we can reactivate 202 funds or whatever so that we can really venture into this "halfway house" situation.

Many people who do not need extended medical care should not live alone, there should be two people in a room—that is, a combination sitting-sleeping room with no stove or refrigerator. There should be a congregate eating situation, I would think. Many people become very forgetful, forget to turn off the jets or electricity or forget to wear clothing that could catch on to the stove and burn. I don't know the complete structure of it yet. We are thinking and hoping to build. There would be just the minimum medical services, probably a doctor or two on call, interns available—L.P.N.'s.

I don't know if there should be funds for converting existing older hospitals that have been given up to new ones or if there should be a new building.

I think that they should still have the maximum self-determination.

I don't like to call this a custodial situation, but I think it would be a supervisory situation.

Senator WILLIAMS. Why do you call that halfway? That does not sound like halfway?

Miss WAKELAND. I am talking about halfway because they are not mentally or physically ill, but they can no longer be placed in a situation of cooking for themselves because they don't remember. I had one lady who was drying a damp pillow on the stove top, that type of situation.

I think that in St. Louis the public assistance caseworker for many years—and I saw the result of generation gaps for many years, the unhappiness of the older person and his children and grandchildren, living in disharmony and inadequate space.

I would wager if we had a situation constructed and we were to advertise that we had a halfway house we would have 10,000 applicants in the next morning.

Senator WILLIAMS. This is specialized residency?

Miss WAKELAND. Yes.

Senator WILLIAMS. For a group that does not need nursing home or extended care and cannot go to the hospital?

Miss WAKELAND. They would not have Medicare facilities. Somebody was speaking this morning of the beds occupied in the institutions. Those people are not desperately ill in the extended services, but they do need protection from themselves and possible injury. So there should be two people in the room, one to rather keep check of the other.

Senator WILLIAMS. I would think as a guess that people that might fit in this particular need outnumber any of the other categories.

MISS WAKELAND. Absolutely. Again, the people we know in one of our housing projects in St. Louis, they have not been out of their apartments for years; they are frightened, are afraid to use the elevator, are afraid to shop, they are afraid to go on the street. I don't know how this would relate to a rural area, but I know it is a problem in urban areas.

Now is this germane at all to the recommendations?

SENATOR WILLIAMS. Yes, I find it most germane.

MR. ORIOL. Dr. Lindsay?

DR. LINDSAY. It seems to me what the lady just discussed suggests a topic for consideration, a continuum of care for aging through the self-care with some occasional help for the supervisory situation which you describe to ultimately perhaps custodial care or nursing home care. I know some of the Scandinavian countries, and in particular Sweden, this program was carried and has a well organized program on a continuum related to decreasing ability for self-help and self-dependence. It seems to me that ultimately we ought to arrive at some such coordinated and correlated system of care.

MR. ORIOL. Dr. Lindsay, I might point out, and perhaps Commissioner Martin would care to comment, that at a hearing on the trends of long-term care, the Commissioner entered a description very much resembling what you have just discussed for meeting various needs and working through various agencies to do this.

MR. MARTIN. One of the problems is just what you are talking about. For example, regarding the people who are stacked up in extended care facilities and acute care hospitals, what happens after they have to move out of the hospitals or extended care facilities? Where do they go? That is to say when they want to go back into their homes, in many cases there is no home health care or no home aides who can make it possible for them to go back. So even though they could have good care there, our difficulty is partly that we have worked out mechanisms for financing health care, but we do not have adequate health care facilities. We are lagging behind in having a possible smooth flow of personnel from one level of care to another.

DR. LINDSAY. Program of foster parents.

MR. MARTIN. Yes, there are programs of that type. Of course this can be good if this is a first-class program, with good supervision, but it can be very bad under other circumstances.

It depends upon the State and it depends upon the kind of care that is taken in placement.

MR. ORIOL. Mrs. Weiser?

MRS. WEISER. I would like to comment on the last. The small residence group home is sometimes a substitute for individual foster care. I know of an agency in New Jersey which operates such a residence. I believe the need for a whole variety of housing facilities for older people is certainly evident. I would like to express another concern.

I have an impression that some of the older people living in public housing really fall in the category that you spoke of and perhaps should not be living alone in public housing. There should be better screening because often I read in the newspaper that an elderly person has been found either dead or so ill that he is expiring alone and has been alone for many weeks, if not months.

I do believe that there should be some procedure in the public housing at the time of application for screening and a method of follow-

up on older tenants. Some attention should be paid to this problem.

Mrs. WEINBERG. One of the problems we found in reviewing our 27,000 older people in New York City was that the present structure under Medicare or under Medicaid for paying for a home health attendant was nonexistent. I mean in terms of the way the laws are set up now, you can only get reimbursement under Medicare or under Medicaid for specific medical services.

That is why your nursing homes are in such a hassle now in terms of their reimbursement and that is one reason hospitals are having difficulty. We have found when we had other ways of paying for care, that for \$75 a week we could keep people out of the \$900-a-month reimbursement nursing homes. We did some spotchecking.

Under the present laws there is no way to get reimbursement for custodial health care at home under Medicaid or Medicare and that is a grotesque kind of thing because care can be better and cheaper for many patients if they are kept at home.

Keeping a person at home—I am not talking about the human part of it, I am talking about the cost. We did some spot-checking of a few of those and some of our mentally ill people we were able to keep at home.

Reverend EGGERS. Going back to what he said this morning, what is missing at this point is some kind of a Federal focus on services. Now we got up in the housing development area social comment only on the thing, but you cannot push the housing program too far in that direction and make them an institutional program to care for disabled people, you have to help focus in the Federal Government. You cannot push that too far either.

We need some sort of a leadership spot in the Federal Government that focuses on the services needs of people that are not necessarily in the health field, not necessarily in the housing field, but with the kind of flexibility that could develop home foster care and this and that service.

We have not got a thing. Now is there any status at the moment at the Federal level at this point?

Miss WAKELAND. On the elderly?

Mr. MARTIN. We do have now (though it is just getting underway) the Community Services Administration of the Social and Rehabilitation Service. It provide us a focal point for social services.

Reverend EGGERS. All right, that is fine because then I think one of our priorities ought to be to push for that.

Mr. MARTIN. Federal concern for the provision of services was formerly divided between a number of agencies, but it was centralized in this new agency. Under the administrations revisions of H.R. 16311, the proposed "Family Assistance Act of 1970", there will be a real focus there of Federal concern for services.

I think that is highly desirable.

Mrs. ROBINS. Proper focus is of great importance in understanding the needs for long-term care services. Long-term care has three components: A program of personal care services aimed at improving the quality of life for people with long-term disabilities; residential services (room and board); and medical, dental and psychiatric services. Too often the medical component and the social component of long-term care are not recognized as the separate entities which they in fact

are. When supportive services and room and board which constitute the social component of long-term care are considered as part of the medical cost, the resulting figure is misleading.

Mr. ORIOL. Mrs. Robins, in terms of health services for the elderly, do you see the need for tying that in with other community services and do you think the churches and nonprofit organizations can be very helpful in that?

Mrs. ROBINS. Very definitely. With the limited resources available for the aging, I feel it of utmost importance for the Public Health Service to work in close collaboration with other Federal agencies as well as voluntary groups for the maximum mutual enrichment of programs. This would particularly apply to many of the health-related programs of AoA, OEO and HUD. It seems to me that only through such a coordinated approach can we make any appreciable headway.

Miss WAKELAND. I think we have very definite responsibilities. I often think that we are assuming that society at large is responsible for the retired person, that he has no relatives. This is the case occasionally, and a very sad one. You have all the problems of wills and public administrators and all this sort of thing but you have to get back and talk to the relatives who will be inquiring into whatever estate he has.

Mr. ORIOL. Is that your point, that relatives do provide more support than is commonly assumed, or less?

Miss WAKELAND. That they don't? We here are so concerned that we are relieving them of more and more of their own responsibilities, and yet in many instances we need to take more care of them because the relatives are nonexistent.

Mr. ORIOL. I just want to point out at a hearing of health aspects on the economics of aging we received testimony from Mrs. Elaine Brody, Philadelphia Geriatrics Center, and her point was that far more is provided in the way of support than is commonly assumed, and that the State by State variations require a lot of study and that the young are threatened by the various same threats of economic disaster as the elderly.

You have practical experience in your administering a program and this is the way you find it.

Miss WAKELAND. Yes. I find the children of the person that I deal with are my own age, around there, around 50. They are finishing paying for their home and their children going through college and they want to leave mother and daddy right at the door for \$150 a month, paid from the parents' own resources with contributions from the children.

Mr. ORIOL. Instead of abandoning children, it is abandoning parents.

Miss WAKELAND. Yes.

Dr. LINDSAY. I would hate to go back to the principle of the "relative responsibility." It took us many decades to get rid of it and the assistance programs because of the very thing that you mention, imposition on young families who have to plan for their own future and their children's future. I do believe that many relatives, the great majority of them, will do what they can on a voluntary basis but I would certainly hate to see any principle reintroduced into the welfare

system of relatives' responsibility. That would be a step back to the Dark Ages.

Miss WAKELAND. I am not espousing that per se. I am saying that the relative should be a resource in planning.

Dr. LINDSEY. They are.

Miss WAKELAND. I think what I have seen at various meetings is lack of consulting with children in the family.

Dr. LINDSEY. And it does something to the sense of dignity and self-worth and independence of the elderly themselves if we, the vendors of services to them, insist upon seeking help from relatives against the wishes or the will of the elderly.

Miss WAKELAND. I would agree with you but I still contend that they should be consulted as a resource.

Senator WILLIAMS. Mrs. Carey?

Mrs. CAREY. I would like to bring up our experience in public housing projects which I think ties into this. Where you have older tenants who cannot cope with the complicated machinery of health and social services, relatives cannot be readily involved. In the complicated world that we live in, relatives don't know the setup any better than the older person does. Having a concerned standby person available means that all the resources, including relatives, can be brought into play, and the older person is not left alone.

Miss WAKELAND. And this could be an example of the need for pre-retirement planning as they see these applied to them.

Mrs. CAREY. But I emphasize that you need the presence, help and concern of a person who is not related, who provides a link to resources, who is there to take a continuing responsibility. It takes a management kind of person but one who doesn't carry any landlord responsibilities. In our project we had in the South Bronx, this turned out not to be a very expensive proposition. We figured \$80 a year per older tenant for something like that. This is a relatively small amount.

Mr. MURPHY. I would like to inject a minor concern about something I picked up from Mrs. Diamond this morning. I felt it was extremely significant.

She mentioned the "mind set" of our Nation concerning the elderly. She mentioned the long list of concerns that the average person has that drives him away from his concern for the elderly. All of us around this table express, and we are really kind of talking to ourselves here, not to those who need to hear about it.

We are talking to the people concerned about the elderly. It seems to me, Commissioner Martin and the committee, someone could help us tremendously, if there could be provided for us some kind of PR materials that could assist us in using spots on the TV, radio and so on to change this "mind set." Just like we are changing the "smoking mind set" so we can change the youth mind set to an acceptance of aged or understanding "mind set" toward the aged.

I would like very much to see somebody help us with this. We could have gotten a tremendous amount of TV time during "Older America's" month. They are not giving us an hour or an hour and a half, but they will give us 10 seconds or 20 seconds of time for these spot messages, that could shift a lot of the youth oriented "mind set" that we have to deal with.

Our State almost lost its whole aged program this year. The whole office of the aging was practically closed down because the State of Missouri did not care. Fortunately we have some of the legislators becoming concerned, they realize the number of aged there are in the State of Missouri. We need this mind change.

Mr. MILLER. I have a comment I would like to make before asking a question related to this. As a native Missourian, I recall the sales tax in Missouri was originally passed by a vote of the people to provide money for the older people of Missouri.

Mr. MURPHY. That is right.

Mr. MILLER. And for a long time it was referred to as "the old folks tax." I think it is no longer so earmarked.

Now to my question. When you talk about changing this mind set in aging, are you talking about changing the attitude of the younger people toward the elderly from one of rejection to one of sympathy, or are you—and I direct this to you, Mrs. Diamond also—talking about a change in the mind set with reference to the role of the elderly in society as a whole?

Mr. MURPHY. Certainly the secondary part of question is more applicable to what I am thinking of. We do need understanding of the fact you can grow old and be a continuing part of society and not a dropout.

Mr. ORIOL. Mrs. Diamond?

Mrs. DIAMOND. I would say growth and acceptance, not sympathy.

Mr. MILLER. This, then, becomes a public relations or educational problem, as you choose to term it, aimed at not only the young, but also at the elderly themselves; is that not correct?

Dr. MULVEY. That is one of the crucial factors in education for aging. We have education for education by aging, and education about aging; that is what you are talking about.

Mr. ORIOL. Dr. Mulvey, what if we called it premed counseling instead of—

Dr. MULVEY. There are various terms applied and there are various opinions. Education for aging should begin in the elementary school. I think this is not realistic as far as the general public is concerned, but it is necessary. The approach I talk about is to create public opinion, a climate of acceptance, which will not reject the aged but admire them, take them for what they are.

Now the senior aides program in Rhode Island is projecting an image of a productive older person. We have developed a public relations model, as I mentioned this morning, and we are in constant touch with all of our mass media. We have developed "blurbs" for public service announcements, and I would be very happy to send you samples.

Before I close, I would really be doing an injustice if I didn't mention that, since I have been in here this afternoon, we have been talking about dependent aging all the time, with no attention given to the independent or potentially independent. Now healthwise, yes, I will admit that in order to enjoy later years you must have good health; and you must have adequate income. But there is another problem in the lives of older people which is extremely important, and that is loneliness and boredom and not knowing what they can do with their leisure time.

They can expend their time in employment—paid or unpaid—or in constructive leisure time pursuits.

Healthwise, only 5 percent of our older people are institutionalized at any one time. There is another 10- or 15-percent who have chronic diseases and are not entirely mobile. We also know that those at the poverty level are about 30 to 40 percent. So that still leaves the majority of our older people who are not quite at the poverty level.

Education has a basic responsibility to prepare older people to live productively, constructively, and to make the transition easily from work to retirement.

Commissioner Martin, you were right at the Galaxy Conference when you asked our Adult Education Association to try to get a unit on aging established in every State department of education in the country. I go along with that; but I also suggest that, in order to facilitate this, we should also have at the Federal Government level a unit on aging in the U.S. Office of Education. That would help you in your program tremendously. If we had that, then we would hopefully have Office of Education funds, and maybe syphon them through your Department, for establishing programs.

But it seems to me that is the first step.

In talking about the White House Conference on Aging, will education play a significant role?

Mr. MARTIN. Yes; education is going to play a significant role.

Dr. MULVEY. Do you have a task force working on it?

Mr. MARTIN. Yes.

Mr. ORIOL. May I ask you if you could give us in writing your suggestions for the use of television in particular to achieve some of the purposes we have been talking about? We would very much appreciate it.

Dr. MULVEY. In a 10-week TV course which I conducted on "Education for Later Maturity," there was tremendous interest, judging from the mail that we got. I think most of these courses that are offered at night are not well attended because older persons are afraid to go out at night. Then there is the transportation problem. But they did watch the TV program because it was brought to them in their homes.

I think that, with some funds we could produce these TV programs on retirement planning, education for later years, whatever you want to call it. Funds are needed.

The University of Rhode Island does not charge for the course that I teach to people 60 and over, and they have been offering it since 1963. This is a good example of community support.

Mr. ORIOL. Dr. Mulvey, another point the Committee on Aging, as I think everybody here knows, held the final hearings on economics of aging last month. Along about January or February we got worried because the entire study had been directed more or less to the older American. So the last hearing was directed at today's workers and the working paper prepared by Nelson Cruikshank was developed for that and it was addressed to today's workers as I indicated.

Perhaps this is what the Committee on Aging should do more of, try to aim to the younger person as well as the older person.

Miss STAMATS, did you have a question?

MISS STAMATS. I didn't have a question on this, but I don't want us to close without coming back to something practical. We have talked

about structure and we have listened to the beginning of the plans by the White House staff and the Conference staff. I want to remind you that you have a great deal to do in the way of advertising the Conference across the country.

You have no idea what a prestige conference the White House Conference is going to be—it was last time. People begged, borrowed, or stole tickets to get in. No matter how many people will be admitted, there will never be enough tickets. I think the fundamental question is the fact that you are trying to have a national advisory committee of 35. I think we had 135 members in the last White House Conference.

Mr. MARTIN. We are getting around that by having a committee of about 80.

Miss STAMATS. I just would like to remind you that we had particular trouble with all of the denominations and the special groups and clergy. They all wanted to get there, and the only way we could do it was to reserve a block of tickets and let somebody divide it between the groups. We were sure that it would be possible for all groups to be there.

We knew very well that if we wanted some of our Negro representatives to come that we ought to set aside a block at the discretion of the Secretary to give out because the South would never send black people—maybe they would now, I don't know. With so many elderly people and older and poor people, it is going to be even harder yet to see that they get here.

It seems to me that we have talked about structure. We have to talk about a way by which older people and poor people, as well as the ones who are not poor, can attend because otherwise it is going to be a group of professional people and interested people talking to themselves, if you don't have that possibility of bringing in the elderly themselves.

Mrs. DIAMOND. May I remind you that at one of the hearings you held in Ann Arbor—you had older Americans participating and that was, I think, tremendous. That kind of participation at the White House Conference, may I suggest, would be most effective.

While I am talking, may I say that I think our mutual concern is a little bit different. I am on the executive committee of the section on aging, A.E.A. of the U.S.A. (which Mrs. Mulvey chairs), and have been for years, yet I want to stress that the kind of material and the kind of public relations we are asking for is a little different. I think we are both saying—at least I am saying—as an individual—if the elderly were to have enough income and good health as of tomorrow they would still be in “isolation” and they would still have many of their present psychological problems unless we find a way to gain acceptance for them and, in fact, for us; since most of us here are no longer under 50.

Let's make it our personal basis. Let's look at what life would have to offer us if we were a little bit older, or not as secure, or not the extrovert most of us are.

We need to gain acceptance for the elderly in this country and therefore to change the basic attitudes of our Nation over many, many years in a country that is youthful, and whose people feel necessity to “be young.” I would like to see the appropriate body or bodies in

government take action that will result in breaking through this barrier (which we have never succeeded in doing at any level to date).

Mr. ORIOL. We have been talking all day about frustrations, you would like to see fulfillment.

Commissioner, we would like to thank you very much.

Mr. MARTIN. I appreciate the opportunity to be here. It has been a very stimulating discussion and I think we should have more like it, because all of these people have the same interests that we do, they are all moving in the same direction.

The problem is putting the power together. So I appreciate it very much.

Mr. ORIOL. Thank you once again.

Mr. MILLER. Isn't what we are talking about the matter of challenging the lie as to what older people in America really are?

Mrs. DIAMOND. Yes.

Mr. MILLER. I ask that question because going back to the 1961 conference, I was a member of the Cook County, Ill., Conference on Aging Activities. In Chicago we had this large meeting and one of the people with me as we came out remarked, "Well, I just have one complaint about the meeting." I said, "What is that?" She said, "Well, I didn't think there were enough old people there."

I then named 10 people who were there and she knew that every one of them was over 70 years of age.

Now I inject this to say, let's not just reject the idea of youth, but let's recognize the youth that is present among our aged.

Mr. HOFFMAN. I just wanted to interject a caveat, if I may. We are talking about legislating attitudes which, of course, can't be done. We must also avoid money-saving proposals which will adversely affect the quality of services to the aged. You cannot substitute research and development and education for mortar and bricks that are really required in order to provide services. We are confronted with the Older American Act amendments, and with a community program that has been cut from \$25 million to \$9 million in 1 year.

I don't know how you best demonstrate concern and success except to support proven successful projects.

We should enhance those programs for the elderly who are caught in the web of poverty.

Since this is a hearing called by a legislative committee, we would do well to direct ourselves to legislative priorities.

I think the whole concept of the example of whether nutrition gets a top priority or not is not something that I would definitely go to bat for against any other suggestion. The concept perhaps of multiperson family dwellings, which I think is where we are heading toward in service to the aging, is where this committee might direct its attention.

The whole concept of quality medical services is also of importance. We should address ourselves to the lack of hospital facilities, to the lack of hospital staffs, and to the lack of standards in nursing homes, especially when we read that people getting medicaid are getting a great deal less qualitative service than the average hospital patient.

This is what Congress ought to be looking at in examining and doing something about.

I could discuss the area of housing and the model city concept which is not achieving what it was originally designed to do. The social

services inherent in the model city program is merely a referral service to existing agencies that are already overcrowded with heavy caseloads.

I will stop there. I have more to add to it, but I think legislatively this is what I would like to underscore.

Mr. ORIOL. Commissioner Martin has said in many recent speeches that we do not have a national policy on aging and I think your comments certainly buttress that statement and certainly indicate that one of the roles of this committee during the weeks before the White House Conference is to get up this sort of inventory of what we are not doing and what we are doing in hopes that it will contribute a great deal of information to the White House Conference and from the Conference we will have a national policy and with the national policy several of the other needs we have discussed here will be more clearly outlined.

Would you agree with that speech?

Mr. HOFFMAN. That is correct.

Mr. MILLER. The White House Conference on Aging may develop a national policy and it may be a sound national policy, but in the final analysis there will be no effective policy unless it has the support of the whole country.

Mr. ORIOL. That is why the White House Conference itself has to have that foundation.

Dr. Klump, if I may ask you a question. Do you see ways in which the homes for the aging can become—and I know some of them are doing this already—can become not retreats in which people are put away but become centers of activities, even centers for services to people outside the home for the aged?

Dr. KLUMP. I think the best way to answer the question is to point out that there are a score at least of homes for the aging that I am aware of, who are in the process, some of them quite advanced in developing services beyond the four walls of the home for the aging or the institution.

Many of these are very creative and supported by their boards of directors. I think we are just in the beginning of this, in terms of homes for the aging, we are just beginning to experiment. We are just beginning to find some successful experiences.

For instance, these homes are developing clinic centers that are close to the elder citizens who need medical service. They are developing, it has been said here many times, catering services that provide one hot meal in a communal setting.

Just a couple of examples. There are many other things that could be mentioned, but I think our homes are beginning to understand the depth of the problem. Also understanding that they can't possibly, and if they could, it would not be well to do it, to administer to all the needs within the four walls of an institution, that is, the high rise home is not the answer, they can seek other ways.

Mr. ORIOL. I will address this to you and perhaps Mrs. Carey.

Mrs. Carey, your project described the service needs of people living, I believe, solely in public housing.

Mr. CAREY. Right.

Mr. ORIOL. There is a need to meet those services. You have just described homes for the aged extending services outward. Now, how do you do that in conjunction with, instead of in competition with,

other sources of services? How do you make it part of an overall service network?

Mrs. CAREY. Well, I would like to go back to the Senior Advisory Service. This use of paraprofessionals on site was to reach out to older tenants, to see what they needed and to put them in touch with what was in existence in the community.

In other words, this was not a competitive service that was being established, it was a bridging service making accessible what was available within the community.

As a part of the service, it seemed to me and to the people in the housing authority that perhaps more had to be done in the way of facilitating service needs to be done. For example transportation had to be provided to the medical facility rather than having the medical facility make its services accessible by providing that component. For the time being I think you have to do a lot of things of that sort.

I see the need here for the linking of the individual, wherever he lives, to the resources that are available in the community and as a consequence perhaps improving them and seeing that new resources are developed.

I go back to an earlier point though and that is that I think that what is important to the older person is that he has kind of a permanent tie to somebody. It is not with just a superintendent whose job is to keep the boiler going in an impersonal building but with somebody who is concerned that he is up and around and functioning well.

It seems to me in many settings it is that personal tie and continuing tie that is terribly important. I thought of it in connection with the Pennsylvania Program of Geriatric Centers where once you are with them, you "belong" to them wherever you go under what they called a life-and-care plan. It was a very nice term. So you don't get lost in a shift from one agency to another, where you may be finally discharged and nobody cares about what happens to you.

It is that continuity that I think is terribly important.

Mr. ORIOL. Dr. Klump?

Dr. KLUMP. We are currently involved in a three-county area in New Mexico with four hospitals and two clinics and with the cooperation of the State health department to bring together a total health unit corporation that would plan for the health services of the whole region by not bringing these hospitals into one locale but maintaining the facility and then coordinating the services.

In addition to that, plans for extended care and temporary care units are being developed, home care, public health nursing, ambulance service, the concern for nutrition or proper food. All these are in the process of this total health planning for all people but with particular emphasis upon the aging.

At the moment, I think we are over most of the major roadblocks to achieving this kind of plan. So I would suggest that I would like to come back to the point I tried to make this morning, that I see a need for us to do some inventory and evaluation in the process of a planning and developing strategy in the total community to find out what is there, what kind of resources are available, what are the needs. Then we can begin to plan so that we don't compete but that we cooperate with all the facilities that are there and put our resources together in

some model so we can meet total need of the community in terms of health and service for the aging.

I believe this is really feasible. It would seem to me that this committee could somehow make some funds available if they could, to set up a series of these kinds of planning units in various places. This would be most helpful.

Mrs. STAMATS. These are beginning across the country in some States, in some communities, and they don't have to be large communities. Some of them are small and they are doing it without anybody giving them 2 cents. It may be started by two or three people who are interested, it may be started by somebody in the community, it may be started by church people or by an agency.

Sometimes each one contributing what they had, it may be adult education possibilities, it may be anything else except the hospital and medical services or things we have been talking about most of the day.

There are people in all kinds of groups who find that now it is much easier to get together than it was a year or two ago and they have had inklings of a White House Conference and known that anything they do now would be more valuable than it has been before.

I think that I have heard of more new ways of working, creating ways of working together in the last 6 months than I have heard in the last 6 years.

Mr. ORIOL. There was mentioned before the telephone reinsurance service. This just leads me to ask anyone on the panel whether they have had any success with getting any telephone company to offer innovations to the elderly? I think of a few like a special signal for emergencies, maybe new types of party lines where the elderly could hook up with each other.

Dr. MULVEY. In Rhode Island, under the auspices of the Rhode Island State Council of Churches, the telephone company is going to make this possible. It is not for the elderly to talk with one another, but it will broadcast by telephone hookup Sunday church services into nursing homes and other places for shut-ins.

Mr. ORIOL. Like a conference phone?

Dr. MULVEY. I don't know, but the whole idea is innovative. They have had a meeting with all the representatives of all the denominations in Rhode Island.

As I say, they had one meeting on it and the telephone company representatives were there and they are cooperating on it.

Mr. MURPHY. I ran into this in St. Louis. Signaling devices that would automatically alarm a certain device if someone was ill. They told me that the current communications regulations have now been changed so that the telephone company must allow private enterprise to connect whatever facilities are acceptable to them and that now if we wanted such programs they would have to be developed by private enterprise.

Mr. ORIOL. Maybe this committee instead of a hearing should just arrange a conference between the telephone people and people like you, in the field, and I think in the course of one conference they would come up with a solution.

Mr. MURPHY. They were not being negative, they are saying it is a field that is much broader than just the telephone company, that private enterprise is now involved.

Mrs. CAREY. Medical Alert and that type of service is expensive.

Mr. MURPHY. Yes, very expensive.

Mrs. DIAMOND. On just telephone insurance programs one person to one person. In one of the Canadian communities where our chapter carries on this program; the telephone company became interested and recognized the need for helping the chapter to expand its services to reach more people. The local police department, called in an emergency situation, became actively involved, in cooperating with emergency service and publicizing the service.

Reduction of bus fares evolved as another fact of this project. It illustrates how this service can grow in the individuals reached and the variety of assistance that can be made available.

Mr. ORIOL. We would be very interested with that.

Mrs. ROBINS. I would like to direct a question to Dr. Klump. With regard to the experience in New Mexico to which you referred—did that group work with a 314(a) or 314(b) agency in New Mexico—that is, the statewide or areawide comprehensive health planning agency?

Dr. KLUMP. You refer to source of two dozen, but they did work with the northern New Mexico planning group called North Chat.

Mrs. ROBINS. Then that would be the areawide planning?

Dr. KLUMP. Yes.

Mrs. ROBINS. Comprehensive health planning agencies can serve as available resource for the development of health services for the aged. Conversely, it is important to alert these planning agencies to the unique health needs of the aged. Too often we have seen these needs overlooked in the total planning process.

Mrs. DIAMOND. May I ask a question here?

Mr. ORIOL. Yes.

Mrs. DIAMOND. At one time one of the homes for the aging had a service where people who lived alone or lived with relatives could come and spend their day participating in the programs of the particular home. On the other hand, people who could do something in the daytime and had a problem at night could sleep there each night and be there in the daytime. Also there were apartments connected with the home for couples—something like you brought up—who could live apart, didn't need complete custodial care, but needed to be within easy reach of that kind of supervision.

Dr. KLUMP. Yes. They have several homes that have the combination of the large residence with the cottage plan. Also in those same homes people can come in for the day for the program and sleep out or reverse. They can sleep in and work and be out for the day.

Mrs. DIAMOND. It seems to me to be part of the overall kind of service we are talking about.

Mr. ORIOL. Yes, it is.

Mrs. CAREY?

Mrs. CAREY. I think we have so many planning groups and I get worried. You have a social planning group, you have a health planning development commission. Social over there; medical over here. Somehow or other these should be consolidated because with the aging, you know, physical needs are not isolated from social needs. I am concerned about the number of planning bodies.

I also get concerned, and I have to go back, about all the plans we make and all the demonstrations we get into that never get into permanent funding I go back to our SERVE project and the AoA legislation that was acclaimed so widely. Where are we?

I think we should not ignore the fact that we now know a lot. We know a lot about how health and social services should be organized. We just need some money and some conviction about reaching some goal.

Mr. ORIOL. I think you certainly provided a lot of that here and the committee will attempt to provide some.

