

PROBLEMS OF THE AGING

HEARINGS
BEFORE THE
SUBCOMMITTEE ON
FEDERAL AND STATE ACTIVITIES
OF THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
EIGHTY-SEVENTH CONGRESS
FIRST SESSION

Part 6.—Pocatello, Idaho

NOVEMBER 13, 1961

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NOTE.—Thirteen hearings on Federal and State activities in the field of aging were held and they are identified as follows:

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Part 5—Eugene, Oreg.	Part 12—Hilo, Hawaii
Part 6—Pocatello, Idaho	Part 13—Kansas City, Mo.
Part 7—Boise, Idaho	

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PROBLEMS OF THE AGING

MONDAY, NOVEMBER 13, 1961

U.S. SENATE,
SUBCOMMITTEE ON FEDERAL AND STATE
ACTIVITIES OF THE SPECIAL COMMITTEE ON AGING,
Pocatello, Idaho.

The subcommittee met at 10 a.m., pursuant to notice, in the auditorium, Student Union Building, Idaho State College, Senator Frank Church presiding.

Present: Senator Church.

Committee staff members present: William G. Reidy, staff director and specialist on health and medical care; Miss Dorothy McCamman, expert on social security; Keith Jaques, minority staff member.

Senator CHURCH. Ladies and gentlemen, the meeting will please come to order.

This is an official hearing of a subcommittee of the U.S. Senate's Special Committee on Aging. It is one of a series of hearings being held by similar subcommittees in over 30 cities throughout the United States in the period between the adjournment of Congress and the end of December. Everything that is said here will be recorded, printed, and distributed to all Members of the Congress and to thousands of State legislators and scholars concerned with the problems that confront our older people.

This hearing and those which I will hold on Wednesday in Boise and on Friday in Spokane are important to all of us. We have an opportunity now to let the people who help write our Federal laws know just what we in Idaho believe are the problems of our senior citizens in this part of the country. Our own Idaho experts can make their learning and experience available to Congress.

This afternoon, we will hold a townhall meeting of senior citizens where I hope the best experts, the older people, will speak for themselves as to what their problems are and what can be done about them. We want Washington, D.C., to know what the older people in Idaho are thinking and saying.

This hearing provides a chance for everyone here today to participate in the lawmaking process of our Government. The Federal Government is not remote from the people of Idaho. We meet here as citizens of the United States and as citizens of our State to hear the facts and opinions from the experts and from our older people. The statements made here today will be carefully studied and weighed against those voiced in other parts of the country. These will be carefully analyzed and those which seem of national import will be translated into legislation and sent to the appropriate Senate committees for action. I hope the members of the State legislature will

give similar consideration to the area of activities on behalf of the aged that seem best conducted on the State level of government.

Last year, 140 delegates attended the Governor's conference on aging. Many of those delegates are here today, and others will be with us in Boise on Wednesday. The kind of hearing we are holding this week represents an extension, in effect, of the many meetings, discussions, studies, and surveys conducted by local people for the White House Conference.

Now, we have more basic information to work with. The Special Committee on Aging, which I represent here, has provided an analysis of the 1960 census data which points to the aged population as a new and quite different phenomenon in our history. We have learned, for example, that Idaho's senior citizens increased by more than one-third between 1950 and 1960. Persons 65 years and older now number 58,258 persons, 16 percent of Idaho's total adult population; that is, the population 21 years and older. We know that the increase in the oldest age groups has been even more dramatic. The number of persons between 75 and 84 years increased 54 percent, and those 85 years and older increased 67 percent in only 10 years.

We also know that 47 percent of Idaho's senior citizens live in rural areas, 18 percent in places of 2,500 to 10,000, and 35 percent live in places of 10,000 or more. With nearly half our older people in rural areas, we here in Idaho have a different situation than Washington State, for example, where nearly three-fourths of the elderly live in urban areas. In Utah 76 percent of the old people live in urban areas. It is such facts as these we in Idaho must bring to the attention of people in Washington if laws made there are to serve our people, as well as those in States where the picture is different.

I do want to emphasize again that this afternoon we want to hear from the senior citizens themselves about what they find to be their needs. To accomplish this, we have placed limits on the length of the oral presentations to be made this morning, but we would welcome written statements for the record. I can assure you that we want to hear from every one of you, and I personally can guarantee that any written statements will receive our careful attention.

Here with me today are, on my right, Mr. William G. Reidy, our committee's staff director, and specialist in health and medical care problems; on my left, Miss Dorothy McCamman, our expert on social security; and to my far left is Mr. Keith Jaques, representing the minority.

Now, as this hearing gets underway, I would like to say that I am very much gratified at the very large turnout this morning and that so many of our citizens have indicated a desire to give us the benefit of their views. I am told that more people here in the Pocatello region have volunteered to speak than has been the case in any of this committee's hearings to date, and I think that Idaho has shown a great interest in these affairs.

Since we do have more than 20 persons to be heard from this morning, it means that we are going to have to exercise some restraint. We have established a 5-minute limit on the oral testimony, which I will have to enforce if we are to give each person an opportunity to be heard, but let me stress that written statements will be also accepted by the committee, and they may be as long as you care to make them.

Now, our first witness this morning is Dr. Walker, the president of the university, and I believe Dr. Walker has a word of greeting. We are very pleased to have you, Dr. Walker, and would like to hear from you at this time.

STATEMENT OF DR. DONALD E. WALKER, PRESIDENT, IDAHO STATE COLLEGE

Dr. WALKER. Thank you very much, Senator Church. Let me say that you have begun well with this group, as a college community, by addressing us as Idaho State University. Thank you, Senator Church.

Very briefly, we would like to extend the greetings of the college community to you and to your committee, to express satisfaction in the intent of the committee, and to assure you of our fullest cooperation in your deliberations. We welcome you most enthusiastically. We, too, are gratified at the large number of people that are present in the hearing today.

Welcome to Idaho State College and, if we may presume, to Idaho State University, Senator Church.

Senator CHURCH. Thank you very much, Dr. Walker. Let me express my appreciation for the cordial hospitality you always extend and the splendid cooperation you have given us in this hearing. We appreciate it.

Our first witness this morning is Mr. Emmette Spraker, the chairman of the Bannock County Commissioners, to be followed by Dr. Jay Merkley. We will try and alert the next witness as each witness comes forward in order to move the proceedings along with the least possible delay.

STATEMENT OF EMMETTE SPRAKER, CHAIRMAN, BANNOCK COUNTY COMMISSIONERS

Mr. SPRAKER. Senator Church, I would like to congratulate you and your committee on your interest in the problems that confront our aged people, or, as I should say, senior citizens.

Ladies and gentlemen, I have come here strictly as a county commissioner, and I would like to tell you some of the problems with which we are faced as county commissioners in working with our senior citizens.

First, who are our aging or our senior citizens? They are men and women who are 65 years of age and older, who are living on fixed incomes derived from social security, department of public assistance, or some job retirement. These usually are just existable incomes, something to provide food, clothing, and shelter. When our senior citizens become ill and need medical care or medicine, where do they go? To the county commissioners or some welfare group, because their fixed income does not enable them to pay the high hospitalization and medical bills. Thus the county is faced with a serious problem in this respect.

The Kerr-Mills bill would take care of qualified senior citizens in the hospital for 14 days on any one illness. After the 14-day period, it would become the county's responsibility to pick up the tab on the remaining bills.

Many of our senior citizens have worked a lifetime on jobs in the low wage earning bracket to gain a little home for shelter, and many have no savings now with which to help them. They are actually—it's a terrible thing to say—more or less on the pauper's list. Thus it is that many find they are unable to adequately take care of all their needs, and sometimes themselves physically. This necessitates help by the county, and in some instances the need is to be placed in a rest home or a nursing home. Of course, this puts an extra expense on the county budget.

Our board of county commissioners have found here in Pocatello that many doctors, having known and taken care of senior citizens in earlier life, are continuing to do so even though the patient has no finances to reimburse him. On serious or prolonged medical care for these citizens, these same doctors have worked very cooperatively with our board, and satisfactory agreements have been worked out so they are able to continue to take care of our aged citizens.

In closing I would like to say that when I first became a commissioner in 1954, we had seven patients in nursing homes for which we cared. Today we have 24. This doesn't count the many for whom we provide medical care in their own homes, private homes, and boarding homes (what used to be licensed rest homes). Our machine age perhaps has lots to do with this. So, I think it is high time that the American people—the public officials and civilians—get together in an effort to work out some solution to take care of our senior citizens.

Senator CHURCH. Emmette, you're making progress here in this county with one nursing home for older people, are you not?

Mr. SPRAKER. We are.

Senator CHURCH. When do you plan to construct that home?

Mr. SPRAKER. The plans are being worked up with our architect now. We have set a date for the ground-breaking ceremony. This is tentative, but it will be approximately March 1, 1962.

Senator CHURCH. Now, are you receiving Federal funds, Hill-Burton funds, to assist in the construction of this?

Mr. SPRAKER. We are.

Senator CHURCH. How much Federal money, if you know?

Mr. SPRAKER. In round figures, around \$200,000.

Senator CHURCH. And what will be the total cost approximately?

Mr. SPRAKER. The total cost will be over \$400,000. It will be built immediately north of our Bannock Memorial Hospital.

Senator CHURCH. How many people will this facility accommodate?

Mr. SPRAKER. The first unit will be a 50-bed nursing home, and that, Senator, is the most costly unit of our nursing home, because our kitchen facilities, staffing and office space will cost a lot of money for that basic building. From there on, if it is expanded, it will not be nearly as expensive.

Senator CHURCH. I think you are to be commended for the interest that you and the other county commissioners have taken in the problems of the aging and for this real significant breakthrough in the establishment of the facilities at this time. I know you have been interested in it a long time, and we have worked together to try to make this possible, and I am happy now that we have reached the point where the operating ceremonies are just ahead and we can look forward to that time when it will be completed.

Mr. **SPRAKER**. Thank you, Senator. Before I leave the stand, I would like to stress the fact again that one of the biggest problems that confront our board of county commissioners is the problem of helping our aged people.

Senator **CHURCH**. Thank you very much. Our next witness is Dr. Jay P. Merkley, who will be followed by Dr. E. Victor Simison.

Dr. Merkley, I want to welcome you this morning. You will please feel free to proceed with your testimony, and if you have any further testimony you want to submit, we will receive that afterward.

STATEMENT OF DR. JAY P. MERKLEY, SOUTHEAST IDAHO MEDICAL ASSOCIATION

Dr. **MERKLEY**. Thank you, Senator Church.

Ladies and gentlemen, I am Dr. Jay P. Merkley. I am immediate past president of the Southeast Idaho District Medical Association. I was secretary of the Idaho chapter of the American Academy of General Practice from September 1959 to October 1960. I am vice president of the Idaho division of the American Cancer Society. I was born at Wapello, Idaho, and attended the public schools at Blackfoot. I was a student at the University of Idaho, southern branch, here in Pocatello before going on active duty with the military during World War II. I received my medical degree from the University of Utah College of Medicine and have been engaged in private practice of medicine in Pocatello since 1952.

A number of the members of the Southeast Idaho District Medical Association are present at this hearing today because we are vitally interested in continuing to provide good medical care for the residents of this area. We firmly believe that our older patients are not gravely threatened by heavy costs of hospital or medical care. We believe that a majority of the residents in this area are able to qualify for and afford private insurance to assist them in caring for these obligations.

We believe that the residents of all age groups in this area are entitled to have complete free choice in the selection of their physician and that the very personal relationship of the patient-physician must not be interrupted or destroyed by any Government scheme. We firmly believe that there are many people in this area who are 65 years of age or older who do not qualify for social security benefits or desire to participate in the programs of the State department of public assistance for the very simple reason that they believe in the dignity of man and through their earning period provided for their own retirement, in spite of Government-encouraged inflation.

We recognize that the various religions in this area have among their many fine doctrines the belief that the individual should be self-reliant and that the pattern of life is directed in this channel.

We sincerely feel that the Kerr-Mills law, which is operating successfully in Idaho, is the proper vehicle to be utilized in providing hospital and medical care for those less fortunate than a majority of residents. The mechanics for applying for participation in the program is comparatively simple and it is administered locally throughout the State on a uniform basis by people with a personal interest in the welfare of each community and its citizens. We sincerely believe that local control of any type of assistance program is of pri-

mary importance and only through such a system does the average taxpayer have full knowledge and understanding of how an important segment of his tax dollar is being spent.

The members of the medical profession in this area, as well as in the State of Idaho, have always given generously of their services and talents in matters involving the general public, regardless of whether it is for the indigent man, woman or child. I believe our record, as a cooperating agency with official public health, stands unchallenged. We believe this service to our community and State deserves, in all fairness, some recognition and consideration. We believe further that we are doing an additional service to our community and State in our efforts to bring to a halt the ever-increasing desire of some Federal bureaucrats to restrict and regulate all segments of private enterprise. Thank you.

Senator CHURCH. Doctor, as I have listened to your testimony, I take it that you believe that, based on your information and knowledge of the situation, we have in Idaho an adequate medical care program for the older people. Is that your position?

Dr. MERKLEY. Senator Church, I believe we have the mechanism for supplying this adequate care.

Senator CHURCH. That mechanism would be through the Kerr-Mills bill, which was enacted in the Congress last year?

Dr. MERKLEY. Yes, sir.

Senator CHURCH. I was interested in the statement you made on page 2 of your testimony because I concur wholeheartedly in it, where you say, "We believe that the residents of all age groups in this area are entitled to have complete free choice in the selection of their physician and that the very personal relationship of the patient-physician must not be interrupted or destroyed by any Government scheme." I want to emphasize that I am in wholehearted agreement with that, being a professional man myself in the practice of law. I think that this relationship between patient and physician, or between client and lawyer, is one that needs to be carefully preserved.

The difficulty that I have, however, with the Kerr-Mills program is that many States, where that program is now in operation, require the patients to go to the county physician or the doctor that is provided for medical care, and thus his free choice is limited, whereas in the proposals for medical care under the social security system, the free choice of doctors is carefully protected by law.

Are you familiar with the situation in the States where the Kerr-Mills bill is now operating where it is necessary to go to the county physician in order to qualify for the medical care assistance?

Dr. MERKLEY. No, sir; I am not. We don't have that system here. The patient is allowed to go to any physician that he cares to go to. This eliminates any of this problem.

Senator CHURCH. I am glad to know that in Idaho because I think that any program needs to carefully preserve the free choice of doctors, and the relationship that normally exists between patient and doctor, and I am glad you emphasize that in your testimony, and I am going to emphasize that in the record too as my own feeling. Thank you very much, Doctor.

Our next witness is Dr. E. Victor Simison, who represents the Idaho State Medical Association, and he will be followed by Dr. Lloyd S. Call. I want to welcome you here this morning, Doctor.

STATEMENT OF DR. E. VICTOR SIMISON, IDAHO STATE MEDICAL ASSOCIATION

Dr. SIMISON. Thank you. Senator Church, ladies and gentlemen, I am Dr. E. Victor Simison. I am a past president of Idaho State Medical Association. I am engaged in the private practice of medicine and surgery in Pocatello and have practiced in Idaho since being licensed in October of 1938. I appear before you as a private physician and feel that I would be derelict in my duty, as a medical doctor and a citizen, if I did not speak out against the use of the unfortunate economic status of a segment of our senior citizen population to promote compulsory health care for all of the aged through the social security system.

The vast majority of the physicians in Idaho, as well as the Nation, believe that any federally administered medical care program would be bad medicine for the people of our State and our country. I do not believe that a majority of the residents of Idaho would doubt for a moment the concern the physicians have for the medical care of our residents, young and old.

Our doctors have traditionally reduced or eliminated their charges to those who are in financial difficulty. I am certain all here realize that physicians contribute their services to the needy in hospitals and clinics throughout the State and Nation. Physicians in many instances have adjusted their fees so that the low cost health insurance and prepayment plans for persons over age 65 could be developed. Physicians have joined in the efforts to reduce inflation so that the income and savings of the elderly will sustain them in their latter years.

Physicians have campaigned for programs of jobs for the aged and against compulsory retirement at a chronological age. Physicians have sponsored and supported FHA-guaranteed loans for the construction of more nursing homes, and have participated in the raising of nursing home standards.

To contend that physicians, the Idaho State Medical Association, or the American Medical Association are apathetic or disinterested in the medical care problems of the aged is utterly ridiculous.

To the aged, to all taxpayers, and to all interested in the issue of medical care, including the medical care of the aged, and its financing, I would like to say this: Physicians believe that medical care should be available to all citizens, regardless of age or ability to pay. We believe ardently in helping those who need help to finance their medical expenses. We do not believe that the tax dollars of the working people of Idaho should be used to finance medical care for any person who is able to pay for it in a private manner. We believe in preserving man's dignity and self-respect at all ages. We believe that the people should not be set apart or isolated on the basis of age. We believe that the experience, perspective, wisdom, and skill of men and women at all ages should be utilized to the fullest extent.

We believe that the Kerr-Mills law, now in effect in Idaho and in many of the other States, has built-in incentives to improve and better the socio-economic status of the elderly, which, in turn, will lessen the need for more tax dollars in financing medical care costs. Furthermore, it is in keeping with our free enterprise system in attempting to solve the problem, rather than perpetuate it.

Under the proposed King bill, there is no incentive for society to better the financial position of the aged, to lessen the burdens of the taxpayers, or to reduce Federal social security spending. Under social security medicine, the emphasis clearly would be on the expansion of medical benefits and the tax intake, domination of those rendering the services, and perpetuation of the entire program.

Idaho medicine, as a part of the medical practice of the United States, is the best in the world, and the qualifications of our physicians are unmatched anywhere in the world. The very fact that in our great country we now have 16½ million persons over 65 years of age proves that it works. Yet this same medical care is now under attack by the "social planners," who would substitute a Federal Government administered health plan, a system of health care, in which the quality of medical care would deteriorate, as it has in other countries with similar socialistic schemes, in which the quality would become secondary.

The staggering costs of such a plan and the administrative problems are secondary. The important thing is the disruption of the doctor-patient relationship, the delays in admission to hospitals, the regimentation of medicine and surgery, the effect of the program on medical research, the availability of medical facilities and personnel. In other words, this is medicine in action on a Government-run assembly line basis.

The people are being asked to support a compulsory Government operated program of health without knowing what even the first year's cost will be, whether it will be \$1 billion or \$4 billion, and without any clear idea of the extent of the problem it seeks to solve. Such a plan would give a single government official the power to become the Nation's czar of medical care. Enactment of the program would lower the quality of medical care available to the older people in Idaho because it would introduce into our system of freely practiced medicine the elements of compulsion, regulations, and control by Government bureaucrats.

Legislation, such as the King bill, is unnecessary in the light of the true economic status of the aged in Idaho and because of the spectacular rise of voluntary, private health insurance, coupled with the passage by Congress and its implementation in Idaho last year of the Kerr-Mills legislation. The King bill proposes to finance medical care for the elderly by raising the present social security tax, which, as you know, is shared equally by the employer and the employed. At the present time, every employed person in Idaho, earning \$4,800, pays 3 percent of his income to social security and the employer pays a like amount.

According to Mr. Joe R. Williams, Idaho State auditor, the table of rates revised by the 1961 social security amendments, increases the tax from 3 percent, effective January 1, 1962, to 3½ percent. By 1966, both the employee and the employer will be paying 4½ percent. It has been estimated that by 1970 the social security taxes will be approaching the 10 percent mark. If the Congress of the United States approves the King bill or a similar measure, there is no end in sight as to what the staggering costs the average taxpayer would be required to pay.

This spring, the social security planners decided their original cost estimates for expanding their program were unrealistically low. To me, this means that, if the present program is to continue, there will be an even higher tax boost, or some of the benefits will have to be curtailed. Increasing costs of the program could impose a financial hardship on all of the people and the program itself.

I do not believe that there should be any change in the philosophy of the social security system, a shift from money benefits through which the citizen receives money to be spent in the manner of their own choosing, to service benefits where he must take specific medical services provided by the Government, or leave them. He would be given no alternative.

The voluntary systems, which are developing under the Kerr-Mills law and through private insurance, give promise of meeting Idaho's requirements efficiently and effectively, with a preservation of individual freedoms and initiative. They deserve a thorough trial and an opportunity to show what can be done.

Finally, the Federal health bill would violate the American ideals of independence, self-sufficiency, and personal responsibility, by establishing a system in which medical care would be provided, not on the basis of need, but on the basis of age. It seems contradictory to me to spend billions and billions annually on defense to keep a foreign ideology, socialism and communism from our shores, and then to even consider legislation which would establish that philosophy here. If medical care is essential, and in my opinion it is, so is housing, food, and clothing. The natural extension of this philosophy is compulsory taxation to provide all of the necessities of life, and then we have socialism. Further, any government which controls all the necessities and luxuries of life, if there are any luxuries in such a system, becomes communistic. I thank you very much.

Senator CHURCH. Doctor, in connection with your last paragraph of your statement, I think there isn't any argument but what housing, food and clothing are all essential to life, and normal medical care. Housing, food and clothing would be much more within the limits of one's income. There has been, as you know, a very serious problem for people of all ages in connection with meeting the high costs of modern medical care, particularly when there is a serious illness or hospitalization. For that reason, we have generally come to treat that problem a little different from the food, shelter and clothing, and most of us have medical insurance today in order to share this with others and in order to make it possible even for those with relatively high incomes to meet these costs. This has been quite a change that has occurred owing to the high costs that did not typify the medical practice 30 years ago.

How many of your patients would you estimate have medical insurance programs to take care of their costs or a substantial part of their costs? Could you give me kind of a fair estimate of what percentage of your patients today?

Dr. SIMISON. Yes. I would say approximately 75 percent of my patients have insurance, which covers surgery and hospitalization type medical practice, not the private office practice, which is not covered to a great extent by any insurance in the field.

Senator CHURCH. Yes, I understand that, but the high costs that might entail hospitalization and surgery, or a serious illness, are covered today in about 75 percent of the cases by some form of medical insurance. Is that correct?

Dr. SIMISON. That is correct. You are speaking here of the high costs now. When we get into the catastrophic costs, there is a lesser percent of the people—I would say 25 percent—that are carrying this deductible feature on catastrophic costs.

Senator CHURCH. How would that situation, Doctor, compare with your practice say 20 years ago? Were you in practice 20 years ago?

Dr. SIMISON. Yes.

Senator CHURCH. How would that situation compare with the picture 20 years ago?

Dr. SIMISON. If I were roughly estimating that, I would say that the advance has been in the neighborhood of at least 300 percent. It would be at least that.

Senator CHURCH. Well, I think that that demonstrates the change that has occurred and the extent to which people have had to resort to insurance in order to protect themselves against the cost of serious hospitalization or surgery. Now, what puzzles me is this: Although 75 percent of your patients have medical insurance, you object to a medical insurance program that is connected with social security, and you say that, if this happens, there will be a serious decline in the quality of medical service rendered. Now, do you mean by this that the doctors would render a lesser service if they received payments from a medical insurance program that was part of social security than they now render when they receive payments through medical insurance programs that come from private companies?

I am puzzled to know why the medical insurance aspect would affect the quality of the medical service rendered.

Dr. SIMISON. Actually, you have thrown a two-pronged question at me. You made a statement apparently of fact, regarding high cost of medical care. I would like to correct that situation just a little bit, first, that, while the rising costs of medical care actually exists in relationship to the deflation of the dollar, in the first instance, I would like to read to you some things that will show that actually your medical dollar is actually buying more medical care service than it ever did before. In relation to other commodities, it's way above them. We'll correct that statement first.

For instance, in Idaho, drivers licenses have increased 800 percent in this period; hospital rates have gone up 370 percent; men's haircuts, 276 percent; shoe repairs, 186 percent; public transport, 146 percent; food, 138 percent; laundry services, 135 percent; car repairs, 101.8 percent. Here comes the medical dollar: Dental bills, 121 percent; general practitioner fees, 89.9 percent; surgeon fees, 74.4 percent. So, we are not talking about the high cost of medical care. We are talking about the medical care dollar, which is certainly going a long way right now.

Senator CHURCH. Doctor, I won't argue with you on these figures. The costs generally have gone up. Some costs have gone up more than others. You did not mention in your list, however, the hospitalization cost.

Dr. SIMISON. Yes, I did. Hospital rates up 370 percent.

Senator CHURCH. Yes, 370 percent. Well, now, I think that is interesting because, although hospital rates have gone up 370 percent, doctors' fees for actual medical services that the doctor renders have only gone up about 100 percent. Is that right, according to your figures?

Dr. SIMISON. Yes.

Senator CHURCH. Let me say that I think there is reflected a lack, in addition to the fact that the doctors' fees have not risen commensurately with hospital costs, the added element that I think doctors are rendering a great deal of service free of charge in many, many cases. I think that the profession is to be commended for the way it has undertaken on a voluntary basis to try and provide services to the people who cannot afford to pay entirely free of charge. I don't think the problem here is a problem that concerns doctors or their attitude toward the care of patients, nor their fees, but the very fact that we have to turn so heavily to medical insurance demonstrates, I think, that this is the only solution for meeting the very high hospitalization costs, and the question that I put to you is why medical insurance payments coming to you through social security would affect the quality of the medical service, when such payments coming through private medical insurance programs do not. That is the part that puzzles me.

Dr. SIMISON. That's the second part. A careful reading of H.R. 4222, which is the King bill—and if you want the specific sentences read, I can read them—shows where there will be Government domination by the Department of Health, Education, and Welfare and its administrator in the field of medicine, and this includes doctor-patient relations. That's the first part of my answer.

The second part, I would like to give you here, and we can supply this in the form of a document, a written statement if you'd like, the consideration of the writers of the socialized medicine in Great Britain and other countries, if you like, in which economic experts and doctors themselves have studied this problem, and here is the headline of this study made by a doctor, "Doctor-Patient Relations Have Deteriorated in Great Britain Under Socialized Medicine." The second one, "I Quit Socialized Medicine," and the reason is there, and here we have, "A Simple Error in Logic," reprinted from Fortune magazine, by John and Sylvia Julius, economists who made this study of not only the problem of socialized medicine in Great Britain but in other nations, in which they bring out the deterioration of this relationship, very specifically, because you bring in the third party, the Government, between the doctor and the patient.

Senator CHURCH. Well, I would certainly want to have inserted in any kind of medical care program that we preserve that relationship. Of course, the socialized medicine program in Great Britain is quite a different thing from the medical care program of our social security system. I oppose socialized medicine. I think there are many good arguments to be made against it. So, the British program I don't think is seriously under consideration in Congress, nor elsewhere, but we continue to have the problem of how to meet these high costs, hospitalization costs, particularly for older people. Fifty percent of them after the age of 70 have annual incomes of less than a thousand dollars a year.

Dr. SIMISON. May I have a repeat of that statement, please?

Senator CHURCH. Fifty percent of our people in this country over 70 years of age have annual incomes of less than a thousand dollars a year, according to the best data this committee has been able to assemble. So, this is a problem, and let me emphasize that, as far as this committee is concerned, the purpose of these hearings is not to support any particular legislative proposal, either in the field of medical care, or in the field of housing, or in the field of retirement income. The purpose of this committee is to accumulate as much fact as we can concerning what these problems are and, if in fact the present legislation of Kerr-Mills proves to be an adequate solution to the medical problem as it affects the whole of the people, then that is solved so far as this committee is concerned, but we want to get all the facts that we can, assemble these facts, analyze these facts, and then on that basis present the findings of the committee to the other legislative committees of Congress.

Dr. SIMISON. I understand that, Senator, and we believe in that, too. I would like to put out just two more facts that go along with this. One is that 64 percent of the people under the age of 65 also have an annual income of less than \$1,000, which is a larger figure than yours, and the second one is that you say Congress might not seriously be considering this matter, but may I call to your attention a statement of former Representative Aime Forand that—

If we could only break through the door or get our foot inside the door, then we can expand the program after that.

If you go on down, there are other statements which say, "We will come back for more and more and more."

Now, do we actually want it, in the first place, or do we wind up with something that we have taken from another country where we know it's not working? That's our primary interest—well, I might say that's our secondary interest. Our primary interest is medical care for all the people, including the aged. We want to take care of the little ones; their parents; everybody who needs medical care. We want to work out a system supported by the general tax fund paid for by the rich old and the rich young, and by the working old and working young, and there are many working old, which we have failed to mention. There are many old people in private enterprise. If all of these people would contribute their fair share, we would take care of the problem adequately; the medical indigent, the semi-indigent, and those who are otherwise unfortunate. That is our basic stand, primarily good medical care for all and, secondarily, to help those who cannot take care of themselves.

Senator CHURCH. You think the best system would be a system that is financed by the taxpayers generally?

Dr. SIMISON. That's right.

Senator CHURCH. Rather than one that is only contributed to by the workingman and his employer?

Dr. SIMISON. That is right. The scheme of the social security system is really an unfair tax. It's a tax. It is nothing else but a tax, and that has been decided by the Supreme Court. It's an unfair system because it puts the big load on the young workingman, and the young men need their money to take care of their growing families and educate their families, and they shouldn't have to carry the load.

The old working people and the wealthy old men should help take care of these less fortunate neighbors, and the whole load should not be thrown on the young worker.

Senator CHURCH. Fine, Doctor. I appreciate your testimony very much. Our next witness is Dr. Lloyd S. Call, representing the Idaho Society of Internal Medicine. Following Dr. Call is Mrs. Lois Lee, president of the Southeastern Hospital Council.

STATEMENT OF DR. LLOYD S. CALL, IDAHO SOCIETY OF INTERNAL MEDICINE

Dr. CALL. Senator Church, ladies and gentlemen, I am Dr. Lloyd S. Call of Pocatello, and I am appearing today as the representative of the Idaho Society of Internal Medicine, a society composed of medical doctors who specialize in the diagnosis and treatment of adult illness, and we attend a high percentage of older people. I wish to discuss some of the important medical aspects of caring for our older population, and also some of the dangers of the proposed King bill.

I have been engaged in the private practice of internal medicine in Pocatello for the past 10 years. During this time, I have attempted to give service to my patients and to organized medicine in a number of capacities. I have served on a number of committees dealing with the social and economic problems of our residents, old and young alike. I have been a witness and a participant in what I believe to be the most progressive and challenging era in the medical history of our State and Nation.

Medicine has advanced more in our lifespan than in all of civilized man's time on earth. Advances that were thought impossible only 30 years ago have become standard in their acceptance and utilization. These advances did not just happen. They were derived basically from the efforts of persons dedicated to the health fields, and essentially from private sources, rather than from Government agencies or bureaus. Scientific advances have directly resulted in the constant improvement of the quality and availability of unexcelled medical care.

It is true that, in some instances, these advances have increased the cost of illness, but not as much as the rising costs of labor, the necessities of life, and the general cost of living. Today, more people are living longer and enjoying better health than ever before. I believe that all of us should rededicate ourselves to the objective of helping our older friends continue an active and productive role in all of our communities.

As physicians, we are vitally concerned with continuing to supply our patients with high quality medical care. Experience has shown that the following factors are vital in the maintenance of high quality medicine: (1) Medical care must continue to be available to those who need it; (2) the personal patient-physician relationship must be maintained; (3) the field of medicine and surgery must remain attractive to all types of people, and especially to future physicians, and this is vital because of the rapidly growing population; (4) the quality of medical care currently being provided must be continued and improved as additional knowledge is gained through education and research; (5) it is my opinion that any type of medical care pro-

gram should avoid compulsion in any form; (6) our experience in health programs administered nationally, locally, and at the State level, as well as our knowledge of compulsory health programs in other nations, strongly shows that quality medical care is not compatible with excessive controls, and specifically not with excessive Federal or bureaucratic controls.

My personal service in the Navy and Veterans' Administration, and experience with other Federal agencies, has convinced me that our military personnel, veterans, and other Federal charges have received good medical care, primarily because of the dedicated physicians working in spite of the hampering controls and not because of the Federal controls. The reticence with which physicians enter Federal medical service supports this conclusion.

The members of the Idaho Society of Internal Medicine have had considerable experience in caring for older people. Most of our patients need no assistance in meeting the costs of their medical care. Those who do need assistance are helped through the Kerr-Mills program, through welfare agencies, and through the free and reduced fee charges provided by doctors. We have found that all of these methods of meeting medical care costs are effective, workable, and provide for high quality care.

We are of the opinion that if the King bill becomes law it will result in excessive loading of our hospitals with patients who do not need to be hospitalized and who are now receiving excellent care in their homes or in their family physician's office.

Senator CHURCH. May I interrupt for clarification? Why do you feel that this would happen? It is true, isn't it, that the doctor determines who goes to the hospital?

Dr. CALL. Yes. I do not have the bill before me, but the bill calls for hospital only in this proposed King bill.

Senator CHURCH. It doesn't affect the doctors' fees?

Dr. CALL. It does not pay for diagnostic service, for example, X-ray, and so forth, unless the patient is primarily hospitalized, and there will be undue pressure placed upon physicians by relatives and families to hospitalize this patient for a period of days, or for a period of time, and so forth. This has been very readily shown in Canada, in Saskatchewan. Saskatchewan enacted a "hospital only" bill very similar to the King bill.

Senator CHURCH. Just so I understand that, you mean that if people have part of their hospitalization cost paid for, they would then exert undue pressure on the doctors to allow them in the hospitals, and the doctors would yield under this pressure?

Dr. CALL. Yes. This has happened in Great Britain and Canada.

Senator CHURCH. And this would crowd the hospitals?

Dr. CALL. Yes. In Canada, the average hospital stay per patient over 65 years in Saskatchewan is now 7-plus days per year. In America, it is now 2.5-plus days per year. These figures are present in two countries which have almost identical economic and cultural levels or programs. You are very familiar with the waiting period of hospitals in Great Britain, and Canada is experiencing this same problem.

The proposed measure is not designed to provide care for those who need financial assistance, those not covered by social security. The

proposed measure would lead to the deterioration of the patient-physician relationship, and there is no guarantee against progressive Federal bureaucratic intervention. In some other nations, for example, New Zealand, utilizing the same approach as the King bill, the quality of medical care has fallen, and difficulty is being encountered in getting a sufficient number of qualified young men to enter the field of medicine.