Senator Williams, when he testifies next week will have a lot of ammunition. So we will certainly try to follow up on that.

I know we could probably continue for a long time yet.

Mr. MILLER. Just for the record, I would like to point out that Senator Prouty will also be testifying in the same vein as Senator Williams.

Mr. ORIOL. I second that. For your information, the committee as part of this project has contacted the Federal agencies which one way or another have something to do with the elderly, and asked them to give us in layman's language sort of a manual of the program.

HUD has given us an exceptionally helpful report already and we hope to receive some from the separate agencies and we will publish that as a separate document.

I do think the 2 days here and in Ocean Grove made clear that we also need the suggestions and comments from people working in the field.

On behalf of Senator Williams who apparently is not making it back to say this, let me say thank you to all of you. We will get these transcripts out in a hurry so they can be useful when they are needed most.

Dr. MULVEY. The reports of your Senate Committee on Aging are excellent. We may be placed on the mailing list?

Mrs. CAREY. Thank you for the material that comes out from the special committee. It is splendid, and things that are buried in the back indicating attitudes of some of the Federal departments, I have found exceedingly interesting.

Mr. ORIOL. Positively?

Mrs. CAREY. Not necessarily. I do want to say that the special committee does a great service to us all.

Mr. ORIOL. I may point out that the minority views have very few differences; in fact, there are a lot of times I think "I wish I had said that."

Thanks once again.

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

APPENDIXES

Appendix 1

ITEM 1. QUESTIONS AND ANSWERS ON 236 PROGRAM AS IT RELATES TO HOUSING AND FOR SENIOR CITIZENS¹ SUBMITTED BY ABE CRAMER, NATIONAL CHAIRMAN, SENIOR CITIZENS HOUSING COMMITTEE, B'NAI B'RITH

1. Who may apply for Government-FHA insured housing loans?

Churches, fraternal groups, cooperatives, trade unions, philanthropic foundations, other non-profit groups, and limited dividend groups.

2. Who may live in the projects?

Individuals and couples within the age limitations (62 and over) and handicapped persons regardless of age. Single persons under 62 may occupy up to 10% of the dwelling units in the project.

3. What are the income limitations for tenants?

Generally, these projects are intended for families with incomes not higher than 135 percent of the limits prescribed for public housing in the area. Twenty percent of the money authorized for Section 236 can be used for interest reduction payments for units which are occupied with FHA approval by families with somewhat higher incomes, but not over 90 percent of the limits for occupancy in 221(d)(3) below-market interest rate projects. This 20 percent limitation applies to the 236 program overall, but not to individual projects. Those with higher incomes also are eligible for occupancy, but must pay fair market rents. With FHA approval, some units can also be occupied by low income tenants receiving rent supplements.

4. How are rents determined?

The rents are based on the higher of 25% of the occupants income or basic rent, but not to exceed market rent. Basic rent is computed on the basis of the insured mortgage having 1% interest rate. Fair market rents are computed on the basis of the maximum insurable interest rate set by the Secretary of HUD.

5. What kind of arrangements or facilities may be provided for health care within the project, and how are these facilities financed?

Limited facilities for health examinations and emergency treatments may be included in the project and financed from the proceeds of the insured loan.

6. What may go into a project?

(a) Independent living units.

(b) Recreation areas.

(c) Commercial facilities (hair dresser, barber shops, drug stores and other facilities) necessary for the convenience and immediate needs of residents and the surrounding neighborhood, with due consideration to the possible effect on other business enterprises in the community.

(d) Group dining and other related facilities such as community rooms and workshops may be included, depending on economic feasibility and cost limitations.

7. What are independent living units?

Units consist mainly of efficiencies and one-bedroom apartments, all with private bath and kitchen facilities.

8. Are units usually furnished or unfurnished?

Unfurnished.

9. Why is location important?

¹ See statement of Abe Cramer, national chairman, senior citizens housing committee, B'nai B'rith, p. 122.

So that occupants may have easy access to other people, community services, shopping, houses of worship, transportation, cultural, health and recreation facilities.

10. What is basic to a project?

Sponsorship.

Market.

Building Cost.

Location.

Zoning Approval.

Proper design for elderly.

Obtaining appropriate financing.

11. Why is sponsorship vital?

Good sponsorship is basic to a project's success. A good sponsor has its roots in the community and has widespread community support. The sponsor must have continuity as an organization and be able to demonstrate that it will maintain a long term interest in the success of the project and in improving the quality of the lives of its residents.

12. Why is it essential that costs be kept low?

Costs must be kept low to reach the intended market and to assure that FHA will agree to insure the mortgage and provide interest reduction and rent supplement payments.

13. What is the ideal size of a project?

Many believe the ideal size of a project to be between 100 and 200 units. However, a project may be somewhat smaller or larger, depending on the market and other circumstances.

14. Has the "tight money" market affected these projects in any way?

Naturally, the tight money market makes it more difficult to obtain private financing. However, the Government National Mortgage Association (GNMA) has authorized the use of its funds under a special assistance program known as Tandem Plan, which should be helpful. Under the Tandem Plan, GNMA makes commitments to non-profit borrowers to purchase and then makes purchases of mortgages at par prices. It then makes commitments and resales of the mortgages to private investors, including the Federal National Mortgage Association (FNMA), at market prices. In this way, GNMA absorbs the discount or "points" which private lenders require under present conditions. FNMA also is providing more assistance by expanding its participation in construction financing to include among those eligible Section 236 mortgages on which GNMA has issued its firm commitment.

15. Does the government set limits on construction costs?

There is a maximum cost per unit according to type of unit and the area in which the project is to be built.

16. What type of subsidies are provided for in the senior citizen housing programs (236)?

Generally, the Federal Government subsidizes the difference between the market interest rate mortgage up to certain limits, and a one percent interest rate. As described above, the project also can participate in the rent supplement program (see question 4).

17. What can the mortgage include?

The mortgage may cover up to 100% of costs for the completed project, including project construction and related costs, including purchase price of land consulting, legal and engineering fees, architects fees, building costs, insurance costs during construction, interest on construction financing, etc.

18. What is the sponsor's responsibility in terms of furnishings and facilities?

Furnishings and equipment for the lobby and other community facilities may be financed out of the "Allowance for Making a Project Operational" (AMPO) which is included in mortgage loan proceeds. The sponsor may donate additional recreational facilities not covered by the mortgage loan.

19. What are important factors which can contribute to low costs and low rents?

Tax abatement by the municipality or state law and low-cost or donated land.

20. In what way is construction of housing for the elderly characterized?

By including as built-in features, such items as non-skid floors, raised electrical outlets, corridor and lavatory grab rails, and other aids to easier and safer living. Also, outdoor sitting areas with benches, sun porches, and other elements for active and passive recreation and use of leisure time.

21. For what other programming features may provisions be made?

As indicated above, provisions may be made for community and craft rooms and, depending upon the size of the project, a part-time or full-time recreation director. Plans should be made to encourage occupants to benefit from and participate in a wide range of community service activities.

22. What is the first step in initiating a senior citizen's housing project?

The sponsor must:

- (a) Have a desire.
- (b) Have a fairly good idea of the type of project, number of units, etc., it intends to build.
- (c) Find a suitable site.
- (d) Make contact with local FHA insuring office very early—the sooner the better. The insuring office will review the proposal for feasibility and will provide very valuable aid to the sponsor.

(e) The sponsor forms a non-profit mortgagor corporation which is a separate entity from the sponsor's organization. There should be a minimum of seven directors, all of whom should have an excellent reputation in the community. Membership among the directors should include representation from outside the sponsoring organization to maximize community support.

23. How may financing be obtained?

Financing may be obtained from banks, insurance companies, or any other appropriate FHA-approved mortgagee, including funding through the GNMA-FNMA "Tandem Plan" (see question 14).

24. Why would a consultant be helpful?

A consultant with experience in housing for the elderly and a knowledge of FHA programs can be very helpful. He can provide guidance in many ways, such as helping to: (1) organize the non-profit corporation; (2) determine the market; (3) advise on site selection; (4) prepare the application and related forms; (5) meet local zoning and other regulatory requirements; (6) obtain contractor; and (7) help select staff and develop managerial procedures.

The consultant can also be helpful to the group in its related work with local, regional and national representatives, and similarly, with other groups interested in and participating in housing for the elderly. The consultant's experience can also be valuable in providing efficient working relationships with government agencies, including FHA, and in providing a continuity of knowledge about housing for the sponsoring organization.

25. How much money is needed prior to issuance of a firm commitment?

A fund for preliminary expenses, such as costs for a site option, costs of travel, if necessary, and preliminary architects and local fees. State and federal loans may be available to cover such expenses.

26. What is the responsibility of the sponsor for the project?

The sponsor has no legal liability, but there is a strong moral and social responsibility for the project.

27. How may the project be managed?

The project may be managed through a separate professional management corporation, or by competent managerial personnel employed directly by the non-profit corporation.

28. What would be some of the advantages to a local non-profit sponsor in participation in the senior citizens housing program?

(a) The primary advantage, of course, is the fulfillment of the purpose of the program, namely, providing safe, decent, modern housing for senior citizens to live in dignity on limited or retirement incomes with design features and program features suited to their needs.

(b) Development and operation of a senior citizens housing project would result in significant and continuing community housing resources and services at little probable cost to the sponsor.

(c) Participation in housing for the elderly programs would give the sponsor a continuing interest and role relative to senior citizens housing specifically, and aging generally.

(d) After the mortgage loans are paid in full, the non-profit mortgagor corporation would own and control substantial assets, even though the project is dedicated to housing for senior citizens, or similar purposes.

ITEM 2. PREPARED STATEMENT OF REVEREND EVERETT B. LUTHER,
ADMINISTRATOR, THE BEATITUDES, PHOENIX, ARIZONA

INTRODUCTION

The most startling statistic concerning the elderly which has come to my attention is the one which indicates that one out of every twenty persons who has reached the age of sixty-five in the history of the world is alive today. This is cited merely because it underlines the fact that the problems and our concern for the care of the aged have definitely assumed major proportions.

Traditionally, and especially over the last hundred years, church related, synagogue related and other nonprofit organizations have concerned themselves with the care of the aged, mainly the poor—and always on a rather limited basis. However, some amongst them have always been on the cutting and creative edge of new concerns and new services which might be rendered. Concurrently, there have always been those within and without the church who have been certain that some single answer—in other words, the millennium would be discovered and all the needs and desires of elderly people could be wrapped up in a single package. The accelerated efforts of our nation in the last twenty-five to thirty-five years merely underline the fact that only multiple answers will suffice.

For instance, in housing, many older Americans will remain in their own homes until the end of their days. Others, by choice or of necessity, will live with members of their families or close friends. A few will live in active retirement communities in the pattern of Sun City, Arizona. Still others will live in housing for the elderly sponsored by church related and other nonprofit organizations. Still others will be in public housing.

BUT MERE HOUSING IS NOT ENOUGH!

In seeking answers which will go beyond mere housing to a way of life which also includes concern for the health of the individual, concern for his safety and concern for all of the other social components, we must study the whole picture and not deal with each aspect as if a decision were possible without considering all of the other relationships in the care of the elderly.

The well conceived efforts of any group in the field of the care for the elderly—profit or nonprofit—should be applauded and supported. To cite an example, Del Webb as a private entrepreneur can build a Sun City as a specialized community for a very specialized and limited segment of older Americans. Most of the people living there are highly enthusiastic, even though the community lacks some of the ancillary programs and facilities which will eventually be needed. But members of the Del Webb organization are the first to admit that, while highly successful, the concept does not have general application. The private sector of our enterprise society has shown very little interest or special "know-how" in providing retirement *homes* for the elderly—homes was deliberately italicized because this sector provides considerable housing and rentals but no truly conceived and properly equipped retirement homes.

In fact, in my mind, the position can be very definitely defended that churches and church related nonprofit organizations have a very unique role to play in the care of the aging in the last half of the twentieth century. This care includes social life, health care and housing.

The uniqueness of the church related nonprofit undertaking is that it can mix all of the basic and necessary highly skilled and motivated staff with the time, energy, loving care and concern of a volunteer auxiliary at less cost than by any other combination tried to date.

The writer is not opposed to life-care homes, but feels that they are available to a very small percentage of the elderly because of the entrance fee and the monthly service charge. Therefore, he advocates a home where all facilities are available on a rental basis, and the resident pays for such services as and when he uses them, rather than a lump sum payment on entrance.

The writer also believes that such homes should be located on major streets of urban centers since 80% of our population lives in the city during active years and therefore most elderly people do not want to become country folk and be put out to pasture upon retirement. They want to be where the bright lights are—at least so they can see them and watch the traffic going by.

Most elderly people seem to be very interested in security—the security of a building from fire hazards, the security of a building adapted to housing for the

aging (handrails in halls, no steps, ramps where necessary). Also important is the emotional security of having a call system in bedrooms and bathrooms where they can summon help twenty-four hours a day, the security of a night watchman, and the security of having the same address and location during their retirement years. Moving is a great emotional trauma for the elderly. Even though they may move several times within a home (from apartment to sheltered care to nursing care) they do not undergo the emotional strain of physically changing an address or leaving behind their circle of friends.

This statement is in no way going to attempt to cover all of the subjects raised by the statement of the overall purposes of this committee, which are:

1. To explore ways in which church and other nonprofit organizations can help provide more facilities and services than are now available for the elderly.
2. To determine whether Federal policies or legislation may be discouraging such organizations from fulfilling responsibilities they would like to assume on behalf of the elderly, and to consider possible legislative remedies.
3. To receive suggestions for development of community support for programs or projects which serve the elderly, and the appropriate role for Federal agencies in such efforts.

My remarks will be divided into three sections:

- I. Housing for the Elderly.
- II. Health Care.
- III. Social Components.

We will point up those facts concerning housing, health care and social components for the elderly which loom important in the eyes of the writer and omit any which the writer is certain will be covered by other witnesses, (for example, the whole question of the negative and adverse effects of inflation).

Therefore, in very staccato fashion, it is hoped to present certain questions and ideas, any of which may be expanded if the committee has further interest. So that no one will misunderstand the framework of conviction and concern out of which this statement is written, the writer believes in fairly large homes with all the facilities and services to take care of an elderly person in every stage of life, except when such a person needs to be in a hospital.

The writer further believes that a rental and monthly charge plan is preferable to life-care with a down payment and a monthly fee, and that great emphasis must be put on enhancing every aspect of life and not just housing.

I. HOUSING FOR THE ELDERLY

Recent Federal Housing Programs have been great steps forward in assisting the elderly and for nonprofit organizations seeking to serve them, but in assessing recent Federal Housing Programs let me present the following facts:

1. FHA Programs 202 (HUD Process Loan—now Section 236) and Program 231 (Mortgage Insurance for Housing for the Elderly) have provided hundreds of thousands of housing units under nonprofit sponsorship since the end of World War II. In the past, nonprofit organizations have been basically able to finance these projects for 98% to 100% of total cost. In addition, independent financing has been necessary for nonprofit sponsors under Program 231 in order to acquire needed furnishings.

2. Much of this housing is serving its original purpose today, but there is not nearly enough such housing to provide for all who would like to live in such homes for the elderly. (This is true even though it is a fact that 75% of the elderly will live out their years in their own homes or in the home of some member of their family or a friend.)

3(a). The housing constructed under 202 and 231 was principally dwelling units with very few units for intermediate care, infirmary or nursing care provided. Parenthetically, it must be mentioned that in the recent programs a more balanced home can be constructed under Program 236. The assumption is that an FHA 232 and an FHA 236 could be combined either under one commitment or two commitments, since nursing care is so important for the elderly.

3(b). Most of this criticism is historical, but there is still a strong segment both within and without the government which is advocating the "nonmixing" of the various types of care for the elderly. This concept, I believe, is based upon some false assumptions, and if any present roadblocks remain in the way of a concept of an integrated home, they should be removed once and for all.

4. Of course, any project must be financially sound in order to secure FHA insurance under Program 202 or 231, but it must be recognized that the combination of the desire for low cost in both construction and operation have often eliminated many of the nonrevenue producing areas which were included in the original plans of the architect and the sponsor. To my mind, many of these nonrevenue producing areas are absolutely essential if we are to convert mere housing into real homes. Many of these restrictions have been eased in recent months, but some of the individuals doing the financial feasibility reviewing in FHA really "haven't gotten the message".

5(a). The writer is well aware that Programs 202 and 231 have practically passed from the picture, but before we turn to new programs, let me raise a very sobering fact which has blocked nonprofit organizations from acquiring units which were constructed under Programs 202 and 231 and which, for various reasons, have been repossessed by agents of the Federal government.

5(b). Congress and the nation take great pride in the number of units which have been constructed, and justifiably so. The original contracts between the insuring agency and the nonprofit organization stated that this housing must remain housing for the elderly unless there is no longer a demand.

5(c). Thousands upon thousands of these units which have been repossessed have been lost as housing for the elderly because of the policy of the agency which is disposing of the projects which fail. True, many of them were ill conceived as housing for the elderly and couldn't possibly serve that purpose. Yet many, with little modification and some additions, would be superior housing for the elderly, but the government agency which takes custody of these projects puts them out to bid to the highest bidder for whatever use the highest bidder chooses.

5(d-1) To be very specific, the Shangri La Apartments at 2936 North 36th Street in Phoenix were sold during this past month for use other than housing for the elderly. The Shangri La Apartments are located adjacent to Kivel Nursing Home and Kivel Manor (a 202 project for the elderly sponsored by the Jewish community of Phoenix). The Shangri La Apartments are actually adjacent to the two Kivel units and could very easily have been made into one campus.

5(d-2) But the decision was made that these should be sold for general use rather than for the elderly, despite the fact that Kivel has a waiting list that could easily have filled the vacancies as they took place in the Shangri La.

5(d-3) Of course, Kivel could not pay the 10% down (\$150,000.00) which would be required to obtain the Shangri La on the minimum bid basis, while the private entrepreneur could, and did pay a down payment of approximately \$250,000.00 based on his successful bid.

5(d-4) The writer is not acquainted with the person or syndicate that purchased the Shangri La, but if the operation follows the procedure in other projects, a large tax write-off will be taken the next few years and then the project will be resold.

5(e). At first blush this sounds like very good business for the government, but is it good business to lose these units constructed under Programs 202 and 231 a housing for the elderly? It would seem good business to make these units available to nonprofit organizations together with provision for necessary additions and corrections on the same basis as these nonprofit organizations were able to obtain new 202's and 231's, namely with little or nothing down.

5(f). Again to point to a specific example, Camelback Towers at 4750 North Central Avenue in Phoenix is now up for sale. This project was originally classified as a 231 project in its initial stage and then was converted during the course of construction to another program; however, because of its basic concept, it would have lent itself with very little modification to excellent housing for the elderly. Yet, when this sale is consummated, these 255 units will be lost to any possibility for a nonprofit organization to acquire them as housing for the elderly. So to point up the problem, within our one medium community, in the past month over 400 units have been lost to that purpose that could (or perhaps put more strongly should) have been conserved for such use out of our nation's concern for housing for the elderly.

5(g). Let's be fair—the staff of the disposing unit believes that it is acting under a direct mandate from Congress to make these units available to the highest bidder and not to negotiate any 100% financing with nonprofit orga-

nizations. They feel that they are under mandate¹ that a nonprofit organization must outbid the highest bidder from a private sector and then come up with a down payment which could run from a minimum of 10% to a maximum of 25% or 30%, depending on the bid.

5(h). If the concept of the staff of a mandate from Congress is correct, let me ask the following two questions:

1. Is it good business to lose these units as housing for the elderly and then have to replace them (because of need) at increased cost under one of the new HUD FHA programs?

2. Wouldn't it be good business to make any units which are repossessed under 202, 231, or any other program, available for acquisition by a nonprofit organization at a moderate interest rate and, for all practical purposes, 100% financing?

5(i). In my mind, Programs 235 and 236 are well conceived, but I raise the following questions and comments:

1-1. Inflation and the high cost of interest make normal rental schedules on these units way out of line with our concept of providing low cost housing for the elderly.

1-2. This is partially corrected by the rent and purchase supplement features of these two programs; but the real fly in the ointment is after obtaining an FHA commitment for insuring a loan, where can you place it?

1-3. GNMA's and FNMA's resources are limited and either with FNMA or trying to place a loan in a private sector means that a supposedly 100% project is not financed 100% and may be financed perhaps as low as 90%.

1-4. By this I mean that lending institutions are asking so many points in addition to the regular interest rate and these additional points, to the best of my knowledge, are not reimbursable costs.

2-1. Let me remind the committee that the writer has been interested in preparing several proposals under 236 for the elderly in the inner city.

2-2. *Apparently in 1969 and 1970 No. 236 programs are being funded for the elderly.*

2-3. For example, in Arizona somewhat over 700 units under 236 are either under construction or are being finalized for construction.

2-4. *Not one single unit of these 734 is allocated for housing for the elderly.*

3. Admitted, housing for all segments of our population is badly needed, but should not housing for the elderly be given some definite percentage priority out of the total of 236 commitments?

4-1. In addition, it is my personal belief that every encouragement should be given nonprofit organizations which are operating 202 or 231 projects to construct a 236 project (for the elderly) on adjacent property, if possible. The reason is rather simple. They have well trained staffs, and with little addition to that staff could handle a 236, thus keeping down the cost.

4-2. A 202 or a 231 may have such niceties as a dining room, social hall, swimming pool and recreational areas which could be used by the residents of both the 231 and the 236 and would be good for the residents emotionally, socially and financially.

5. One last comment on nonprofit housing—statistics confirm the fact that elderly in nonprofit church related homes seem to live about three years longer than those who live out their lives in other surroundings or situations.

6(a). An extraneous matter which does not deal directly with housing but which operates exclusively in the field of housing.

organization's status with the Internal Revenue Service. In order to be eligible to receive gifts and to be classed tax free, such an organization must have an IRS classification of (501 C-3). IRS does not usually grant this classification until the organization has been in operation several years; moreover, IRS is appearing reluctant to even grant such a classification to a nonprofit corporation which operates exclusively in the field of housing.

6(b). Even though such gifts and bequests may not total any great amount, this policy of IRS appears to be an undesirable and unnecessary blocking of a possible source of funds for nonprofit organizations. Such gifts and bequests often provide the "extras" for features which were not feasible for inclusion at the time of the mortgage commitment—in other words, they are the "frosting on the cake".

¹ Despite the fact that Section S472.1 of the Property Disposition Book would indicate that such a mandate does not exist. Perhaps there is another section of the Handbook which reverses this with which the writer is not familiar.

II. HEALTH CARE

Seeking to maintain ones health is a part of the way of life of elderly people.

1. For those living within a home, the greatest single health worry is a major disease or an accident or a fall. From observation, those living outside of a home in a single room or a residence, the greatest health worry turns out to be malnutrition. This is not necessarily true because the individual is short of money or does not know how to prepare a balanced meal. It is one of the hazards of living a solitary, socially withdrawn life where the individual loses interest in preparing and eating a balanced meal and the malnutrition results from the lack of a well rounded diet rather than from starvation or lack of food.

2. The program "meals-on-wheels" has been under experimentation for some time. It is an expensive program and does nothing to alleviate the disadvantages of a solitary life. As a possible alternate, the writer, in Section III of this paper, discusses the possibility of day care centers located on the same campus of a 202, a 231, a 232 or a 236 project.

3. The Medicare program has been a big step forward in care for the elderly and the writer is fully aware that it has been an expensive program, but much of the increase in cost is the result of inflation and the requirement of higher standards. No one can argue with providing the best for our elderly, although I believe every unnecessary cost should be eliminated when it does not affect standards. There are certain criticisms and shortcomings of Medicare which I will not bother to reiterate. Some have to do with smoothing out the mechanics and others come out of changes in interpretations of the rules and regulations during the past twelve months.

4(a). However, I believe that nursing homes and health facilities in retirement homes could care for many people who are kept in the hospital extra days now because Medicare approval for hospital care seems rather easy to obtain, but benefits for extended care are much more limited. In my mind, much money and be saved under the program if the emphasis were on moving people out of the hospitals into extended care facilities at the earliest possible time, where the cost of care might be one-third or one-fourth of what it is in the hospital.

4(b). Because there is no presumption of eligibility for extended care coverage, the worry and insecurity is a detriment to the health of the elderly patient. Perhaps there could be an automatic Medicare coverage of twenty days in the extended care facility for following the stay in the hospital, unless the Utilization Review Committee of the hospital ruled that no additional convalescence was necessary.

4(c). As it is now, an elderly patient is covered in the hospital, transferred to a nursing home, and might well have all benefits under Medicare end at the time he was put into the ambulance for the trip to the nursing home. This is usually referred to as "the ambulance cure".

4(d). I fully realize that the Medicare program has cost far more than originally estimated, but I believe what is suggested above would be a step toward reducing the cost rather than adding to it.

5(a). The area in which the government, nonprofit organizations or anyone else have done very little is in preventive medicine. In addition to the professional care of doctors, dentists, nurses, psychiatrists, social workers, etc., the whole of Section III of this paper, SOCIAL COMPONENTS, is preventive health care, because if people are kept active and alert many psychosomatic and emotional problems which have an adverse affect on health would be avoided. I am not an expert on this subject but I do see enough evidence of this on a day to day basis to be convinced that it has real validity and desperately needs some further exploration.

5(b). As a side comment, the author is aware of certain Federal grants that are available for study of problems of the aging, but none of these monies ever seem to flow to an established home where the practical and theoretical could be mixed rather objectively.

III. SOCIAL COMPONENTS

If the elderly are to live in "homes" rather than being "warehoused," it is necessary that some consideration be given to the social components of their lives. Just to list a few :

1(a). Social areas within each housing unit that are located within the normal traffic pattern of the resident. There are so many examples across our nation of groups who became motivated to sponsor a project "because people are lonely—especially the elderly" and then constructed a project in which no normal or natural group socialization could take place. Why? There are two reasons:

(a) There are no adequate areas set aside for such activities, and

(b) Even where such areas are provided, they are often located where it takes a real effort on the part of the resident to get there—so he goes there only for special events.

1(b). In my mind, a project design which naturally draws people together is the single most important program feature of any home. This can be accomplished whether it is a high rise, a single story, or a cluster of single-family residences. The stumbling block is money. Such areas are not revenue producing, and as a result are left out of the original planning by the sponsors, or eliminated by the analysts for FHA or HUD at the time of the feasibility studies, or are removed when the bids come in over the budget and something has to give. My only real criticism of 202 and 231 programs in the past is that feasibility requirements tended to force shorting on space for socializing.

2. Staffing with social workers, chaplain, program director, etc. (depending on the size of the home, a properly qualified person could perform two or more of these duties). A chaplain, for instance, could function as the social worker. A social worker might well act as program director, thus enabling him to know the residents in a relaxed setting rather than by formal interview. The possibilities of combining duties would be limited only by the training of the staff member involved.

3. Recreational areas must be adaptable to this age group. (Tennis courts are not practical—were installed by one retirement home and never used.)

4. The opportunity to mix with people from the general community such as volunteer service with the Red Cross, United Fund, etc., and attendance at cultural and social events sponsored by the community as a whole.

5. The above concerns itself with people who are actually living in nonprofit homes. Most of these homes have good central cooking facilities, many have excellent health care facilities, recreational areas, social programs, etc., and, if permitted, could be used as a base of operation for day care centers in which those of the elderly who have chosen to remain in their home or those who live with family or friends could come during the day to secure a hot meal, participate in the social and recreational programs or, at the direction of their doctors, receive injections or other nursing attention.

6(a). Day Care Center facilities would serve a dual purpose:

1. Prevent residents living in the home from becoming completely self-centered.

2. Provide greater use of the original facility by an additional segment of the elderly in any particular community.

6(b). However, there is a need for some kind of additional structure on the property of the present homes to serve as a day care center. Before implementation and construction begins, some change would probably have to be made in the regulatory agreement and local regulations which would permit operation of facilities both for residents of the home and for elderly living outside the home. The construction costs would have to be covered by a grant or subsidy of some sort, but this would certainly prove to be a big dividend investment in terms of results attained.

CONCLUSION

A. The three most urgent matters in the relationship between church related, synagogue related and nonprofit organizations and the Federal government in the field of housing for the elderly appear to the writer to be the following:

1. Establishment of a percentage priority under FHA 236 specifically for housing for the elderly and thus permit some housing for the elderly to be constructed immediately and continue to be constructed with each new funding of 236.

2. The need for putting additional emphasis and funding on "more than bare wall" housing for the elderly.

3. The need to prevent a loss of housing under FHA programs which was constructed for the elderly and then repossessed by the government and being resold for use by those other than the older Americans.

B. To repeat, this paper does not attempt to be inclusive, but rather is seeking to open some of the doors of possible inquiry, to cite some changes needed in

present legislation and to raise some questions on the whole philosophy of care for the elderly; but it is fair to conclude that much of the inquiry in this field still has to be done. There are a few areas in which immediate priority consideration is suggested for correction or alteration.

C. It is my conviction that care for the elderly in America will suffer if the church related, synagogue related and similar nonprofit organizations are lost, or drop out of, or are relegated to an insignificant role. However, this is no time to maintain the status quo. We have to move forward in our concepts of care and not all of them cost money when organized under a nonprofit organization, but much of the capital funding and rental assistance must come from a program such as 236.

D. Again, mere housing is not enough!

ITEM 3. PREPARED STATEMENT BY REV. CHARLES J. FAHEY, CHAIRMAN, COMMISSION ON AGING, NATIONAL CONFERENCE ON CATHOLIC CHARITIES

It is my pleasure to appear before this committee on behalf of the Commission on Aging of the National Conference of Catholic Charities. The National Conference is the professional organization bringing together all those involved in the programs, agencies, and institutions under Catholic aegis. Its commission on aging consists of persons from throughout the country concerned with different facets of aging programs.