I believe it is fitting that it should be called to the attention of those conducting this hearing that the voluntary and private health insurance industry throughout our great Nation has in progress a wide variety of programs being designed to meet the health care requirements of all groups, with special emphasis on those over 65. It is our contention that further socialization of American medicine should be stopped. It is diametrically against the American philosophy of personal freedom.

Senator CHURCH. Thank you very much, Doctor. You have all been adhering strictly to the time limit that we have asked you to adhere to because of the great number of witnesses, and I have not, so we are falling behind and I will have to forgo my questions, but I want to thank you for coming and for testifying.

Our next witness is Mrs. Lois Lee, president of the Southeastern Hospital Council. Mr. John Hutchinson, are you here, too, to be with Mrs. Lee?

Mr. HUTCHINSON. I am here with Mrs. Lee.

Senator CHURCH. Do you want to be up here while she gives her testimony, or do you have separate testimony you want to present?

Mr. HUTCHINSON. She has the testimony for the hospital association. If you want to direct any questions, I am here to help.

Senator CHURCH. All right, thank you.

Mrs. Lee.

STATEMENT OF MRS. LOIS LEE, PRESIDENT, SOUTHEASTERN HOSPITAL COUNCIL

Mrs. LEE. Senator Church, the Southeastern Hospital Council thanks you for this opportunity to express our views. The Idaho Hospital Association recognizes the indigent and medically indigent among the aged population in Idaho may have some problems in receiving proper health care. However, we are not in a position to know how acute this problem may be and would suggest that a State commission be appointed to evaluate the problem's magnitude. Assuming that the problem is acute enough to require rather immediate action, we feel that the local agencies of government, which have the primary responsibility for the care of such individuals in Idaho, should be encouraged to provide proper programs of health care. Assistance from State agencies should be solicited, if necessary, to supplement such programs.

Therefore, we feel that the best approach to the needs of the medically indigent would be through the State and local agencies, and, if this program is not presently sufficient, more funds should be made available at the local level. Thank you.

Senator CHURCH. Thank you very much, Mrs. Lee. We appreciate your coming.

In case you people are wondering about the gentleman in the middle here, who looks like a man from Mars, this is the way that automation has changed reporting. He is taking down and transcribing the proceedings here with his equipment. It beats the old pencil-and-paper method.

Now, our next witness is Dr. H. J. Hartvigsen, Bannock County physician, and after Dr. Hartvigsen, we will have Mr. Paul Gregerson, who is a Bannock County commissioner.

STATEMENT OF DR. H. J. HARTVIGSEN, BANNOCK COUNTY PHYSICIAN

Dr. HARTVIGSEN. Senator Church, committee, ladies and gentlemen, I am H. J. Hartvigsen, county physician, a position that I have held in Bannock County for, I would say, almost 20-odd years. I am going to give a few statistics here that I got at the DPA.

Under the present provisions of the DPA and the Kerr-Mills bill, which was passed last year, the people, whom we have, are really under two categories. No. 1, I would say, is the medical care to those on assistance, and No. 2, these are people not on DPA, or not on assistance.

Now, on this first group, I took some figures. These have made 336 calls on physicians, who have been paid through funds made available through the State DPA and the Kerr-Mills bill fund. Some of these visits have been to homes and some to physicians' offices, some have been repeat calls; that is, of the total number of calls on the rolls at the DPA office. So, we felt that about 112 separate individuals or patients have made calls on physicians in their offices, or have been served in their homes, and, of course, hospital service calls and surgery would be included.

Senator CHURCH. Those are people on public assistance; is that right?

Dr. HARTVIGSEN. These are the ones that are on public assistance. Now, these calls have been made to their own private physicians, I think, in almost every instance. Some of them have contacted me first, and I have made out the No. 11 sheet in duplicate and referred them to some physician of their choice. I might add that the Kerr-Mills bill does not pay county physicians, and so it is just as well that I turn these people to other physicians, and that is one of the very good features of this setup.

Senator CHURCH. May I just say, Doctor, the setup under this program that you just stated, you are speaking of the Idaho situation, are you not? In other words, the program varies from State to State under the Kerr-Mills bill?

Dr. HARTVIGSEN. Yes; and this is particularly true here in Bannock County. That is what I am speaking of—Pocatello, and Bannock County. Now, these people would not be eligible for anything under the social security law, 112 of them.

Now, in this second category, these are people not on DPA. They have some private income, such as social security, pensions, health and accident insurance. This category under the State Kerr-Mills setup came into effect just this last July, and that is the reason there are two

groups. Now, in July, as to these people, there were four applications received in the DPA office; in August, eight applications; September, seven applications; and October, seven applications. That numbers 26. These people would come under the social security setup and under the Kerr-Mills bill. These are old people, this last group, who have been hospitalized for serious illnesses and possibly surgery. They have been able to pay part of their hospital bills and physicians' bills by their own means, and in all of these instances the balances have been paid out by the State and the Kerr-Mills setup.

To the best of my knowledge, these old-age people, who have been hospitalized for serious illnesses and possibly surgery, have been able to pay part of their monthly bills and physicians' bills by their own means, and the balance, as I say, has been taken out of the State.

All of these people are satisfied with the service given them. In those cases where they have been able to pay part of their way, they feel very much better about it. Under this setup, they have free choice of physicians, free choice of hospitals, and also their physician is not dictated to as to procedures and medicines that he is allowed to employ in their treatment.

Rest homes in Bannock County: Lave Hot Springs Old Hospital, leased by Mrs. Groner, have the patients under planned medical care. Ten of these have paid total care through the old-age assistance. The other 18 paid part of their care by funds that they have, such as social security, insurance, and pensions. This brings up this proposition: Our senile citizens, old-age people, should first take care of themselves if they have private means to do so. Next, if he does not have private means, members of the family should take care of him. I know many of the families that would not permit the State to take care of grandpa or grandma, or both. They would assume the total responsibility. Third, these aids not being available, then other facilities or organizations are available to assume the responsibility, such as churches, fraternal organizations, and so on. Fourth, the DPA and other facilities, such as the Kerr-Mills setup; and even then, the management and supervision should be entrusted to local, county, and State organizations only, as it is here today. Thank you.

Senator CHURCH. Thank you, Doctor. In your experience here in Bannock County, and in your familiarity with the general public, is it your feeling then that the present programs that we have instituted are adequate to meet the medical needs of the old people?

Dr. HARTVIGSEN. Yes; I fully believe that they are taken care of.

Senator CHURCH. Thank you very much. The next witness is Mr. Paul Gregerson, Bannock County commissioner. Following him will be Mrs. LaMont Bauer, who is the clerk of Fremont County at St. Anthony.

STATEMENT OF PAUL GREGERSON, BANNOCK COUNTY COMMISSIONER

Mr. GREGERSON. Senator Church, ladies and gentlemen, as you know, I am Paul Gregerson, county commissioner, Bannock County. I have been county commissioner for almost 3 years and wish to extend my appreciation for being invited to talk today on what I

think is a subject that I have some knowledge of that these 3 years of experience have given me.

I have listened with great interest to the speakers this morning. I wish to say that I spent 3 years in a Scandinavian country from 1921 to 1924, and there is where I became interested in the welfare of our elderly people. I found that there was great satisfaction in these countries; still, they were small and they were poor. They had set up a system to help the poor and, when they reached the age of 65, they had nothing to worry about. They were taken care of financially and physically, either through retirement plans, state plans, or other plans and the way the aged population was growing, they had to devise means to take care of these people. It seems today that we are faced with the same problem. As the number of our aged grows larger and larger, we are faced with the problem of taking care of our elderly people. We start from childhood as babies, and some of them are like babies in their senile state, and when they become senile, they need the best care. They need the very best care you can give them. In the Scandinavian country, they do everything they can for their elderly people that is available. They build nursing homes, the very best they can give them, and for that reason, in the 3 years that I have been in the county, I have worked continuously on this program to get this nursing home for our people in Bannock County. It is a crime that we didn't get one years ago.

Not joining it, but next to our Bannock Memorial Hospital is where we expect to build our nursing home for these people. I've seen people lying in some hospital, all alone, suffering from the heat in the summer and I have felt sorry for them. I know there is an obligation to us as county commissioners to take care of them. In Bannock County today, we have one licensed home, which holds 37 beds. That's all that is allowed in it. We have 50,000 in our county, and we need, we figure, 3 percent per thousand, which would require 150 beds. Some of our homes have been closed down as not meeting State requirements and the only place we have left is the sixth floor of our Bannock County Hospital, and that is certainly no place to put these elderly people, behind a cold wall, and let them sit there until the Lord takes them. For that reason, we are very anxious to get this nursing home built, the quicker, the better, and keep on building onto it for the benefit of our fathers and mothers.

We have in our county today county employees who have always been paid very low wages, and in my opinion, while their wages were raised three times, it is still low. In meeting with the people in Bannock County, I found many people who had but very little income and who said that, should they become sick or have something happen to them, it would quickly take all the means they had, and I think in our great, rich country today that we should assist these people in every way we can.

As the Senator said this morning, I think it is time we work together and think and plan something to help these people because we still have many elderly people that must be taken care of, and every one of us must do our part to help them. The social security is supposed to

do that, but you can't live off of it, and you can't afford to die. It is for that simple reason that we in the county are planning on a retirement plan that we can assist these people after they leave the care of the county, or otherwise, we may have to feed them until they die.

As I said, the figure is 3 percent, and we have only 37 licensed beds and for that reason we feel that we should take some action on this nursing home as fast as we can. I wish to say that we visited nursing homes in Utah, in Idaho, in Montana and we have learned much from that. We saw one of the most beautiful homes, a \$2 million county home in Ogden, Utah, the most beautiful I have ever seen, and it is taking care of their elderly people, and we are going to follow that pattern, but not at \$2 million. We went over to Shoshone and we found a nursing home built there, and the windows were so high, they couldn't see out. The thing to do for these elderly people is to build the nursing home all on one floor where they can sit and look through the windows.

Another thing that I learned in the European countries, the best medicine for these elderly people is affection, and I think all people in that condition should have contact with their own church. They should go to the different churches of their choice. They should be there on Sunday, or the clergymen should alternate on Sundays, giving them spiritual food in their home. I think that religion is one thing that should be in their lives, as well as social affairs, and that it actually should be a home where they would have television, a workshop for men, a sewing room for the ladies, a library room, card games, and perhaps even a beauty operator to fix the ladies' hair. We should ask the teenagers to come in there, write their letters, and read books to them, stories, and give them entertainment.

I wish to say that we, as Christian people today, have one great obligation if we want to live up to one of the first commandments ever given, "Honor thy father and thy mother, that thy days may be long in the land which the Lord, thy God, gave thee." That doesn't mean that we should let our old people sit in the corners in their homes, or in a nursing home. We should honor them and take care of them and be with them, so that their days may be long, not to suffer, but to enjoy, to take care of them in every respect we can, so that the few years they have left, they can live and enjoy them on this earth, as they have been the builders of this country. I thank you.

Senator СHURCH. Thank you very much, Paul. I want to commend you too for the work you are doing for the nursing home here in Bannock County. I also have been distressed at the prospect of institutionalizing these facilities too much. I visited here in Pocatello this last week a privately run nursing home, and the ladies in it, and they had a home atmosphere and they seemed very content, and sometimes you can get away from that, you know, in the larger institutions. This is a very serious problem. I think one of the important things that has happened is that many of our teenagers are now being organized around the country to furnish services to old people in nursing homes that help to humanize them, and this certainly ought to be encouraged.

Paul, thank you for bringing your testimony to us here today. Our next witness is Mrs. LeMont Bauer, and after Mrs. Bauer, Mr. Fred Quinn is scheduled to testify.

Mrs. Bauer, we welcome you this morning.

STATEMENT OF MRS. LeMONT BAUER, CLERK OF FREMONT COUNTY, ST. ANTHONY

Mrs. BAUER. Thank you, Senator Church. Ladies and gentlemen, I will be more brief. I am very happy to follow a county commissioner. Much of the testimony this morning has been on the medical aspect and nursing homes for the aged. I will speak today on that group of our older citizens, who are beyond the age of rehabilitation, where he has reached the point where he just sits and just barely cares for himself, or is cared for. Commissioner Spraker has told you that this is increasing in the various counties, and he also mentioned that their retirement checks or their social security was not enough for them to live on.

I submit that it isn't so much a matter of how much they have, but how they spend it, and I say that what we need, on the county level, at least, is more personal attention for these people, more guidance in their spending, more help with their problems. I am going to give you a few instances that show where I feel a case worker would help. I speak with the authority of experience, not from observation. For 12 years, I conducted a nursing home right in my home. I lived with these people 24 hours a day, and I can assure you that they have various problems. Here is an example. I had this one lady, who was 84 years old, and she had a very alert mind. When she received her department of public assistance check the first of the month, she bought some oil for her furnace, she bought some groceries, and she paid her light bill, and then as time went on, she went right through her check, and by the middle of the month, the oil was out and the groceries were out. She had not been able to budget her money wisely. So, eventually, this lady was picked up bodily by her neighbors and brought to my home, even though she wanted to stay in her home. She was suffering from frostbite because the fire went out in her own home. She was suffering from malnutrition because her diet had not been adequate. So, I repeat over and over that these oldsters, these elderly people who cannot budget their resources, need a little guidance to help them to use them better.

Then there was this Tom, who was brought to me. He had seven children, and the children impressed upon him that he should save a little bit of his money each month for 1 day they would have to bury him. This man, when he was brought to me, was in such a condition of starvation that he died in 10 days with \$82 in his pocket because his children had impressed upon him that he must save a little bit of his money, and none of them would take him into their home, and there again, a little guidance would have helped.

Another man came to me, and he had seven children who lived within a radius of 20 miles. He sat down and died in 23 days with a

broken heart, whimpering, "They do not want me, they do not want me." Could not a caseworker have helped to adjust the differences between these people and put this old man in one of the homes of the children who would understand?

Now, they are limited to a certain amount of money that they live on, and if they budget everything right, it is all right. They have a food allowance. The department feels that our homes are going to be heated anyhow, so an old person should not have money to help with the heat. You know, it takes more heat for a home like this. I know because the biggest part of the time the heat in my home is set at 83°.

Someone said something about human dignity. Would it not be well to have a little elasticity as to how this money could be spent? Does it just have to be put in a certain slot, so that if you go to the home of one of your relatives, or if you go where someone else will take you, that you're not allowed to give something toward the fuel bill? Does that not constitute human dignity, to have a little bit for that, or have license to do this? I feel that the problem can be answered, not by more money, but by guidance for these very old people in spending this money, and that requires special and personal attention.

Now, we are in a small county, but we have a soil conservation board, and we hire personnel on that board to handle our wheat acreages, to measure them, and they are all placed in certain categories. Our old folks shouldn't be put in categories. Is there no elasticity, or a little giving here or a little giving there? With the aid of a caseworker, we could make life a little bit better for these people, not the ones going into the nursing homes, but the ones who sit out here in little shacks by themselves. We need guidance for these people. We need some elasticity to this problem of spending their money. Most of all, we need a personal relationship. Thank you.

Senator CHURCH. Thank you very much, Mrs. Bauer, for your testimony. I certainly do agree with you that the local level is one of the present weaknesses that could be greatly improved. It would be of much importance to our older people who are in need of some guidance with respect to their benefits and the other problems they have. We appreciate your coming.

Our next witness is Mr. Fred Quinn, president of the Pocatello Chamber of Commerce, and after Mr. Quinn is Mr. Roland K. Hart, representing the Church of Jesus Christ of Latter Day Saints. Mr. Quinn, I would like to welcome you today.

STATEMENT OF FRED QUINN, PRESIDENT, POCA TELLO CHAMBER OF COMMERCE

Mr. QUINN. Senator Church, Special Senate Committee on Aging, ladies and gentlemen, I am Fred Quinn, president of the Pocatello Chamber of Commerce, appearing before you as such. My occupation is vice president of the Pocatello office of the First Security Bank of Idaho. I have been invited to give my views on the problems facing the aged in eastern Idaho. These opinions are somewhat restricted and necessarily limited to personal experience and observation.

Our older citizens are as good or better credit risks than any single group. Possibly this is because of age. These persons have lived long enough to understand the meaning of responsibility. Also, our older people do not knowingly enter into time payment contracts beyond their budget. They know how much they will have each month and plan to buy to conform to what money they can expect. The majority of our elder citizens are independent and have provided for their retirement, including medical insurance.

It is the duty of our community, not the Federal Government, to aid these who are faced with needs beyond their capacity to meet. Increased Federal taxes upon incomes during a person's producing age and Government spending take away the individual's independence, and that does not seem to be the answer to the problem.

Senator CHURCH. Thank you, Mr. Quinn. Our next witness is Mr. Roland K. Hart, and the next witness will be Mrs. Grace Bistline.

STATEMENT OF ROLAND K. HART, REPRESENTING THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

Mr. HART. Senator Church, committee, ladies and gentlemen, my name is Roland K. Hart. I have been asked to testify before this committee on the subject of problems of the aged in behalf of the Church of Jesus Christ of Latter-day Saints. This church has not prepared an official statement for presentation of this hearing, neither am I empowered to give or state any official stand for or against legislation now pending. However, I am permitted to express what may be my personal opinion as to what I believe would be the church's attitude toward legislation for the aid of the elder citizens of our country. Having had no opportunity to consider in detail what has been or is now being proposed in this field, I can only speak about generalities.

Traditionally, our people have been taught that, among other things, the following basic concepts of living are fundamental in the moral, financial, healthful (both physical and mental), and spiritual welfare of the individual, and, through the individual, the community, the State, and the Nation. We hold that it is a man's duty to be self-sustaining and thrifty in order that he might provide for himself and his family and not be a burden to his fellowman.

Idleness is a curse and is not limited to the young, but applies to the elderly as well. The idlers should not be allowed to receive benefits from the production of the laborers. The responsibility of caring for the elderly falls first upon the family. The family should be best able to determine what is right for the individual and should do so with greater love and affection than the State.

After the responsibility of the family comes the church, not the State. The more you do for people, the more you have to do for them, thus compounding to the problem, rather than solving it. Providing benefits for the individual that should be obtained by prudent living and planning for the future on the part of the recipient brings moral, financial, and spiritual decay. The concept that it is

the duty of the State to care for its citizens is fallacious. Rather, it is the duty and the privilege of the citizen to assure the welfare and the well-being of the Nation.

Legislation that will tend to assume responsibilities on the part of the State that are primarily the responsibility of the individual can only bring harm to all concerned and will speed the moral and financial decay of the Nation. Much is already being done by the Government in those areas where the individual by himself cannot take care of the problem, such as FHA insurance on homes for the aged, care for the indigent, by both local and national agencies already now functioning, special tax treatment for pension and retirement plans, thus encouraging thrift and the provision for meeting the financial problems of old age.

To demonstrate that the above concepts are not just whims or idle speculation, our people have been operating what is known as the general church welfare program for over 20 years in which we provide the necessities of life, including hospital and medical expense for the worthy members of the church, both old and young, who cannot take care of themselves. In our stake, the Pocatello Stake, comprising about 4,000 members, during the year 1960, we expended in excess of \$16,000, or its equivalent, for the well-being of our members. We feel that the job of caring for the indigent, the improvident, and the aged can and should be done on a local basis, administered without cost to the giver or the receiver.

Senator Church, attached is a small brochure, explaining some of the operations of the welfare plan in the Bannock region, and this probably would be too voluminous to read.

Senator CHURCH. Mr. Hart, I want to say that I am a bit familiar with the welfare program of your church, and I think you are to be strongly commended for it. I recall in Washington, when they recount instances of the late depression, when 15 million people were unemployed, few, if any, members of your church ever were on the public relief rolls because of the welfare program that your church had, and I thought it might be of interest to you to know that that story still recurs in Washington when the depression days are reviewed.

Mr. HART. We anticipate that there will be further times ahead where stringent economic conditions will require programs of this nature. As you know, I am sure, it is the aim of the church that every member of the church should be provided for 2 years in advance.

Senator CHURCH. Yes, I know that. Thank you. Our next witness is Mrs. Grace Bistline, and after her, the Honorable W. H. Jensen, probate judge of Bannock County, is listed to appear.

Mrs. Bistline is past president of the Altrusa Club. Mrs. Bistline, we want to welcome you here.

STATEMENT OF MRS. GRACE BISTLINE, PAST PRESIDENT OF ALTRUSA CLUB

Mrs. BISTLINE. Senator Church, ladies and gentlemen, I am a member of the local Altrusa Club, which is also an international organization. We are strictly a service club, and we here locally have been very interested in our senior citizens for a number of years.

We know that in our local area there is a definite need for more and better homes to take care of our senior citizens. We have been working with the county commissioners for a number of years now and have their cooperation, and we feel that our rest home will soon be a reality, which we have been working for. We visit the various rest homes. There are a few little homes in Pocatello which are caring for a few of the senior citizens, and we visit those regularly, try to do what we can to put a little cheer into them and help them in any way that we can, with anything that needs to be done for them.

We feel that more rest homes and better conditions for the senior citizens is what we are trying to get.

Senator CHURCH. Thank you very much, Mrs. Bistline. I know of some of your work, and you are to be commended for it. Our next witness is Judge Jensen, and following Judge Jensen, is Mr. Willie George of the Fort Hall Indian Reservation.

Pete, it's nice to have you this morning.

STATEMENT OF HON. W. H. JENSEN, PROBATE JUDGE, BANNOCK COUNTY

Judge JENSEN. Senator Church, I want to express my appreciation for the opportunity to appear before you and your committee this morning. My name is W. H. Jensen. I am commonly referred to as Pete Jensen. At the present time, I am juvenile and probate judge of this county. Among other duties, a probate judge has considerable contact with aged people, in the general enforcement of the law.

For your general information, I have two reports from the Idaho Department of Public Assistance. The first of these (table 1), dated August 30, 1961, gives statistics on old age assistance, aid to the blind, and aid to the permanently and totally disabled, as well as aid to children, in all the counties of Idaho. The other, marked "table 2," is a more comprehensive table and on the old age group alone. I believe that these two tables will give you and your committee a general picture of the present experience in our State. You will note, however, that the number of recipients is only a minor part of the aged population in the State of Idaho. A great number of elderly people have been unable, through no fault of their own, to acquire a nest egg or lay away a reserve for their old age.

(The tables referred to previously follow:)

TABLE 1.—Idaho Department of Public Assistance—Obligations incurred for public assistance payments, according to number of recipients and average amounts, by county, June 1961

County	Old-age assistance			Aid to dependent children				Aid to the blind			Aid to the permanently and totally disabled			All social security				
	Recipients	Amount	Average grant	Families	Children	Amount	Average per—		Recipients	Amount	Average grant	Recipients	Amount	Average grant	Recipients	Households	Amount	Average grant
							Family	Child										
Ada.....	888	\$65,907.59	\$74.22	279	786	\$44,310	\$158.82	\$56.37	25	\$2,052.00	\$82.08	118	\$8,902.00	\$75.44	1,310	1,212	\$121,171.59	\$92.50
Adams.....	36	2,519.60	69.99	6	12	627	104.50	52.25	5	373.00	74.60	47	5,551.00	84.11	567	541	62,751.47	110.67
Bannock.....	285	23,463.47	82.33	208	580	33,238	159.80	57.31	8	499.00	62.38	66	7,568.40	93.44	81	71	7,568.40	93.44
Bear Lake.....	58	5,027.40	86.68	15	35	2,046	136.40	58.46	1	114.00	114.00	7	1,031.00	60.65	135	124	10,436.00	77.30
Benewah.....	98	6,570.00	67.04	20	65	2,835	141.75	43.62	1	62.00	62.00	17	3,560.00	77.39	386	348	39,167.44	101.47
Bingham.....	182	13,876.44	76.24	151	402	21,252	140.74	52.87	7	470.00	68.43	46	779.00	64.92	68	59	4,561.00	67.07
Blaine.....	48	2,887.00	60.15	7	19	833	119.00	43.84	1	62.00	62.00	12	2,224.00	74.13	325	19	1,347.00	70.89
Boise.....	16	967.00	60.44	1	4	233	233.00	58.25	2	147.00	73.50	30	4,074.50	78.36	441	291	31,456.00	96.88
Bonner.....	249	22,268.00	89.43	45	128	6,878	152.84	53.73	1	116.00	116.00	52	1,264.00	74.35	138	398	50,317.47	114.10
Bonneville.....	250	25,288.97	101.16	130	366	20,438	157.22	55.84	9	516.00	57.33	17	1,555.00	155.00	14	119	12,842.05	93.06
Boundary.....	94	8,480.05	90.21	25	66	3,028	121.12	45.88	2	70.00	35.00	1	49.00	49.00	25	19	2,091.00	110.05
Butte.....	9	678.00	75.33	9	19	1,258	139.78	66.21	1	108.17	108.17	1	155.00	155.00	14	19	1,188.00	84.86
Camas.....	8	539.00	67.38	6	16	649	108.17	40.56	17	1,221.00	71.82	201	15,771.00	78.46	1,588	1,408	162,480.24	102.32
Canyon.....	1,028	89,311.24	86.88	342	960	56,183	104.28	57.98	1	51.00	51.00	16	419.00	69.83	13	23	2,038.55	81.54
Caribou.....	20	1,435.55	71.78	4	8	554	138.50	69.25	1	89.00	89.00	17	996.00	58.59	153	150	15,906.50	96.99
Cassia.....	107	8,935.50	83.51	40	142	5,759	143.98	40.56	1	89.00	89.00	6	459.00	76.50	66	59	4,887.62	74.05
Clark.....	5	448.00	89.60	2	10	151	75.50	15.10	1	89.00	89.00	6	462.00	77.00	67	63	5,081.00	75.84
Clearwater.....	100	9,438.78	94.39	35	106	5,649	161.40	53.29	1	89.00	89.00	17	581.00	64.56	106	91	7,627.50	71.96
Custer.....	47	3,073.62	62.73	11	26	1,365	123.18	52.12	2	268.00	134.00	9	519.00	57.67	125	107	9,390.00	75.12
Elmore.....	47	2,970.00	63.19	14	31	1,649	117.79	53.19	2	121.00	60.50	20	1,438.00	71.90	231	206	21,313.83	92.27
Franklin.....	78	4,681.50	60.02	17	34	2,097	123.35	61.68	5	526.50	105.30	14	1,064.00	76.09	197	180	20,787.52	105.52
Fremont.....	98	6,445.00	65.77	18	58	2,426	134.78	41.83	4	370.00	94.75	22	1,688.00	76.73	269	255	28,901.92	107.44
Gem.....	171	13,874.83	81.14	38	116	5,880	154.74	50.69	1	49.00	49.00	16	1,511.80	94.49	140	127	13,865.29	99.04
Gooding.....	156	16,278.02	104.35	22	53	2,919	132.68	55.08	1	110.00	110.00	22	1,676.00	76.18	189	167	16,730.22	88.52
Idaho.....	193	18,490.92	95.81	50	146	8,344	166.88	57.15	4	370.00	94.75	22	4,810.00	72.88	758	677	73,603.48	97.10
Jefferson.....	95	7,639.49	80.42	28	84	4,665	168.61	55.54	1	49.00	49.00	16	1,511.80	94.49	140	255	28,901.92	107.44
Jerome.....	125	8,142.22	65.14	41	118	6,802	165.90	57.64	1	110.00	110.00	22	1,676.00	76.18	189	167	16,730.22	88.52
Kootenai.....	545	47,535.48	87.22	132	357	20,195	152.99	56.57	15	1,063.00	70.87	66	4,810.00	72.88	758	677	73,603.48	97.10
Latah.....	160	14,544.75	90.90	21	47	2,489	118.52	52.96	5	332.00	66.40	24	2,041.00	55.04	210	185	19,406.75	92.41
Lemhi.....	113	12,014.86	106.33	34	88	5,174	152.18	58.80	3	227.00	75.67	25	1,777.00	71.08	175	158	19,192.86	109.67
Lewis.....	35	3,325.70	95.02	13	44	2,221	170.85	50.48	1	68.00	68.00	9	991.00	110.11	78	74	8,003.02	102.60
Lincoln.....	47	5,687.95	121.02	7	20	1,124	160.57	56.20	1	112.00	56.00	26	2,091.00	80.42	138	121	12,885.41	93.37
Madison.....	48	3,845.02	80.10	20	63	3,099	154.95	49.19	1	68.00	68.00	9	991.00	110.11	78	74	8,003.02	102.60
Minidoka.....	84	6,486.41	77.22	26	82	4,196	161.38	51.17	2	112.00	56.00	26	2,091.00	80.42	138	121	12,885.41	93.37
Nez Perce.....	426	34,445.69	80.86	179	495	28,187	157.47	56.94	12	655.00	54.58	67	4,995.50	74.56	684	610	68,283.19	99.83
Oneida.....	34	2,405.50	70.75	5	12	571	114.20	47.58	12	655.00	54.58	67	4,995.50	74.56	684	610	68,283.19	99.83
Owyhee.....	91	8,893.08	97.73	22	67	3,414	155.18	50.96	3	178.00	59.33	16	1,464.00	91.50	132	115	13,949.08	105.67

TABLE 1.—*Idaho Department of Public Assistance—Obligations incurred for public assistance payments, according to number of recipients and average amounts, by county, June 1961—Continued*

County	Old-age assistance			Aid to dependent children				Aid to the blind			Aid to the permanently and totally disabled			All social security				
	Recipients	Amount	Average grant	Families	Children	Amount	Average per—		Recipients	Amount	Average grant	Recipients	Amount	Average grant	Recipients	Households	Amount	Average grant
							Family	Child										
Payette.....	243	16,040.70	66.01	51	155	7,158	140.35	46.18	5	285.00	57.00	39	2,772.00	71.08	338	268	26,255.70	77.68
Power.....	34	2,156.00	63.41	14	33	1,695	121.07	51.36				5	224.00	44.80	53	44	4,076.00	76.89
Shoshone.....	106	8,292.67	78.23	92	238	14,659	159.34	61.59	1	65.00	65.00	38	2,710.70	71.33	237	222	25,727.37	108.55
Teton.....	21	1,896.10	90.29	7	18	1,033	147.57	57.39				4	196.00	49.00	32	27	3,125.10	97.66
Twin Falls.....	575	49,508.76	86.10	168	465	25,297	150.58	54.40	3	255.00	85.00	91	6,949.00	76.36	837	763	82,009.76	97.98
Valley.....	27	1,586.00	58.74	9	19	933	103.67	49.11	2	146.00	73.00	2	69.00	34.50	40	36	2,734.00	68.35
Washington.....	154	10,033.55	65.15	40	99	5,716	142.90	57.74	1	113.00	113.00	17	1,093.00	64.29	212	187	16,955.55	79.98
Duck Valley ¹	17	1,121.00	65.94	14	30	1,474	105.29	49.13	5	344.00	68.80	3	159.00	53.00	39	26	3,098.00	79.44
Total.....	7,253	599,456.41	82.65	2,418	6,731	370,693	153.31	55.07	148	10,712.50	72.38	1,186	89,688.50	75.62	11,005	9,895	1,070,550.41	97.28

¹ Not a county: an Indian reservation that extends part way into Nevada.

TABLE 2.—*Old-age assistance recipients, by county, showing percentage of population 65 years and over receiving assistance during June 1961*

County	Estimated population 65 years and over ¹	Number of recipients	Percentage of population 65 years and over receiving assistance
Total.....	58,000	7,253	12.5
Ada.....	7,691	888	11.5
Adams.....	307	36	11.7
Bannock.....	2,749	285	10.4
Bear Lake.....	650	58	8.9
Benewah.....	789	98	12.4
Bingham.....	1,914	182	9.5
Blaine.....	447	48	10.7
Boise.....	226	16	7.1
Bonner.....	2,047	249	12.2
Bonneville.....	2,157	250	11.6
Boundary.....	725	94	13.0
Butte.....	180	9	5.0
Camas.....	104	8	7.7
Canyon.....	6,009	1,028	17.1
Caribou.....	371	20	5.4
Cassia.....	1,276	107	8.4
Clark.....	81	5	6.2
Clearwater.....	928	100	10.8
Custer.....	302	49	16.2
Elmore.....	632	47	7.4
Franklin.....	771	78	10.1
Fremont.....	754	98	13.0
Gem.....	1,114	171	15.4
Gooding.....	1,044	156	14.9
Idaho.....	1,317	193	14.7
Jefferson.....	684	95	13.9
Jerome.....	940	125	13.3
Kootenai.....	3,509	545	15.5
Latah.....	2,053	160	7.8
Lemhi.....	673	113	16.8
Lewis.....	499	35	7.0
Lincoln.....	354	47	13.3
Madison.....	621	48	7.7
Minidoka.....	940	84	8.9
Nez Perce.....	2,801	426	15.2
Oneida.....	435	34	7.8
Owyhee.....	603	108	17.9
Payette.....	1,473	243	16.5
Power.....	365	34	9.3
Shoshone.....	1,624	106	6.5
Teton.....	186	21	11.3
Twin Falls.....	4,153	575	13.8
Valley.....	307	27	8.8
Washington.....	1,195	154	12.9

¹ Based on estimate of public assistance bureau, June 1959.

² Includes recipients on Duck Valley Reservation.

Therefore, these elderly people are dependent, either upon public charity, which they dislike, or the love and affection of their children. It will be noted that generally these elderly people arrive at the age of 65, or thereabouts, very nearly at the time their grandchildren are ready for college. It is common knowledge that many of our promising young people have been unable to complete their education because the money available therefor has been used to care for the grandparents in sickness and distress.

The release of elderly people from the fear of being unable to pay for a disabling illness would go far to increase the opportunity of our youth and contribute to the enjoyment in the declining years of our elderly citizens.

Senator CHURCH. Thank you very much, Pete. We appreciate having your testimony this morning. I would like to say to you, before you leave, that in the courthouses that I have visited in the course of

my tour of the State, I note that many people come to the courthouses with problems, and I think one of the problems that comes up most often is the problem of older people, who are terribly fearful of what will happen to them if they have a serious illness.

Judge JENSEN. That is true, Senator.

Senator CHURCH. I think that is your experience in your probate work, too. It is a very real and pointed thing to these people.

Mr. Willie George, we are very pleased to have you come today and testify.

STATEMENT OF WILLIE GEORGE, BANNOCK SHOSHONE TRIBES OF FORT HALL INDIAN RESERVATION

Mr. GEORGE. Senator Church and the committee, I am here to speak for the old people on the Fort Hall Reservation.