At the outset, we affirm our alarm at a tendency, apparently intensifying, of diminishing federal concern for the elderly and programs serving them. This "benign neglect" is evidenced both in policy decision of administrative units and in proposed legislation.

The shrinkage of the human service dollar is nowhere more dramatic than in the field of the elderly. The proposed appropriations for the Administration on Aging, and for programs for elderly in the Department of Labor, the phasing out of 202 housing programs, and no mention of elderly in S3639 as well as restrictive elements re: long term care in H17550, are all indications of a withdrawal from aging at a time when their needs are becoming more acute. We are deeply troubled.

We make the following specific observations:

HOUSING

We regret the phasing out of section "202 housing". While this vehicle has some limitations, we feel that it is superior to "#236 housing". Many of our units have utilized the former, and we have received considerable unfavorable comment on the latter both in terms of its fiscal implications and its administration.

We regret that S3639 makes no provision for a category of housing for elderly. We feel that specifically earmarked programs are useful in developing elderly housing. We are fearful that in lieu of such a category, our elderly will be "lost in the shuffle".

We wonder if there is not a lessening of commitment to elderly within HUD. Will they continue to have staff both competent and committed to this special type housing?

We bring to the attention of the committee our observation that virtually all federal housing programs for low income people have the severe limitation of providing so little leeway for unit service. This is particularly true of public housing and doubly so in public housing for elderly. Housing Authorities throughout the country are in trouble and at least one of the principal problems is their inability to deliver service to people. Brick and Mortar and even good management in the narrow sense, are not enough. We must develop more creative ways to deliver services to people in low income housing.

MEDICAL BENEFITS

The extended care benefit of Medicare virtually has ground to a halt due to restive directives from the Social Security Administration concerning "skilled nursing care". This, along with retroactive denial of payment, have left providers of service in a state of shock and the supposed recipient in a state of bewilderment.

It has been noted that were a private insurance carrier to advertise in such

a way as through the Social Security Administration and deliver such a benefit, they would be subject to legal action.

As an illustration, as of May 1, 1970 in Onondaga County, New York, there were 2,000 long term care centers. Of these 885 are approved as extended care units. Few would deny that the folks occupying these beds are in need of this service offered and are entitled to the physical surrounding in which they are living, yet only 34 were receiving benefits from Medicare and these at an average length of 18 days.

All non-covered had to pay the high rate over the long period of time implied by such a facility out of their own funds since there is virtually no insurance available for this care no matter how strong the person's desire to obtain it.

Among other effects of this cruel policy is backing people up in the general hospital. In the same county there are 2,000 acute care hospital beds.

An excellent study done by the Community Health Information and Planning Service (CHIPS) showed that on a given day 500 persons (a quarter of the total census and, in effect, the population of a new general hospital) were inappropriately placed: 300 of these needed long term and extended care.

It is not only the economics—both personal and community which disturb us, but also the effects on the patient. Even in excellent, first class hospitals, there is a tendency to neglect and/or mismanage long term patients. The needs of acutely ill patients not only demand staff time and attention, but also orient staff toward doing things for rather than with patients. It is our impression that long term patients often get poorer quality care at two to three times the cost in acute care facilities.

We are troubled by developments in regard to "intermediate care" facilities. If the concept is that there are persons in need of social-medical care who might be in a setting other than a nursing home, we are in complete agreement. However, it would seem this term is being utilized to describe a "low grade" substandard nursing home. We are disconcerted when we see it intimated that cost of care in intermediate care facilities should be significantly less than skilled nursing homes. There are many indications that the gap may be much less than some would think since persons in such facilities require considerable programming.

House Bill 17550 purposes that reimbursement take into consideration that a facility's plan be in conformance with local planning groups. We applaud this proposal with the reservation that local planning groups are health oriented to such a degree in their board composition that the social component of care and the facilities providing it may have a small voice in local planning.

By the same token, Comprehensive Health Planning units should be monitored so that the interests of elderly and their health needs can find adequate expression. The large geographical areas covered as well as the various other mandated board members make us wonder as to the voice of the elderly being heard in this forum.

There is a growing apprehension that two categories of ill persons are becoming the subject of a pushing match between state and federal governments with the result that funding of programs becomes even more unstable. We refer to those with mental impairment and those who are not "rehabilitable". These are people in need of long term care, and worthy of our greatest solicitude. They may not be able to voice their needs or even to vote, but their plight should make our conscience cry out no matter how hardened we have become.

We are heartened by efforts to encourage the development of services to people in their own homes. However, this goal will not be achieved by reducing the funding for those who need institutional care, rather it lies in positively encouraging services in the home. In this regard we would note that existing nursing homes and homes for aged offer a resource in terms both of services to people in their own homes and to non-residents as they come into the facility for service. To maximize the utilization of these resources a greater degree of federal administrative leadership is necessary.

PURCHASE OF SERVICE

The 1967 amendment to the Social Security Act, envisions purchase of service from other than public agencies. Our aging suffer because this provision is little utilized. We are all protective of our empires, however, we must be person and client centered. Hopefully, closer scrutiny will be given to the facet of state plans to see if the spirit as well as the letter of this provision are observed.

OLDER AMERICAN ACT

We strongly urge full appropriations of funds so that all provisions of this highly successful legislation can be implemented.

WHITE HOUSE CONFERENCE

It is our hope and we pledge our every effort that this hope be realized, that the White House Conference provide a new visibility to the elderly and their needs. We wonder if it is not their "low profiles which has allowed the general malaise affecting the legislative interest to grow.

MODEL CITIES

Once again we voice our concern that the elderly inner city resident is being short changed in the model city program. We feel a special surveillance must be maintained as local model cities programs are reviewed to assure appropriate participation of elderly and their interests in planning and programs.

 ITEM 4. PREPARED STATEMENT OF BORIS SHISHKIN, SECRETARY,
HOUSING COMMITTEE, AFL-CIO

The AFL-CIO welcomes the opportunity to take part in the noteworthy project of this Committee, whose purpose is to explore the ways and means of strengthening, improving and expanding programs, public as well as private, to provide the needed facilities and services for the elderly.

We commend the Committee Chairman, Senator Harrison A. Williams of New Jersey for his initiative in launching this important investigation.

As a non-profit private voluntary labor organization of some 14 million members, the AFL-CIO is vitally concerned in improving the well-being of elderly Americans and is actively involved in effects to achieve that end.

UNION SERVICES FOR THE ELDERLY

Because of the multiplicity of national, state and local organizations within the ranks of the AFL-CIO and the wide variety of services they provide for the elderly, a brief sketch of these activities can best be given by a few examples of such services.

UNION-SPONSORED HOUSING PROJECTS FOR THE ELDERLY

Many AFL-CIO affiliates sponsor and finance housing for lower moderate income families. In fact, there are today some 250 union-sponsored housing projects serving this purpose. Our unions do this as non-profit institutions, not for private gain but for public service.

These efforts are being furthered by the AFL-CIO Mortgage Investment Trust which pools resources controlled directly or indirectly by our affiliates, including, notably, the union-negotiated pension funds, for investment in mortgages on socially-useful housing projects.

Of the 250 housing projects sponsored by the AFL-CIO affiliates, many are housing projects for the elderly.

We have just undertaken a comprehensive survey of all housing projects sponsored by AFL-CIO affiliates. Until this inventory is completed, examples provided by our spot check of a few years ago, will best illustrate the character of this program.

A list of such examples of union-sponsored Section 202 projects is provided in Table I, which I would like to have permission to insert in the record at the conclusion of this statement.

Table II which I also would like to insert at the end of this statement, provides examples of FHA Section 231 housing projects for the elderly and handicapped.

There are a number of other similar projects—some completed and occupied, others in various stages of construction and development—sponsored and financed by AFL-CIO affiliates.

Let me note that all projects sponsored by AFL-CIO unions are open occupancy—available to all eligible applicants without regard to race, creed, color or national origin, on a first-come, first-served basis.

And let me note also that, as a matter of policy, while we ask that housing units for the elderly be specially equipped for their use, we consider it preferable to have the elderly housed along with other age groups rather than having them set apart in housing "for the elderly only". We find that mixing age groups provides for a more wholesome, better balanced community.

At the same time, we find it extremely important that wherever the elderly are housed, facilities be provided for their health care and for their recreational and cultural needs. Availability of equipped workshops and other hobby facilities, as well as reading rooms and libraries, is especially important in giving the elderly access to activity satisfying to them.

SERVICE FOR RETIREES

In addition to housing, a number of AFL-CIO affiliates provide special services for retirees. While union-sponsored housing is available to all lower moderate income home seekers, with eligibility never limited to the members of the sponsoring union, union services for retirees are usually designed expressly for the retired members of the union and their kin.

An example of such union service is the Friendly Visiting Project operated in New York by the Retiree Service Department of the 'International Ladies' Garment Workers' Union, AFL-CIO. Here are the six basic elements of this service:

1. A vital connection for each retiree with his community

70 Friendly Visitors, retired workers themselves, make 25,000 home visits per year to I.L.G.W.U. retirees in the New York area.

2. A source of information about health and social services available to retirees

The Project maintains current files of services provided by public and private organizations; helps retirees find specific services they want and need.

3. Assistance in filling out and filing applications for Medicaid, Medicare, public housing, old age homes and nursing homes. Referral to community resources for services such as visiting nurse, homemaker, family counselling and financial assistance

Project maintains contact with organizations providing services. Friendly Visitors give help with applications as needed. Social work staff carry referral responsibility, giving direction and support until referral is consummated.

4. Escort service to and from doctors, hospitals, nursing homes etc.

Friendly Visitors perform this service for retirees who are physically or emotionally incapacitated and without friends or relatives to assist them.

5. Frequent and regular contact by Friendly Visitor with multi-problem retirees

Friendly Visitors with capacity for sustained relationships provide continuous support and guidance. Supervisory staff carry responsibility in these situations for planning and for work with cooperating social agencies.

6. Household help provided on a regular basis for incapacitated retirees

Eligibility includes:

- (1) Friendly Visitor's report of need for service
- (2) Doctor's recommendation
- (3) Medicaid card affirming financial need, house-workers are obtained from New York State Employment Service.

Another notable example of a local union-sponsored program to serve the needs of the elderly is the Senior AIDES project serving Minneapolis and Hennepin County, Minnesota.

This program was initiated on July 1, 1968, when the Minneapolis Central Labor Union Council, AFL-CIO, entered into a contract with the National Council of Senior Citizens to launch in this community a demonstration program employing low-income elderly persons on community service jobs.

Thomas Loberg, the director of the Central Labor Union Council is the Project Director. He is assisted by Mrs. Bea Kersten, director of the AFL-CIO Community Services program in the area.

The Senior Aides program in Minneapolis has won State awards for its services to the mentally retarded, has presented a plan for a model Senior Service Center to the Model Cities Board and has helped the AFL-CIO Community Services Department redouble its efforts to reach the Indian minority.

The Aides are performing services in eight agencies including the sponsor, the Central Labor Union Council, and the Assistant Project Director's office:

Minneapolis Art Institute

2 Tour and Design Art Aides.

Minneapolis Library

5 Library Aides.

Minneapolis Association for Retarded Children

14 Program Aides.

Model Neighborhood

5 Resident Planner Aides.

Senior Citizen Center

6 Arts and Crafts Aides.

3 Group Work Aides.

2 Mobile Aides.

1 Coordinator Aide.

Employment Security

5 Employment Interviewer Aides.

Central Labor Union Council

1 Assistant Project Coordinator.

1 Clerical Aide.

1 Coordinator Aide.

AFL-CIO Community Services

14 Community Service Aides.

Of the 60 Senior Aides employed October 31, 1969, 19 were males and 41 were females. Among the 19 males, 3 are Negro, one an Indian and the remainder white. There are 11 Negro and 2 Indian women among the females.

To date, approximately 500 have applied for the 60 positions offered as Senior Aides.

The Senior AIDES program in Hennepin County, under the leadership of Mrs. Kersten, has demonstrated that the Aides can help the mentally ill as well as the materially poor, the Inner City Model Neighborhood Center as well as the Minneapolis Art Institute, the young as well as the old.

The initial cost of the program, funded from July 1, 1968, to June 14, 1969, carried a Federal contribution of \$87,610.

The availability of a Federal contribution toward the funding of such a program is the direct result of the initiative and leadership of the Chairman of the Senate Special Subcommittee on Aging, Senator Harrison A. Williams, who, in 1967, proposed S. 276, to provide for a National Community Senior Service Corps.

In 1967 testimony on S. 276 before the Subcommittee on Aging, Secretary of Labor Wirtz made a commitment to implement the objectives of S. 276—to set up a program using current appropriations, administrative structures, and procedures recommended to Congress.

Consequently, although S. 276 was not enacted into law, Secretary of Labor Wirtz used his discretionary authority to put the concept of a Senior Community Service program into operation, using funds that were available to the Department of Labor for related programs.

The AFL-CIO Community Services report another program activity mounted by central labor unions in a number of communities to serve the elderly workers. These are programs of pre-retirement counselling. In some communities, as for example, in Youngstown, Ohio; Decatur, Ill.; Elkhart, Indiana; and San Diego, Calif., the counselling is in the form of full-fledged pre-retirement courses, while in some others it is less formal. An attempt is made to shape the contents of these programs so as to make them responsive to the interests of those they serve. The union pre-retirement counselling program in Minneapolis, for example, includes an excellently staffed art project.

And still another type of a program utilizing the skills of older workers after their retirement is designed to afford them an opportunity to train younger workers.

The union-sponsored program of this sort in Omaha, Nebraska, for example, uses retired craftsmen to work with Boys' Clubs to provide skill training to youngsters. This is really closing the generation gap!

HUMAN RESOURCES DEVELOPMENT

Of special importance are the AFL-CIO programs directed at the disadvantaged, the hard-to-employ, the unemployed and the under-employed. The Human Resources Development Institute of the AFL-CIO has been organized to mobilize and use of sources of skilled talent and experience—including those of the older workers—within the labor movement to plan, develop and operate manpower programs for disadvantaged unemployed and for youth. AFL-CIO's H.R.D.I. also strives to develop programs through the labor movement which are specifically designed to reach into the minority community.

In many communities H.R.D.I. works with the Model Cities Administrations in the development of programs to train target area residents, in connection with neighborhood rehabilitation and new construction programs.

Thus there are many rooms in the House of Labor in which work is being done to make practical services available to the older worker and to make the best use of the older worker's experience and skills in making the community a better place to live.

HOUSING FOR THE ELDERLY: LEGISLATIVE GOALS

The 1968 Housing Act did not provide for any authorization in the 202 program of direct loans at 3 per cent interest to provide housing for the elderly. Instead it set up a new 236 program of interest assistance to serve as a vehicle for FHA-insured financing.

In this new 236 program there is interest assistance to reduce monthly housing payments to the level achievable with an interest rate of 1% and without any FHA mortgage insurance premium. Under 236, projects can be undertaken which will provide housing exclusively for the elderly. Such projects may include related facilities, such as dining, work, recreation and health facilities. The Act authorizes the refinancing of certain 202 projects in order to achieve the lower monthly charges resulting from refinancing with interest assistance.

The 1969 Act contained a clear mandate from Congress that the 202 program be continued instead of being eliminated. The 1969 Act increased the total amount authorized to be appropriated for the 202 program of direct loans for housing for the elderly or handicapped by \$150 million as of July 1, 1969.

The AFL-CIO urges that an average of 30,000 housing units for the elderly be provided each year for the next five years. This includes both the 202 and 236 programs.

The AFL-CIO recommends against phasing out the 202 program because it has not been demonstrated that the 236 program will fully and adequately meet the housing needs of the elderly. We anticipate a continuing need for the 202 program to avoid creating another gap and area of unmet need due to the lower income limits in the 236 program and its other restrictions. The 1969 Act accepts this recommendation by making an additional authorization for direct loans under the 202 program.

The AFL-CIO recommends that the authorizations under 202 and 236 be made available to acquire existing housing for the elderly, including projects developed with FHA insurance under Section 231.

There is a need for special programs to provide federal grants for the following purposes in housing for the elderly:

- (a) to assist in training professional personnel to manage programs for the elderly; and
- (b) to provide working capital and seed capital to states and localities and to nonprofit organizations such as church groups, labor unions, fraternal and cooperative-servicing organizations.

(c) The AFL-CIO recommends adoption in the next Housing Act of a provision that was passed by the House but not adopted by the Conference on the 1969 Housing Act which requires (1) that projects for the elderly or handicapped be administered, to the maximum extent possible, under the same terms as the Section 202 program, (2) that the requirement for computations

of rents based on income will not apply to handicapped families, (3) that income verification for tenants in such projects shall be every five years and (4) that "Exception Income Limits" for the elderly or handicapped shall be \$5,500 for individuals and \$6,600 for couples, in lieu of 90% of 221(d) (3) BMIR limit otherwise applicable.

The AFL-CIO again recognizes that a continuing desperate need exists for hundreds of thousands of nursing home beds, especially among the low-income elderly. This need has increased by demands generated through Medicare. Since local housing authorities have long experience in building low-rent housing for the elderly, they are well qualified to develop nursing for low-income persons. They should be authorized to coordinate programs of housing and nursing home facilities for the low-income group. This can be done effectively by amending the USH Act of 1937, to authorize annual contribution contracts with local housing authorities for nursing home facilities. In addition to these needs, many communities are facing serious shortages in full hospital facilities. Existing hospitals are unable to undertake needed expansion because of their inability to finance such costly additions.

The AFL-CIO recommends that Section 202 and the new Section 236 be amended to permit the inclusion of nursing facilities in housing projects for the elderly. In this way, elderly persons who need nursing facilities would not have to leave the community in which they are living. In public housing for the elderly, nursing facilities should likewise be included.

The AFL-CIO further recommends that financing be available to nonprofit sponsors under Section 202 and 236 which will cover the full cost of construction of nursing homes; also, that such projects should get the benefit of below-market-interest rates or subsidies which would reduce the interest rate to 1%. We recommend a statutory increase in subsidy to enable a reduction in this interest rate to 0% for those who need it.

The 1966 Act included a program of FHA insurance for facilities used for group medical practice. The AFL-CIO reaffirms its support of this program and urges its use to encourage the development of nonprofit cooperatives whose members will obtain the benefits of bonafide group medical practice at a reasonable cost. The program should operate in both urban and rural areas. The AFL-CIO again recommends that mortgage amortization be permitted to commence after completion of construction of group practice facilities rather than at the time the mortgage is executed.

The foregoing legislative remedies are essential to bring within reach of the elderly a fair share of Federal aid extended by housing and urban development legislation.

We have invariably and strongly supported the 235 and 236 programs as well as rent supplements, public housing, urban renewal and model cities. Each of these programs has consistently demonstrated its value and deserves the maximum possible authorization that Congress can provide. We also support the other authorizations to continue these vital programs and to provide financial support for those that have been authorized in the past, but not funded, such as tenant services. We will give our firm support to these funding levels before the authorization and appropriations committees of both houses of Congress.

By mobilizing the support for the needed legislative enactments and by enlisting the energies of private organizations to carry out their programs to serve the elderly, the Special Senate Committee on the Aging is performing an outstanding public service for the whole American community.

TABLE I.—EXAMPLES OF UNION-SPONSORED SEC. 202 PROJECTS HAVING FUND RESERVATIONS, INCLUDING COMPLETED HOUSING PROJECTS FOR THE ELDERLY AS OF JUNE 30, 1967

Sponsor	Location	Number of dwelling units	Loan amount
Firefighters local	Denver	158	\$1,950,000
AFL-CIO Council	Miami Beach	208	2,520,000
Do	Detroit	320	3,812,000
Electrical Workers	Duluth	66	892,000
AFL-CIO Council	Dayton	265	2,996,000
Building and construction trades	Portland	301	3,282,000
AFL-CIO Council	Seattle	309	3,766,328
Building and construction trades	Vancouver	170	1,964,000
Printing specialties	Oakland	201	2,775,000
Building service employees	Syracuse	145	1,730,000
AFL-CIO Council	Cleveland	278	3,375,000
Building trades	New Castle	106	1,255,000
AFL-CIO Council	Philadelphia	282	3,150,000
Electrical workers	do	308	3,935,000
Building and construction trades	San Antonio	250	2,100,000
Trades and labor assembly	Casper	101	1,200,000

TABLE II.—EXAMPLES OF UNION-SPONSORED FHA SECTION 231, HOUSING PROJECTS FOR THE ELDERLY AND HANDICAPPED

Sponsor	Location	Number of dwelling units	Loan amount
Colorado Springs Home, Inc., Building and Construction Trades	Colorado Springs	121	\$1,480,000
Denver Local No. 9, Sheetmetal Workers International Association	Denver	100	1,040,000
11 labor unions, 2 trades councils	do	148	1,691,200
Pueblo Building and Construction Trades Council	Pueblo, Colo.	157	1,850,000
International Brotherhood of Electrical Workers No. 313	Wilmington, Del.	234	3,540,300
National Association of Letter Carriers	Lake Wales, Fla.	501	4,448,000
United Auto Workers Local No. 38 Convalescent Home	Clearlake, Calif.	50	906,000
Local No. 1, American Federation of Teachers, AFL-CIO	Chicago	224	3,363,500

ITEM 5. PREPARED STATEMENT OF DR. H. JOHN VANDERBECK, PRESIDENT, AMERICAN BAPTIST SERVICE CORPORATION, VALLEY FORGE, PA.

Mr. Chairman and Members of the Committee, I appreciate this opportunity to discuss some of the very serious situations facing older Americans. My remarks will be specifically directed to the field of housing—one of the crucial concerns of our time for the retired and elderly person.

BACKGROUND STATEMENT

In addition to giving testimony as President of the American Baptist Service Corporation, the largest church oriented housing consultant and sponsor in the country, I am representing the feelings of the following church organizations which have joined together in cooperative ministries in housing through an Ecumenical Housing Task Force: United Presbyterian Church, USA; The Christian Church; Disciples of Christ; Episcopal Church; The Presbyterian Church, US; Roman Catholic; United Christian Churches; and The National Council of Churches. Totally, we represent a constituency of approximately 70 million persons.

As you know, housing starts have dropped steadily from an annual rate of 1.7 million units to a low of 1.2 million units during April of this year. In addition, housing production has not achieved the levels needed to keep pace with new household formations and the loss of run-down units for the preceding four years. In the past five years the housing production has experienced a fall-out of at least 1.2 million units. Secretary George Romney of HUD testified that this production gap may be as high as 2.5 million units if all the families who bought mobile homes during this period do not consider their housing needs adequately met.

A second factor is financial. Seventy-five percent of new rental units are considerably over \$150 per month. The median price of conventionally built new homes for sale has risen to \$27,000. In some areas of the country there are few, if any, new homes available for less than \$25,000. Monthly expenses on the

medium priced home probably total more than \$290 for interest, taxes, insurance, utilities, and maintenance and repairs. To afford such a home a family needs an annual income of approximately \$14,000. Only about one family in five has this kind of income. *The elderly certainly do not have this kind of income.* As a result, they have been tragically marginalized in the current housing market. If government does not provide creative building and rental assistance programs, the elderly will be increasingly disenfranchised as the housing problem becomes more acute.

CURRENT PROBLEMS

1. One of the major well-administered and constructive programs in for the elderly (Section 202 of the Federal Housing Act) has been shelved as an effective program. In testimony Mr. Romney stated that the Budget Bureau was prohibiting the direct loan program because of its impact on the budget and its stimulus to inflation. This question was considered in Mr. Romney's testimony before Senator John Sparkman's Banking and Currency Committee, but the testimony ended with nothing resolved.

It seems incredible that the 202 Program, which has been one of the most creative and effective in providing housing for the elderly, should be shelved. We do not see the new 236 Program as adequately replacing the 202 Program.

2. I have a document from HUD which outlines a schedule for speed-up of the processing procedure. It is an excellent document but does not alter the fact that it takes anywhere from 12 months to 26 months to process a project through FHA. Delays of this nature make it most difficult to prepare a feasible program because of the increased costs which become effective during this lengthy processing period. The elderly are suffering because of these time lags and the resulting increase in costs.

3. There is a trend to inhibit the non-profit sponsor by arguing that a consultant is not needed and only adds to the cost. The processing period would be even longer if competent consultants were not pushing the processing procedure at every possible point. The cost for the consultant's services is so negligible that it hardly makes a showing in the monthly rental over a 40 year mortgage.

4. We have had numerous discussions with FHA personnel concerning non-profit sponsorship. It has been brought to our attention that some non-profit sponsors have come into existence to take advantage of various FHA non-profit sponsorship programs without experience, resources (both financial and expertise) or continuity. Therefore, there are some administrative changes being proposed to control and eliminate this kind of sponsorship. It cannot be denied that there are numerous non-profit sponsors who have a great deal of zeal but lack both strong motivation to *say with* a project through its lifetime. On the other hand, reputable non-profit sponsorship has done much to alleviate housing problems for the elderly and families in many areas.

Some of us have had long-term relationships with the Federal Housing Administration as both sponsors and operators of projects. Some of us have taken over the management (successfully) of defaulted projects. We have long-term track records. The regulations requiring more and more seed-money and more capital in escrow accounts will certainly eliminate some of the opportunist sponsors, but they will also dramatically hinder the qualified, experienced, sophisticated sponsors who have contributed so much to the welfare of the elderly in particular.

RECOMMENDATIONS

1. It is recommended that the 202 Program be continued and strengthened as a complementary program to Section 236. This program has been highly successful and of great value. It is also recommended that the elderly housing program under Section 231 be reactivated and strengthened so the criteria (particularly regarding bed allocation) be re-evaluated. With all the talent available in government, there certainly ought to be, in cooperation with reputable non-profit expertise, the brain power to find solutions to some of the problems which have risen in the administration of these fine programs.

2. It is recommended that this committee work with reputable non-profit groups to encourage the Federal Housing Administration to speed-up the processing period. Such action would save months of processing and thousands of dollars to the resident who has to pay the final rental. Delays cost money. Increased cost is passed on to the resident. It is essential that roadblocks be eliminated to keep costs at the lowest possible level.

3. Consultants are absolutely essential to the processing procedure. We recognize there are inept, inexperienced consultants encouraging non-profit sponsors

to become involved in housing programs. They have neither experience nor qualifications. Instead of eliminating the consultant, it is recommended that the role of the consultant be strengthened by setting up standards and qualifications for the consultant just as there are standards and qualifications for the other professionals required in the processing procedure.

4' It is finally recommended that the Federal Housing Administration be encouraged to set up standards and qualifications for sponsors which relate to *experience and expertise* rather than mere dollars in an escrow account. It is possible to put up dollars, use them, and still have a project which is in serious financial condition. Stringent administrative regulations which would eliminate the "risk" non-profit sponsor will also seriously affect the continued participation of the reputable, experienced organizations who have so ably proven their capabilities.

We shall be willing to assist, in any way we can, to find viable solutions to existing problems and work constructively to formulate the above recommendations into workable administrative procedures.

We appreciate what this committee is doing to delineate, analyze, and solve the multiplicity of problems facing the elderly—of which housing is but one major factor. We believe that viable solutions can be found for the benefit of those who need these programs so desperately.

ITEM 6. PREPARED STATEMENT OF JOHN B. MARTIN, COMMISSIONER, ADMINISTRATION ON AGING, SOCIAL AND REHABILITATION SERVICE, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Mr. Chairman and Members of the Committee as the President's Special Assistant for Aging and Commissioner on Aging of the Administration on Aging, I appreciate this opportunity to testify on "Sources of Community Support for Federal Programs Serving Older Americans." This Committee is to be commended for its recognition of the importance of churches and other nonprofit private organizations to the success of our Federal programs for the elderly. In this testimony, it will be my endeavor to make a worthwhile contribution to the Committee's fund of information on this subject and to assist the Committee in recommending measures to make the partnership between private and public efforts more productive and of greater benefit to our Nation's older population.

Due to the good will and good judgment of many who have been involved in programs for the elderly, the relationship between public and private efforts has, by and large, been complementary, rather than competitive. Relations have been especially harmonious in programs conducted under the Older Americans Act. I submit for the record a list of Title III projects now being sponsored by private, nonprofit organizations in the 51 jurisdictions of the United States having approved State plans. Perhaps Senators on this Committee will be interested in noting the projects carried on in their own States by these organizations, with Federal financial assistance under Title III of the Older Americans Act of 1965. Several conclusions can be drawn from this list. First, it is interesting to note that there is at least one Title III project conducted by a private, nonprofit organization in most of the 51 participating jurisdictions. Second, a wide variety of organizations are conducting these projects, ranging from churches and other religious organizations to community chests to civic clubs to chambers of Commerce to YMCA's and YWCA's and other types of organizations. Third, many different types of activities for older persons are carried out by these organizations, including senior centers, information and referral centers, counseling, recreation programs, meals-on-wheels and group feeding programs, transportation projects, friendly visiting and phone reassurance programs and many others.

An example of leadership by a religious organization in implementing Title III is the statewide program of senior centers conducted by the North Dakota Lutheran Welfare Society. An article on its activities, which appeared in the January 1970 issue of AGING Magazine, is submitted for the record, for your Committee files, or for such other use as you may choose to make of it.

Success of Title III projects attests to the wisdom of the policy of making maximum use of existing organizations for conducting these projects, instead of attempting to establish new, competing organizations for this purpose.

TITLE IV

Also submitted for the record is a list of research and demonstration projects now being conducted by private, nonprofit organizations with Federal grants and contracts under Title IV of the Older Americans Act of 1965, as amended. Through these projects, these private organizations are contributing significantly to expanding the boundaries of knowledge of older persons, their problems, and their opportunities.