First, on the living conditions, all of our old people today are living in shacks. Why? Because all our younger people have taken over their former homes, which had been built for them, because these younger generations have no homes. So, that is our living condition today of the old people. When this reservation was first set aside, the Government built a sawmill for us on Mount Putnam. That is where the Indians got their logs for their homes on the reservation years ago. In about 1920, the Government did away with this sawmill. At the present time, we have some lumber on this mountain, and I think the Government should help the old people to build homes at the present time.

Now, on our medical care today, the old people that don't understand English are just dying away. Why? Because they do not understand the rules and the visiting hours, and all that, and they don't understand how to take their medicine when the doctor tells them how to take their medicine. At the present time, the way we Indians have to get an authorization from the doctor before we go to the hospital, many Indians, old people, have died because they do not understand how to go to the agency to be examined. So, we Indians would like to have a hospital on our own reservation.

That is all the statement I have to make.

Senator CHURCH. Thank you very much.

Mr. GEORGE. Do you have any questions?

Senator CHURCH. I only have one observation, and that is that I visited some of the homes of some of the old people on your reservation, and I know that the conditions of poverty that I found there are disgraceful in a country as big as ours.

Mr. GEORGE. You have been in some of our homes, Senator.

Senator CHURCH. I think that somehow we need to find a way to develop the Indian reservation to produce income that will improve these conditions, because it is a very serious condition, and I am hopeful that the present heirship law, which has been made applicable to the reservation, will be of some help to you. I do know that the condition is extreme in many cases and that something has to be done about it.

Mr. GEORGE. Another statement I would like to make before you is about something that is very important and what most of the white people and the Government officials don't know about the Indians.

Ever since this reservation was set aside—well, we have a few half-breeds on our reservation, and ever since the reservation has been set aside, that's the only help they're given, not the full-bloods. That's the way it is at the present time, and it's everything that the Government is furnishing for the Indians, besides their homes and land assignments.

So, it seems to me that at the present time the reservation is just going to pieces. What I mean, our present children have no land to work on, and that is all the statement I want to make.

Senator CHURCH. Thank you. I think this problem of heirship is one of the most serious things. I am on the Subcommittee on Indian Affairs in the Senate, and we hope next year we can help with a bill which will help to handle this problem. The heirship problem which has become so serious is taking much productive land out of production and making the problem more critical all the time for these Indians. Thank you very much, Mr. George.

I have been asked to announce, ladies and gentlemen, that lunches and sandwiches may be obtained here in this Student Union Building if you care to stay in the building over the lunch hour.

The session will now be adjourned until 2 o'clock this afternoon, when we will meet again in this hall.

(Whereupon, at 12:05, the subcommittee recessed until 2 p.m. at the same place.)

AFTERNOON SESSION

Senator CHURCH. The hearing will again come to order. I am very happy to have this chance to welcome you back again to the afternoon session. We still have a number of witnesses to be heard from who are scheduled to give testimony. So we will move along as quickly as we can with the afternoon session.

Our first witness this afternoon is Mr. Arthur B. Scott, who is president, board of advisers, Salvation Army. Following Mr. Scott, we will have Mr. Virgil Harter, president of the Idaho Nursing Home Association.

STATEMENT OF ARTHUR B. SCOTT, PRESIDENT, BOARD OF ADVISERS, SALVATION ARMY

Mr. SCOTT. Senator Church, when I was invited to appear before this committee, I thought it was because I was one of the aged citizens of Pocatello and was to express my views on medical aid for the aged. I am, however, a member of the Salvation Army Advisory Board, and the Salvation Army does render both material and spiritual aid for destitute persons.

Senator CHURCH. Mr. Scott, you feel free now to testify and give your own personal views on any matter relating to the subject.

Mr. SCOTT. Thank you, Senator. As I understand the proposed legislation—that is, the King bill—it is to provide medical care for the aged, all persons covered by social security and the Railroad Retirement Act, who are 65 years of age or over, who would be furnished free medical care. This, as I understand it, includes doctor services, hospital services, and skilled nursing services in the hospital

or in the home or in rest homes, when that service will suffice; also included in this service is the cost of medicine, drugs, X-rays, et cetera. I believe the bill does provide for some limitations on the amount of free service furnished, but, as I recall, some of it now runs for as much as 240 days.

I feel that the coverage in this proposed bill is entirely too broad; that is, regardless of one's financial status, he would be entitled to this free service. I don't have any figures, but from my acquaintance with a good many persons, 65 years of age or over, I believe most of them have provided for their own medical care, either by Blue Cross or other equivalent health insurance programs, or by the railroad medical and hospital plans.

Of course, I am entirely in sympathy with any legislation that would provide medical care for those persons who are unable to pay for the same themselves. However, I believe this is already taken care of in Idaho at least and possibly many of the other States by the Kerr-Mills bill, which provides free medical care to those persons 65 years of age or over whose income is not sufficient to take care of their own medical care. Also, with the broad coverage in the proposed legislation, I am afraid our hospitals, nurses, and doctors, who are already taxed almost to the limit, would reach the point where none of us would receive adequate care. It is difficult enough now to secure the services of a doctor in Pocatello, and I assume Pocatello is representative of most communities in the United States.

From my experience, almost any legislation that provides free service is abused. I refer particularly to the unemployment pay under social security and railroad retirement, and while I believe most people are honest in their convictions, I am afraid a good many more people would find it necessary to have medical care if same were free than if they had to pay for that service themselves.

One other point which I feel is probably most objectionable to the proposed legislation is that of the cost. I believe the proposed legislation provides for increased payments by the employee and employer under social security and the Railroad Retirement Act to take care of the increased costs. However, from what I have read and heard about the difficulty experienced in England, and in one of our own Western States, I am afraid the cost of this free medical care in time would be prohibitive. I read a statement in one of the newspapers a few days ago by Senator Bennett of Utah, in which he stated the proposed legislation would cost an estimated \$5.4 billion annually by 1983, compared with an estimated \$2.5 billion forecast by the administration, and the Senator's figures were based on statistics of private health insurance companies. Regardless of whether the above figures are correct, I do have some idea of the cost of medicine, and I am afraid the drug bill alone for several million elderly people will run the cost up to a point where it would necessitate unplanned taxes. While admittedly it would probably be beneficial to the elderly, there is probably some merit in it. However, I do feel the benefits received by the people as a whole would be more than outweighed by the burdens imposed, and this might lead the way toward socialized medicine.

Senator CHURCH. Thank you very much, Mr. Scott. Our next witness is Mr. Virgil Harter, president of the Idaho Nursing Home Association, to be followed by Mr. Mel McDougall, who is president of the Council of Social Agencies.

STATEMENT OF VIRGIL HARTER, PRESIDENT, IDAHO NURSING HOME ASSOCIATION, PAYETTE

Mr. HARTER. Senator Frank Church, members of the subcommittee of the Senate's Special Committee on Aging, I am Virgil Harter, president of the Idaho Nursing Home Association and also a member of the Governing Council of the American Nursing Home Association. I would like to briefly consider with you what our association has done concerning the problem of the aging, and we would also like to suggest an area yet to be tried in Idaho.

Nursing homes in Idaho have been licensed since 1947 when the Hospital Licensing Act was passed by the legislature. Nursing homes have been operating for about 10 years before this time and have done so without the protection of any type of inspection. In 1955 the Idaho Nursing Home Association began to collect information regarding rules and regulations from other States. It was from this beginning that our present licensing requirements started, and we take pride in this fact.

In 1958, a committee was formed by the association that worked with the board of health to upgrade the minimum standards. Our recommendations were presented to the hospital facilities section of the department of public health, and after many joint meetings and compromises, our present minimum standards were approved. The people of Idaho are indeed fortunate to have a board of health that will work with all organizations with similar problems. All nursing homes now licensed in Idaho are constructed and operated to offer better patient care. Our sprinkler system requirements for more than one story buildings has added to the safety of these homes. We, as nursing home administrators, are principally interested in safety for our patients. It is becoming increasingly difficult to convert old residential buildings into nursing homes. The fact is, it is virtually impossible.

We wish to thank the Federal Government for the help given to us through the Small Business Administration, in providing the loans to remodel and add much needed additions to existing facilities. It is hoped that this agency will be provided the help to speed up their efforts to proprietary owners. We are also fortunate in having legislators who have seen the need for aid to proprietary homes and have enlarged the Federal Housing Administration program to render this service.

We are looking forward to a possible streamlining of the procedures in obtaining a Federal Housing Administration insured loan. We again wish to thank the Federal Government for providing the means and the opportunities to repay these loans. We ask nothing more than this privilege and can assure you many more skilled nursing home beds will be available in Idaho due to this program.

Before rules and regulations and minimum standards for nursing homes were revised and adopted in 1960, there were approximately 115 homes. These homes had approximately 1,770 beds. In the last 2 years, no less than 10 new nursing homes have been built. In the same period, licensed nursing homes have dropped to 47. This represents a rather large percentage of decrease in facilities. The number of beds in licensed nursing homes has dropped only about 12 percent.

If the beds in new facilities under construction and in the final planning were to be included, the figures would show an all-time high. There are several in the preliminary planning stage, and we are sure that with no more than will be completed in the coming year Idaho will be one of the leading States having suitable facilities for the aging.

Using the present ratio of three nursing home beds per thousand population, Idaho will surpass that ratio in the next few months. Nursing home administrators have cooperated with both the Idaho Board of Health and the Idaho department of public assistance in improving nursing service. Each month shows a marked increase in the number of professional nurses turning to nursing homes for employment. In 1959, Idaho nursing homes employed 18 registered nurses and 48 licensed practical nurses. By 1961, the number of professional registered nurses was increased to 60, and the licensed practical nurses increased to 136. The facts speak for themselves in showing a marked increase in the professional care of the aging.

We are glad to say that the nursing home minimum standards for nursing care are higher than are spelled out in the hospital requirements. Therefore, we must say a nursing home patient is receiving a greater amount of professional nursing care in a nursing home than in the medical wards in some of our hospitals. We are looking forward to a further expansion of the licensed practical nurse training in Idaho to further upgrade our nursing care standards.

There are other areas of care that have not been started. Rehabilitation is one of these that might well be next in importance. Many nursing homes try to conduct some type of rehabilitation program, but the professional know-how is often missing. The people with these skills are very hard to find, and their services are beyond the financial reach of those who need it perhaps the most. If grants were made available to State health departments, so that they could employ a properly trained personnel, programs of rehabilitation and guidance could be made available to all nursing home personnel. A training course could be set up to accommodate groups of employees and perhaps other methods could be devised to utilize this rehabilitation program. This is a much needed phase in the care of the aging, but it also presents problems of equipment and other miscellaneous items.

The present rate structure does not include these services. With many of the patients, it would take months, perhaps years, to return their activities even a small degree. Social activities should be the responsibility of the community. The Gray Ladies, the Soroptimist Club, and many other groups have been active in Idaho, but more community participation is needed. Just the simple remembrances are important to these people, birthdays, holidays, and all special events. Letter writing and reading are but a few of other services they need and enjoy. Too many times, beautiful buildings with all the supposedly important features are actually not important at all when substituted for tender, loving care. Facilities are important, but must be tempered with the ability of the tax dollar to pay for what we want.

I wish to take this opportunity to thank this committee for allowing us to present this information. We invite each member of this committee to visit nursing homes in Idaho. I will be glad to make

arrangements for such visits. If you will let me know what time you will have, I will be at your service. Nursing home administrators are not ashamed to be part of the team working for better care of the aging.

Senator CHURCH. Mr. Harter, thank you for your testimony. I have had an opportunity to visit a number of nursing homes in this State, and I would like to visit a great many more. I think you should be commended for the part you are playing in taking care of our aged people, and I am glad that you took note of the fact that changes have recently been made in the FHA program to assist in extending FHA credit to persons building nursing homes and in improving existing ones. I think that is going to be helpful in this picture.

Just for purposes of the record, I think it might be useful, in order that we can make comparisons with other States, if you could tell us how much each month the public welfare department in Idaho will pay to the nursing home for the care of an indigent person, that is to say, a person without means. Is that a uniform amount, or does it vary, and, if it varies, on what basis does it vary?

Mr. HARTER. Well, in some cases, they have varied on various homes due to the facilities available, but the majority of the nursing homes are receiving \$175 a month.

Senator CHURCH. And is there any variation in the amount received, depending upon the amount of care a person may require? That is to say, while a bedridden patient might require considerably more care than another, and both might be without means of their own, is there any adjustment there, or is this pretty much of a flat rate in this State?

Mr. HARTER. It's more or less a flat rate in this State because what one doesn't call for, the other one does. Our expenses in operating nursing homes runs higher than this, and many of the counties are supplementing the \$175, up to \$200 a month; just a few of them are participating with a \$10 supplementation, making it \$185.

Now, if we want better care for these people who are the ones that made our communities and built them, I think we ought to keep our rate up where the minimum price will give them adequate care because they are deserving of it.

Senator CHURCH. Now, in those cases where the older persons in the nursing homes have means of their own, but limited means, then what special arrangement is made? I am asking you these questions because I want to get them into the record, and I would like you to testify to it. I think I know the answer to the question, but I think for purposes of the record we should have this data in because we are going to be comparing our situation to that in many other States. So, did you understand my question?

Mr. HARTER. Yes; I understand what you mean. Now, on the supplementation in the State of Idaho, any money that is supplemented by the family is applied on the \$175. It is deducted and applied on that; it is not over and above the \$175.

Senator CHURCH. I see. In other words, if the family were able to contribute \$50 a month, then the public welfare department would contribute the balance?

Mr. HARTER. That's right.

Senator CHURCH. That would be \$125. If the family then wasn't able to contribute anything, the public welfare department would contribute the whole amount?

Mr. HARTER. That's right. Now, social security, though, is also deducted from the \$175.

Senator CHURCH. Social security to the person?

Mr. HARTER. That's right; and they also have allowed so much for spending money for the individuals, which is for incidentals, clothing, and so forth, but the county supplementation is the only one that they allow us to receive funds from, other than the \$175.

Senator CHURCH. What will this \$175 be used for in a typical case? Is it used simply for the food and the service that has to be rendered during the month's time, or does it also cover medicine and drugs, doctor services, if necessary?

Mr. HARTER. No. That is just for the nursing home care, the general nursing care, and their food and lodging, and your overhead that comes along with it. The modern nursing home now requires so many square feet of floorspace, so much recreation area under the new standards, and it presents a large overhead of unpaid-for space which has to be absorbed within your charges.

Senator CHURCH. And if a person is sick, but not so sick as to require hospitalization, how are medicines and the doctor's bills taken care of?

Mr. HARTER. That is taken care of by this new bill that was mentioned here. I can't think of the name of it now. It is taken care of, and the counties are paying the medical bills for the drugs.

Senator CHURCH. Through the department of public assistance?

Mr. HARTER. Through the department of public assistance.

Senator CHURCH. That is the Kerr-Mills bill, which we enacted last year in the Congress?

Mr. HARTER. That is right.

Senator CHURCH. All right; thank you, Mr. Harter. I would like to ask you further questions, but I don't have the time to do justice to those who are still waiting. Thank you very much, and our next witness is Mr. Mel McDougall, president of the Council of Social Agencies in Pocatello. Following Mr. McDougall will be Mr. Charles Johnson, leading knight, Benevolent Protective Order of Elks.

STATEMENT OF MEL McDOUGALL, PRESIDENT, COUNCIL OF SOCIAL AGENCIES, POCATELLO

Mr. McDOUGALL. Thank you, Senator Church.

Committee, ladies and gentlemen, the main purpose for me to be here is to explain the role of the Council of Social Agencies, how it pertains to the problem of aging. Our Council of Social Agencies probably differs from many others that I know of in that we have no standing committees or any other function that goes along, other than our regular monthly meetings.

The purpose of our organization, as stated in our constitution, is to provide an opportunity for persons interested in youth and social welfare to meet and to discuss and study these problems, provide an opportunity for such persons to hear outstanding leaders in the field, and to promote mutual understanding; also to provide an organiza-

tion by which these opinions and recommendations of any interested person may be expressed. In attempting to reach the goal of these purposes, we schedule various authorities in the fields to come and talk to our group. We get acquainted with the people working, say, in the department of public assistance, employment security agency, and vocational rehabilitation. The main thing that I enjoy about it is that I have a chance to meet with people with whom I am dealing over the telephone. Our personal contacts, the fact that we can know the person and sit down and chat over our common problems, one of which is aging, are very important.

The second part of my presentation today is on the State employment of the physically handicapped and older workers committee. I do understand that we are unique in that we have "and older workers committee" tacked onto our title. I don't know how this came about. I was not responsible for it, but we have accepted it, and we feel there is a need for this type of an organization, not only for the handicapped, but older workers and other persons. When we deal with the problems of the handicapped persons in our local committees, we also deal with some of the problems of the older workers. Our main goal, as a local committee, is to provide favorable publicity for the handicapped and older workers.

We do not play up the fact that they are handicapped or that they are old. We try and sell them on the idea that the employers can utilize them for the skills they have, not the handicap or the age.

I don't believe there is any need for me to take any more of your time.