TITLE V

One of the most significant training programs conducted by a private organization with assistance under Title V of the Older Americans Act of 1965 is the Center for Instruction in Care of the Aged, of the Jewish Home and Hospital for Aged in New York City. The Center was established before enactment of the Older Americans Act, and was conducting an active program of training in care for the aged when it received its Title V grant in September, 1966. The grant enabled it to expand its educational program by conducting institutes and seminars in co-sponsorship with organizations and institutions serving the aged in the metropolitan area of New York City and in other locations in New York State. The Center, in its application for this grant, gave its purpose, as follows:

"The purpose of the Center for Instruction in Care of the Aged is to prepare qualified men and women to handle the practical problems of the aged. It has been demonstrated that this can be best carried out in the setting of a modern home and hospital for the aged with adequate clinical facilities for teaching, under the guidance of the institution's professional staff and a group of invited faculty instructors—utilizing other community agencies for demonstration purposes when necessary."

FOSTER GRANDPARENTS

Twenty of the 68 Foster Grandparent Projects funded under Title VI of the Older Americans Act of 1965, as amended, are operated by private, nonprofit organizations. A list of these twenty sponsors is submitted for the record. The Committee will note that they are serving in all sections of the Nation, and that various types of private, nonprofit organizations are represented.

INFORMATION AND LIAISON ACTIVITIES

The Administration on Aging and its predecessor, the Office of Aging, have carried on an active program of information and liaison with private nonprofit groups, including religious organizations, to help them find out what has been done for older persons by other similar groups and what they might do for the elderly of their respective areas. Publications on this subject include a bibliography entitled, "Older Adults and Organized Religion," and several of our two series entitled "Designs for Action for Older Americans" and "Patterns for Progress in Aging." Included in our "Designs for Action" series are two entitled, "What Churches Can Do," on church programs in Hartford, Connecticut, and Oakland, California, respectively. The publication in our "Patterns for Progress" series which is most pertinent to this hearing is our pamphlet, "Brighter Vistas," which relates the experiences of St. Luke's Methodist Church, Oklahoma City; First Baptist Church of Los Angeles, Riverside Church of New York City; and First Methodist Church of Baton Rouge, Louisiana, in conducting successful programs for the elderly. In addition, we are presently preparing and will soon issue a new publication, "The Older Person, The Church, and The Community." I am submitting to the Committee for its files and for any action which it may deem appropriate, copies of our publications which may be especially helpful to churches and other private nonprofit organizations in planning and implementing programs for the elderly.

In addition to these publications, we have cooperated with such organizations, when invited to do so, by conducting workshops and seminars to stimulate and assist ministers and workers in such organizations in recognizing the needs of the elderly and launching programs to meet their needs.

As part of its information and liaison activities, the Administration on Aging on November 18, 1969, sent to State agencies administering plans under Title III of the Older Americans Act a letter requesting information on activities for the elderly carried out by church groups in their respective States. Based upon the replies, we have drafted a "Synopsis of Church Activities," which is sub-

mitted for the record, or for your Committee files, or for whatever use the Committee may care to make of it.

Private nonprofit organizations cooperate with the information activities of AoA. For example, national headquarters of the American Red Cross each year sends to its area managers AoA informational materials on the celebration of May as "Senior Citizens Month."

PUBLIC ASSISTANCE

A number of State welfare agencies have established policies under which assistance provided welfare recipients by other agencies and organizations, including private, nonprofit organizations, will not be deducted in determining the amount of public assistance to be paid a welfare client. This encourages supplementary assistance from these organizations, as would not be the case if the States concerned merely reduced public assistance outlays by the amount of such private assistance given.

In Program Regulation 20-7, issued early in 1969, the Department of Health, Education, and Welfare recognized and approved these policies, except that it required that such private assistance be taken into consideration when it duplicates a public assistance allowance. For example, if a church or other private organization provides housing or a housing allowance to a recipient and a housing allowance is also provided as part of his public assistance, these regulations require that this assistance be taken into account, so that he will not receive duplicate assistance on account of his housing need. However, if the private organization provides assistance of a type which supplements, but does not duplicate his public assistance grant, the State is free to disregard this supplementary assistance. These regulations even permit the State to disregard private assistance which duplicates public assistance if it helps "fill the gap" between the minimum determined by the State to be needed by the recipient and the maximum public assistance the State will pay.

It is difficult, if not impossible, to ascertain whether private assistance of this type has been a major supplement of public assistance in this country thus far. However, whether or not it has been, it seems that it has potential for providing badly needed supplementation for our public assistance program.

SOCIAL SERVICES

The Community Services Administration of the Social and Rehabilitation Service is responsible for the provision of social services to eligible older persons, including recipients of Old-Age Assistance and the medical services program, former recipients and potential applicants who are aged, and the aged leaving mental institutions. These services are provided under Titles I, XVI, and XIX of the Social Security Act.

Prior to 1968, public welfare agencies could not purchase nonmedical services for their clients from private agencies. A March, 1966 report of your Subcommittee on Federal, State, and Community Services pointed out that this unnecessarily hindered public-private cooperation in providing needed welfare services. As recommended in that report, there was a provision in the "Social Security Amendments of 1967" which permitted such purchase of welfare services. While there seems to have been no great upswing of purchase of such services as homemaker service for older welfare clients, this provision of the Social Security Act offers great potential for enhancing public-private cooperation in meeting service needs of this group.

The American Red Cross represents veterans, including older veterans, in establishing claims for veterans benefits. It provides services needed by aged parents of servicemen in family emergencies. Its volunteers work in other types of service programs for the elderly.

REHABILITATION SERVICES

Non-profit private organizations have played an active part in Federal programs to rehabilitate older disabled persons. For example, the Goodwill Industries of America operates around 150 main unit and branch unit facilities throughout the United States providing transitional and extended employment settings which offer both rehabilitative and employment opportunities for handicapped persons, a large number of whom are in the 50-60 age group.

Under Sections 12 and 13 of the Vocational Rehabilitation Act, as amended, Goodwill Industries Inc. has received since Fiscal Year 1966 around \$7,000,000 in Federal funds to assist in operating its facilities. It is estimated that in any one fiscal year Goodwill Industries Inc. receives about 30% of the Federal grant awards made under Sections 12 and 13.

A number of research and demonstration grants have been made by the Rehabilitation Services Administration to private, non-profit organizations to promote the rehabilitation of aging handicapped people. I am submitting a list of such grants for the record, for your Committee's files, or for such other use you may wish to make of it.

HEALTH

Private, non-profit organizations cooperate in Federal health programs for the elderly. For example, the American Cancer Society, the American Heart Association, and the National Tuberculosis and Respiratory Disease Association cooperate with the Public Health Service in its Regional Medical Programs.

Religious organizations and other non-profit organizations operate hospitals and nursing homes which are needed to provide health services to older persons under Medicare and Medicaid. Religious organizations also provide services needed by older persons in institutions of this type which are not under their sponsorship. The American Red Cross enlists volunteers, some of whom are themselves elderly, to serve the elderly in nursing homes. With volunteers, it also provides transportation to health facilities for older persons who face transportation barriers. Some of the driver-volunteers are older persons. The American Nursing Home Association has a Volunteer Service Corps which also provides services to older nursing home patients.

An organization in Austin, Texas, which calls itself the Road-runners, about three years ago received funds under Title III to use volunteers to provide services to institutionalized older persons in that area. A substantial number of these volunteers are older persons themselves. Among other services, transportation is provided institutionalized older persons, to enable them to shop, visit relatives, and carry out other activities they might not otherwise be able to carry out.

Visiting Nurses Associations render indispensable assistance to Federal programs to establish and maintain home health services in communities throughout the Nation. Homemaker services organized and operated as private nonprofit organizations help many older Americans to remain in their own homes, outside institutions, and to take advantage of home health benefits provided by Medicare and Medicaid. Some local community chest organizations sponsor and support homemaker services, meals on wheels, and other services to enable older Americans to remain in their own homes.

Professional associations also contribute significantly to the success of Federal programs for the health of the elderly. For example, the National Medical Association is building a combination nursing home-outpatient clinic-physicians' office building in a section of Washington, D.C., which urgently needs such facilities.

In addition to other activities in behalf of health of the elderly, described above, the American Red Cross offers training courses in health maintenance in old age, accident prevention, home care for the sick, and other subjects related to health in the later years.

HOUSING

Your hearing yesterday, June 8, emphasized housing. Nevertheless, brief mention should be made of the involvement of religious organizations and other private non-profit organizations in providing housing and housing services for older persons in cooperation with Federal programs. It is axiomatic that the principal thrust for elderly housing under sections 202 and 236 of the National Housing Act has been provided by private nonprofit organizations. However, these organizations frequently go beyond merely providing housing for older people, important as such activity is, and seek to assure that they will receive certain needed services after they are in the housing provided. This was discussed in the publication on the activities of the Oakland Council of Churches, to which reference was made earlier in connection with the information and liaison activities of the Administration on Aging.

EMPLOYMENT

The records of past hearings of your Subcommittee on Employment and Retirement Incomes contain information on activities of private nonprofit organi-

zations to provide employment opportunities for older Americans. At its hearing of January 10, 1964, in Los Angeles, testimony was received on the work of the Altrusa Club of Pasadena, California, to this end. On July 23, 1968, in Washington, that Subcommittee received testimony on the Over-60 Counseling and Employment Service, sponsored by the Montgomery County, Maryland, Federation of Women's Clubs. Since you have already received much information on this aspect of the subject, this brief mention of such activities of private groups should be sufficient.

CONCLUSION

In this presentation, it has been necessary for me in describing private activities in behalf of the elderly to emphasize programs more and individuals less than would be my preference. To restore our perspective, I would like to quote a passage from an address by C. M. Gilmour, Vice Chairman of the Department of Christian Social Relations, Eighth Province of the Episcopal Church and Attorney at Law of Salt Lake City. Although it relates to programs in aging of religious organizations, it is equally applicable to programs of other private, nonprofit organizations. He said:

"And in this total picture, the matter of aging, of concern for the old, comes not as a problem of society, but as a great opportunity for common, inter-faith action, to restore man back to what God intended him to be, a man, and not an abstraction, not a functionary, not a number, not a statistic."

EXHIBIT A. PRIVATE NON-PROFIT ORGANIZATIONS WHICH CONDUCT RESEARCH AND DEVELOPMENT PROJECT UNDER TITLE IV OF THE OLDER AMERICANS ACT OF 1965

ALABAMA

Grantee: United Methodist Service Centers, Inc.; *Grant:* 1st year \$36,035.
Project Title: "A Cooperative Approach to Problems of the Aging"; *Project Period:* 7/1/69-6/30/70.

Purpose: A comprehensive study of the life patterns of the Model Neighborhood's elderly population will be conducted, their needs will be identified and a coordinated comprehensive program of services for this segment of the community will be proposed.

Project Director: Robert E. Gonja, 709 Hal Street, N.W., Huntsville, Alabama 35805.

ARIZONA

Grantee: Operation LEAP (Leadership and Education for Advancement of Phoenix); *Grant:* 1st year \$119,797; 2nd year \$79,628.

Project Title: "Nutritional and Coordinated Services for the Aging and Aged"; *Project Period:* 5/20/68-5/19/70.

Purpose: A study of the nutritional states of minority groups (Negro, Mexican-American, American Indians, and Oriental) and techniques for providing food, nutrition, and other health, social, and welfare services will be demonstrated.

Project Director: Hirsh Kaplan, c/o LEAP Community Service Center, 4732 South Central Avenue, Phoenix, Arizona 85041.

ARKANSAS

Grantee: Arkansas Farmers Union; *Grant:* 1st year \$81,844; 2nd year \$142,773; 3rd year \$136,735.

Project Title: "Community Activities for Senior Arkansans: CASA"; *Project Period:* 11/15/66-11/30/69.

Purpose: To design and demonstrate a senior center's model which furnishes outreach, counseling, recreation, home aide, and home repair services, in low-income rural areas of the region.

Project Director: Lewis Johnson, Arkansas Farmers Union, 1920 Wright Avenue, Little Rock, Arkansas 72207.

CALIFORNIA

1. *Grantee:* Senior Citizens Association of Los Angeles County; *Grant:* 1st year \$51,807; 2nd year \$70,302.

Project Title: "Hot Meals for the Elderly"; *Project Period:* 6/1/68-5/31/71.
Purpose: To demonstrate the feasibility and acceptability of using public schools as a center for a food and nutrition program and operating such an activity in conjunction with the adult education program.

Project Director: Peggy M. Best, Senior Citizens Association of Los Angeles County, 427 West 5th Street, Los Angeles, California 90013.

2. *Grantee:* ENKI Research Institute; *Grant:* 1st year \$47,830; 2nd year \$48,135.

Project Title: "Techniques for Improving Nutrition in the Aging—Development of Uniform Data Management System"; *Project Period:* 4/15/68-7/14/71.

Purpose: To assess relative costs and benefits of the different approaches being demonstrated in some 25 projects to improve nutrition among the aging and supported under the AoA's Title IV grants. Data are being collected and analyzed concerning participants, program techniques and procedures and costs.

Project Director: Mr. Albert Urmer, President, ENKI Research Institute, 9015 Fullbright, Chatsworth, California 91355.

3. *Grantee:* Community Welfare Council; *Grant:* 1st year \$79,166; 2nd year \$70,703; 3rd year \$107,418.

Project Title: "Protective Services for Older People in San Diego"; *Project Period:* 1/1/67-12/31/69.

Purpose: To define and demonstrate the potential scope of a protective services program for older persons incapable of managing their own affairs and to determine the costs and benefits of protective services.

Project Director: Pauline DeWolfe, Protective Services for Older People, 520 E. Street, Suite 803, San Diego, California 92101.

4. *Grantee:* Langley Porter Neuropsychiatric Institute; *Grant:* 1st year \$56,216; 2nd year \$30,860; 3rd year \$42,749.

Project Title: "Geriatric Psychiatric Out-Patient Program Development"; *Project Period:* 6/1/67-5/31/70.

Purpose: To demonstrate the effectiveness of an outpatient psychiatric clinic, drawing heavily on community agencies in serving older persons with emotional problems so as to prevent unnecessary institutionalization.

Project Director: Dr. Alexander Simon, Langley Porter Neuropsychiatric Institute, 401 Parnassus Avenue, San Francisco, California 94122.

5. *Grantee:* Langley Porter Neuropsychiatric Institute; *Grant:* 1st year \$36,919.

Project Title: "Transportation and the Older Person"; *Project Period:* 12/1/68-11/30/70.

Purpose: To identify the major factors which determine the transportation habits, preferences, needs and problems of older people within the urban complex and in important population sub-groups.

Project Director: Dr. Frances M. Carp, Langley Porter Neuropsychiatric Institute, 401 Parnassus Avenue, San Francisco, California 94122.

COLORADO

Grantee: Curtis Park Community Center, Inc.; *Grant:* 1st year \$69,638, 2nd year \$62,459.

Project Title: "Serve A Meal to Seniors"—SAMS; *Project Period:* 5/1/68-4/30/71.

Purpose: To develop a model for a nutrition program which can be used to enhance health, recreation, and social service programs for the elderly. The meal service component of this program uses commercially prepared hot foods and on-site prepared cold foods together with extensive consumer and nutrition education and opportunity for social activities.

Project Director: Mrs. Lucille H. Reid, 2025 East 18th Avenue, Denver, Colorado 80206.

DISTRICT OF COLUMBIA

Grantee: Washington Urban League, Inc.; *Grant:* 1st year \$123,971.

Project Title: "Senior Neighbors and Companions Program"; *Project Period:* 6/2/69-6/1/71.

Purpose: To demonstrate a program to provide low and fixed income for elderly citizens with: (1) nutritionally adequate meals in settings which promote companionship; (2) recreational and leisure time activities; (3) consumer and nutrition information programs; (4) social and health related services; and (5) opportunities for involvement of the elderly in program management.

Project Director: Washington Urban League, 1424 16th Street NW., Washington, D.C.

FLORIDA

1. *Grantee:* The Neighborly Center, Inc. *Grant:* 1st year \$90,410, 2nd year \$84,015.

Project Title: "Mature Adult and Unitive Services"; *Project Period:* 6/25/68-6/24/71.

Purpose: To demonstrate a multi-faceted program which will include the testing of seven different food delivery systems (dining clubs, day care programs, shopping club, meal companions, center facility, etc.) as well as cooperative marketing and consumer education.

Project Director: Miss Shirley J. Courson, the Neighborly Center, Inc., 2350 22nd Avenue, St. Petersburg, Florida 33712.

2. *Grantee:* Family Service Association of Greater Tampa, Inc.; *Grant:* 1st year \$52,297.

Project Title: "Project Senior Companions"; *Project Period:* 7/1/69-6/30/70.

Purpose: To test, through the operation of a service program, the viability of the concept of older persons providing services to other needy elderly.

Project Director: Mrs. Carol M. Smith, Family Services Association of Greater Tampa, 229 Plant Avenue, Tampa, Florida.

Grantee: Senior Centers of Dade County, Inc.; *Grant:* 1st year \$81,811, 2nd year \$46,311, 3rd year \$30,645.

Project Title: "Low Cost Meals for the Elderly"; *Project Period:* 9/1/66-8/31/69.

Purpose: To demonstrate a system of central food preparation with distribution of meals to five other satellite centers and to analyze the advances and costs of such a system.

Project Director: Glen B. McKibbin, Senior Centers of Dade County, Inc., 390 North West 2nd Street, Miami, Florida 33128.

ILLINOIS

1. *Grantee:* United Community Council of Champaign County; *Grant:* 1st year \$27,110, 2nd year \$31,438, 3rd year \$38,754.

Project Title: "Planned Change in Social Provisions of Aging"; *Project Period:* 3/1/67-2/28/70.

Purpose: A comparison of two approaches, the "traditional" or "static" model with the "emerging" or "dynamic" model, to community welfare planning. The study analyzes "change resources" for improving the delivery of comprehensive services to the aged.

Project Director: Merlin Taber and Donald E. Lathrope, University of Illinois, Jane Addams Graduate School of Social Work, 1207 West Oregon Street, Urbana, Illinois.

2. *Grantee:* Gerontological Society, Kansas City, Missouri; *Grant:* 1st year \$49,987.

Project Title: "Committee on Research and Development Goals in Social Gerontology"; *Project Period:* 11/1/68-10/31/71.

Purpose: To develop guidelines for the stimulation and implementation of research and development programs to improve the lot of older Americans during the 1970's. A study group will review research needs in social gerontology and identify four or five specific areas of greatest need. It will delineate a set of research and development goals for a five-year period, and define alternate mechanisms for systematic implementation of programs to attain these goals, by both public and private agencies.

Project Director: Dr. Robert J. Havighurst, Professor, University of Chicago, 5801 South Kenwood, Chicago, Illinois 60637.

3. *Grantee:* American Public Welfare Association; *Grant:* 1st year \$7,024.00

Project Title: "The Aging-Served by and Serving as Subprofessionals"; *Project Period:* 4/10/69-4/9/70.

Purpose: Development grant for a national conference to explore programs utilizing subprofessionals; discuss guidelines regarding recruitment, selection, utilization, etc.; and prepare a report of conference findings. To explore use of older persons in new roles as sub-professionals within public welfare settings in the delivery of services.

Project Director: John E. Hiland, Staff Associate, Personnel and Staff Development, American Public Welfare Association, 1313 East 60th Street, Chicago, Illinois 60637

4. *Grantee*: Galena Park Home; *Grant*: 1st year \$23,875, 2nd year \$11,163, 3rd year \$13,335.

Project Title: "Comprehensive-Coordinated Social, Health, and Community Services"; *Project Period*: 2/27/67-2/26/70.

Purpose: To demonstrate the planning and implementation of comprehensive coordinated social, health, recreational, protective, and rehabilitative services from a specially designed residential center.

Project Director: Bernard Schleuter, Galena Park Home, 5533 North Galena Road, Peoria Heights, Illinois.

MASSACHUSETTS

1. *Grantee*: Ecumenical Center in Roxbury, Inc.; *Grant*: 1st year \$19,988, 2nd year \$22,039, 3rd year \$41,252.

Project Title: "Outreach for the Elderly"; *Project Period*: 6/29/67-6/28/70.

Purpose: To demonstrate that older people in a Model City Program neighborhood, given proper in-service training, can effectively obtain critical social data from other older people and can assist isolated elderly ghetto residents in crisis by helping them establish patterns of participating in community activities.

Project Director: Naomi Gordon, Aged Department of Ecumenical Center in Roxbury Inc., 75 Crawford Street, Roxbury, Massachusetts 02121

2. *Grantee*: Ecumenical Center in Roxbury; *Grant*: 1st year \$60,592.

Project Title: "A Coordinated Nutrition Project for the Elderly"; *Project Period*: 10/15/68-10/14/71.

Purpose: To study attitudes and practices regarding nutrition and health through a many-pronged approach aimed at upgrading the health of the elderly poor in a model neighborhood. The study will develop baseline data of health and dental needs, provide referral services, train elderly aides as health and nutrition aides, and develop and test new educational techniques in nutrition.

Project Director: Kathleen M. McKeehan, Roxbury Federation of Neighborhood Centers, 14 John Eliot Square, Roxbury, Massachusetts 83119.

MINNESOTA

1. *Grantee*: American Rehabilitation Foundation; *Grant*: 1st year \$76,413.

Project Title: "A Social Indicators System for the Aging"; *Project Period*: 7/1/69-9/1/72.

Purpose: The development of a set of social indicators to assess on an ongoing basis the status of older Americans to be used for a number of purposes, such as formation of legislation, planning and coordinating assistance to state agencies, need identification, evaluation of programs, establishment of goals and priorities, focusing national attention on problems of older Americans.

Project Director: Seldon P. Todd and Dr. Jacqueline Anderson, American Rehabilitation Foundation, 1800 Chicago Avenue, Minneapolis, Minnesota 55404.

2. *Grantee*: American Rehabilitation Foundation; *Grant*: 1st year \$77,315.

Project Title: "Information and Referral Center Study"; *Project Period*: 7/1/69-6/30/72.

Purpose: To develop operational models of a network of information and referral centers for the aged. This will include operational vehicles for supporting planning of services for the aged, e.g. methods for using data to support and encourage comprehensive planning. Methods for implementing a network of centers will also be developed.

Project Director: Seldon Todd, American Rehabilitation Foundation, 1800 Chicago Avenue, Minneapolis, Minnesota 55404.

MISSISSIPPI

Grantee: Star, Inc., Jackson, Mississippi; *Grant*: 1st year \$73,661, 2nd year \$74,534.

Project Title: "Food and Nutrition for the Aged"; *Project Period*: 6/25/68-6/24/71.

Purpose: To demonstrate how a program which provides meals, nutrition education and health services can reduce the incidence of poor nutrition and lack of socialization among the older rural poor.

Project director: Mrs. Leola G. Williams, P. O. Box 891, Greenwood, Mississippi 38930.

MISSOURI

Grantee: Gerontological Society, St. Louis, Missouri; *Grant:* 1st year \$33,449.
Project Title: "8th International Congress of Gerontology"; *Project Period:* 2/14/69-8/31/69.

Purpose: To provide an opportunity to scientists in the United States and abroad to meet for discussions and the exchange of information on all aspects of research in aging. To accelerate the exchange of ideas in and the development of new approaches to research on aging as well as foster the planning and execution of collaborative studies across the national boundaries.

Project Director: James E. Birren, Director, University of Southern California Institute for Aging, University of Southern California, Los Angeles, California, 90007.

NEW YORK

1. *Grantee:* Council of Churches of Buffalo, and Food and Nutrition Services, Inc.; *Grant:* 1st year \$79,093, 2nd year \$65,698.

Project Title: "Food Service and Nutrition Program for the Elderly"; *Project Period:* 6/28/68-6/27/70.

Purpose: To demonstrate how a coordinated effort can maximize existing community resources to provide a comprehensive food and nutrition program on a countywide basis. Homes for the aged are being used to prepare meals which are served in the homes, delivered to groups at housing projects and the homebound.

Project Director: (1) Rev. Carl F. Burke, Director, Council of Churches of Buffalo, Erie County, and North Tonawanda, 1272 Delaware Avenue, Buffalo, New York, 14209; (2) Miss Mary F. Champlin, Food and Nutrition Services, Inc., 613 Lafayette Building, 6 Broadway, Buffalo, New York 14203.

2. *Grantee:* American Association of Homes for the Aged; *Grant:* 1st year \$59,503, 2nd year \$53,304, 3rd year \$82,077.

Project Title: "Pooling Professional Services in Homes for Aging"; *Project Period:* 6/26/67-6/25/70.

Purpose: To demonstrate the organization and operation of improved services to residents of homes for the aging by pooling professional services for several homes.

Project Director: Lester Davis and Miss Marianne Howard, American Association of Homes for the Aged, 315 Park Avenue South, New York, New York 10010.

3. *Grantee:* Industrial Home for the Blind, Inc.; *Grant:* 1st year \$76,147, 2nd year \$49,409, 3rd year \$62,850.

Project Title: "Geriatric Rehabilitation for the Institutionalized Blind"; *Project Period:* 9/15/66-9/14/69.

Purpose: To demonstrate the incidence of blindness among institutionalized older people; to demonstrate the usefulness of rehabilitation services in assisting older blind persons who need protective care to enter and adjust in homes for the aging to evaluate the cost and utility of such a program.

Project Director: Peter J. Salmon, Administrative Vice-President, Industrial Home for the Blind, 57 Willoughby Street, Brooklyn, New York 11201.

4. *Grantee:* Community Service Society; *Grant:* 1st year \$36,770, 2nd year \$35,519, 3rd year \$49,984.

Project Title: "SERVE"; *Project Period:* 1/1/67-12/31/69.

Purpose: To demonstrate a group approach to recruitment, training, and placement of volunteers, in a variety of settings including a mental hospital. The project tests the proposition that the group approach increases the retention of volunteers and enhances the satisfaction they find in their activities.

Project Director: Janet S. Sainer, Staff Specialist for Aging, Committee on Aging, Department of Public Affairs, Community Service Society, 105 East 22nd Street, New York, New York 10010.

5. *Grantee:* Henry Street Settlement; *Grant:* 1st year \$82,000, 2nd year \$77,021.
Project Title: "Good Companion Food Supplement Program"; *Project Period:* 5/1/68-4/30/71.

Purpose: To study the acceptance of food and nutrition services which cater to cultural and language differences of poor elderly persons living in public housing. The demonstration will deal with food, health, and social problems.

Project Director: Mrs. Maria Kron, Henry Street Settlement, 265 Henry Street, New York, New York 10002.

6. *Grantee:* Hudson Guild-Fulton Senior Association; *Grant:* 1st year \$64,795, 2nd year \$77,197.

Project Title: Cooperative Approach to Food for the Elderly"—CAFE; *Project Period:* 6/25/68-6/24/71.

Purpose: To design and demonstrate a cooperative approach to a food and nutrition program developed and operated by the elderly, for elderly persons.

Project Director: Mrs. Gertrude W. Wagner, Hudson Guild—Fulton Senior Association, 119 Ninth Avenue, New York, New York 10001.

Project Director: (1) Rev. Carl F. Burke, Director, Council of Churches of Buffalo, Erie County, and North Tonawanda, 1272 Delaware Avenue, Buffalo, New York 14209 (2) Miss Mary F. Champlin, Food and Nutrition Services, Inc., 613 Lafayette Building, 6 Broadway, Buffalo, New York 14203.

7. Grantee: Associated YM-YWHA's of Greater New York; *Grant:* 1st year \$74,052, 2nd year \$70,757.

Project Title: "Nutrition and Health Screening Services for the aged"; *Project Period:* 5/20/68-4/14/70.

Purpose: To study and develop a comprehensive nutrition and health program dealing with the problems of socially isolated multi-ethnic low income populations. A coordinated hospital program and out-reach teams of elderly workers will help bridge follow-through gaps in the provision of services.

Project Director: Dr. Douglas Yolmes, Associated YM-YWHA's of Greater New York, 33 West 60th Street, New York, New York 10023.

OHIO

1. Grantee: HUB Services, Inc.; *Grant:* 1st year \$59,468, 2nd year \$60,671.

Project Title: "Food and Nutrition Program for the Elderly"; *Project Period:* 6/25/68-6/24/71.

Purpose: To explore the capacity of a food, nutrition, and service program to increase participation in established centers in a model city model neighborhood.

Project Director: Mrs. Lucille S. Costello, 21 West 13th Street, Cincinnati, Ohio 45210.

2. Grantee: Golden Age Center of Cleveland; *Grant:* 1st year \$19,477, 2nd year \$16,873, 3rd year \$25,158.

Project Title: "State Hospital Patients and Retired Men in Center Programs"; *Project Period:* 5/15/67-5/14/70.

Purpose: To demonstrate (a) how involvement in senior center activities can be used to help state hospital patients return to community living and (b) how to encourage greater participation in center programs by retired men residing in public housing projects.

Project Director: James H. Woods, Golden Age Center of Cleveland, 1667 Ansel Road, Cleveland, Ohio 44106.

PENNSYLVANIA

Grantee: Charles Weinstein Geriatric Center of the Sidney Hillman Medical Center; *Grant:* 1st year \$58,712, 2nd year \$35,820, 3rd year \$36,181.

Project Title: "Utilization Study of Senior Citizens Center"; *Projected Period:* 5/1/67-4/30/70.

Purpose: A study to identify factors affecting the use or non-use of senior centers, the significance of social participation for the mental health of older persons, and the benefits experienced by older persons who use the center.

Project Director: Dr. Otto Pollak, Department of Research, Sidney Hillman Medical Center, 2115 Sansom Street, Philadelphia, Pennsylvania 19103.

TEXAS

Grantee: Senior Citizens Foundation of Dallas, Inc.; *Grant:* 1st year \$66,345, 2nd year \$54,397.

Project Title: "A Food and Fellowship Program"; *Project Period:* 6/25/68-6/24/70.

Purpose: To study and demonstrate the relationship between (a) diet, dental and health services and social activities and (b) reinvolvement in community life.

Project Director: Miss Evelyn L. Jefferson, P.O. Box 15721, Dallas, Texas 75215.

UTAH

Grantee: Community Service Council, Salt Lake City; *Grant:* 1st year \$38,041, 2nd year \$56,829.

Project Title: "Adult Nutrition Activity Program"; *Project Period:* 6/25/68-6/24/70.

Purpose: To develop guidelines for the use of community school facilities as a meal and activity center for elderly people and to demonstrate such a program.

Project Director: Jean V. Klas, Community Services Council, Salt Lake City, Area 2025 Council Way, Salt Lake City, Utah 84115

WASHINGTON

Grantee: First Methodist Church, Seattle; *Grant:* 1st year \$40,960, 2nd year \$56,150.

Project Title: "Columbia Club"; *Project Period:* 6/25/68-6/24/70.

Purpose: To mount an effective non-sectarian attack on the problems of loneliness and poor health among low-income elderly single persons in the social facility of an inner-city church.

Project Director: Walter O. Kugler, 11 West Aloha, Seattle, Washington 98119.

EXHIBIT B. SYNOPSIS OF CHURCH ACTIVITY

Re the Aged

REGION I

CONNECTICUT**

A state-wide conference on problems of the elderly was held on November 13, 1969. A follow-up is planned.

Hartford.—Catholic Family Services provides counseling and guidance for the elderly.

Eight Center City churches sponsor a drop-in center, information and referral service, and a hot meals program.**

Greater Hartford Council of Churches sponsor Breakthrough to the Aging, which offers friendly visiting and telephone reassurance.**

Jewish Family Services offers guidance and counseling to the aged.

Salvation Army provides a drop-in center and sponsors a Summer Camp for senior citizens.

The Jewish Community Center sponsors an Older Adult Program.

Church Homes, Inc., sponsors motel type housing for persons over 62 years of age at two locations in Hartford.

New Haven.—Catholic Family Services offers help with personal adjustment and family problems.

Jewish Community Center sponsors "60 Plus Club" for the elderly.

Jewish Family Services makes appropriate referrals concerning problems of the aged.

Bridgeport.—Catholic Charities provides advice, consultation and information.

Jewish Family and Children's Bureau offers advice, consultation and information to the aged.

Bridgeport Council of Churches sponsors 3030 Park, a high rise apartment house for the elderly.

Noank.—The Noank Baptist Church sponsors 3030 Park, a high rise apartment house for the elderly.

MAINE*

NEW HAMPSHIRE*

RHODE ISLAND**

Several church groups are sponsoring housing for the elderly: The New England Conference of Baptists have 150 units, in Providence. Round Top Church in Providence has built Beneficent House, with 150 units. The Episcopal Dioceses of Rhode Island have built 100 housing units and a 51 bed extended care facility.

The Catholic Diocese is in the process of planning non-profit housing.

Several church groups and orders provide convalescent homes, the Baptist Home of Rhode Island, the Edwards Home, Hospice of St. Antoine Jewish Home

*No reply to Identical Letter # 44 (see letter on p. 263).

**Received Title III Grants for Church Sponsored Programs.

for the Aged, Little Sisters of the Poor, Memorial Masonic Home, St. Francis Home, Bishop Scalabrini Home, Scandinavian Home and Steere House, for a total of 894 beds, with limited health care, recreation and meals.

Some 20 churches in Rhode Island of various denominations provide space for senior citizens clubs and some provide hot meals.

Central Christian Church in Providence makes facilities available for weekly educational classes and caters lunch for those who attend. Three downtown churches launched a program called Leisure and Learning for anyone over 65. It offers informal meetings, beginning crewel, needlepoint, chair caning, and lectures on finance.

The Providence Council of Churches also initiated a Friendly Visitor Program. The Second Presbyterian Church offers a recreation and counseling service. The State Council of Churches called a meeting on May 13 to deal specifically with problems of the aged.

Downtown churches under Title III have a meal-on-wheels program, for the shut-ins and cash is provided by the five churches involved.

Church activity in this state is excellent.—

VERMONT**

Religious organizations and the Senior Citizen Center

1. Burlington Interfaith Senior Citizens Group, Inc.—Started by a group of interested church women in the spring of 1966, the club was officially opened that June in a room loaned by St. Paul's Episcopal Church. Sixteen local churches and synagogues offered support to the project and were incorporated in 1967. They have now leased street-level property on Church Street in Burlington. The city will pay the rent, and the church donations will go toward running the club.

2. The Greater Randolph Community Clergy are the official sponsors of the Randolph Senior Citizens Center, which was funded from Title III funds to begin operations on April 1, 1970.

3. The Senior Citizen Club in Essex Junction is sponsored by a church group.

4. The United Ministry in Windsor has been working with senior citizens groups.

5. The clergy are the driving force behind senior activities in White River Junction.

6. In Island Pond, Rev. James Barre of the Episcopal Church and Rev. Donald Bruneau of the Catholic Church are on the steering committee for the senior center.

7. The Methodist Church in Winooski has been the meeting place for the senior citizens club.

8. St. Theresa's Parish Hall was the headquarters for the senior citizens center in Orleans; they donated the space and it was claimed as in-kind.

9. The Catholic Church in Ludlow is the meeting place for the senior citizens club.

DELAWARE *

NEW JERSEY

Churches in the Camden, New Jersey area have already or will have within the year the following housing projects available for rentals to the elderly; those indicated with # are also for sale:

Union AME Church Apartments; Martin Luther King Apartments; CHIP #, IICC #, MIRA #; Macedonia AME Church; J. Allen Nimmo Court; Haddenfield Methodist Church.

In the City of Cape May area, the following activity is listed:

As per your request via Identical Letter No. 44, please be advised of these activities sponsored by church groups in Cape May City.

1. Each of the churches sponsors social activities such as dinners, barbecues, friendly meetings, card parties, and prayer meetings for its own members.

2. The local ministerium is sponsoring a telephone reassurance program with the assistance of the City Nurse, and the Office on Aging.

3. The Catholic Diocese is preparing a proposal for Senior Citizens low to moderate income housing to be constructed in Cape May and various localities throughout the Diocese. In addition the Diocese has recently conducted a seminar on Goals of the Diocese and Senior Citizens programs were discussed.

*No reply to Identical Letter #44 (see letter on p. 263).

4. One of the churches is formulating an area captain system which will be the basis of an out-reach program to identify the needs of its members.

5. Plans are being laid by a church for the organization of a community Senior Citizen's drop-in center.

6. The local recreation commission is cooperating with one of the churches in sponsoring a weekly afternoon activity for all Senior Citizens to be held in the recreation facility.

7. The Presbyterian Synod is converting a hotel in a nearby community into a retirement home.

In the Hackensack, New Jersey area (Bergen County) the following activity is noted:

All three religious groups, through their women's organizations—Church Women United, National Council of Catholic Women, and the National Council of Jewish Women do some friendly visiting, telephone reassurance, calling, and sponsor a few senior citizen clubs. They, also, are working with this office to establish an employment service. In addition to the women's organizations, some churches have social concern committees which are trying to locate the shut-in.

Through the Bergen County Council of Churches and this office, an effort is being made to involve the three faiths in establishing a food service plan to deliver hot meals to the homebound elderly.

In housing, this office tried to stimulate action by holding an inter-faith luncheon and workshop. (Copies of invitation and program are enclosed.) As a result of this workshop, a non-profit corporation to develop housing was established under the name Housing for the Elderly of Bergen County, Inc. but no projects have been developed by this organization, as yet. However, the Mt. Carmel Guild of the Archdiocese of Newark is including eight units for senior citizens in their new housing development, the Jewish Welfare Council is trying to obtain a site for an infirmary and home for the aged, and the Franciscan Sisters are trying to obtain a variance to build a nursing home.

In the Passaic County area activity is somewhat limited. The Catholic Diocese has one apartment building in Paterson and is building a second. One church in Clifton is considering purchase of land for the establishment of Senior Citizen Apartments.

NEW YORK **

The New York State Council of Churches is very active in the field of aging, with respect to planning conferences and institutes. A conference was conducted last year of the Leisure Time Commission of the Council. In April of this year a "Special Ministries" conference was called to discuss problems of the aged.

Catholic Charities is very active across New York State. In the Capitol District they sponsor two Title III Projects. One is CoHoes' Multi-Service program, the other is coordinating development in Rensselaer County. In Syracuse area Catholic Charities has constructed several Nursing Homes and Long Term Care Facilities. Further, they have organized a Committee on Aging and is now researching a Meals-on-Wheels program. In Buffalo and Western New York Catholic Charities has concentrated on the needs of the sick, the dependent and very old.

In the Jamestown area of Chautauqua County a Meals-on-Wheels program has been in operation since the fall of 1969. The entire delivery service is provided by volunteers from local churches.

The Salvation Army in Buffalo has an outstanding Golden Age Center of approximately 1500 persons. While their efforts are chiefly recreational an economic assistant, a limited program of friendly visitation and referrals are part of the plan. These efforts are duplicated in other great cities in New York.

In the Syracuse Area a cluster of downtown churches have sponsored the Plaza Nursing Home now under construction. This group also has workable plans for retirement homes in the city. They will embark on some type of geriatric training designed to prepare the young to serve the elderly.

The Jewish Community entrails a different philosophy and approach to the problem. The individual congregation Synagogue, Temple demands are usually made under the Jewish Philanthropies and Council of Jewish Women. Under this type sponsorship many excellent Hospitals, Nursing Homes and "Drop-In" Centers are constructed and maintained.

**Received Title III Grants for Church Sponsored Programs.

PENNSYLVANIA

While exact locations are not provided, the information relates that the Lutheran Social Services, the Presbyterians, the Baptists, and the Episcopalians are involved in the following: new and rehabilitated housing, long-term nursing homes, social services, friendly visitor, telephone reassurance, recreation thru centers, neighborhood groups—Golden Age, volunteer drives, hot lunches and meals-on-wheels.

The Lutheran Social Services has engaged a professional to act as organizer and coordinator for services for older persons and doing a fine job. Some seventeen Lutheran congregations are involved in this effort. The Presbyterians run a number of group care homes as well as nursing homes that are of high quality. Episcopalians have also provided housing. The Baptists have been providing consultation in areas where consultants have not been available and are providing grant-in-aid funds.

REGION III

DISTRICT OF COLUMBIA *

KENTUCKY *

MARYLAND *

NORTH CAROLINA *

The Governor's Coordinating Council and the local church groups have functioned closely together. In nearly all areas, the two carry out joint projects. In Cumberland County a complete county survey was made and fourteen churches of the county are attempting to meet the needs of the elderly. Thus far, recreation, housing, referral services, and friendly visitation is carried on a joint venture.

PUERTO RICO **

Church related activity is high here. Housing, new and rehabilitated, convalescent, long term and foster care are predominant. The Mensajeros de Cristo, Inc. at Isabella is a sheltered care home for the aged. In the metropolitan area of Isabella the Evangelical Hospital Association built Retirement City, a housing facility for independent living. Hermanas de la B.V. Maria del Monto Carmelo of the Carmelite Sisters sponsors among its services medical care to physically ill and partially disabled persons. In San Juan and Arecibo, Sisters of St. Vincent de Paul operate three nursing homes for the aged. Also in San Juan the American Missionary Association operate an extended care facility. Five groups with Title III Grants have special recreation programs for the aged, they are: Evangelical Hospital Association, United Evangelical Church, "Sociedad Femenil del Servicio Christiano Mundial, Inc.," Catholic Daughters of America, and Mensajeros de Cristo, Inc.

The Presbyterian Church sponsors several workshops each year on the subject of the Aging and also provides in service training for para medical help.

VIRGINIA

Nine separate religious denominations operate 22 "homes for the aged" with a population of 2,100. Five Protestant bodies are now in the process of building housing—one in Reston by the Lutheran Fellowship Square, Inc. Other programs were not reported.

VIRGIN ISLANDS *

WEST VIRGINIA *

The churches of the Bluefield, W. Va. area plan a District-wide conference on problems of the Aging in September of this year.

*No reply to Identical Letter #44 (see letter on p. 263).

**Received Title III Grants for Church Sponsored Programs.

REGION IV

ALABAMA *

FLORIDA *

It is known, however, that the Lutheran Church operates Housing facilities in So. Miami and Jacksonville. The Jewish Council also operates a home for the Aged in Miami.

GEORGIA

Housing for the elderly is the primary effort of the churches in Georgia. The following list indicates the activity :

Magnolia Manor (Methodist) Americus Retirement residence, extended care and intermediate care.
 Canterbury Court (Episcopal) Atlanta Retirement residence.
 Peachtree on Peachtree Inn (Baptist) Atlanta Retirement residence.
 Baptist Village (Baptist) Waycross Retirement residence.
 Calvin Courts (Presbyterian) Atlanta Retirement residence.
 Campbell-Stone Apartments (Christian) Atlanta Retirement residence.
 Presbyterian Home—Quitman Retirement residence.
 Under Construction or in Planning Stage.
 Jewish Home (Jewish) Atlanta Retirement residence.
 St. Pauls (Episcopal) Macon Retirement residence (under construction).
 (Unnamed) (Methodist) Atlanta Retirement residence (254 units) (contract let).
 Extended Care Facility (Presbyterian) Atlanta (land acquired—plans drawn)
 Asbury Hills (Methodist) Atlanta (land acquired)
 Jewish Home—Atlanta, New and expanded facilities (under construction)

MISSISSIPPI *

SOUTH CAROLINA *

We have information that a state-wide conference and workshop was conducted last fall by and for the churches.

TENNESSEE *

REGION V

ILLINOIS *

INDIANA *

We are aware of several housing programs carried out by the churches in Ft. Wayne, Indianapolis and Evansville. One large home is also located in Kendallville, Ind. operated by the Lutheran Social Services. A rural housing program was completed near Evansville, Ind. and operated by a group of local Lutheran Churches. A group of five churches is now making plans for a total living complex for Senior Citizens near Indianapolis.

The Indiana Council of Churches sponsored a state-wide conference in March of this year to get the church involved. Out of the conference, a handbook for churches is now being developed.

MICHIGAN *

OHIO *

Ohio has many church sponsored housing projects from the very expensive Wade Park Manor in Cleveland operated by a group of churches to Golden Age Villages in Columbus and Cleveland. The Roman Cath. Church sponsors five such homes in various parts of the State.

Those who have received Title III grants have carried out meals-on-wheels programs and friendly visitors programs. The Lutheran Social Services of Columbus has a medical aides program to begin functioning this summer. Most churches of the states are developing master plans for service.

*No reply to Identical Letter # 44 (see letter on p. 263).

**Received Title III Grants for Church Sponsored Programs.

WISCONSIN *

REGION VI

IOWA *

We are aware of the "Operation Cross Lines" conducted there by O.E.O. to develop pools of volunteers also to provide help for the elderly. The churches are active on an individual basis, but no projects per se are known from our records.

KANSAS *

MINNESOTA

No projects were listed, however, the Lutheran Social Services operates seven housing programs in the state. State-wide conferences and workshops have been conducted to inform and train workers for specific programs not identified.

MISSOURI *

NEBRASKA *

In Lincoln the Tabitha Home Society provide Medicare home-health care for the aged, and is developing a "meals-on-wheels" program. The Catholic Social Service Agency provides a homemaker service in Lincoln. The First Methodist Church of Lincoln has developed Lincoln Manor a living complex for the elderly. In Omaha Immanuel Lutheran Hospital has a chaplaincy training program for working with the aged. Most of the work in that state is done by congregation level effort; little is done on a statewide basis.

NORTH DAKOTA **

The North Dakota Lutheran Welfare Society under a Title III Grant has developed programs for food service and housing planning.

The Methodist Church operates Wesley Acres, a summer camp for elderly for one week per year, near Bismark. The main effort is for low cost housing. Churches operate 27 nursing and convalescent homes. Most of the effort is on local congregational basis, little statewide or regions.

SOUTH DAKOTA

The only active group is the Lutheran Social Welfare Services of So. Dakota, located in Sioux Falls. It provides housing and food services where needed. The state is mostly rural and what is done for the elderly is usually done by a local parish.

REGION VII

ARKANSAS

Most churches in the metropolitan areas have developed "out-reach" programs for the elderly.

The Presbyterian Church operates Presbyterian Village in Little Rock. It provides Housing, Convalescent, long-term and foster care.

Most churches of the Little Rock area have organized recreational programs for the elderly, usually one meeting per month. In the same region, most churches provide some kind of transportation to church services and meetings.

LOUISIANA **

1. First Methodist XYZ Club—Baton Rouge—Continuing Education. (This program has had extensive programs for the aging for a number of years in nearly every category. Plans for a program in continuing education were initiated after their involvement in the Church and Aging Project) Project No. 19.

2. First Methodist Church—Lake Charles—Continuing education, special needs, social services, recreation.

3. First Christian Church—Lake Charles—Recreation.

*No reply to Identical Letter #44 (see letter on p. 263).

**Received Title III Grants for Church Sponsored Programs.

4. Catholic Cathedral—LaFayette—Recreation, social services.
 5. Episcopal Church—Alexandria—Recreation, social services.
 6. Catholic Cathedral—Baton-Rouge—Recreation, social services.
 7. First Methodist Church—Shreveport—Continuing education, recreation, social services.
 8. Broadmoor Presbyterian—Shreveport—Recreation.
 9. First Christian—Monroe—Recreation.
 10. Three Protestant churches in the Lakeview area joined in a common program for the aging in New Orleans—Recreation.
 11. First Evangelical and Reformed—New Orleans—Continuing education, recreation.
- Several other churches contemplate action in behalf of the aged as of March 5, 1970.

NEW MEXICO

No specific programs mentioned, but the New Mexico State Council of Churches did a state-wide survey in 1965 and completed in 1966. It helped to locate the elderly and integrated them into existing programs under Title III projects.—They plan to up-date the Survey this year. A new interest on the part of the churches was developed as a result of the earlier survey.

OKLAHOMA **

Career Enrichment Program in Aging for Ministers—Project #13. The conference was sponsored by the Southwest Center for Gerontological Studies of the University of Oklahoma.

Duncan Multi-Purpose Activity Center. Special Unit on Aging Project #22, sponsored by the First Christian Church of Duncan, Oklahoma. It helped to provide social services, friendly visiting recreation transportation for the senior citizens of that community.

Altus Multi-Purpose Activity Center, Special Unit on Aging Project #30, sponsored by the Salvation Army of Altus. Leaders were trained in the aging field and have been providing services and recreational activities in a limited way.

The State Council of Churches reports that several church groups have established Golden Age Clubs to provide fellowship.

Most commonly known program is the Continuing Education program of St. Luke's Methodist Church at Oklahoma City, Oklahoma. Here 36 different courses are offered during March, April and May of each year, with over a thousand senior citizens enrolled in courses.

TEXAS *

REGION VIII

COLORADO *

IDAHO *

MONTANA *

UTAH *

WYOMING *

REGION IX

ALASKA *

ARIZONA *

CALIFORNIA *

On April 7 of this year, the University of Southern California Gerontology Center sponsored a one-day institute on the topic: "Aging, Religion and the Church" to which clergy and lay leaders were invited.

Several Church groups sponsor Housing programs for the Elderly.

*No reply to Identical Letter #44 (see letter on p. 263).

**Received Title III Grants for Church Sponsored Programs.

HAWAII

Several churches on the Islands have developed "Out-Reach" programs.

Hawaii.—Four church groups participate in nonprofit corporations organized to build low and middle income housing for the elderly. The Seventh Day Adventists Church is planning to build and maintain an intermediate care facility in Hilo.

Oahu.—The Catholic Women's Guild is making a study to plan a home for the aged. Four churches are listed as sponsors in the Kauluwela Urban Development housing project which has 173 units for the elderly. Three churches are operators of private retirement homes for the elderly.

Mau.—Three church groups are listed as sponsors of Hale Mahaolu, a private corporation, builders of a 111 unit elderly housing project.

Kauai.—The United Church of Christ is listed as one of the sponsors of the Council on Housing for the elderly of Hauai (Chek) to provide a 60 unit housing for the elderly in Kauai.

In Hawaii volunteers from two church groups take part in an occupational therapy program and care for patients in the Hilo Hospital. The Buddhist Church, Honomu Pensioners Club (Social Club) maintain a community cemetery by cleaning it up once a month.

In Oahu the Catholic Church through its agencies and parishes provides friendly visitors, and counseling for the elderly. This church also provides social services at St. Francis Hospital. The Episcopal Church offers counseling to the aged at Queen Emma Square.

On Kauai the Buddhist Church in Lihue have organized social activities for the aged who also maintain the church property. Two churches (Christian) in Elelee have organized senior groups with social activities. They also make annual holiday visits to all the shut-ins.

All churches in the state make available space for social functions of the elderly. In Lihue the Methodist Church also established an Adult Services Center in Kauai. This church with the All Saints Church in Kapaa have assisted the elderly in transportation problems.

The major effort in Hawaii on the part of the churches is housing and senior club activities:

GUAM *

We have learned that a conference of the clergy to attack problems of the aged in an organized way is planned for August 25 or 26.

NEVADA *

OREGON *

SAMOA

No agency designated.

TRUST TERRITORIES

No agency designated.

WASHINGTON STATE **

Continuing education and recreational activities are provided by many individual churches for their own members and other older persons in the immediate neighborhood.

Housing, convalescent care, leisure time activities, and social services are furnished by churches to those who occupy church sponsored living facilities. In the enclosed Housing Directory, the church related facilities are checked on the index pages. The services offered are noted on the descriptive pages.

A program now being implemented in most areas of the state is known as FISH. The program, usually undertaken by several churches in the community, offers emergency telephone and transportation services, telephone reassurance and friendly visiting.

Food services to approximately 200 per day are offered by the First Methodist Church of Seattle under a Title IV grant. Under Title III, the Knights of Columbus, Spokane, offer a food program and outreach to approximately 300 each week.

The Seattle Council and the Northwest Council of Churches have sponsored several institutes for the clergy, laity, and professional persons. These institutes

*No reply to Identical Letter #44 (see letter on p. 263).

**Received Title III Grants for Church Sponsored Programs.

have been designed to provide better programs for older persons. Information regarding the most recent is enclosed.

Walla Walla County church women have maintained an effective telephone reassurance service for the past three years.

[Identical Letter No. 44]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
SOCIAL AND REHABILITATION SERVICE,
Washington, D.C., November 18, 1970.

To State agencies administering plans under title III of the Older Americans Act of 1965:

In an attempt to build a body of knowledge with respect to activities now carried on by church groups affecting the aged, we would appreciate your co-operation in providing this office with any available information. No exhaustive survey is required; merely apprise us of activities of which you are aware. We are interested in knowing what the religious organizations in your State are doing individually or by larger denominational groups in any or all of the following areas, though not limited to these:

- (1) Continuing Education Programs.
- (2) Out-reach to locate Senior Citizens with special needs.
- (3) Housing (New or rehabilitated), convalescent, long-term, foster care.
- (4) Social services—friendly visitors, telephone reassurance.
- (5) Recreation.
- (6) Medical aides.
- (7) Transportation (volunteer drivers).
- (8) Employment referrals.
- (9) Legal services.
- (10) Food services—planning, delivery, feeding.

Information on any other programs affecting the aged and not mentioned above will also be appreciated, such as state or regional conferences, retreats, workshops, institutes, etc., organized and conducted by and for the clergy to better acquaint them with problems affecting the Aged. If reports, printed brochures, program guides, or other materials are available, we will appreciate copies. Please send reply and materials to Mr. Willis Atwell, Deputy Commissioner, at your earliest convenience.

Sincerely,

JOHN B. MARTIN,
Commissioner on Aging.

ITEM-7. PREPARED STATEMENT OF JEAN WALLACE CAREY, STAFF
ASSOCIATE FOR THE AGING, DEPARTMENT OF PUBLIC AFFAIRS,
COMMUNITY SERVICE SOCIETY OF NEW YORK

On behalf of the Committee on Aging of the Community Service Society of New York, appreciation is expressed for this opportunity to submit testimony to the United States Senate Special Committee on Aging as a part of its continuing study of "Sources of Community Support for Federal Programs Serving Older Americans."

The Community Service Society of New York is a voluntary, nonprofit, nonsectarian agency dedicated since 1848 to the strengthening of family life and the betterment of community life. The Committee on Aging within the CSS Department of Public Affairs is a citizens' committee concerned especially with the well-being of the elderly. This Committee works in concert with its sister committees, notably the Committees on Health and on Housing and Urban Development, on particular issues when joint study and action are appropriate.

The basic needs of older Americans are well known—their need for income adequate to assure a decent and dignified life; their need for comprehensive and continuing health services, emphasizing maintenance of physical and emotional well being and guaranteeing access to the appropriate kind and level of care in the event of physical or mental disability or impairment; their need for a variety of housing arrangements, providing a measure of choice and the degree of independence or protection that individual situations demand; their need for outlets to use their time and talents in ways that are personally satisfying and socially constructive.

The purpose of today's hearing is not to garner support for general remedies for these documented needs. Rather it is to put on the record the actual experience and considered opinion of nongovernmental agencies and their recommendations for community support of specific programs that would improve the lot of the elderly through the joint efforts of the voluntary sector and the public sector.

We submit five specific recommendations that are directed to meet local needs and that require Federal support.* These recommendations grow out of two demonstrations and two special inquiries; the widely publicized program known as SERVE in which older persons are engaged as volunteers in community service; the neighborhood-based program utilizing in-service-trained workers of mature years to provide a "Senior Advisory Service for Public Housing Tenants"; a review of the need for including out-of-hospital prescription drugs under Medicare; and the report on "The Elderly and the State Mental Hospital in New York State."

A word about our experience and findings is in order.

First, about SERVE-on-Staten-Island and SERVE-in-New York State:

SERVE-on-Staten-Island was launched in 1967 as a three-year demonstration with 50-50 funding under a Title IV grant from the Administration on Aging and from private sources. Aim was to assess the utility of group methods in recruiting, placing, training and retraining older men and women as volunteers in community service.

The results of SERVE-on-Staten-Island are impressive. Over a period of three years, 640 individuals aged 60 to 93 years have been recruited and 460 are active today, giving service at least once a week in 24 social and health agencies. The retention rate of 72 per cent is high. Their hours of service—72,000—augment and enrich the regular service of the agencies where individuals of all ages and varying needs are under care. The volunteers themselves are eloquent as to the meaning and value of their efforts as the givers rather than the recipients of service. They contribute their time and talent without any stipend whatsoever. Transportation is provided and sometimes lunch. Two full-time paid coordinators are responsible for recruitment, supervision of placements and training programs.

SERVE-on-Staten-Island is being continued by Community Service Society through 1970 and 1971 with private funds in the hope that public funds will be available for local take-over in 1972.

SERVE-in-New-York-State is a consultation program funded under an AoA Title III grant from the New York State Office for the Aging. Aim is to see whether the lessons learned from the Staten Island demonstration are applicable elsewhere and what modifications in methods are needed. Consultations with local communities began October 1, 1969. Results in the first eight months are encouraging with 204 older volunteers recruited and rendering a variety of services in six communities. Already apparent and underscored is that the provisions of transportation and sympathetic supervision are essential.

Second, about "Senior Advisory Service for Public Housing Tenants":

This four-year demonstration-research program with its two-year service component was largely funded by the National Institute of Mental Health and enjoyed the full cooperation of the New York City Housing Authority. It was sited in four low-rent housing projects in the South Bronx, one of the three most depressed areas in New York City, characterized by physical deterioration, vast social and economic deprivation and a paucity of resources. It was staffed by workers of mature years who were in-service-trained and supervised by a professionally qualified social worker. The workers were expected to make needed resources accessible by rendering defined services—through reaching-out efforts, providing reliable information and vigorous referrals, on-site facilitative and generally supportive help such as filling out forms, escort, shopping, friendly visiting and the like. The target population was some 1,000 tenants aged 60 years and older.

All told and by persistent efforts, over a two-year period, 87 per cent of the target population was reached. The volume of needs and the shortage of resources called for great effort to make accessible what was available. But, in fact, 78

* Documented are recommendations that call for Federal action. Others require state or local action.

per cent of the problems were handled, not necessarily resolved, but handled, because of the intervention of four service workers and a "floater"; nine per cent were pending or "in process"; thirteen per cent could not be taken care of for one reason or another. Everyday experience and careful research indicated that the service was helpful in maintaining the functioning or minimizing adverse changes generally and especially in respect to the emotional and physical functioning of the older tenants served. This was particularly evident for the vulnerable group aged 75-plus. The service workers functioned competently and with relative independence.

As a service phase was coming to a close, widespread efforts of the tenants, local community leaders and CSS as the sponsoring agency were directed to achieve continuation of this helpful program. Fortunately, albeit fortuitously and still on a time limited basis, this came about. A service now known as Senior Community Service is staffed by sixteen part-time aides, mostly in the 60's whose income is below stringent poverty standards and who are retired or chronically unemployed but able and willing to work. This service has developed to have many of the characteristics of the original model. It is one unit of a demonstration program to employ older persons as paraprofessionals in the health and social welfare fields in eleven cities. The demonstration is administered by the National Council on the Aging under a contract with the U.S. Department of Labor.

Third, about the study of the need to include an out-of-hospital drug insurance program under Medicare:

In studying this issue, particular attention was directed to the reports and recommendations of the Task Force on Prescription Drugs set up in May 1967 under a directive from the President, as well as the report and recommendations of the Review Committee of the Task Force on Prescription Drugs appointed in March 1969 by the Secretary of Health, Education, and Welfare.