Senator CHURCH. Thank you, Mr. McDougall. I know that the Government has done a great deal to promote the notion that the handicapped ought to be employed. I find oftentimes that government agencies themselves do not make any provision for the handicapped, and that private employers on the whole are doing more about it than government agencies, even though they are trying hard to promote the idea of hiring handicapped people. I think there is room for many changes at the local, State, and Federal levels to accommodate the needs of the handicapped in public employment, as well as private employment.

Mr. McDougall. One thing further, the theme of this year's handicapped essay contest is "The Role of the Community in Employment of the Physically Handicapped." Now, this could apply also to the role of the community dealing with the older workers, what to do with these people.

Senator CHURCH. Yes. Thank you, Mr. McDougall. Our next witness is Mr. Charles Johnson, and following Mr. Johnson will be Mr. Carl Nelson, president, Twin Counties Farmers' Union, Minidoka and Cassia Counties.

Mr. Johnson, it is nice to have you with us.

STATEMENT OF L. CHARLES JOHNSON, LEADING KNIGHT, BENEVOLENT AND PROTECTIVE ORDER OF ELKS, NO. 674

Mr. JOHNSON. Thank you, Senator Church. It is nice to be here. As a preliminary, Senator, I might thank you for your constant and continued attention to the Naval Ordnance Plant problem, for which effort you certainly should be given credit, because I know personally

that you have been working on this problem and its solution for several years.

Senator CHURCH. Thank you.

Mr. JOHNSON. My name is L. Charles Johnson. I am leading knight of Pocatello Lodge No. 674, Benevolent and Protective Order of Elks of the United States of America, and president of the Idaho Society for Crippled Children and Adults, past president of the Pocatello Chamber of Commerce, and of the Fifth District Bar Association. I earn a living for my family from the practice of law in Idaho.

The exalted ruler and officers of Elks Lodge No. 674, wishing to accept the offer to present views at this hearing, requested that I so appear. We feel your attempt and effort to allow our people through grassroot opinion to express themselves is a healthy and wise approach. I notice the subject of this hearing is broad. Each citizen of our Republic is "aging" and at approximately the same rate. Therefore, I welcome the opportunity to express my views as an aging citizen in the prime of life.

Our order has many elder citizens as valued members, many of whom, I am sure, will testify themselves. Our lodge provides housing for elder male citizens, respecting the American ideals of self-help, responsibility through the family unit, and fraternal or religious assistance. I have three points, and in each my personal views and the thoughts expressed on behalf of Elks should be easily noted from the context.

First, I am concerned—deeply concerned—and worried about the necessity for special aid to our older citizens. These fine, responsible elderly people, our friends, relatives, living flesh and blood, do have problems and, in isolated cases, without fault of their own, have serious economic conditions which cannot be ignored. In Idaho many of the older people now living were the pioneers who wrested the land from the sagebrush, who passed on to us the opportunity and high standard of living we enjoy today.

It is common knowledge, and I believe your hearings will disclose, that, through the remorseless and continuous march of inflation, once healthy and adequate retirement programs are now inadequate and ill funded. The value of the dollar has been so drastically reduced that the savings of yesteryear are not adequate today. The failure of our Congress and our Federal Government since World War II to effectively curb the insidious inflationary spiral and, at times, to actually encourage it, makes one assume the well funded and very adequate retirement program today will be sorrowfully inadequate even 10 years from now. The tragic fact is that much of the condition of inadequacy is created by our Federal Government itself and, worse still, under present trends, the unbearable tax burdens now imposed, draining as they do through income tax deductions or payments, the earnings and resources of the breadwinner of each family in productive years will worsen any condition now existing. If you increase my income taxes, or do not lessen them, naturally, I, as an individual, will have less with which to provide for myself and wife in our retiring years. The impact of the excessive and intolerable income tax now imposed not only limits the expendable income of my family and, similarly, the income left available to each wage earner and income producer in our Nation, but the cumulative impact has a deterrent effect on our

entire economy. This requires analysis relevant to the inquiry you are conducting.

We all realize the reality of our age dictates the necessity of major Federal expenditures. National defense is essential and expensive. Naturally, economic solvency and military strength are the foundations upon which rest the well-being of our country and the freedom of mankind. Unlike other nations looking to us for assistance, we can look only to ourselves. Obviously, the Government, in and of itself, looks to the free private enterprise and earnings of the people for its revenue. The people and their private enterprise support the Government. It is axiomatic that any Federal action that hampers the growth of private enterprise undermines our economic strength and chokes off at the source the tax revenue on which all governmental programs rely.

It is self-evident that the productive ability of Americans and American business locked in competition with the Communist bloc can only compete effectively if private enterprise is allowed to grow and expand. President Kennedy, in his campaign, pointed up well our failures in this respect. Our rate of growth was dramatically lower than that of Western Europe from 1950 to 1960. In steel, automobiles, and total exports, the growth of Western Europe in the past decade was 100 percent to 400 percent higher than ours. We should not ignore the figures indicating the more rapid rate of economic growth of competitor nations who impose a lower income tax burden through allowance of higher depreciation schedules and otherwise.

The frank truth is that high personal income taxes and restrictive corporate taxes compound the problems of all our aging. The situation is desperate, and from observation in my law practice for increasing numbers of middle-class family units, it is no longer a question of saving or investing more for old age, it is a matter of not having left, after taxes, any funds to invest at all.

Second, there is a more basic concern which truly transcends all others. That is the matter of freedom. I am pleased that the Elks, through the Americanism Committee, drafted "A Declaration of American Principles," part of which I will read into the record as germane to your hearing. This declaration was adopted by unanimous vote in a regular lodge meeting of Pocatello Lodge, after full reading of the text. It reads, in part, as follows:

The time has come for us who believe in freedom to take the initiative, fight for what we believe in and stand against those who are against us until freedom has defeated those who would destroy it.

I will skip a little here and then quote further:

* * * * *

Freedom has made America. Not just political freedom, but the whole environment of freedom is responsible for the tremendous progress of our Nation since its revolutionary birth in 1776. Freedom encourages initiative, experiment, invention, enterprise. Freedom lets citizens choose their work, encourages individuals to discover their talents and make the most of them. In consequence, we have a standard of living higher than any nation has enjoyed, a material abundance more widely shared among all people than ever before, and a high level of intellectual and cultural attainment. Every citizen is the beneficiary of the freedom that has unleashed the abilities of the American people and provided the incentive for their maximum use.

Inherent in the American concept of freedom is the integrity of the individual. Individualism makes each person primarily responsible for himself, his welfare, his success or failure. Freedom lays upon each person the individual responsibility and duty of citizenship. A free society will emphasize individualism and individual responsibility is the sure way to produce democratic leadership and preserve freedom.

Our ability to change our institutions and practices, through orderly process of law, to accommodate to changing needs has helped our Nation to develop, as it will in the future. All proposals for change in our institutions should be weighed carefully by all citizens to determine whether such change will reduce or add to our freedom. Our goal is more freedom, not less. We must guard against the growth of governmental power through surrender of civil rights and individual freedom for contemporary gain at the expense of future generations.

Parenthetically, as to the imposition on earnings of future generations, I now want to observe that the largess from our National Treasury for welfare and special interest benefits at home and foreign assistance abroad has been possible only by accumulating a national debt which is approaching \$300 billion, and, incidentally, this sum is larger than all the combined national debts of all the nations of the world since the beginning of recorded history.

And now back to our declaration :

The tendency of groups to seek preferential treatment from Government breeds rivalries dangerous to political stability, is harmful to genuine economic growth and leads to fragmentation of society rather than to unity and strength. All groups of citizens ought to measure political and economic proposals advanced in their own interest against their effect on the whole Nation.

Third, I would conclude, Senator, by my sincere conviction that if we hope to survive in the years of crisis ahead we must stop levying taxes for fringe benefits and stop Federal aid and support except for true necessities. I would suggest that any failure of local people and county government to meet fully our obligation to the aged is because the Federal Government drains so very heavily from our citizens even now. The medicine of Federal benefits and grants can, because of higher taxes, kill the patient. As you know, Idaho is a State of middle-class families. Our people need their earnings themselves, and here at home; for schools, and city and county and State projects. In essence, it appears timely and essential that all our aging, all our citizens, apply the conclusion implied in our President's message :

Ask not what your country can do for you; ask what you can do for your country. Ask not what America will do for you, but what together we can do for the freedom of man.

Thank you.

Senator CHURCH. Thank you very much, Mr. Johnson, for your very excellent statement of your principles and beliefs. We appreciate it very much. Now, our next witness is Mr. Carl Nelson, who is president of the Twin Counties Farmers Union, Minidoka and Cassia Counties, and following Mr. Nelson is Mr. Leo A. Searle, who is one of the Bingham County commissioners at Blackfoot.

STATEMENT OF CARL NELSON, PRESIDENT, TRI-COUNTY FARMERS UNION, MINIDOKA-CASSIA COUNTIES

Mr. NELSON. Thank you, Senator. I consider it a privilege to be here as I look out here and see the wonderful gathering we have. I see a lot of older people, and it is wonderful to see that they take such an interest in these hearings today.

I am a farmer. I represent the Tri-County Farmers Union, instead of the Twin Counties. I can see that you don't read our letter-head, Senator.

Senator CHURCH. You are just expanding too fast for me.

Mr. NELSON. We, of the Farmers Union, believe wholeheartedly in a program which would enhance and better the conditions of our aged. We believe that the people, who have spent their productive years in the progress put forth to make this country what it is today, are entitled to decent living and proper benefits which will entail medical care for the older people. We believe that this program can only be administered, in all justice and fairness to everybody, by the Federal Government, rather than having 50 different administrators.

The National Farmers Union, of which the Tri-County Farmers Union is an affiliate, has undergone and taken many steps to try to determine just how many people there are in the older age groups today. In their findings, they have found the situation is like this: There are more than 17 million Americans over the age of 65, and that number increases by about 1 million each year; they have also found that nearly 8 percent of the population of the United States today is over 65 years of age; nearly 10 percent of the population of the Farmers Union in our State is over 65 years of age. According to conservative estimates, nearly 20 percent of the population will be over 65 by 1970. Of those over 65 today, 60 percent of them have yearly income of less than \$1,000; 20 percent have incomes between \$1,000 and \$2,000; and only 5 percent have incomes over \$5,000 a year. Only about one-third of the people over 65 years of age have liquid assets of \$200 or more.

Now, aside from this, we also find that, due to our technological advances, fewer and fewer Americans over 65 are needed in our work force today. Only about one-third are gainfully employed, and they generally work in lower paid jobs. In 1900 nearly two-thirds of all the persons over 65 were gainfully employed, and we also find that the aged are stricken with chronic diseases two to three times more readily than the younger groups, and their duration of illness is more than twice that of the duration of the younger groups. We find that our per capita expenditure for them is greater by 90 percent, or almost double. Hospitalization expenditures are 120 percent greater, or more than double. Money spent on drugs and medicines is even more.

Now, all of us know that medicine comes pretty high, and we also know and are aware of the fact that, because so many of these aged people have inadequate financing, they are deprived of the proper medical attention which they should have.

So I say again, in summarizing, that we, the Farmers Union, not only the Tri-County Farmers Union, but also the National Farmers Union—and I can speak for the national—believe that we need a program which would be administered by the Federal Government to do justice to everybody and to curtail the overall expense of administration to get the job done, and I want to thank the committee and Senator Church for being invited here today.

Senator CHURCH. We want to thank you, Mr. Nelson, for coming. We appreciate having your testimony. Our next witness is Mr. Leo A. Searle, Bingham County commissioner from Blackfoot. I under-

stand Leo isn't here, so we will go ahead with the next witness and come back to Leo if he comes in. Our next witness will be Dr. John W. Casper of the Bonneville County commissioners and city-county health director, who, I understand, is appearing in place of the Bonneville County commissioners who were originally listed to appear. Doctor, please sit down and make yourself comfortable. Welcome to the committee.

STATEMENT OF DR. JOHN W. CASPER, REPRESENTING BONNEVILLE COUNTY COMMISSIONERS, AND CITY-COUNTY HEALTH DIRECTOR

Dr. CASPER. Senator Church, members, ladies and gentlemen, I am Dr. John Casper. I am here actually in three capacities, and I live in Bonneville County at Idaho Falls. I am part-time Bonneville County physician, part-time Bonneville County health director, and today I am here in behalf of the Bonneville County commissioners, who were not able to come because they had to approve the monthly county bills. I do apologize to the committee for not having a formal paper to present, but I was notified more or less at the last minute and I did not have time to prepare one.

I have been in Idaho Falls since 1959. I grew up in Rigby, Idaho. So I know what some of the local problems are here. I went to medical school at Cornell University, graduated in 1957. I spent a year with the U.S. Public Health Service, and I also spent a year on an Indian reservation in the Dakotas. I belong to the Bonneville County Medical Society. I was licensed to practice medicine in Idaho in 1959.

The views that are expressed today are mostly mine and they are not necessarily those of the Bonneville County Medical Society, but I hope to reflect some of the views of the Bonneville County commissioners. My duties as county physician include total medical care to indigent patients and aged persons, which includes senior citizens although to a lesser degree since the Kerr-Mills bill has done that. My duty as public health officer and public health director is to watch over the general community health, which includes the senior citizen, his medical care, his nursing home needs, and his social and economic needs.

In the past, Bonneville County has assumed almost the total cost for medical care to the senior citizens. We have asked the families to help as much as they are able to. In most cases, we require that the family pay at least half of the medical cost, that is, the cost of the medicine, and other care has been almost totally paid for. We have had considerable aid from the local medical society. I feel that too many people do not recognize how much free service the medical profession gives to these medically indigent people. I can readily say for Bonneville County that the medical society has offered considerable free service to these medically indigent people, as well as free consultative services whenever it is needed.

In 1959, Bonneville County had 30 unlicensed nursing home beds. Now, we have about 50 licensed nursing home beds, and I feel that the nursing home services are much improved. The Bonneville County Medical Society has a senior citizens committee, and they have helped to develop some of these nursing home improvements.

As far as I know, not one person, who has asked for help in Bonneville County, has been refused medical care to my knowledge by any physician because of lack of money. Where there is a lack of medical care it is usually a result of poor patient followup, lack of interest of the patient in receiving medical care until a crisis occurs or disinterest, especially in the indigent group, in preventive medical care. They do not want or will not seek these services.

Since 1959, Bonneville County has made a number of improvements in our nursing homes. We have increased our nursing home beds from 30 unlicensed beds to 50 licensed beds. We now have plans to increase this to 82 beds, which will give us more than a hundred total beds, and these will all be licensed nursing home beds, as approved by the State department of health. Nursing home beds are provided on a private basis. We prefer in Bonneville County to buy nursing home beds from the private operator. This is also the way we buy hospital care. The vendor payment plan has been in force in Idaho since about 1960. The Kerr-Mills bill, administered under the department of public assistance, with medical care for the aged, has been in effect since late 1960.

I feel that many of the needs of the aged and indigent in Bonneville County center mostly around the social and economic aspects rather than the medical aspects, since I feel that the medical problem, at least in Idaho Falls, is readily taken care of. Adequate housing is one of the things that Idaho Falls is deficient in. We have many substandard houses there, and I feel there is a need for low cost rental units. I feel that we need a gradation in dwellings, from a private apartment or home on up into the nursing home, so that, as these people's needs change, we have a situation that we can put them into.

I feel that the social needs of the aged are not met. They do not have any purposeful use for their leisure time. This includes a lack of religious affiliations. They don't get enough help from the religious or family groups. I agree with Mrs. Bauer, who was previously presented, that we do need to help these people to help themselves. Employment and economic security are very important. Many oldsters, who are probably as productive or more productive than a younger person are not able to get or keep a job, mainly because of age. I feel that experience is certainly something that is a valuable asset in an older person.

I see many 45- and 50-year-old people, who are unable to hold a job, primarily because of their age and fear that that person won't be a productive employee. I think retirement rules ought to be modified. We need to educate families and the local communities regarding their responsibilities in the care of the aged—that is, the total problems of the aged—not just the highly publicized medical care problem. I feel that the Kerr-Mills bill can do the job when some of its present faults are corrected. One revision which I feel should be made is in the present 14-day limit of hospital care because there are special cases when the patient may need to be in the hospital longer than 14 days. Another is provision of outpatient diagnosis service because there are many times when a physician doesn't want to admit a patient to a hospital, because it is actually cheaper in the long run to do diagnostic services on an outpatient basis.

We need to involve the family more, get more financial and moral participation from the family. With the help of the kind a sound Kerr-Mills program can give, the counties and local governments can more effectively help their aged and their indigent and near-indigent groups. The department of public assistance, which is administering the Kerr-Mills bill plan in Idaho, needs more professional guidance and advice from physicians in order to operate more effectively.

I am actually quite ambivalent in my feelings about my recommendations and the physician's role. I am a physician and I do work as a public health officer and, because of my work with the indigent and near indigent, and so forth, I feel that I do see both sides of the picture. I think that the Kerr-Mills bill can be effective and should be given a trial period, so that we can correct its deficiencies. There should be more local control and more provision for social services, including rehabilitation of those aged who need to do work, even if it requires retraining in some other aspect of work. I recommend programs for better housing for those in need, from the single-house dwelling on up to the strictly nursing home care type building.

I would recommend minimum Federal Government participation and control and provisions for aid from the State level in those areas not able to develop a realistic indigent care program. I do oppose the King bill as it exists.