Knowledge and study of the situation, buttressed by expert opinion, persuaded the Committee on Aging of the clear and evident need to include an out-of-hospital drug insurance program under Part A of Title XVIII of the Social Security Act, considered a feasible and efficient mechanism to alleviate the problem. A position statement was issued April 1, 1970 urging early and positive action.

Fourth, about the inquiry "The Elderly and the State Mental Hospital in New York State":

This report was undertaken (1) to study the problems caused by the limited resources for the elderly which lead to inappropriate placement in state mental hospitals and (2) to develop concrete recommendations and to blueprint programs and services required for adequate care of the dependent, confused elderly person. As the inquiry was getting underway, a State directive was issued, tightening admission policies to state mental hospitals to ensure that only patients "in need of hospitalization in order to obtain psychiatric care and treatment" would be admitted. The directive admittedly applied especially to elderly patients where the state mental hospital had become a haven for persons with socioeconomic and physical problems rather than severe mental disabilities. The full effects of compliance with this mid-1968 directive are not known. But admissions of older persons—some 8,000 annually—have dropped sharply. Despite the substantial number of persons involved, no one knows who the aged are who have been turned away or where they are.

Recommendations in this report issued in September 1969 are based on review of the current situation; study of the literature including an extensive report titled "A Plan for a Comprehensive Mental Health and Mental Retardation Program for New York State" issued in July 1965; discussions with authorities in the mental health field; visits to facilities with imaginative and promising programs such as the Pennsylvania Program of Restoration Centers. The six specific recommendations are addressed to a problem long known and long neglected. They are now being reviewed by a special ad hoc committee on aging convened by the New York State Office for the Aging at the request of the Governor. None of the recommendations is entirely original or new. All call for inaugurating or expanding services that in their totality would overcome the fragmentation of services which is particularly harmful to a dependent elderly population.

Our five overall recommendations to the Senate Special Committee on Aging are as follows:

1. *We strongly recommend that Congress appropriate funds to implement Part*

A of Title VI establishing a Retired Senior Volunteer Program under the Older Americans Act Amendments of 1969.

We hailed the 1969 enactment of legislation to establish a national older volunteer program known as RSVP. We supported its realistic provisions to reimburse out-of-pocket expenses incident to volunteering and to cover the comparatively modest cost of developing and operating such volunteer service programs. We cited the highly successful results of Project SERVE where older men and women have been involved in meaningful service and have contributed to their own well-being and that of the community. We envisioned the new social role and responsibility that would be opened up for thousands of older persons all over the nation with an authorization of \$5 million for fiscal 1970, \$10 million for fiscal 1971 and \$15 million for fiscal 1972.

To date there has been no appropriation whatsoever. Discussion seems to center on a \$1 million appropriation, if any, as a starter. We reiterate our belief in the value of this program which has no substance or meaning without funding at the national level. Moreover, funding should be in an amount that permits broad rather than selective development of the program.

2. *We strongly urge the Congress to take early and positive action to incorporate an out-of-hospital drug insurance program under Part A of Title XVIII of the Social Security Act.*

We believe that appropriate prescription drug therapy and the provision of a care of benefits for older persons who are not patients in hospitals or extended-care facilities, are important. We concluded that benefits should include all prescription-requiring drugs and specified nonprescription drugs (e.g., insulin); that co-payment of \$1 should be required for each prescription or re-fill; that reimbursement should be made to participating vendors. We further concluded that an effective date should be set that permitted the development of a sound structure to minimize operational complexities and to build in control on overuse, abuse and undue cost.

It seems reasonable to expect that this inclusion of lesser-cost care would reduce in some degree the drain and strain on increasingly costly facilities such as hospitals and extended care facilities. It will surely ease the serious financial burden now borne by the elderly.

3. *We strongly urge that Congress renew authorization and make the necessary appropriations to implement Section 204 of the Housing and Urban Development Act of 1968 which provides for the upgrading of management and tenant services in federally financed public housing.*

During the summer of 1969 the Senate Committee on Banking and Currency reported favorably a bill to amend and extend laws relating to housing and urban development. The Committee through its Chairman, the Honorable John Sparkman of Alabama, expressed regret for the "failure of the administration to seek appropriations for this program, which holds such promise for solving many of the human relations and management problems in public housing." The report of the Committee continues: "To the extent that these conditions can be corrected by a federally aided program to provide effective tenant services and management aids, the benefits may be measured not only in improved living conditions for the tenants, but also in substantially improved financial conditions for the public housing projects".

The CSS Committees on Aging and on Housing and Urban Development cite the solid documentation of the value of tenant services afforded by the demonstration "Senior Advisory Service for Public Housing Tenants".

Economical and efficient shelter meets an important need for older persons, but shelter alone is not enough. A social component is essential if poor, needy older tenants are to cope with the complexities of urban life, with the multitude of agencies, the complicated transport system, the confusions and perplexities of bureaucracy. That social component in Senior Advisory Service was the in-service-trained worker who served as a reaching-out agent, expeditor and friendly supporter. Her presence and activities benefited tenants and proved to be a helpful adjunct to management. The service was useful and not very costly. It is a reasonable presumption that the "helping hand" that helped older tenants in public housing would be helpful to younger tenants as well.

A scaled-down budgetary request for \$5 million is now being considered for management and tenant services in federally aided public housing. The sum is small, but it is an important beginning. Approval would represent recognition by the federal government of the need for a strong social approach to public housing management; would offer encouragement to states and local communi-

ties to follow a similar pattern. Approval of an appropriation and extension of the current authorization are strongly recommended.

4. *We strongly urge that Congress appropriate adequate funds for the construction and staffing of community mental health centers.*

This very day budget hearings are scheduled on the Community Mental Health Centers Act. At issue is the authorization in P.L. 91-211 of \$80 million for construction, \$113 million for staffing existing and new centers, and an earmarked \$12 million for mental health services for children. This authorization is stacked against an administration bill that would appropriate \$20 million for construction and \$60.1 million for staffing, the latter an amount below what is required to continue the existing programs. The Committee on Health of the Community Service Society supports the recommendations of the National Association for Mental Health for \$80 million for construction, \$100 million for staffing and designated \$12 million for children's services.

For the purposes of this hearing of the Senate Special Committee on Aging, adequate appropriations for the Community Mental Health Centers Act have particular relevance. We had looked to this source to develop two needed programs for older persons.

The report on "Senior Advisory Service for Public Housing Tenants" called on the New York City Department of Mental Health and Mental Retardation Services to direct each of the mental health centers that are to be established within 52 service areas to assume, as a priority, the responsibility to set up decentralized mental health services, similar to the Senior Advisory Service model, for the aged who do not live in public housing projects, the number of such services being dependent on the size and residential distribution of the elderly population. (There are currently five officially designated and funded community mental health centers in New York City and perhaps 19 prospective sponsors.) The aged who live in dwellings adjacent to public housing are a particularly vulnerable group. Inadequate, low-standard housing compounds their problems. In developing plans to serve these elderly persons, an active reaching-out and bridging service should be incorporated. Such decentralized service centers would come to be recognized as sources of valued information, assistance and understanding; could serve as focal points for community concern for the elderly. These services are so clearly related to the preservation of mental health and the prevention of deterioration which can lead to prolonged institutionalization in overcrowded mental hospitals that it is quite reasonable to look to the community mental health center for such aid.

The report on "The Elderly and the State Mental Hospital in New York State" calls for the establishment of a network of community-based geriatric centers for the mentally impaired, each serving a defined area, providing diagnosis, short-term treatment and placement. These centers could be modeled on the Pennsylvania Program of Restoration Centers, with some aspects of the San Francisco geriatric screening team. The centers envisaged for New York City would provide an in-patient program, out-patient service and the help of a mobile outreach unit. Each center would provide for every elderly person served (a) a complete diagnostic evaluation, (b) short-term intensive treatment designed to relieve symptoms, correct remediable physical defects, bring the patient to optimal physical and emotional readiness for the appropriate placement, (c) development and execution of a living-and-care plan and (d) continuing responsibility. This recommendation has evoked interest on the State level in New York.

Obviously, these programs require funding, substantial in nature. The first one could be funded through channels other than the Community Mental Health Centers Act—the Older Americans Act of the Social and Rehabilitation Service being possibilities. The second is clearly an appropriate and greatly needed development in the mental health field. Without adequate support at the federal level, local communities are frustrated and stymied in their efforts to meet evident needs for the elderly who all too often are unequal competitors with younger age groups for scarce dollars. Geriatric centers, for example, require very considerable funding and are not high priorities. Little is possible except the development of a few experimental services under the hoped-for appropriation of \$80 million for construction and \$100 million for staffing. Even as the current recommendations of the National Association for Mental Health includes \$12 million for children's services, an earmarked sum for the aged might serve as an incentive and a means of bringing the needs of the elderly to the forefront.

5. *We urge, finally, that the United States Department of Labor, through its federal-state employment system, expand and strengthen existing programs for the recruitment, training and placement of middle-aged and older workers and engage in a vigorous program of job development to open up placement possibilities in community service programs.*

Our own experience in Senior Advisory Service and the experience of others bear witness to the feasibility and desirability of employing mature persons of capability and sensitivity as "paraprofessionals" in the fields of health, education and social welfare. In our experience, the carefully screened, agency-trained and supervised non-professional performed at a high level on the job, gave valuable service as an adjunct to housing management functions, and freed the professional worker for functions requiring professional expertness and experience. Other investigators assigning other functions to workers in other settings report similar and positive results. Successful demonstrations need to be translated into on-going and permanent programs. The Department of Labor with its expertness and structure is the appropriate agency to develop such programs and encourage local communities to take advantage of a ready pool of trainees to meet the critical shortage of trained personnel. We are informed that the U.S. Training and Employment Service is working on just such a program and hopes to begin to develop some definite plans in the near future. We applaud this effort and hope only for early realization of the objective.

These, in sum, are five recommendations submitted for consideration as the Senate Special Committee on Aging continues its splendid work of evaluating Federal efforts on behalf of older Americans and stimulating grass-roots interest and support.

ITEM 8. PREPARED STATEMENT OF DR. MARY C. MULVEY, DIRECTOR OF PROVIDENCE SENIOR AIDES, ADULT EDUCATION DIRECTOR, CITY OF PROVIDENCE, R. I.

Mr. Chairman, and Members of the Committee, I deem it a great privilege to have been invited by the United States Senate Special Committee on Aging to speak at this Hearing on "Sources of Community Support for Federal Programs for Serving Older Americans."

As part of the general topic under discussion today, I have been asked to consider certain topics:

One: To explore ways in which church and other non-profit organizations can help provide more facilities and services than are now available for the elderly.

Two: To determine whether Federal policies or legislation may be discouraging such organizations from fulfilling responsibilities they would like to assume on behalf of the elderly, and to consider possible legislative remedies.

Three: To receive suggestions for development of community support for programs or projects which serve agencies in such efforts.

I shall not attempt to cover all three topics separately. Rather, I shall confine my remarks to education for aging, and to specific projects in which I am currently involved and which have relevance for this Hearing. These will relate to programs in my various roles as: Director of Adult Education for the City of Providence, Rhode Island; Director of the Providence Senior AIDES Project; Lecturer in Preparing for Retirement at University of Rhode Island Extension Division; and Chairman of the Section on Education for Aging of the Adult Education Association of the U.S.A. Within this framework, I shall try to make suggestions for improving the cooperative endeavors of Federal and community agencies.

COMMUNITY SUPPORT AND CITIZENSHIP RESPONSIBILITY

To speak briefly to the first point, there are thousands of examples of projects undertaken and carried out for a period of years all over the country by myriad organizations. A steady increase in the proportion of community-based voluntary professional and scientific bodies, community agencies and organizations who are involved in older people's programs appears to be an emerging trend, although there is no systematic collection of statistics yet available to substantiate this hypothesis.

Special volunteer organization of and for older people include *local* voluntary organizations made up of older people themselves, and *national* organizations for older people and/or to serve older people.

Local associations include Golden Age Clubs, Senior Groups, Senior Centers, Old Age Pensioners Associations, Telephone Pioneers, and others. Sponsors of these are usually churches, National Council of Jewish Women, Soroptomist Clubs, trade unions, business, industry, agricultural associations, local women's clubs, service clubs, settlement houses, hobby clubs, YMCA, YWCA, Salvation Army, fraternal groups, veterans organizations, and others. Educational organizations per se have contributed little in this respect.

National organizations of older people and/or to serve older people include: 1) National Council of Senior Citizens, American Association of Retired Persons, National Association of Retired Civil Service Employees, and others; 2) scientific national organizations, including the Gerontological Society, Inc., for research; 3) professional national organizations, including American Association of Homes for the Aging, American Nursing Home Association, National Council on the Aging; and 4) national scientific and professional organizations, including American Public Welfare Association, National Council for Homemaker Services, American Medical Association, Group for the Advancement of Society, Adult Education Association of U.S.A., American Sociological Society, American Psychological Association (Division of Later Maturity), American Hospital Association, American Geriatrics Society, and organizations of anthropologists, architects, and economists, respectively.

In attempting to explore ways in which these non-profit organizations can help provide more facilities and services than are now available for the elderly, I am greatly tempted to simply read off a laundry list of every conceivable need and then sort out those of highest priority and suggest that the Federal Government help local organizations with funding. I'll try not to do that; but I can't overlook the basic needs of income, health, housing, transportation, nutrition, consumer interests, employment, and education for aging, including retirement roles, for their impact upon "living in the later years." I have long been a supporter of legislation to improve these conditions, and an active worker at both the grass-roots and the national level, to obtain community support for programs and projects to correct the deficiencies.

As I mentioned at the outset, I shall confine my remarks to the educational needs of middle-aged and older adults and to determine what our roles might be in attempting to meet these needs. Education for aging is only one of the many needs of older (and younger) persons. There is no one answer to the problem. An effective attack must be launched on a number of fronts—at the Federal level that would encourage Federal, State, and community programs at all educational levels to provide, not only practical courses in retirement planning, but also learning opportunities for those who wish to earn degrees, to learn new skills and/or to pursue personal interests, for illiterates who wish to learn to read and write, and for all to gain comprehensive information about how to retire successfully.

Because a multiplicity of programs directly or indirectly related to the elderly pervades my various day-to-day adult education responsibilities, I shall present a brief sketch of some of these activities and try to relate them to the purposes of this Hearing.

PROVIDENCE SENIOR AIDES

In July, 1968, we launched the Providence Senior AIDES Program under the sponsorship of the Adult Education Department of the Providence Public Schools.

The Providence Senior AIDES Program is now a seasoned and well-developed project which employs over 60 low income older persons in various adult education and related tasks in Providence. It is a success story—a story of employed individuals who make up the work corps, and the hundreds of others whom they have helped directly or indirectly, all of whom have found involvement, accomplishment, mutual understanding and respect. The helpers and those helped have both gained from the experience.

We have sub-contracted with another host agency, the John E. Fogarty Center for the Retarded, for employment of 12 Senior AIDES in services to retardates. These include roles as teacher aides, cook, child care, arts and crafts instruction, clerical services and training and supervision of mentally retarded children and adults.

With the exception of the 12 Retardate aides, Providence Senior AIDES work under the sponsorship of the Adult Education Department of the Providence Public Schools, primarily in two programs—Adult Basic Education (ABE), and the Adult Referral and Information Service in Education (ARISE). We also place Senior AIDES, on long and short-term assignments, in other departments of the school system, including Guidance, Health, Special Education for the Handicapped and Exceptional Child, School Census, Central Records, Follow Through, School Book Depository, and School Lunch. We loan several Senior AIDES to the State Department of Education—some intermittently and others on an extended basis—in various divisions, including Instructional Services, Adult Education Division, State Educational TV-WSBE-Channel 36, and State Lunch. Others serve, at various times, the State Consumer Council, the University of Rhode Island, the United States Marines Reserves, and most recently, the Internal Revenue Service.

The Senior AIDES wear many hats, often shifting from one assignment to another and from one location to another. Their ease of adjustment to change and their capacity to learn has exceeded our expectations. Indeed, one of the most distinctive features of the program includes the Senior AIDES success in learning new skills, reactivating former skills, and application of these skills to productive performance in work roles.

The Senior AIDES are "doing their own thing." Some are "doing the thing" they did formerly: 1) in clerical and administrative tasks—bookkeeping, typing, recordkeeping, filing, payroll, time-keeping, receptionist, office machines; 2) in arts and crafts—printing, designing, calligraphy, flower-making, furniture refinishing and cabinet making, sewing, and teaching deaf children (by a retired deaf-mute).

Other Senior AIDES receive training and supervision by our Adult Education Staff in such work as data processing of our caseload in Project ARISE, codifying data on high school dropouts, Adult Basic Education students and dropouts, statistical analysis of data, school census data processing, transcription of student records, school lunch accounts, school nurse's aide work, school library assistance, information and referral service for ARISE clients, techniques of record-keeping, and counseling on filing Income Tax Forms.

On-the-job training and supervision were provided by the staff of our Adult Education Department and of the State Department of Education for several Senior AIDES in preparing for, and performing, their work in collating, processing, inspecting and distribution of books and other educational and instructional publications. The special talents of Senior AIDES have made significant improvements in our department's Adult Education *Directory* and other materials: a retired printer designs and prints the covers, and binds the books; a retired calligrapher provides designs; and a retired photographer (a skill acquired after a lifetime as a machinist) furnishes photographic illustrations. Among services to the State Department of Education, the AIDES have collated and helped to disseminate: instructional booklets for Channel 36—State Educational TV for distribution to all schools throughout the state; *Use and Abuse of Drugs* for State Instructional Services to be used in all school districts.

Our Adult Education Department headquarters have been physically enriched by the work of a retired construction foreman who is busily engaged in repairing and refinishing, for our office use, old furniture which had been discarded by the Providence School Department.

Other special assignments—some requiring in-service training and others not—include: delivering MEALS-ON-WHEELS to shut-ins for the University of Rhode Island; special services for Senior Citizens through counseling and referral; aide to lecturer in *Preparing for Retirement* at the University of Rhode Island; sorting and processing "Toys for Tots" for the Marine Reserves at Christmas time, and making clothes for same; survey work and home calls for the State Consumer Council on consumer needs, problems, and abuses; and compilation of statistics for Model Cities Planning and Operational Programs.

All Senior AIDES devoted one hour a day during the summer, 1968, to viewing Educational-TV, *Read Your Way Up* (11-11:30 a.m.), and *TV-High School* (11:30-12 noon). Some participated for refresher purposes, others to prepare for the High School Equivalency Test, and several others for help in recruiting high school dropouts for participation in TV-High School and/or for return to school.

Four enrolled in a training course in Data Processing in the Providence Central High Evening School. Originally these aides began their training on-the-job

in our Adult Education Office in connection with Project ARISE, and had prepared permanent record cards for over 5,000 clients, and coded data for key-punching and computerizing. Through formal instruction and machine practice in the training course, they learned the end product of their ARISE coding, and hopefully would carry over this learning experience to on-the-job service.

Each Fall and Spring semester about 15 Senior AIDES complete a course in *Preparing for Retirement* at the University of Rhode Island, to lay the groundwork for various kinds of service to Senior Citizens, to discuss current problems, to learn about up-to-date programs, and to prepare to be liaison staff with the Rhode Island Council of Senior Citizens. Cost of the course is absorbed by the University.

Senior AIDES participated in the Workshop in Adult Education in Newport, Rhode Island, October, 1968, sponsored by our Adult Education Department. A luncheon at which Mr. William R. Hutton, Executive Director of the National Council of Senior Citizens, Inc., was guest speaker, was followed by a Discussion Session with Senior AIDES and Mr. Hutton.

Eight Senior AIDES received training by the Internal Revenue Service for Project VITA (Volunteers for Income Tax Assistance).

Special mention must be made of the extraordinary training opportunities for preparing Senior AIDES for their paraprofessional roles in Adult Basic Education (ABE) and in English as a Second Language (ESL). Ten completed a course (Summer, 1968) at Rhode Island College in *Techniques of Teaching Adults*, to prepare to be Teacher Aides and to assume other paraprofessional roles. They joined with certified teachers who were preparing to be teachers of Adult Basic Education. Scholarships were awarded by the Adult Basic Education State Supervisor to cover the cost of Senior AIDES training. Twenty Senior AIDES completed a workshop (Summer, 1969) for *Teacher Aides* in Adult Basic Education, under the same auspices and funding. Eight Senior AIDES, through funds from the United States Office of Education, completed a workshop in *Teaching English as a Second Language* (ESL) at the University of Wisconsin (Summer, 1969).

Ten Senior AIDES had pre-service and in-service training by our staff in *Techniques of Recruiting* adults with less than an 8th grade education for enrollment in *Adult Basic Education* (ABE) classes—and immigrants for enrollment in programs in *English as a Second Language* (ESL). These recruitment techniques were later applied to Senior AIDES' efforts to enroll persons who did not finish high school for participation in TV-High School, and/or to persuade High School dropouts to return to school or to various other kinds of High School Equivalency Programs. The basic training in field work was conducted by a trained social worker, and consisted of: 1) interviewing techniques, 2) group problem discussions, 3) recruitment procedures, and 4) actual field work training.

Close supervision and direction is exercised over Senior AIDES in their recruitment, public relations and promotion activities in ABE; and a structured program is followed. Assigned to respective census tracts, the AIDES make door-to-door calls, and person-to-person contacts, and distribute posters, flyers, and other materials; post exhibits and displays, canvas business and industry, churches, community agencies and ethnic groups; use mass media, involving press releases and radio and TV appearances and announcements, and follow up dropouts. Our retired printer, calligrapher and photographer produce promotional materials and arrange displays and exhibits. Results have been productive. In the Fiscal Year 1969, the cumulative total of adults enrolled in ABE classes was 1,007, compared to a total of 785 in the Fiscal Year 1968, an increase in 28.3 per cent.

Using the same techniques of identification, contact, and motivation, the Senior AIDES conducted a crash recruitment effort in August 1968, to get high school dropouts to return to school. One Senior AIDE organized the drive and supervised the operation. Of the 955 dropouts in School Year 1967-68, Senior AIDES were able to contact 222 personally, and 186 through their families or others. They distributed a special brochure on educational opportunities, *Happiness Is A Diploma*, compiled by them under the supervision of the staff of Project ARISE. They left 408 of these special directories; and, when inappropriate to leave a directory, they left literature describing the ARISE program, with forms to be filled out and mailed into our office. They left no literature in 298 cases because of wrong address, house demolished, or a vacant lot. The AIDES also compiled statistics on adults in families of dropouts to attempt to enroll them in Adult Basic Education or High School Equivalency classes, whichever were appropriate.

A quick check-up during the first two weeks of the School Year 1968-69 revealed that 60 of the dropouts whom the Senior AIDES visited returned to the same schools from which they dropped out. We did not pursue the follow-up further to determine how many transferred to other schools, were attending other educational programs, entered the Armed Services, etc.

We find in the Senior AIDES Program little to fault and much to praise. There are some important aspects of the program that we have passed over lightly. Nothing has been said about Counselor AIDES for Project ARISE for the Providence Adult Education Department. This is an outreach program for providing information to: 1) youth, adults and the elderly about educational, cultural and related community services available; and 2) educational and other community agencies about lack of services that should be provided to meet individuals' needs.

Teacher AIDES in ABE classes work on a one-to-one basis or in small groups of undereducated adults and ethnic groups; other AIDES tutor adults to prepare for passing the High School Equivalency Test; and still others assist teachers in the elementary and secondary schools.

Our Senior AIDES are featured in two films produced by the University of Rhode Island Program in Gerontology—*Adventures in Learning*, and *Making Ends Meet*.

Our Senior AIDES Project has been written up in many feature stores in the *Providence Journal-Bulletin*, a morning and evening daily paper which has a statewide circulation. They have also received prominent recognition in other mass media.

Two of the Providence AIDES found romance. They met as Senior AIDES, married, and had to resign from the program because their combined incomes made them ineligible to continue.

Recently one Senior AIDE, a retired artist, presented to the Governor of Rhode Island black and white sketches based on *Providence Journal* pictures of him delivering his Inaugural Address.

An 85-year-old-widow is a school receptionist in a building which houses four different departments.

Some Senior AIDES have gone into full-time employment as a result of their Senior AIDE work and experience.

A Senior AIDE deaf-mute works with hard of hearing children in the Providence School Department.

Impact upon host agencies is significant. For example, the Director of the John E. Fogarty Center for the Retarded where 12 of our Senior AIDES are employed, testified at a recent Senior AIDES Hearing in Providence, Rhode Island (March 6, 1970) that his agency could not continue to function adequately without the Senior AIDES' assistance.

Worth noting also is that there is no generation gap. The Seniors work side by side with children, youth, adults, and the elderly, Neighborhood Youth Corps teenage girls, and school dropouts.

In the beginning skeptics doubted that our program, designed for older persons at the poverty-level income, could be successful because of its educational nature. Our answer was, "It could"; and results have even exceeded our expectations in terms of their multiple services to the community.

The Senior AIDES Program has been carefully monitored since its beginning. The National Council of Senior Citizens evaluates the program through monthly statistical summaries and narrative reports. In addition, field representatives visit the project frequently; and recently, on March 6, the NCSC conducted a Public hearing on the Senior AIDES Project in the City Hall Chambers of Providence City Hall.

All who gave testimony at our recent Public Hearing in Providence—Senior AIDES, community agencies, and prominent individuals, including our Rhode Island Congressional Delegation—made statements of strong support for provision of employment for more older persons in Providence and in the other 20 communities, extension to additional communities, and continuation indefinitely to provide economic stability and security to Senior AIDES, and uninterrupted services to all others involved in the program.

I have described the Project in detail in the publication, *Providence Senior Aides Hearing*, held in the City Hall Council Chambers, Providence, R.I., March 6, 1970. This book contains testimony by the Senior AIDES themselves about how the program has provided opportunities for work in meaningful roles, has supplemented their income, and has enabled them to again become part of the mainstream of life. The printing, duplicating, collating, and binding were

done by Senior AIDES. In this document host agencies and others who have benefited from the Senior AIDES services provide ample and valid proof of their worth, and testify that the program should be expanded to provide employment for more older persons in Providence and the other 19 communities which conduct projects, should be extended to additional communities, and should be continued indefinitely to provide economic stability and security to Senior AIDES, and uninterrupted services to all others who are served by the program. I am submitting for your information a copy of the publication. Since it is too bulky to be included in the record of this Hearing, I shall be happy to provide copies, upon request, to the members of this Committee for their use. I am also submitting with this testimony samples of news stories about our Senior AIDES Project which have appeared frequently in the Friday evening issues of the *Providence Evening Bulletin*, by Harold Kirby, who "by-lines" weekly feature stories, "Strictly Senior", published in large print and in terminology understood by the general public, particularly Seniors.

Before I proceed to another topic, I feel compelled to make a recommendation to your committee for improvement of the economic guidelines used for eligibility for participation in the Senior AIDES Program. It has been apparent since the inception of the Senior AIDES program, and has since been proven by experience, that the economic guidelines applying to this project are not only unjust but have tended to polarize any effort on the part of the sponsors to hire people who have the caliber and affinity needed to cope with the problems of their fellow elderly. The present Manpower guidelines are geared to the young people who come from a low income family and cover the income of the total family as a basis for working on Youth Corps and summer jobs. But Federal programs for the elderly are not written for Youth Corps or summer jobs, but for "year 'round" participation on a part-time basis.

We recommend that:

The Senate Special Committee on Aging work on developing new economic guidelines for the Senior AIDES program and any other present or future projects for the elderly which will be more compatible with the circumstances prevalent among applicants for jobs on these projects:

1. Amending the income criteria to a more realistic level, recognizing the cost of living variances throughout the United States, but requiring that all those at the poverty level be hired first;
2. Considering the actual total income of only the applicant, not the entire household, when one is living in a relative's home;
3. Allowing only the amount of board and room to be considered as income, when a child continues to live with the parent and pays only board and room.

This action would be a quantum jump towards a more positive approach to solving the crucial needs of the economically disadvantaged elderly (under \$3,000), thereby averting the continuing despair inflicted upon those who are turned away under the present restrictions.

NEED FOR PASSAGE OF S-3604

A seemingly extraneous matter which does not deal directly with education for aging, but which is significantly related to retirement roles, is the proposed *Older Americans Community Service Employment Act of 1970*, sponsored by Senator Edward M. Kennedy, and by you, Senator Williams. This Bill, modeled on the successful Senior AIDES programs, proposes an expanded employment program on a continuing basis across the country for low-income elderly.

I presented extensive testimony in support of this Bill at the Hearing of the Special Subcommittee on Aging, of the U.S. Senate Labor and Public Welfare Committee, in Fall River, Mass., chaired by Senator Kennedy, April 4, 1970. I pointed out then, and I say now, that 7 times the number of Senior AIDES could be employed in Providence, and by as many agencies who are asking for their services. Boston, Mass., could employ 500 Senior AIDES and are funded for only 60, like the rest of us in each of the 19 communities now operating programs.

I also pointed out that insufficient income is the most desperate problem of older Americans, and that the elderly poor are the only U.S. poor whose numbers are increasing. I showed that the aged will continue to lag in income between now and 1980, whereas income of the rest of the population will continue to gain. I disclosed the bias of the Federal anti-poverty programs, in that the Federal Office of Economic Opportunity has never allocated more than one budget dollar

out of every 50 to programs for the elderly, although those over 55 represent one in every four Americans living in poverty.

I entered into detail about the fallacy of using one inflexible norm for older persons as a measure of poverty level because the cost-of-living index varies significantly in various areas throughout the country (U.S. Department of Labor, BLS, *Retired Couple's Budget for a Moderate Living Standard*, U.S. GPO, Washington, D.C. 20402). While 40% of the non-institutionalized elderly couples fall below the BLS modest but adequate (near poverty) level of \$3,869 annual income, older persons in our area of the country (Northeastern cities) suffer even more, since the cost of living here is the highest in the U.S.A., except for Honolulu. I have prepared a chart, adapted from the BLS Survey, to delineate the differences in respective areas. I include it with this testimony for the record and hope that these variations will be considered in defining income criteria of eligibility for participation in the proposed program.