In conclusion, I feel, because of my past experiences in a Federal hospital as a physician and on the Indian reservation as a physician, and in my present work, that I know both sides of the picture, at least a basic knowledge about both sides of the picture. Basically, my feelings are that we should help those in need to provide care for themselves and to avoid socialization of any services provided. I basically agree with the medical profession on their stand on care for the medically indigent. Thank you.

Senator CHURCH. Thank you very much, Doctor, for your testimony. I appreciate the very broad viewpoint you have given us, because, certainly, the problems that face the aged cannot be confined to any limit of persons. We have put a lot of emphasis on medical care problems in the testimony today. The problem is much wider than that. It involves housing, it involves sociological considerations, and family considerations, and institutional considerations, and fraternal and church considerations, and all the rest, as well as the problem of retirement income. So I do appreciate the wide scope you have given in your testimony. It has been very helpful to us.

Now, we have listed here as the final witness in our first phase of the program Mr. Russell Larsen, of the Twin Falls County commissioners. Is Russell here? All right, Russ, come up.

STATEMENT OF RUSSELL LARSEN, TWIN FALLS COUNTY COMMISSIONER

Mr. LARSEN. Senator Church, members of the committee, ladies and gentlemen, it is my pleasure to testify today in regard to probably one of the most complex problems that faces the county commissioner today. We talk about grassroots government. All the roots I have is in Twin Falls County, and I will assure you, when I was elected.

to the office of county commissioner, I was as green as the grass that we talk about when we're talking about grassroots government.

It is a terrific problem. It is a tax problem. It says in the State law that the county commissioners must provide for the indigent. It does not say "may." We find ourselves operating in county government under a limited budget that says we must provide for the aged. It doesn't designate which pen they are going to lock us up in should we exceed our budget. So far, we have stayed within the budget by a few thousand dollars, so I haven't found that out yet, but I have my fingers crossed real well for the remainder of this year.

I have put together a few figures which will kind of spell out the problems at the county commissioner level. I believe these figures to be true. The State of Idaho has an assessed valuation of some \$700 million. There are 44 counties in the State of Idaho. The assessed valuation of each county is under \$16 million. We have Twin Falls County near our wealthiest county, which is Ada and which has an assessed valuation of about \$85 million; my county is second with an assessed valuation of \$44 million. We are allowed to assess 5 mills, that is, legally, for a poor fund of a little over \$214,000 for our county.

In the 1960 census, we had in Twin Falls County 42,000 people, and our poor fund averages just a little bit over \$5 per person taxed toward this fund. We have 16,000 taxpayers. We have, as I understand, been operating under a poor law which has never been amended since 1886, but that is merely hearsay and I intend to check it when I get back to be sure I'm not making a false statement.

In the medical end of our poor fund of \$214,000, roughly about 55 to 60 percent goes for medical care, drugs, and the doctors seem to be the biggest bill, with the hospital running a close second. We have been getting by on a reduced hospital budget since the new law came back, which the department of public assistance paid a good deal of on the hospital bill. They got in trouble themselves, and we ended up buying all the drugs within the county which we furnish indigent people. You can't serve on the board of county commissioners very long without finding those examples.

There is one thing that is strange and lacking, and this is one of our current problems at the present time. What is old age? We had a problem come up the last day I was in the county, last Friday. Here bounces a man in who was 78 years old, a twinkle in his eye. He is drawing social security, old-age assistance, about \$110 a month. He's making it pay, going downtown every day and running his tailor shop. He was born in 1883—I think that would make him about 78 years old. His wife was born in 1903. She doesn't qualify. She is too old to get on ADC, and she isn't old enough to be on old age. She is suffering with Parkinson's disease.

I feel, Senator, that old age is not a problem of how many leaves this or that person has pulled off the calendar. It is a state of physical fitness, whether to be or not to be, whether they are or whether they are not. We sit there in the commissioner's office, and a man will come in and sit down there and shake and quiver, and you'd think he was 10 or 15 years older than I am myself. He comes to the part where we make him write down how old he is, and we find he was born in 1915, and you would swear he was 10 years older than I am, and he's

5 years younger. Men are something like an automobile. You buy two new automobiles. One is a total wreck at 10,000 miles, and the other one that is taken off the floor at the same time will outlast the family.

Senator CHURCH. Have you ever driven a Kaiser, Russ?

Mr. LARSEN. I've driven nearly everything. Here is another strange one. When we get into old-age assistance, we run into all kinds of assistance. We have one family, and I am going to call them the Richard Roe family. You know, when you study in school, it's John Doe who always makes the check out to Richard Roe. So, this Roe family in Twin Falls had Granddaddy Roe been born sterile, our indigent problem in Twin Falls would have been about 30 percent lighter. There's a whole lot of them come in for county relief. It's funny, they are all cousins.

Here is another thing that very seldom is drawn to the people's attention. We have three commissioners. Any citizen that comes into the commissioner's office has this big joke, "Give me a grocery order; I'm hard up." We tell them to go ahead and sign the pauper's oath and we'll help them a little. Then if we find they are doing anything, we will sue them to replevy it. Here is one point that is ever realized by only a few people, while we are subsidizing the poor fund in Twin Falls County with \$214,000, the State and Federal agencies are pumping \$2 million back, which does about \$12 million worth of business up and down Main Street. That is a point which is never brought to our attention.

We talk greatly about hospital care. Twin Falls County in 1960, where we have a big hospital that will take care of about 160 people, we have an average daily census of about 65, and it costs on the average patient-day \$42.70. It is a very good example of the idea that you cannot run a business without customers, and you can't get customers if you price yourself out of the market, which is the main problem in Twin Falls County today.

I wish to commend the Benevolent Order of Elks, the Shriners Crippled Children's Hospital, and the LDS Relief Society. If it were not for those organizations, the county indigent fund would be in a great deal more trouble than it is today. I will not take up any more of your time, Frank—Mr. Senator, because any county commissioner could talk on this subject for 3½ hours and barely get into it.

I have here a written statement which I took from the chairman of our board over the telephone. If I could take just 1 more minute, his ideas are what we think is a solution. I feel that relief is a local problem. In Twin Falls County, on Friday and Monday, I am sitting there trying to solve these little and big problems that come in. If I moved down to Bannock County and sat down in the courthouse, I'd be blown up. I would like to see Federal aid handled somewhat like the school systems are today, where, if the Government has money to put back to subsidize or help these counties, all the county commissioners and all agencies would handle this money, such as our school boards are set up to do today.

Senator CHURCH. In other words, local administration?

Mr. LARSEN. I think it has to be, because what is good for Twin Falls County, Cassia County might be able to live with and it would kill Bannock County, and that's the way it is. Thank you.

(The prepared statement of Mr. Crow, chairman, Twin Falls county commissioner appears on p. 784 in the appendix.)
 (The table referred to by Senator Church follows:)

	Amount	Percent		Amount	Percent
Medical:			Indigent transportation.....	\$1,921	.0099
Drugs.....	\$47,301		Miscellaneous, telephone and credit bureau.....	715	.0037
Hospital.....	40,872		Total.....	193,326	100
Doctors.....	31,060				
Nursing homes.....	30,821		Drugs.....	47,301	.2474
Subtotal.....	150,054	0.7764	Hospital.....	40,872	.2112
Indigent expense:			Doctors.....	31,060	.1607
Groceries.....	23,007		Nursing homes.....	30,821	.1590
Rent.....	5,611		Groceries.....	23,007	.1190
Fuel.....	4,518		Rent.....	5,611	.0288
Electricity.....	1,544		Fuel.....	4,518	.0230
Water.....	333		Morticians.....	3,468	.0175
Subtotal.....	35,013	.1814	Electric bills.....	1,544	.0077
Mortician and ambulance.....	3,468	.0175	Children's home.....	1,260	
Children:			Indigent transportation.....	1,082	
Children's home.....	1,260		Indigent care expense.....	839	
Booth Memorial.....	450		D.P.A. telephone.....	699	.0257
Good Shepherd.....	445		Booth Memorial Home.....	450	
Subtotal.....	2,155	.0111	Good Shepherd Home.....	445	
			Indigent water bills.....	333	
			Credit bureau.....	16	
			Total.....	193,326	100
Budget.....	\$214,700		May.....	\$19,225	
Expended.....	193,654		June.....	15,831	
Balance.....	21,046		July.....	14,324	
January.....	22,356		August.....	13,403	
February.....	30,474		September.....	15,769	
March.....	22,268		October.....	16,901	
April.....	22,775		Total.....	193,326	

NOTE.—Average per month, \$19,332.60, for the 1st 10 months of 1961.

Hoping this will be of some interest to you in the problem of old age and indigent care on the county level.

RUSSELL C. LARSEN,
 Commissioner, Third District.

Senator CHURCH. Thank you very much for coming. Now, let me go back. Is Leo Searle here from Bingham County?

Very well. We go now into the afternoon session of our meeting somewhat late, but there are a number of other people who have indicated that they would like to testify. I think that I will call them by name and ask them to come forward and testify from the floor. This is to be the less formal part of the session, and the purpose of this part is to get from the floor, and particularly from older people, personal accounts of problems that they have and have personal knowledge of, so that that can also be made a part of the record, together with the more formal and organizational testimony that we have taken up until now.

Let me say too, before I overlook doing so, that we are very grateful to Idaho State College here and the students who assisted in taking care of the meeting here and making arrangements for it, and the members of the faculty who have been so very accommodating, and to all of you people who have been so patient during the 3 or 4 hours that we have spent here today taking formal testimony.

Let me explain what the procedure will be now in the following hour or two this afternoon. We will ask those who want to address the committee to come up to this microphone that you see down here

and over here on the floor, and we will ask each of you, who do come forward to speak, to begin by giving your name and address so that the reporter may get that down in the official printed record of the hearing, and in fairness to all those who may want to speak, we would hope that you can keep your testimony to 2 or 3 minutes' time, because we do have a large crowd to accommodate here. Then in case there should be any people who are wanting to be heard, but who do not want to use the microphones, or in the event that our time should run out and there are people here who feel they have not said all that they wanted to say, then we have provided on tables at the side of the room letterheads and paper and pencils, and you can leave with the committee any written message that you would like, which will also be taken into consideration in connection with all the testimony given here today. There are franked envelopes and they don't require any stamps. If you want to take a franked envelope home and write out an account of your situation, if you prefer to handle it that way, to write a letter rather than mention it publicly here on the floor, please feel free to do that. We will also take your letter into account for the record and give it the same weight that we would give your oral testimony.

Now, having said all that, let me return to my list of people who have previously indicated they would like to testify, and I would like to call upon Mr. Leo Warren, first of all. He is president of the Golden Age Club. Mr. Warren, will you come forward and take one of these microphones?

STATEMENT OF LEO WARREN, PRESIDENT, GOLDEN AGE CLUB

Mr. WARREN. I was in hopes that I would be able to sit up there.

Senator CHURCH. Mr. Warren, would you prefer to sit down?

Mr. WARREN. Oh, no, not at all. Senator Church and committee, I am Leo Warren, and my address is 221 Pine. I am president of the Golden Age Club of Pocatello and this territory. I have held this position for the past 2 years.

This club had just a few members in October of 1956. Now, we have about 160. This is a club of members who are 55 years old and over and is for the purpose of supplying social entertainment for its members and special guests. This consists of weekly dances from 9 p.m., until midnight, and once each month we also have a potluck dinner, starting at 6:30 p.m., followed by card games, bingo, and other entertainment, until time for dancing.

I might deviate from my script here and say that I believe that we have some of the champion cooks in the State of Idaho. If you would visit some of our potluck dinners, I believe you would agree with us.

You, who have access to the local papers, probably read yesterday an announcement of our annual party. This party is for members and their special guests. We honored all couples who celebrated their golden wedding anniversary during 1961. We are very proud of our accomplishments for this party. Twenty couples in this club have met and married since this club was organized. In many instances, these couples have been brought together by officers and members of the club, with just a little assistance. I happen to be responsible for one or two, myself.

Most of our present members are still employed and are seeking somewhere to go for entertainment and sociability, and there are also some of us that are not so fortunate and are living on fixed incomes, in some cases, quite meager. There are a few members that are quite an old age who can still get out and have a good time, but, sooner or later, they will arrive at the place where they will be in need of medical and surgical care. Some of our members are in need now.

It is these people that we think about and are very concerned about. I am sure I can speak for the members of the club when I say that we favor some form of assistance for those who are not financially able to take care of the great medical bills and doctor bills. They sometimes have their meager funds budgeted so close that, when an illness comes along, they do not have the money to meet it, and I know about this because I see it. This demonstrates the story that the little boy told his mother that the neighbors next door were pretty hard up. The mother asked him why he believed so. The boy replied, "Well, one of the kids just swallowed a dime and they turned him upside down and forced it out." That's about the way it is with most of our aged.

We listened to all the testimony this morning, and we believe in taking care of our own aged, and there are thousands of our friends who do not have such assistance. I feel that some plan should be worked out to take care of these people.

I am quite sure that our young people, who have deductions from their paychecks, either a tax or an assessment of any kind, would be very willing to stand an extra expense if they knew they were being used to assist their folks, who might be in need, also with the thought in mind that they too will be eligible for assistance, if they find themselves in such need, when they grow to old age and have not been able to lay away something for that old age.

Our club is a self-supporting organization. It was organized by a few members in 1956, with the assistance of the recreation department of the city commissioner. When it reached the point where there were a few more in the organization, they gave us free rein and also complimented us on our accomplishments and told us to go ahead and have a good time, and that's just what we've done.

I want to thank all of our members, and I also want to thank Senator Church and his committee for inviting me to testify at this hearing for our club. We also invite anyone interested in our style of entertainment, who is 55 years of age or over, to come to visit us. If you like what you see, all you have to do is to fill out an application blank and pay \$1 for your membership, and if your membership is approved by our board, you are a member. I fully agree with the speaker from Idaho Falls in regard to people who have reached the age where they are, you might say, retired or have been forced into retirement and who are still able to do something. Sometimes those are the people that are forgotten and are not wanted, but if they can do any kind of work, I think that we ought to want them. I might say there's a great many people in that category.

I also agree with that speaker in regard to the social needs of the older people that he mentioned, and that is the big thing that we have in our club. That is what we try to do, to furnish the social needs for

this group of people. I don't think I should take any more of your time, Senator, but I want to thank you very much.

Senator CHURCH. Mr. Warren, I want to commend you for the work of the Golden Age Club. I have heard this talked about and complimented from many different sources. I think it is an exceptionally fine club that you have. I want to tell you also that you should be especially commended for having helped to promote 20 marriages because I am told by the experts on this committee, who know all the statistics, that married people live longer than single people. So, this is a very real contribution.

Mr. WARREN. Thank you very much. I think most of our club will agree with you too. Thank you.

Senator CHURCH. Thank you, Mr. Warren. Our next witness is Mrs. Stella Leger, president of the Senior Citizens Club.

STATEMENT OF MRS. STELLA LEGER, PRESIDENT, SENIOR CITIZENS CLUB

Mrs. LEGER. Thank you, Senator Church. I am Mrs. Stella Leger, and I am president of the Senior Citizens Club. Our Senior Citizens Club is in its second year, and we have about 80 members, and we meet every Friday afternoon at 1:30, and we always have refreshments.

Senator CHURCH. May I come some time?

Mrs. LEGER. Any time. Our senior citizens would love to have you. I am not here to ask for charity or a handout from the Federal Government. We want only a complete medical and surgical insurance coverage at a fair price. If the insurance companies cannot write a policy of this kind for pensioners that they can afford, then the Government should underwrite a policy for them. This should include all medical and surgical expenses, and in such a way that it won't be canceled out at any time. It has been my experience, in talking to most of the older people, that what they fear most is being without the means of paying for medical and surgical care. Thank you very much.

Senator CHURCH. Thank you, Mrs. Leger. I must say that this is one of the problems that I haven't yet been able to get an answer to; although I ask it often, I still can't get a satisfactory answer. This is the problem that you have mentioned where older people have private medical insurance, but then when they have a serious illness and the term expires, they are unable to renew their insurance and secure protection when they are unable to pay the premium. That is uncalled for. This is a fact, but yet there is no satisfactory answer to how far the companies can surmount this problem and continue to give adequate medical coverage for older people at a price they can afford to pay. I think we must find an answer to that question because the problem continues, and it is affecting more people all the time. Thank you.

Our next witness is Mr. William Jones. Bill, I saw you a minute ago. We want to hear from you and we want to welcome you here, Bill.

STATEMENT OF WILLIAM JONES, POCATELLO

Mr. JONES. Senator Church, ladies and gentlemen, I feel as though I shouldn't testify. You recall some of my other talks because it is my position that, even though I am pensioned, I am probably one of those lucky pensioners, and if I did talk, you might think I was trying to be a little wise, and I think you ought to call Mr. Edwards or Mrs. Robinson, if you will excuse me.

Senator CHURCH. All right, thank you, Bill. Did you suggest I call on Mr. Edwards or Mrs. Robinson?

Mr. JONES. Yes, Senator; and I wish you would ask them some questions and let them answer them because we didn't prepare any statement.

Senator CHURCH. All right. Why don't the two that you have suggested come up and each one take a microphone, if there is anything you wish to present, or if you have any questions you want answered, fine.

Mr. JONES. They are a little backward.