ANNUAL COSTS OF THE RETIRED COUPLE'S BUDGET, URBAN UNITED STATES, 39 METROPOLITAN AND NONMETROPOLITAN AREAS—AUTUMN 1966

Area	Costs	Percent ¹
Urban United States.....	\$3,869	100
Metropolitan areas.....	4,006	104
Nonmetropolitan areas.....	3,460	89
Honolulu, Hawaii.....	4,434	115
Hartford, Conn.....	4,352	112
New York-northeastern New Jersey.....	4,323	112
Boston, Mass.....	4,298	111
Seattle-Everett, Wash.....	4,260	110
Buffalo, N.Y.....	4,204	109
San Francisco-Oakland, Calif.....	4,171	108
Portland, Maine.....	4,108	106
Milwaukee, Wis.....	4,083	106
Indianapolis, Ind.....	4,076	105
Washington, D.C.-Maryland-Virginia.....	4,044	105
Champaign-Urbana, Ill.....	4,023	104
Cleveland, Ohio.....	4,010	104
Philadelphia, Pa.-New Jersey.....	4,005	104
Los Angeles-Long Beach, Calif.....	3,991	103
Minneapolis-St. Paul, Minn.....	3,971	103
Chicago, Ill.-Northwestern, Ind.....	3,970	103
Cedar Rapids, Iowa.....	3,939	102
St. Louis, Mo.-Illinois.....	3,939	102
Pittsburgh, Pa.....	3,917	101
Lancaster, Pa.....	3,916	101
Denver, Colo.....	3,907	101
Baltimore, Md.....	3,873	100
Kansas City, Mo.-Kans.....	3,866	100
Detroit, Mich.....	3,849	99
Wichita, Kans.....	3,847	99
San Diego, Calif.....	3,840	99
Green Bay, Wis.....	3,814	99
Bakersfield, Calif.....	3,786	98
Dayton, Ohio.....	3,771	97
Cincinnati, Ohio-Kentucky-Indiana.....	3,760	97
Nashville, Tenn.....	3,721	96
Orlando, Fla.....	3,688	95
Dallas, Tex.....	3,639	94
Houston, Tex.....	3,628	94
Durham, N.C.....	3,608	93
Atlanta, Ga.....	3,581	93
Austin, Tex.....	3,534	91
Baton Rouge, La.....	3,486	90
Nonmetropolitan areas (places with population of 2,500 to 50,000).....	3,687	95

¹ 100 percent equals U.S. urban average cost.

Note: Indexes of comparative living costs based on the retired couple's budget (adapted from U.S. Department of Labor, BLS report, 1968) by Dr. Mary C. Mulvey.

Since my testimony in Fall River will appear in the proceedings published by your committee, I shall not pursue further the merits of the Bill S-3604 except to comment briefly on how this proposed program will help to correct the inequities in employment opportunities for older persons. I refer to current manpower programs of the United States Department of Labor which allocate 60 percent of their funds to programs for the unemployed aged 21 and under. Those unemployed who are aged 55 and over make up a number almost equal to those 21 and under—but the big difference is that only four percent of the manpower funds go

into programs for those over 55 (10% to those 45-and-over, further pointing up the age discrimination in relation to those 55-and-over). The hardships accompanying unemployment and involuntary retirement of millions of persons aged 55-and-over need attention at the Federal level.

We recommend that:

The level of funding of the *Age Discrimination in Employment Act* be raised so that additional staff may be employed to enforce the law more effectively. In addition to providing socially useful employment to older persons of low income, S-3604 will also help to meet a critical shortage of professional persons in the service occupations by providing supportive services performed by a corps of subprofessionals and paraprofessionals, properly trained, to supplement and facilitate the work of professionals. Actual models have been developed in 19 communities which demonstrate what Senior AIDES can accomplish; and five of these, operating in the New England area, were described at the Fall River Hearing and will appear in the published proceedings.

We recommend:

1. Prompt passage of S. 3604, the *Older Americans Community Services Act of 1970*, which authorizes \$35 million for Fiscal Year 1971, and \$60 million for Fiscal Year 1972.

2. Authorization be included at the level of \$100 million for the third year, ending 1973.

3. Revision of economic criteria for participation in the program, including higher ceiling of income, variances in relation to cost of living in different parts of the country, consideration of actual income of the older person rather than the complete household if he is living with a relative, and other measures to correct current inequities.

PREPARING FOR RETIREMENT

The things I have to say on the subject of preparation for retirement roles have already been said by me back in 1964 in my testimony before the *Senate Subcommittee on Federal, State, and Community Services*, of the U.S. Senate Special Committee on Aging, chaired by Senator Edward M. Kennedy (Hearing, January 21, 1964, Providence, Rhode Island); and these proceedings have been published. The topic has also been discussed by various experts in various ways in testimony before the *Subcommittee on Retirement and the Individual*, of the United States Senate Special Committee on Aging (Hearing, July 25, 1969, Washington, D.C.); and this Hearing has been published.

These Hearings and other sources have disclosed that various methods of conducting pre-retirement counseling and systematic retirement preparation programs have been developed by a mere handful of organizations and institutions. These pioneering efforts have been made by a few universities, personnel departments in business, industry, and government, some labor unions and a smattering of community adult education agencies. The general model has been designed with a common theme which runs the gamut of retirement problems (health, housing, income, legal, leisure . . .), and programs and prospects for coping with the problems.

The topics covered in the course which I conduct at the University of Rhode Island Extension Division in *Preparing for Retirement*, each Fall and Spring semester, reflect the general model of practically all retirement courses in operation today.

However, our model is distinctive in that we administer testing programs of interests, aptitudes and personality characteristics; and we find that this aspect of the course has vital significance to persons preparing for, and in, retirement. We interpret the results of the tests to the enrollees so that they may gain greater self-knowledge to enable them to plan for retirement roles more effectively.

My University of Rhode Island course is also a good example of what an educational organization can do *alone*, without Federal funding; the course is *free* to all persons 60-and-over except for a charge for registration (those under 60 pay a tuition fee). I have described the course in detail in a magazine article (*Adult Leadership*, Adult Education Association of the U.S.A., September, 1967). so I won't elaborate on it here. I am submitting a reprint of the article with this testimony. The course has been conducted six times since this article was published, making a total of 14 semesters. We are updating the article and shall be happy to provide you with the revised version when we complete it.

Participants

Let me note briefly now that 391 have completed the course—236 women and 155 men. Of those whose marital status is known, 62 women and 125 men were married (living with spouse); and among these were 30 married couples who attended the course together. Seventy-four women and 13 men were widowed; 52 women and 5 men were single; 9 women and 6 men were divorced or separated; and 37 women were nuns.

Their ages ranged from 28 to 83 years, with a mean age of 63.2 years, a median of 62 years, and a mode of 60 years. With only 30 enrollees under 60 years of age, it is obvious that we, like others, are attracting relatively few persons to retirement preparation sessions until they approach, or have reached, retirement age. However, the vast majority are still working full-time or part-time, or seeking work, with only 52 retired and 20 non-employed housewives.

The occupations of our participants run the gamut from unskilled (janitors, stevedores . . .) to college professors, dentists and bank managers. Women students had not had as great a variety of occupational pursuits as men but illustrated a wide range, from unskilled domestics and factory hands to educators and social workers. Some married women students had never worked at all. Of the 37 nuns who enrolled during the last 3 semesters, 33 were engaged in the teaching profession, one a librarian, and one a Sister of the Poor who is working within the community at whatever jobs need to be done. Only two nuns were retired.

Educational level ranged from the 4th grade up to the doctorate. The recent phenomenon of the influx of nuns has contributed to a marked upward trend, not only in occupational level (mentioned above), but also in educational level; for example, 20 of them hold Masters degrees, and 16 hold Bachelors degrees.

Recruitment

A serious problem has been how to motivate retired persons and older workers to participate in the programs available, few though there are. Participation in the University of Rhode Island course, like other, is voluntary; therefore there is the perennial difficulty of attracting the large numbers who should be participating. Our enrollment was small for the first few sessions because the only method of dissemination of information was through the University *Catalog* and *Bulletin*, which obviously did not reach the masses but only the relatively few on

To reach a larger population, we secured financial and manpower assistance from the Providence Seroptimist Club, prior to our fourth semester opening; and, in this way, we publicized through mass mailings to senior clubs, personnel managers, voluntary and private agencies, newspapers, and other strategic organizations that would reach the "target" population. Simultaneously, we distributed flyers and had radio and TV public service announcements. The *Providence Journal-Bulletin*, our daily morning and evening newspaper with statewide circulation, supported our efforts with several feature stories by Harold Kirby in his "Strictly Senior" page, and by other reporters. We submit copies with this testimony for whatever use you wish to put them. That this special effort was necessary is evident from the fact that the enrollment more than doubled in ensuing classes.

Results of polling this class and all subsequent ones indicate that newspaper stories, as a result of the recruitment effort, brought in overwhelmingly the greatest number. Frequency of mention of methods by which participants were informed were: newspapers—43%; friends/family—16%; University of Rhode Island *Catalog*—14%; lecturer—12%; former pupils—2%; senior citizens clubs—2%; and others (radio-TV, flyers, employers, state employment office, miscellaneous)—11%.

There are several general factors which can be pinpointed as deterrents to participation. These include lack of transportation, the time factor involved since classes are held at night, and a general apprehension on the part of older persons generally about enrolling in courses in a college or university setting, largely because of their relatively low level of education, the length of time since they last attended school, the pervading doubt of the ability of older persons to learn, and a prevalent erroneous opinion that the educative process should end at the early stage of our lives.

Reasons for participation

While much is said about the value of courses in education for living in the later years, little or nothing discloses results of research on 1) motivation for

participation in such courses, and/or 2) subsequent impact of these programs on retirement living.

To get down to the nitty-gritty of *why* a broad cross-section of the population enroll in a retirement course in a university setting, we simply asked the question of each class. Results of analysis of replies centered upon participants' concern for information in general, with the overwhelming predominance of Medicare and Social Security. Other interests were (not listed in order of importance); health, housing, finances and income, employment and/or second careers, leisure time pursuits (hobbies and volunteer services), psychological aspects of aging adjustment for self and in relation to others.

In general, participants under the age of 60, and some over 60 who had responsibilities as personnel directors or business administrators, were enrolled because the nature of their work was concerned with guidance, counseling, administration, programming, and other professional work with and for older persons. They wanted the latest information on newer methods of work, approach, procedures, legislation and resource materials to improve their performance and results. The six nuns under 60 years of age enrolled because they had been assigned to Diocesan Committees for study and/or for programs with the elderly—primarily with retired nuns. Dioceses included Boston, Massachusetts; Portland, Maine; and Providence, Rhode Island.

The reasons given by nuns in general for enrolling in the course are somewhat different from those of laywomen, since plans for retirement are seemingly not a characteristic of religious communities up to now due to the fact that nuns continue to work long after the age of 65, up to the point that they are physically or mentally unable to do so. The philosophy of the acceptance of poverty and service to others is vividly expressed in nuns' replies. Seemingly because of this philosophy, nuns expressed a concern for information enabling them to "help others" either in the community at large or within their respective orders—in contrast to a desire for personal gains; for the most part they seemed to have a more urgent desire to remain useful in their later years in contrast to a desire for enjoyment of leisure in terms of "fun and games". This recent concern is so critical that nuns have travelled regularly from Boston, Mass., and other out-of-state areas chiefly to learn about what opportunities there are in their respective communities to make constructive use of their leisure time on either a paid or non-paid basis.

We have discussed the nuns' situation at length because their skills represent an untapped reservoir of competence which may be appropriate answers to questions Number One and Number Three posed for today's hearing. This supply of talented womanpower can help to:

- (1) Provide more facilities and services than are now available for the elderly, and
- (2) Constitute community support for programs which serve agencies in such efforts.

Incidentally, I have taken advantage of their competent services in my Adult Basic Education Program in Providence, Rhode Island, as teachers and as teacher aides.

Another important concern relates to problems of inflation and decreased financial support of churches and church-related organizations, so that more religious communities are facing mounting problems of useful deployment of aging nuns. Members of the classes, either facing retirement years, or assigned to study this problem, seemed to have become increasingly concerned as to their place in such programs as Social Security and Medicare.

This latter concern raises an issue that should be examined and corrected, namely the ineligibility of nuns to participate in the Social Security program. Because they have taken the "vow of poverty", Social Security rejects them. There is an inconsistency—and even an injustice—in the system because, when Medicare was passed and became operable, everyone 65 and over was blanketed into Part-A whether or not he or she were eligible for Social Security cash benefits; and Part-B, of course, was optional. When it became necessary later for those attaining age 65 to have earned specified numbers of quarters under Social Security in order to participate in Part-A of Medicare, nuns were prohibited from earning those Social Security credits to obtain this protection but, at the same time, they can buy Part-B. It appears to me not only illogical, but even illegal, that by virtue of their being born one, two, and now three years later than their older "sisters", they are barred from the same tax-supported benefits.

We recommend that:

The Social Security program be re-examined with a view to correcting the seeming inequities in relation to nuns' ineligibility for Social Security cash benefits and especially for Medicare Part-A.

Evaluation by Participants

In an attempt to ascertain how helpful the course had been for participants, we circulated a questionnaire at the closing session of each class in which we asked several questions and to which participants were not required to sign their names.

Responses were many and varied, perhaps the principal one being a change of attitude of enrollees which can probably be expressed best in their own words (in composite form) :

"The course helped remove most doubts about retirement . . . I learned not to fear it . . . It resolved a lot of unknowns . . . It changed my whole outlook on retirement through the information and testing . . . I have become more optimistic . . . I have learned how to grow old gracefully and have a happier outlook . . . I learned that I am not alone in the world . . . Everything was new to me . . . I came to realize that the many opportunities available should eliminate any fear of boredom in retirement . . . The sessions produced a greater awareness of the problems of retirement and how to face them . . . I gained reassurance in feeling that stagnation of senior citizens is a thing of the past and that many new avenues have hereby been opened for me . . . A greater feeling of security and gratitude has come as I witness the active concern for the aging that exists today . . . It is encouraging to have learned that so much is being done . . ."

Others commented most favorably on the wealth of information provided through lectures, reading and resource materials :

"I never dreamed where to find so much information and its ready availability ; among other things, information on housing, drug costs, finances . . . The wide variety of information has helped me to formulate plans for my retirement . . . I have gained many better ideas for the use of leisure time . . ."

Some liked best the tour through the housing project for the elderly. One participant found that she now reads news articles related to retirement more fully and more intelligently ; while another had found inspiration and incentive for pursuing other study courses considered of potential benefit.

Many felt they were helped most by information regarding all the opportunities and/or options available through the Social Security plan as well as hints on how to live better on reduced, fixed incomes.

A few felt that discussion of the psychological aspects of aging was the most helpful and rewarding portion of the course. Some felt that the testing program was the most helpful ; while others felt strongly that it was the least desirable. The informality of discussions, the fellowship, social contacts and resultant inspiration were considered outstanding features of the ten sessions.

Nevertheless, in recording answers from some of the successive questions, it was noted that many desired an opportunity for more informal social contacts and exchange of information with classmates (we concur in this feeling but the 10-week session is too short for this).

My staff assistant who helped in the analysis insists that mention must not be omitted regarding the overwhelming number of enthusiastic and favorable comments upon the forceful and dynamic leadership of the class lecturer (Dr. Mulvey). "Her reservoir of facts and resourcefulness, as well as her dedicated concern for older people, was noted frequently in these evaluations," my research analyst adds. This indicates that adults come with enough knowledge and experience to differentiate between meaningful information and brainwashing.

Some felt the course was too short and suggested either lengthening it or having a "next" course (three have repeated the course).

All expressed a desire to hold class reunions, and even to form an alumni association. We feel that this might be one way to fill the participants' desire for added sessions.

There were several other suggestions for revising and improving the course, which we shall include in the updating of the original article which we have included with this testimony.

Evaluation by Experimentation and Research

We intend to follow up our participants to determine what, if any, effects the program has had on their subsequent lives. Research funds must be sought

for evaluative studies on this and other programs to provide information and direction. Government funds are needed for further experimentation and research on the effects of retirement programs based on data other than replies on an evaluation sheet.

A widespread effort is needed to determine how systematic preparation will cushion the transition to retirement and help retirees to realize self-fulfillment. Research and experimentation on attracting the "core" group into retirement programs is equally important. Financial help is also necessary to design and develop more programs across the country based on results of evaluations of present ones.

UNFINISHED BUSINESS

When I testified before Senator Edward Kennedy's Committee in Providence (referred to above, p. 16) in January, 1964, in support of what is now the *Older Americans Act*, I stated then, and I repeat now, that a major roadblock to establishing education for aging, including retirement courses and related programs, is the cost. There is much that communities can do alone. However, federal funds are needed as well as state, community and other kinds of subsidies to assist colleges and universities, public school systems, churches, libraries and private and voluntary organizations to meet the challenge.

In 1965, Congress passed the *Older Americans Act* and thereby established an Administration on Aging as one of the principal agencies of the Department of Health, Education, and Welfare, with a Commissioner appointed by the President. It authorized financial grants to States under Title III to be administered by a legally designated State Unit on Aging, which would provide technical and financial aid to local communities for planning and for the establishment of multi-purpose centers for recreational, educational, social pursuits, and improved social services.

We wish to emphasize here that very little effort has apparently been exerted by state agencies through the *Older Americans Act* to provide leadership in planning for and/or in funding retirement courses at the local level.

With the enactment of the *Older Americans Act of 1965*, a grant program in research and demonstration was established under Title IV, and a training grant program became a reality under Title V. Funds available under Titles IV and V, administered directly by the Administration on Aging, have financed a few demonstration, research, and training programs that relate to this problem; but there has been no significant progress made to assist in preparation for retirement or for education for leisure-centered living in the post-retirement years.

Under Titles IV and V, short- and long-term projects in education for the later years have been funded in relatively few cases. The results is that now, years later, with the *Older Americans Act* in existence since 1965, there is little more progress than there was in 1964 in the area of pre-retirement preparation and counseling, whereas, by now these programs should be the rule rather than the exception.

That constructive action in this area has moved at a "snail's pace" is corroborated by the records of the Administration on Aging publicized in several reports, including those in the agency's official monthly periodical, *AGING*, by reports of the U.S. Senate Special Committee on Aging, and by results of national and local surveys.

AGING, June-July, 1970

Title V career training grants to 16 colleges for graduate and undergraduate students in work for and with the aging is laudable and productive. The latest report (*AGING* June-July, 1970) indicates that the potential and actual corps of gerontological specialists are, or will be, trained for managing senior centers and retirement housing, program administration, social work, architects and city planners, community work, applied social gerontology, faculty teaching, research, and "specialists". While trained personnel in these areas are needed, what is vitally required also is training in formal and informal methods of counseling and teaching youth and adults for self-fulfillment and self-realization in the later years, as well as research and experimentation in this area.

A promising beginning (under the heading of "specialists") is the recent establishment of the nation's first graduate program in *Educational Gerontology* conducted jointly by the University of Michigan's *School of Education* and the Wayne State-University of Michigan Institute of Gerontology. The program will admit students working toward the master or doctoral degree, and specialists in

education for aging, including teachers, researchers, administrators, counselors, program developers, and group leaders. They will be trained to assist older people in defining and achieving a meaningful existence. But this is the only one of its kind!

Report of United States Senate Special Committee on Aging

United States Commissioner on Aging, John B. Martin, reported on Administration on Aging support of retirement programs in various parts of the country (*Hearing before the Sub-Committee on Retirement and the Individual*, United States Senate Special Committee on Aging, July 25, 1969, page 11), which pointed up emphatically the lack of attention given to experimental projects in planning and in educating for retirement years. Of the thousands of projects funded under Titles III, IV, and V of the *Older Americans Act*, only nine pertained to education for aging: four under Title III (Adult Education Council of Metropolitan Denver; University of Georgia's Council on Gerontology; Washburn University, in Topeka, Kansas; and the Massachusetts State Employees Association); three under Title IV (Drake University (Iowa) Des Moines Retirement Opportunity Planning Center; University of Massachusetts; and the University of Oregon); and two under Title V (Fordham University; and University of Michigan-Wayne State University Institute of Gerontology).

We commend the U.S. Senate Special Committee on Aging for appointing a Subcommittee on *Retirement and the Individual*. I was particularly impressed with the testimony of Dr. Max Kaplan at a Hearing held by your Committee (*Hearing*, July 25, 1969). He is Director of the Institute for the Studies of Leisure at the University of South Florida; and he discussed "New Work Lifetime Patterns" within a broad framework which includes such factors as cybernation, affluence, urbanization, mass literacy, or mass education. Implications of Dr. Kaplan's testimony are the planning for "productive" living in the later years should begin not just before or after retirement, but at my age—at middle age at the latest, and even in the elementary and secondary schools—since the retirement years are a stage along the life continuum which can, and should, be a period of growth and self-renewal. I have developed, and submit for your perusal (not necessarily for the record), a life-developmental schema which delineates our cultural expectations and concomitant developmental tasks at each life-stage along the continuum.

Dr. Kaplan has raised some issues of both work and nonwork in new dynamic interactions which may revolutionize our traditional concepts based on the "work ethic". The quick conclusion to be drawn, therefore, might be that a whole new framework of work lifetime patterns will soon develop which will replace, or be integrated somehow within, the generally accepted conceptualization which I have presented here to include Kaplan's theory of a life pattern that will be flexible and simultaneous—school, work, school again, retirement in the middle years, work again, school, etc.

HARVEST YEARS National Survey

A recent national survey, conducted and published by *Harvest Years* (March, 1970, issue), reports results of a study on climate, cost of living, housing, and retiree advantages in each state and territory, based on a survey of 54 state/territorial Units on Aging which fund programs under Title III *Older Americans Act*. Of 38 Title III State Units reporting, only 9 indicated the existence of educational programs; and of these, only 3 were related to retirement preparation and/or counseling.

While the accuracy of the information provided may be questioned because of the omission of at least the educational offerings that we know about and were not reported by the R.I. State Unit, nevertheless we are disturbed that the omission may reflect a lack of importance attached to educational programs. Rhode Island has, not only my U.R.I. course in retirement, but also a series of five 16 mm-sound films on Aging developed by the University of Rhode Island Program in Gerontology, under Title I, *Higher Education Act*; also Providence College, a Dominican Institution, offers all its extension school courses free of charge to retired persons, thus making it possible for them to even earn a degree. Another oversight in the survey applies to New Jersey, since no programs in education for aging were reported, although a specialist in education is attached to the New Jersey Division on Aging, so we assume that some educational programs are operating.

At any rate, these survey results parallel other reports in that they indicate the dearth of serious attention given to educational programs for aging.

Likely, some of the so-called education programs reported in Senior Centers are arts and crafts, hobbies and the like, since Senior Centers for the most part are places where oldsters congregate for "fun and games."

Public Schools, Colleges and Universities

In 1961 a survey of Education for Aging programs in 813 public school systems in the United States was completed (H. Lee Jacobs, "Education for Aging," *The Daily Needs & Interests of Older Persons*, Editor Adeline M. Hoffman, Charles C. Thomas, Publisher, Springfield, Illinois, 1970, pp. 390-396). Of the 523 school systems replying which provided usable data, only 86 reported a variety of courses for middle aged and older adults; but the courses paid no serious attention to aging as a developmental process, but dealt largely with arts and crafts, current events and some study of languages. In addition to the 16 colleges funded under Title V, *Older Americans Act*, for training in aging (mentioned above, p. 25), other colleges and universities offer courses on the subject of aging and gerontology; and some offer free tuition for academic work to retirees. But we have a long way to go before we can realize any significant gain in these private, non-federally-funded endeavors.

However, the needs are numerous and involve government help and financing as well as local private and community initiative. In reviewing the recommendations of the 1961 White House Conference on Aging, we must admit that implementation of the recommendations of the Section on Education are on the debit side even though the educators in attendance ranked second in proportion of professionals. Educational institutions should acquaint children and youth with the aging process, and its implications for both young and old. The development of curricula and teacher education in the field of aging at various levels in the public school systems will be slow. Only two school systems (North Dakota and Minnesota) are working on curricula at the elementary and secondary levels for experimental teaching.

National Center for Lifelong Learning

I was in attendance when Dr. James Allen, U.S. Commissioner of Education, addressed the full delegation to the Galaxy Conference on Adult & Continuing Education in Washington, D.C., December, 1969. I was enthusiastic about Dr. Allen's goal of the "Right to Read" for all Americans, since I am Director of the Adult Basic Education Program in Providence, Rhode Island. I was particularly impressed with his proposal to create a National Center for Lifelong Learning, until I found one important omission in his plan, which I have since called to his attention. Dr. Allen carried his principles through re-training of older workers, and there he stopped. He made no reference to providing educational opportunities for senior citizens in his proposed center.

There are more than 20 million men and women in this country who are over 65. Most of these are retired or only semi-employed; only a few will remain for long in the labor force. Education, in its many manifestations, can make a very significant contribution to all older adults—those who retire and those who remain in the labor force. Through assistance from the proposed National Center they will be able to pursue the knowledge and self-development which will make them citizens whose vitality, energy, and wisdom are indispensable to the greatness of their respective communities and to the nation.

The population which is 65 years and older today has attained only 8.4 median years of school completed, while the median for the entire population, 25 years of age and over, is now 11.7 years (*Administration on Aging, Memorandum #27, March, 1966*). Furthermore, for the population 65 and over, one out of five completed less than 5 years of formal schooling (and classified as functionally illiterate) compared with one out of fourteen for the entire adult population. Nonwhites, 65 and over, have a median of only 5 years of education, and fully half of them are rated as functionally illiterate—a great educational handicap.

Even with their present low level of education, older persons seek opportunities to learn. With each succeeding generation, their level of education rises, and then appetite for knowledge increases.

Older Americans are not for the most part interested in learning so that they may reenter the labor force. Rather, they should want to learn for the sheer joy of learning. They should want to learn so they may give of their time, talents and wisdom to their communities; they should want to learn so they may better understand the world in which they are living out the last years of their lives. These are only a few reasons among many which call out for attention in the National Center for Lifelong Learning.

Education in the United States historically has focussed on the development of opportunities for children and youth. It is vitally necessary that we begin to provide educational opportunity for self-fulfilling, productive lives in the retirement years.

We recommend that:

1. The United States Office of Education assume the leadership immediately of developing the National Center for Lifelong Learning, which would represent the entire gamut of public and private agencies and organizations that serve the interests and needs of older persons.

2. The United States Senate Special Committee on Aging encourage actively and financially the United States Office of Education to establish the National Center for Lifelong Learning, and to include educational opportunities for older persons as a vital component of any truly national establishment of adult learning so that lifelong education may be as freely available to older people as it is to children and youth.

Education has been, and still is, going through a period of innovation and experimentation. There is a growing interest among adult education curricular specialists in public schools, colleges and universities in initiating and/or expanding offerings in education for aging. And the National Center for Lifelong Learning will tend to strengthen this motivation. The Center will generate more facilities and services at the local level among church and non-profit organizations, and will help to develop community support for these efforts (Topic 1 and 3 under discussion today).

Section on Education for Aging, AEA/USA

As Chairman of the Section on Education for Aging of the Adult Education Association of the U.S.A., I am particularly eager to cooperate with Federal agencies and programs concerned with older adults and their needs for continuing education. Through such efforts as those exerted by our organization, public opinion is beginning to create a climate of support as some organizations and agencies and local community organizations are pioneering in these fields. There is a growing concern among adult educators that education *for* and *by* aging should be developed, and that the use of the intellectual and creative potentials of persons in their later years should be one of our major educational objectives. Our public schools belong to all the people; and we feel that they have a responsibility for meeting the educational needs and interest of persons of all age levels.

Our organization has been charged with the responsibility of helping to plan and prepare for the White House Conference on Aging of 1971. And, in this respect, U.S. Commissioner of Aging, John B. Martin, speaking to our group at the Galaxy Conference on Adult Education, in Washington, D.C., December 1969, stated that the AEA/USA can be effective in helping to develop national policy that would bring continuing education within the reach of all older people in every community in the country.

He asked for help in achieving three specific steps toward this goal: 1) the establishment of a Unit on Education for Aging in every State Department of Education; 2) finding ways to increase funds available for education for older people, who must spend almost their entire incomes for necessities of food, housing, clothing, and medical care; and 3) the establishment of courses in universities and professional schools of education to train personnel specifically for educational leadership and programing for older people.

Noteworthy is the omission of a specific request for programs in preparing persons for productive retirement years except for his request that we assist, in preparing for the White House Conference on Aging, in compiling and publishing a new handbook on *Education for Aging* to replace a pioneering publication which we sponsored 19 years ago. "Experience in the years between has given us much new knowledge about the learning patterns of older people," Commissioner Martin said, "and about their educational needs and the circumstances under which learning takes place."

Three members of our committee have already completed a monograph on a *Review of Literature on Education for Aging*, under arrangements with ERIC (Educational Resources Information Center) Clearing House on Adult Education, Syracuse University. The Committee includes: Dr. H. Lee Jacobs, University of Iowa; Dr. Earl Kauffman, University of Kentucky; and Dr. W. Dean Mason, Kennedy Memorial Christian Home, Martinsville, Indiana (who made the arrangements with Mr. Stanley M. Grabowski of ERIC).

This monograph covers approximately 300 abstracts. The Committee plan to continue to make reports on ERIC materials on Education for Aging (memo'd) for distribution at our annual meetings. These documents should prove to be beneficial to professionals and others in preparation for the White House Conference on Aging, even though they were not originally prepared for this purpose.

The Monograph contains five chapters and a detailed bibliography, which cover the entire scope of education for aging. The Introduction states, "Only recently has there been a growing conviction that, while getting older is universal, how a person ages is something he can, with the help of his community and the educational system, influence substantially." The four remaining chapters in this document cover: 1) Learning Characteristics and Abilities of Older Adults, 2) Informal Programs in Education for Aging, 3) Education for Aging in the Educational System, and 4) Retirement Education. ERIC is handling publication.

Another member of our committee, Dr. Lester M. Emans, a retired professor, has undertaken an innovative study on the "Reading Habits and Interests of Older Persons", under the sponsorship of the International Reading Association—a cooperative endeavor with our Section on Aging of AEA/USA and other national groups. A National Advisory Committee is being formed to: 1) investigate the reading habits and interests of the aging, 2) decide on a plan of action to do something (something not quite determined) and 3) have a worthwhile report for the White House Conference on the Aging, November, 1971. Dr. Emans serves as chairman of this nationwide ad hoc committee.

We had taken the initiative in developing these materials before Commissioner Martin's suggestions, and are eager to continue in these efforts. We are already organized, exceptionally motivated, and are waiting for the signal, "GO!" The question is, "How can the Federal Government staff best help us to help them?" My committee and I are still seeking ways to develop materials for the White House Conference, but have received no guidelines for the Administration on Aging, although we have communicated with the staff as to how best to use the talents and skills of our group in an area where we are needed to produce some concrete materials. Right now we are at a standstill—with the White House Conference only 17 months away!

The Administration on Aging is not entirely at fault because it is handicapped structurally, functionally, and financially. But before we suggest measures to "liberate" this agency, we wish to use our situation in trying to "get off the ground" as a concrete example of how Federal policies . . . "may be discouraging such organizations from fulfilling responsibilities they would like to assume on behalf of the elderly, and to consider possible legislative remedies"—which is the *second topic* under discussion today.

The partnership between community agencies and the Federal government could be more productive if each agency at the Federal level might have its functions more specifically defined, and its activities more closely coordinated. For example, the primary function of the Labor Department is to operate employment programs; of the Department of Housing and Urban Development to provide housing and related facilities for the aging; and of the Administration on Aging to provide leadership in stimulating other departments and organizations at all levels to operate programs, and to fund programs for operation by others.

The Office of Education, through the Bureau of Adult Education, has four programs which can, and do, serve older persons: Adult Basic Education (about 10% of my Providence, Rhode Island ABE enrollees are 65 and over); Public Library Services (7 libraries throughout the country provide services to shut-ins and handicapped persons); community services and continuing education under Title I, *Higher Education Act* (18 programs have been developed in 12 states); and *Manpower Development and Training Program* (significantly small number served: 45-plus, 10%, and 55-plus, 4%).

We therefore recommend that:

A Unit, or Bureau, of Education for Aging be established in the United States Office of Education, whose responsibilities, among other things, would be to:

- (1) Fund programs in whole or in part in continuing education for middle-aged and older adults to initiate and conduct projects that will ensure that the later years will be truly rich, dignified and self-fulfilling.
- (2) Provide technical and consultative services to educational and other relevant agencies for establishment of such programs.
- (3) Arrange for workshops, conferences, in-service, pre-service and/or long-term training for adult educators to orient them to older persons' educa-

tional needs and to familiarize them with content and methods of conducting educational programs for and with older adults.

(4) Collect and disseminate information on all aspects of education *about, by, and for* older people; and stimulate the development of programs and training at all levels.

With the U.S. Office of Education assuming a more active role, adult education might be built into the thousands of Senior Centers across the country. Even now, before an Office of Education Unit is established, with the ever-increasing programs funded by Title III State Units on Aging under the *Older Americans Act*, education for aging should be required as a vital component of each Senior Center which receives a grant. To facilitate this, we would further suggest that each State Unit on Aging have a Specialist in Education for Aging as a component of its agency. With a Unit on Aging in the United States Office of Education, the Administration on Aging can be more effective through the State Units on Aging, and State Departments of Education in pioneering, identifying, and defining the actions necessary to spread educational programs into communities throughout the country.

Administration on Aging Must Be Liberated and Funded

The Administration on Aging cannot be truly effective as a catalyst for developing programs aimed at meeting the educational needs of older people while it is located in the Social and Rehabilitation Service of the Department of Health, Education and Welfare. This is a major handicap for the agency staff because the approach to programming must necessarily lead from the traditional stereotype of older persons as dependent socially, physically and economically. To be sure, the dependent aging need help. At the same time, the independent aging need to continue to function independently.

This problem area calls for Governmental action. It also calls for lines of responsibility to be defined at the Federal level. And in this respect, we feel that the transfer in 1968 of the Administration on Aging as an independent agency in the Department of Health, Education and Welfare to a sub-unit status within a DHEW sub-unit, Social and Rehabilitation Service, is a deterrent to its involvement in, and commitment to, educational programs for independent living by older persons. Aging encompasses tackling all problems associated with aging and cannot emanate successfully from a rehabilitation agency because of its dominant and rigid one-type orientation. While this arrangement is perpetuated we cannot expect the kind of leadership in education for aging that will enable our older people to realize self-fulfillment in the retirement years.

We recommend that:

The Administration on Aging be removed from its present position as a sub-unit in a sub-unit (Social and Rehabilitation Service) of the Department of Health, Education, and Welfare, to an independent status of prominence within DHEW (as authorized by the *Older Americans Act*) or in the executive office of the President.

For another thing, the Administration on Aging is limited financially. Arbitrary cutbacks in appropriations have been made in grants to the States (Title III), for research and demonstration (Title IV), and for training (Title V). Let me note also that no funds have been requested by the Administration for Retired Senior Volunteer Program (RSVP); nor has provision been made in the budget for the 1971 White House Conference on Aging.

We recommend that:

1. The monies authorized by Congress in the *Older Americans Act* for grants to the States, for research and training, and for the National Older Americans' Volunteer Program, including the Retired Volunteer Service Program (RSVP), be funded up to the level of \$82 million for the Fiscal Year 1971, and \$105 million for Fiscal Year 1972.

2. Provision be made in the budget for the 1971 White House Conference on Aging, scheduled to begin on November 29th and to end December 2, 1971, for the defraying of expenses of delegates to attend this conference, thus enabling the participation of many elderly citizens who cannot afford out of their own resources to attend the conference.

SOURCES OF COMMUNITY SUPPORT FOR FEDERAL PROGRAMS

Implications of my comments for "Sources of Community Support for Federal Programs" are all-encompassing and too numerous to be included within the

limitations of this statement. It is clear, however, that there is much "unfinished business" at both the federal and local levels.

The 1971 White House Conference on Aging should be prepared for a busy agenda in taking stock of progress (or lack of it) made in implementation of the recommendations of the Section on Education emanating from the 1961 White House Conference on Aging. Emphasis of recommendations was on Education *for, by and about* Aging.

A vital topic left virtually untouched during the interim—and in this statement—is the "about" aspect, namely education of persons at all age levels and of the general public in building a positive concept of older people. Until a "productive" image of the older person is generated, little progress can be made at the local level in the development of programs and services. While older persons are devalued and rejected it will be incumbent upon the Federal Government to find more and more programs for these "dependents"; whereas, if the negative stereotype were dispelled, older persons themselves could make useful contributions to educational and other community services to supplement Federal programs.

Educational programs through cooperative efforts among the family, the church, and the school must be developed in order to close the "generation gap" and to evolve a value system which will bring diversity of all age groups into harmony. To accomplish this, attention must be given to teacher education in the field of aging, to development of materials for school curriculum like "Youth Looks at Aging" (H. Lee Jacobs, University of Iowa), and to place a value upon aging as a relevant academic element. Progress will be slow if past experience within the public school system can be considered a valid predictor of future accomplishments.

This statement does not present an exhaustive analysis of opportunities to help older people realize personal growth and self enrichment, nor does it thoroughly explore the inadequacies of our current programs and services. Our hope is that it may serve as a point of departure for constructive discussions and ultimate solutions.

Thank you.

ITEM 9. PREPARED STATEMENT OF MRS. FRED WEISER, TREASURER,
NATIONAL EXECUTIVE COMMITTEE, NATIONAL COUNCIL OF JEW-
ISH WOMEN, INC., NEW YORK, N.Y.

I am Mrs. Fred Weiser, Treasurer and member of the National Executive Committee, and also a member of the Advisory Council of the Senior Service Corps of Essex County, New Jersey. The National Council of Jewish Women, an organization established in 1893, with a membership of over 100,000 in all parts of the United States, has had concern for older adults since its inception. We appreciate the opportunity to participate in the discussion of "Sources of Community Support for Federal Programs Serving Older Americans".

Throughout its history, the National Council of Jewish Women pioneered in programs designed to get at the root of problems which afflict the older adult. In 1946, it initiated the golden age clubs, to prove that loneliness among the aged and retired, is an unnecessary evil. As other needs became apparent through our local and national studies, we added direct services, such as "meals on wheels", special employment projects, friendly visiting, housing and educational programs. During the past decade we have consistently educated communities on the needs of the elderly and supported Federal legislation which would meet them. We take special pride in the role we played in the struggle for medical assistance to the aging under Social Security.

In recent years a different kind of need became apparent. Compulsory early retirement created a new type of senior citizen; the vital elderly person who has a need to give, rather than receive. It became our task to give a kind of outlet for which no provision had been made in an organized way. To this end we undertook the Council Senior Service Corps experiment, in 1963.

The pilot projects have demonstrated, beyond any doubt, that:

(1) older people can and will make significant contributions to their communities for mutual benefit.

(2) meaningful jobs can be found for the older volunteers—from the unskilled to the professionally qualified.

(3) volunteer service promotes respect for older citizens, particularly on the part of younger people. The senior volunteers are seen as active people doing essential community work.

Our limited pilot experiments have demonstrated that the Senior Service Corps concept is a workable one and that its benefits are manifold. We are extremely proud that Congress gave recognition to this program, based on our experiment, by approving an amendment to the Older Americans Act and authorized funds for the development of the National Older Americans Volunteer Program (RSVP). We wish to commend the Chairman of this Committee, Senator Williams, for initiating this legislation and his very effective leadership, over a period of several years, in bringing this campaign to a successful conclusion. We consider this program extremely important because it will provide aid to those who wish to fulfill themselves through meaningful voluntary community service. It is also a program that can be the first step in creating a new way of life in later years for those who do not seek or are not able to accept remunerative employment.

Because of time limitation at these hearings, we are describing only very briefly the various services we pioneered and are providing for older Americans, but would be happy to furnish for the Committee's information detailed descriptions of a selected number of our projects in the fields of housing, employment, volunteer service, consumer education and others, if the Committee so desires.

While it is essential to develop and provide new needed services for older members of our communities, it is equally important to consider some of the obstacles that exist in the delivery of currently available and new services. One important obstacle is that many older persons are not always aware of community resources and the availability of services.

We sincerely hope that some effort will be made to provide directories of available services in every community, written in simple and easily understood language.

While this is no substitute for developing new services and adequately funding existing ones, it will offer an opportunity, to those who seek help, to take full advantage of what there is available.

A much greater obstacle to the delivery of services is, of course, transportation. First is the cost of transportation. In this period of continuous inflation the incomes of most older persons are greatly reduced and the rising cost of transportation greatly impedes their mobility. While the cost is a very serious problem, what is even more important is the inaccessibility of transportation. We would like to suggest that your Committee consider a transportation stamp program, akin to the food stamp program, which would make it possible for older citizens to travel at greatly reduced rates. For those who must reach clinics, hospitals, rehabilitation facilities and other community resources, which provide urgently needed services, we would like to suggest that your committee consider some kind of subsidized bus transportation program. Perhaps the grant of funds for the establishment of these urgent services, could also include provision for a transportation subsidy.

That transportation is crucial to the delivery of services was vividly demonstrated to us in connection with a center for senior citizens we co-sponsor in Newark, New Jersey. The center served about 450 older adults during 1968-69, and during this period 200 of these dropped out of the program. In conducting a telephone survey, to determine the reasons for their dropping out, we learned that the overriding reason was transportation. Loneliness is a pervasive problem for older adults and much of the social isolation of these individuals is due to the lack of transportation. We sincerely hope that your Committee will give serious consideration to these problems and hopefully develop some solutions to meet this urgent need of our older Americans.

In exploring ways in which voluntary groups can help provide more facilities and services than are now available for the elderly, it must be emphasized that what a voluntary organization is best able to perform is to take some pioneering steps and experiment with a program so as to determine its effectiveness in meeting a given need. If such programs are to serve the older adult group in our population, they must be expanded and multiplied throughout the country on a scale beyond the financial scope of voluntary organizations.

For this reason we were pleased to note that Congressman Pepper recently introduced legislation to amend the Older Americans Act of 1965, to provide grants to States for the establishment, maintenance, operation, and expansion of low-cost meal programs, nutrition training and other programs, and opportun-

ity for social contacts. The National Council of Jewish Women and others have sponsored such programs for a number of years, but none of these reached enough to meet the real need.

The Federal Government must provide sufficient funds to help finance needed services. This has not always been true. For instance the National Older Americans Volunteer Program has not been funded at all as yet, and budget reductions have also been made recently in other programs under the Older Americans Act. The failure to appropriate funds for the R.S.V.P. program will discourage local agencies from initiating plans for it, and be a serious setback for the establishment of this much needed service. It would seem to us that perhaps our energies now should be concentrated on carrying out effectively the programs already authorized, rather than try and initiate a great deal more legislation and raise expectations for services which are not delivered because of the lack of funds.

ITEM 10. PREPARED STATEMENT OF RUDOLPH T. DANSTEDT,
ASSISTANT TO THE PRESIDENT, NATIONAL COUNCIL OF SENIOR
CITIZENS

Mr. Chairman and Members of the Sub-Committee on the Aging, I am Rudolph T. Danstedt, Assistant to the President of the National Council of Senior Citizens. I welcome this opportunity to join in this discussion on sources of community support for Federal programs serving older Americans.

As this Committee knows, the National Council of Senior Citizens, which has 2500 clubs and 2½ million members, is deeply interested in seeing to it that our senior citizens are receiving maximum benefits from every Federal program that has been established to provide them with income, jobs, and services. We were, therefore, one of the early sponsors of an employment program for elderly citizens—our Senior AIDES program, and a program designed to deal with the special legal problems of the elderly—our Legal Research and Services.

Our Senior AIDES program, as this committee knows, is a demonstration project financed out of the Office of Economic Opportunity Mainstream funds, through the United States Department of Labor, and provide employment to about 1200 low income elderly persons in community services activities.

Because this is a demonstration program, we recognized at the outset that it was essential that these programs be located in communities where there was a well organized group of senior citizens with access to and contact with influential community leaders and groups. You don't conduct a demonstration in a vacuum, and if you are going to demonstrate that elderly persons can make an important contribution to the welfare of the community, you want to be sure that you are being listened to and watched by those groups in the community who have the resources and would know how to get the financing to establish the activity on a continuing basis if it so deserved.

In addition to requiring that these Senior AIDES projects be located in communities that have a well organized group of senior citizens, we also insisted that the sponsor have support from a dependable and continuing source of financing. In this area we have done very well; of our twenty projects, the sponsors are financed in nine instances by the United Fund, and ten by the city or the county, and one by organized labor.

We went further than this and required that the Senior Aides in each community be placed in a wide range of public and private service organizations, health agencies and hospitals, recreation departments, libraries, and neighborhood centers, institutions for children and the aging, agencies for the mentally ill and retarded, with the result that the Senior AIDES program of the National Council of Senior Citizens also has wide understanding and support from organizations, public and private, covering the range of health, education, and welfare services. The agencies are the local counterparts of many of the national organizations represented in today's hearing.

Despite however, this solid financial sponsorships and the wide support engendered for our Senior AIDES program, we are not at all optimistic, except in one or two isolated instances, that when the demonstration program terminates, local community will be ready and willing and have the resources to continue to employ elderly persons in necessary community service activities. All evidence indicates that the United Funds are having considerable difficulty

in raising their goals and are not prepared to take on new activities, even when these activities are innovative.

The financial distress in which cities and counties find themselves is well known. Even in Miami, with its high proportion of elderly persons, the County authorities had to withdraw financing from the Senior Centers of Dale County, the sponsor of the Senior AIDES program because of public resistance to an increase in the tax rate.

So it is evident to us that the only way in which low income elderly can continue to have an opportunity to perform useful services and derive a modest income, and financially hard pressed health and welfare agencies have the staff services these senior citizens provide, is for the enactment of S.3604, sponsored by Senators Kennedy and Williams, and the majority of Democrats and Republicans of the Special Senate Committee on the Aging. S.3604 authorizes the establishment of an Older American Community Services Employment program, and would provide on a continuing basis the type of job opportunities made available to the elderly on a demonstration basis from the Mainstream funds of the Office of Economic Opportunity.

We are pessimistic also about the survival chances of the many excellent demonstrations financed by the Administration on the Aging out of its Title III funds particularly, but also its Title IV and V funds—programs like Meals-on-Wheels, protective services, health services, recreational and leisure activities, and others, without a substantial Federal incentive.

When support for services for families, children, and the elderly, must compete against municipal housekeeping necessities, like police, fire and roads, and the primary source of revenue is real estate, the prospects for financing of such services is not promising. We have witnessed on too many occasions instances in which the local community has refused to increase taxes for an essential service like schools.

Moreover, the prospects of getting the State to pick up when Federally financed demonstrations cease does not seem very promising either. It will be recalled that the arguments the Governors have used to get the responsibility for financing of welfare transferred to the Federal government, has been the serious fiscal condition of the states.

We are not suggesting, of course, that the local community, through government and private sources like the United Fund and the states do not have a responsibility for financing a program of services for seniors, but we are indicating that for this to come about there needs to be a substantial program of Federal matching funds.

We suggest that the framework for providing such funds already exists in the 1962 amendments to the Social Security Act which authorizes social services to Old Age Assistance recipients, with the Federal Government paying 75% of the cost of such services on an open end basis, i.e., the Federal Government has been prepared to match the local share without a ceiling.

Under this authority states have moved into protective services, services designed to enable older persons to remain in their own homes rather than be institutionalized; recruited friendly visitors provide foster home care and transportation to clinics and doctors, and encouraged the establishment of senior centers, and in some instances established and operated such centers.

In a number of communities and states these services and programs have been made available to the elderly generally—not just those in receipt of Old Age Assistance.

Currently, federal, state and local expenditure for services—the aged, families, blind and disabled, are at about \$600 million a year—it would be our guess that probably \$150 million is spent on services for the elderly.

This is thus a program of some substance. However, because it was administered by the agency that also provided assistance it was tarnished by that fact.

The last couple of years, however, have seen some developments which hold promise for a significant growth for the services program for seniors, completely divorced from the granting of assistance. Under federal directives issued in 1967, the states have increasingly separated the administration of services from assistance, while a number of State Welfare Departments are now called State Departments of Social Services.

The Family Assistance Act of 1970, H.R. 16311, passed by the House and now pending before the Senate Finance Committee, would establish a new agency in the Department of Health, Education and Welfare, solely concerned with the administration of assistance with responsibility for services lodged in the Community Services Administration of the Social and Rehabilitation Services.

This separation of the agency administering public assistance is required in a services bill which we understand is being submitted to the Senate Finance Committee this week as Title V of the Family Assistance Act, H.R. 16311, and Title XX of the Social Security Act.

While we applaud this proposal to set up for the first time a separate federal program of services for families and the elderly, we decry the income limits we understand are being suggested (133% of the poverty floor or about \$3300 for a couple), above which a family will be required to pay a fee. This introduces in our judgment, the needs philosophy that has characterized public assistance. We are not arguing against the fee system, but note that the average elderly couple, for example, has an income of about \$4,000 a year, and even if they had double that amount, their ability to pay for essential services is very limited.

We object also to removing the open-end approach to financing services, and an authorization request that in 110% of the present level of expenditures, with the result that many states and localities which wish to develop an adequate services program will be unable to do so.

There are some of us who wish that this services legislation could be still further separated from its public assistance history by having jurisdiction over it assumed by the Senate Labor and Public Welfare and House Education and Labor Committees, which committees are much more committed to and informed about human services than the tax-writing and welfare-oriented Finance and Ways & Means Committees.

ITEM 11. SUPPLEMENTARY STATEMENT OF DR. INABEL B. LINDSAY, MEMBER, BOARD OF TRUSTEES AND CHAIRMAN, NATIONAL URBAN LEAGUE, COMMITTEE ON SERVICES TO FAMILIES AND INDIVIDUALS

In our earlier statement before this Committee, we emphasized the desperate needs of the aged Negro poor. In this supplementary statement we should like to suggest some measures for exploration with a view to ultimate achievement of parity for all disadvantaged aged and in particular those who suffer the triple threat of age, poverty and racial discrimination. Again, we should like to examine these in terms of basic material needs, and secondly in terms of essential supporting services. Such division is not suggested out of any conviction that the supporting services are less important than services to meet material need, but rather out of the knowledge that no amount of supporting services, however essential, can replace *income* sufficient to provide a guarantee of the necessities of life.

First and foremost of the basic material needs to be met is adequate money to support life-sustaining requirements. The present income maintenance provisions are most frequently not sufficient for a life of decency, dignity and self-respect. For the majority of aged Negroes and the elderly of other minority groups, dependence upon social security and/or public assistance represents the primary resource. Few of the aged of any disadvantaged minority have access to private pensions, annuities or retirement plans based on past employment in the private sector.

The National Urban League strongly urges the establishment of an unencumbered guaranteed income, Federally financed and administered. Federal funding and Federal administration are essential for the full and complete elimination of inequities which exist at present in assistance programs between categories of persons equally in need, but who are at the mercy of State determined standards. It is easier for those states which have traditionally determined "need" by giving equal weight to economic circumstances and racial identification, to set a different (and invariably lower) standard of assistance for non-whites than for whites. It is also infinitely easier to provide less adequately for aged, poor Negroes than for aged, poor Whites, because of historical assumption that poor and aged blacks can and will find domestic service, work in the fields

or perform "chores." Another factor, of a more recent development is that the aged (particularly Negroes) will offer less resistance to discriminatory practices than the more militant young groups.

Restructuring of assistance programs, or preferably development of a completely new program of income guarantee, is of special significance to Negroes because, as was stated in our earlier testimony, more than three times as many non whites as whites depend upon the Old Age Assistance program for maintenance. However, improvements in the OASDI could also help in the achievement of equity for the poor Negroes who are recipients. Although it is estimated that Social Security coverage now reaches more than 90 per cent of all workers, millions of those who are eligible for and receiving benefits, receive so little that they remain in dire poverty. This is especially true of blacks whose occupations were more recently included and much less benefits have accrued. The low benefits to which they are entitled constitute one of the factors producing large percentages of application, for Old Age Assistance.

Recommended reforms to improve the total program of OASDHI would be especially helpful to the aged Negro recipients, if they included such measures as reducing the age for eligibility, raising the benefit floor at least to one congruent with that of the poverty level, and permitting retention of earnings without penalty.

Adequate health care and problems in the delivery of health services reflect another area of basic, but insufficiently met, need of the impoverished aged. There is a plethora of evidence to prove that health services are inadequate, too often ineffectual and more often than not, inaccessible to those most in need of them. This is true to a disproportionate degree for disadvantaged aged Negroes.

Although official Government vital statistics reports indicate substantial increases in life expectancy for all groups, the increased life expectancy for Negroes is much less than that for Whites. Also as expected, the mortality rates for non whites are much higher. Cardiovascular and related diseases, accidents (other than motor vehicle) and influenza, pneumonia and tuberculosis all exact a significantly higher toll of Negro aged than of whites. One might, with justification, hypothesize that these statistics reflect, at least in part, a work history in more strenuous and more hazardous occupations and greater absence of preventive medical resources.

Malnutrition among the elderly must be noted in connection with their health. While not always the result of poverty, that is often a major cause. With elderly Negroes, the multiple causation most certainly is associated with poverty, ignorance and lack of resources to secure, prepare and preserve nutritious food.

The Board of Trustees of the National Urban League has gone on record as supporting in principle, a "National Health Insurance Program which will provide universal coverage without exception to all persons with the understanding that such coverage will be based upon the development of a national health care delivery system which will provide equal access to all."

When such a system eventuates, consideration of the special needs of the non-white aged must be a vital component.

The elimination of slums and substandard housing has been enunciated as a national goal. While no socially conscious citizen would urge priority of attention to the housing needs of the elderly, over those of families with children, there are unique problems which the aged face which merit earnest efforts to relieve.

The majority of all elderly face reduced income in retirement; lessened social contacts; more and longer illnesses; and, often restricted mobility, to mention only a few of the problems apt to bear more heavily on the aged.

Comprehensive and analytical testimony on "Emergency Financing for Housing" and on the "Housing and Urban Development Act of 1970," has been presented this year before the appropriate Congressional Committees by Mr. Glenn Claytor, Director of Housing, for the National Urban League. He has presented the League's concern with broad and fundamental issues which confront the racial minority of our greatest concern. We hope, therefore that it will not be inappropriate to suggest a few additional factors of immediate urgency for the Negro aged.

They are largely confined to the Urban ghetto. They also frequently live in badly deteriorated substandard housing. They usually live in the least safe of the "unsafe streets," with inadequate or almost totally lacking police protection.

Public transportation, even if they are physically able to attempt its use, is not easily accessible, too costly for their meager incomes and usually undependable. Visits to friends, church attendance, occasional recreation, and most important of all, reaching much needed medical resources become a major undertaking which if attempted at all, may seem to the aged Negro not really worth the effort.

Any legislation proposed or enacted to remedy the acute housing needs of the poor must surely direct serious consideration to the special needs of those facing the "triple threat" of old age, minority status and poverty. In the beginning of this statement we said that no amount of supportive services could take the place of sufficient income to guarantee the meeting of material needs. Now we should like to add the converse—all guarantees in support of material needs require some, or an entire battery of supportive services if the aged individual is to enjoy a life of dignity, self respect and self dependence to the extent possible. Our indifference to, or only grudging recognition of, the elderly in our society often belie the sentimental rationale that the aged deserve special treatment as reward for the affluent society which they helped to create. If this is true of the majority group, how much more ought recognition and reward be extended to those who themselves, or their immediate ancestors, were exploited, deprived and denied even the meagre opportunities available in their youth?

A galaxy of supporting services (which should be in some orderly and coordinated relationship to each other) should be available to the elderly in order that they may, in using material resources and services, realize their fullest potential for constructive, productive and satisfying lives. A prime requisite in the utilization of these varied supporting services is that the aged have freedom to choose those best suited to their needs. (This is not to negate the need for aggressive interpretation and urging of choices upon those whose history and background might influence them to leave the choices to others).

Time and space do not permit an exhaustive presentation and analysis of urgently needed supporting services. Some of the services needed to assist the elderly to make full use of basic material resources are suggested by a mere list of a few essential ones:

1. Information and referral services, easily available in the aged person's own community. The engagement of both public and voluntary channels to provide a comprehensive network would facilitate more widespread familiarity of the aged with existing resources.

2. Special provisions for consumer protection and consumer education among the aged. Frequently, out of ignorance but also often out of loneliness and isolation, the elderly are easy prey for exploitation. This may be more true of disadvantaged minorities, especially blacks, than of some other groups.

3. Provisions for participation. Nothing is more conducive to the establishment or maintenance of a sense of self worth among the aged than to be recognized as having something worthwhile to contribute to others. For many aged blacks it would be a new experience. Tangible evidence to support this conclusion is to be found in a number of government funded demonstration projects ongoing or recently completed.

4. Opportunities for gainful employment if feasible and desired. Several of the projects mentioned above have purchased the services of the elderly when they possessed or could be taught needed skills, were physically able to serve (usually on a part time basis) and wanted to do so. For many in poverty or stringent circumstances, the addition of even a small amount meant the difference between severe economic strain, and "near adequacy." For most, the recognition that they had something which in the eyes of others, was worth paying for, offered an important psychological "boost."

5. Continuing education. The majority of the elderly employed on the projects mentioned above have eagerly welcomed the opportunity to participate in the required training courses. More have sought the opportunity than could be accommodated. In addition, however, to those who have sought training with the specific objective of gainful employment, there are many who welcome the opportunity for education for the enrichment of their own lives. A worker for a newly established sectarian program for the aging in Washington D.C., reported a visit to a recreational group whose leader had assured the worker that the group's only interest was in playing bridge. In

discussion of the new program however, members of the group expressed much interest in such matters as management of retirement income, the total Social Security program and cultural enrichment.

6. Development and extension of Senior Centers. The movement to develop and operate multi-purpose centers for the elderly, has grown rapidly in the past few years. The intent of this movement is to provide in a convenient and accessible facility, a resource of companionship, direction and help in the utilization of needed other services and participation in community life. The number of centers has proliferated rapidly and they are of varying quality. Nevertheless the concept has unlimited potential and could profitably be expanded.

7. Community Health Centers. Not unlike the Senior Citizens Centers, the Community or Neighborhood Health Centers are intended to bring the needed health services to those who are in urgent need of help. The concept is especially valuable when employed for the aged who have special problems of mobility, transportation and fear of getting too far away from home. If the clinic population is kept reasonably small and familiar to the recipients, this service can be very effectively used especially for the poor, less educated and less self directing minority group members.

We have suggested for possible exploration, some areas of special importance to the Negro aged and other disadvantaged minorities. The Senate Subcommittee on Aging, has contributed extensively to better understanding of the aged—their problems, needs and potential improvements to their situations. It could add another contribution of major importance by sponsoring a thorough going assessment of the present situation of Negro Aged and other non white minorities; of their current life situations, their problems, their frustrated hopes and the potentials for remedy.