Senator CHURCH. Would you prefer to wait until a bit later, say until the end of the program, and then come up to me personally? I don't want to embarrass you. Just do as you please.

Mr. JONES. They would rather wait.

UNIDENTIFIED MEMBER OF AUDIENCE. Senator Church, I am not in that same category. Of course, I am an old man myself, and I guess I am about as old as anyone here, that is, practically. I am not in a category where I am in that shape, but I thank you for this experience. I'm as good or better than some of them. I have a job and I have my own home. I am not on public necessity, and I'm not asking for any assistance, but I don't know how soon it will come for me to be that way, if I lose this job, but if I should happen to lose my job, I'll come to you for help.

Senator CHURCH. Thank you very much. Our next witness is Mr. Theron Miller, a businessman here in Pocatello.

UNIDENTIFIED MEMBER OF AUDIENCE. Mr. Miller hasn't been here this afternoon. He will submit written testimony.

Senator CHURCH. Thank you very much. Mr. Dick Knapp, president of the Union Pacific Railroad Old Timers Club.

STATEMENT OF E. F. (DICK) KNAPP, PRESIDENT, UNION PACIFIC RAILROAD OLD TIMERS CLUB

Mr. KNAPP. Senator Church, members of the committee, ladies and gentlemen, I am very pleased to be here today to represent the old timers club. I was amused to hear it when I came to be called for this investigation. Not many people know about the old timers club in Pocatello. For the benefit of those who are interested, we have a membership now of 820 people in the Union Pacific Old Timers Club. However, that name does not comply with what we term as the "old timers club" because it means that you must have 20 years of service with the railroad to be a member of the old timers club. It doesn't mean you have to be retired, without a job, or anything. You just need 20 years' service.

The Union Pacific Old Timers Club was set up through the cooperation of the Union Pacific and the employees to make a better unity and cooperation and recreational facilities for its members. As I stated, out of these 820 members, we have approximately 7 percent of the 820 who are 65 years of age or over, 20 to 30 percent within 5 years of the retirement period, which is 65, and the remainder are in the middle-age group. This is a group which I have heard referred to as the people who would have to pay this bill. This, I do not agree with. I have heard differences of opinion on different pensions and for that purpose I would like to take just a few minutes here to explain the railroad pension, and what these people are living on today.

A full railroad pension, contingent upon 30 years' service, will provide a monthly payment based on the wages for a certain period, and based on this, the average monthly pension for the mechanical department supposedly, if he had 30 years of service at age 65, would be between \$170 and \$180; if he has not had that much service, or he does not have the age, it is cut down accordingly, and the minimum this man could draw is around \$110. Now, while this employee is actively employed, the railroad company assumes the major responsibility for his hospital association, his group insurance for his family, but he must pay on a group insurance plan for life insurance; but when this employee retires, he must assume this responsibility himself, and this responsibility in the terms of money value would amount to \$19.65 a month, which this man has to pay out of this \$170 pension. Now, this \$170 pension, as I stated, is a very high average, and because of the change from steam to diesel locomotives by the company, we have had any number of employees who have had to go out of service with the railroad because of this change. They did not have the 30 years' service, and they haven't got enough time in for a full pension.

They go to other places for employment and they run into restrictions on age limits. So, what do these people do after living on this reduced annuity? Now, the people of the Old Timers Club do not ask for charity. They are an independent class of people. We have our parties, we have everything, and please do not underestimate the old timers and their ability to take care of themselves. They do more work in the old timers hall—and I might add, if I'm not stepping on anybody's toes, if you don't believe me on that score, come to our meeting sometimes, and you will see that those old people are younger than you think. As I say, the only thing that we ask for is a break. These old people want to pay their way, and they want to take their place in the community, and they want to involve themselves in the community and be heard.

Senator CHURCH. Thank you, Mr. Knapp. You certainly look like a young fellow to be in an oldtimers club. That reminds me of an experience I had in the Senate Building. I like to go up in one elevator because the elevator operator is a very interesting fellow and a kind of a philosopher. He always has something witty to say or something profound to say when you get in and ride up in the elevator with him.

I happen to be a member of this committee, this Special Committee on Aging, and it meets on the fifth floor of the Senate Office Building. So I went into this elevator one day and went up to the fifth floor. Normally, I get out on the third floor where the Interior Committee

meets, or the fourth floor where the Foreign Relations Committee meets, on both of which I serve, but I had never gone to the fifth floor with him. When we arrived at the fifth floor, he turned to me and he said, "Senator, why are you coming up to the fifth floor today?" I said, "Well, I am a member of the Senate's Special Committee on Problems of the Aging." He looked at me for a minute, he kind of smiled and shook his head, and he said, "Wouldn't you know that's just the way the Government would do it?"

Our next witness is Mrs. Mattice, the president of the Union Pacific Railroad Old Timers Auxiliary. Are you here, Mrs. Mattice?
(The following statement was submitted by Mrs. Mattice:)

PREPARED STATEMENT OF MRS. Q. E. MATTICE, PRESIDENT OF UNION PACIFIC
OLD TIMERS AUXILIARY

I believe our senior citizens need medical care in connection with social security. I also think they should have periodic eye examinations with glasses provided when necessary. At this age eyes often change rapidly necessitating new glasses more often than in younger people.

These citizens often have no income except their social security and in some cases don't even own their homes.

The amount they receive will cover day to day expenses, but when medical care is necessary they often have to refrain from going to a doctor because they are without funds.

By the time they can save enough to see a doctor their condition often calls for hospitalization and the vicious circle is again started. If these citizens have to go into debt for medical care, the worry often prolongs their illness.

These citizens started our social security and have worked hard to bring it to the position it is in today.

Many of these people have been raising their families on an income that prevented them from saving anything, so they have no nest egg to fall back on when they become sick.

With the continued rise in prices it will be harder for these people to get medical care when they need it, so let us all work together to get medical help for them as soon as possible.

Senator CHURCH. Let's go on then to Miss Madeline Thompson, president, Southeastern Idaho Retired Teachers Association.

STATEMENT OF MISS MADELINE THOMPSON, PRESIDENT, SOUTH-
EASTERN IDAHO RETIRED TEACHERS ASSOCIATION

Miss THOMPSON. Senator Church, the retired teachers at this time would ask only that their retirement remain stable. We have heard lately that there is some concern that the attorney general is challenging the constitutionality of the fact that the bill is to take the money from the endowment fund, as it was passed at the last legislature, and there was some concern when we heard this because we had felt that the last legislature did us quite a good turn, only an honest and natural one for us, but this was some 7 years ago, and that is what we are concerned about right now.

Senator CHURCH. The retainment of your retirement?

Miss THOMPSON. Yes, and that is all. Thank you.

Senator CHURCH. Thank you. That, as you know, is a State matter that will have to be decided in the State.

Miss THOMPSON. Yes, I realize that.

Senator CHURCH. Mr. Fred J. Piper, president of the Blackfoot Golden Age Club.

Mrs. DONOHUE. Mr. Piper was unable to come. So he called me at the last minute, and so I have no prepared statement.

Senator CHURCH. Now we know you are not Mr. Fred J. Piper. Let the record show this is Mrs. Flora Donohue, of Blackfoot, Idaho. We are happy to welcome you.

STATEMENT OF MRS. FLORA DONOHUE, BLACKFOOT

Mrs. DONOHUE. Ladies and gentlemen, I am a member of the Blackfoot Golden Age Club, where life begins at 60. We are sponsored by the county of Bingham and also sponsored by three clubs, of which I am a member. At our last meeting of the Golden Age Club, we went on record wishing to ask this committee or to tell this committee that we have endorsed increased social security, larger payments especially for those receiving the smaller grants, medical aid.

Then we wish to protest the fact that, when the last increase in social security was given to those receiving the minimum payments, as to many of those people, their pension has been supplemented by the department of public assistance. I have in mind about a particular woman, who was receiving \$33 social security. Then that was raised up by \$50 from the department of public assistance, giving her \$83 a month to live on. Now, the Federal Government increased her social security \$7. For a person who is trying to live on \$83, \$7 is quite a little and it meant quite a bit. So what happened? Immediately they got the increase in social security, the public assistance department took away \$7 from her, and all of those people who thought they were going to get an increase are still getting along on their \$83.

Senator CHURCH. Let me comment on that because I can't tell you how many people have come to me in various courthouses or who write to me about this very thing happening in Idaho, and I am told by Mr. Reidy here that it has happened elsewhere too in a number of other States. We had hoped in the Congress, when they increased the social security benefit, in order to make it more meaningful, to have it relate to the higher cost of living taking place then as compared to when the original schedule was put into effect. Social security now goes back over a period of 30 years, and we have to keep the program in adjustment with the changes in living costs. So the purpose of the increase was to accomplish that objective, and, of course, the social security payment was increased modestly, by \$4 or \$5 or \$6 a month.

Now, as to the people who cannot live on their social security and who have public assistance to supplement it, to have the amount of their public assistance reduced by the same measure that the social security payment has been increased, then, of course, the objective and intent of Congress has been frustrated. I'm afraid, in fact, it has occurred in this State, as it has in many other States.

Mrs. DONOHUE. It has occurred in other States. I was quite perturbed. I had never heard of it until just recently, and I checked with people in other States, and it happened in many of them—I wouldn't say all the States, but most of the Western States.

My club also endorsed another project, which is my pet project. In my capacity as director of the State hospitals for 15 years, I used the talking books from the library for the blind patients. If any of

you have relatives or friends who are blind, you know something about these, but other people never heard of them. Those books are on records, and they are sent free of charge by the Library of Congress and by a number of other libraries. Part of ours come from Salt Lake City and some from Portland, but those come at no cost and they go free through the mail, and there are hundreds and hundreds of books available, not only fiction, but the entire library, all of the classics, education. You can take a course in anything. The subjects are almost endless in which you can have these books.

I would like to see people who are 70 or 75 if they apply for those that they would be able to get those books free, like they ought to be able to do. It is really a drain, a physical drain on people, the older people that read too much, that want to read. They read until they get a headache, and then when they get a headache, they get indigestion, and it's only from using their eyes. With these blind books, you can just turn on your record player, and while you are doing your housework, you can hear interesting things in many ways, and if you're doing something and you don't hear something, you won't lose it because you can go and set it back again. You don't have to lose any of it.

One of my friends in Blackfoot, who uses those books, told me yesterday that she has nine books and just as soon as she finishes one, she sends it back to the library, and she always has a request in for others. This woman was a teacher, she was an actress part of the time, and she says that with these books she is getting a new education. She is reading the classics, and she reads a lot of fiction too, but she says it has just made her life over since she lost her eyesight.

I am asking that the Congress do something about getting these books and the service on them increased to cover it for the aged people. Many of them wouldn't care anything about it, but there would be a great many of them who would like to read them.

Senator CHURCH. We will certainly look into that proposal very carefully. I want to commend you, too, for the fine work you have done in the State hospital in connection with the recreational activities.

Mrs. DONOHUE. Senator, I was retired because of age, and I was retired at other people's request. If I had been allowed to work 6 months longer, I could have gotten the maximum social security, but I was 69 years old, and they just simply retired me.

Senator CHURCH. Thank you. Our next witness is Mrs. Martha Thomas. Mrs. Thomas is with the Union Pacific Railroad Firemen's Auxiliary.

STATEMENT OF MRS. MARTHA THOMAS, UNION PACIFIC RAILROAD FIREMEN'S AUXILIARY

Mrs. THOMAS. Senator Church, I am also a member of the Engineers Auxiliary. Mr. Price and Mr. Gaskins aren't here, so I suppose I'm left with this. I am an old actress, and I was told that you should never turn your back to anyone. So, I am going to see if I can talk to both the Senator and the audience.

I am going to digress a moment from the subject that I want to take up. Commissioner Gregerson mentioned this morning that it

was not only necessary to have shelter and food for the aged, but that they also needed love. It reminded me of the old folks home in Denmark. Someone thought of the bright idea of building a nursery adjoining the grounds of this old English home and every afternoon the old people were out there with the children, just because they wanted to be. They said that when the old people came to this home, they were so dissatisfied with the surroundings because they were parted from their families and their grandchildren. So, this turned out to be a wonderful idea, and this came to my mind when he mentioned it.

Mr. Knapp, I believe, just this afternoon said that nobody wants charity. I have had considerable experience with that. All my mother wanted was to live in her own home until she passed away. We offered her a home with us, and my sister offered her a home with her, but she didn't want it. The Christmas before she passed away, my bishop called me and wanted to send her a small gift, as she had been a real good worker in our church and had helped many needy people with labor and means, and he wanted to send her something. He asked me what he could send, and I told him I couldn't think of anything. He said, "How about a half a ton of coal?" Well, I thought nothing of it. I thought it was a nice gesture. She had a coal stove. So, when she received this coal, I went to visit her, and she was in tears, crying. She said, "I don't want that coal. I don't want charity," and I said that it was supposed to be a gift. She said, "I don't care. I'm going to see that the money gets back to the bishop for that coal," and she paid for it.

I had another experience when I was president of the Ladies Auxiliary of the American Legion. A young veteran and his family were burned out here south of Pocatello, and I was asked to contact him. I had him call me when he came to Pocatello, and I told that man that we were glad to help him since he was a veteran, and that part of our program was to help veterans. I asked him if there was anything to do. He said, no, he didn't need any help, and I talked to him a long time, trying to get him to allow the auxiliary to help him in some way, and I said, "It isn't charity because that is part of our program." He said, "To me, it's charity, and I do not want it, I don't need it, and we will manage some way."

I have had so many experiences like that. The older people do not want charity.

A doctor this morning said that it would bring a hardship on young people to have a tax added onto social security to take care of them in their old age, that it should be a program for everybody. That is perhaps correct. I don't know just how it could be worked out, but I do think that young people feel like they should help themselves while they are young so they will have security for their old age. I don't know just how they are going to do it, but I do think that these forums that we are having all over the country should give our Senators and Representatives a few pointers from all over the Nation. Not only here in Idaho can we say exactly what would be good for people in Illinois and New York and people in the South any more than we in Idaho could determine what to do for the segregation down in the South. We have absolutely no conception of what these other States will do, but I think the hearings that Senator Church

and some of these other Senators are having will get a good cross section and idea of what we really should call for, what we really should have.

There are people, young people, who cannot help themselves. Just like it was said about the caseworker, they need guidance of some kind, experienced with young people who just absolutely cannot live from one month to the other, who have nothing themselves to put away for their old age unless it's compulsory. I had a little experience with a young man who lived here in Pocatello. He lived here about 6 months and then he moved away. He owed me rent for a small place, for about 6 months and then he left. I never thought I would be getting the rent. One day a man came to see me and he said, "I came to see you about this party's rent. He owes you so much?" I said, "Yes." He said, "Well, I'm one of the employees where this man is working and we have taken it upon ourselves to collect funds enough to pay his debts because he has had so many attachments on his check that he is going to lose his job unless something is done. Will you take half of it? We've gone to all the merchants in Pocatello that he owes and we have asked them to do a similar thing." Well, I took that half. He wanted to pay it, and that was the way they wanted to clear it up. He went around to all the other employees there to get this fund built up, and this man was making just as much money there as the other employees were, and he has two children and his wife. While they lived with us, I saw no health problem to any extent. There was none of them in the hospital or anything like that. Yet they absolutely could not help themselves. I know of other cases the same way. They would borrow money to pay up their back debts, and then in a year or two, they are just as bad off again. They just can't help themselves. So, if it was compulsory, they would just go along and wouldn't notice it, and then they would have it for their old age.

The problem that I wanted to speak on this afternoon was on social security. Most of you know what social security is. You know what it is. Many people don't know about the railroad retirement. Mr. Knapp mentioned this, this afternoon. This amount is held out of the check of the railroadman, and the employer pays a similar amount. In 1951, they added an annuity to the legislation to allow the women, the spouse—I shall call it women—the wife of an employee to get a small annuity. Now you will find women, young women, who have worked since 1936 and who have built up their social security. Many of them have married railroadmen, and many of them have been widows who worked and who had to work, and they also have some social security in their own right, and when they married a railroadman, they, of course, were entitled to his annuity when they retired. We find that when they go to put in for this annuity, they find that they can't have their annuity and their social security too, yet they have had held out of their wages a percentage, which has been raised several times, but they have had held out a percentage over a period of years, in fact, since 1936, and the employers, industry and business, have had to put in a like amount for the employee. Yet his wife can have only one or the other, whichever is the highest, or she can have part of each. If she elects to take the annuity under her husband's retirement plan and it is not as much as her own social security, they

will take enough from the social security to build it up to the same amount she would otherwise have, or she can have part of it, but she forfeits the balance of it.

Now I talked to one lady about it, mentioned it to her that she could only have one of them, and she said, "Well, I'm going to stop paying into the social security. I was so happy to think that I would have my social security which I would add onto my husband's pension and my annuity from the railroad retirement, and we would have a little more to live on. I'm not going to pay any more into it." Well, of course, I laughed at her and said, "That's impossible. You can't stop paying into it." So, she is still paying into social security, regardless.

It would help the aged people a lot if we were allowed to have both the social security—certainly, if the wife is paying into social security, and the husband is paying into the railroad retirement, she certainly should be entitled to both. Senator Morse introduced a bill in Congress last year whereby, if a woman had her own social security and would take that, if the husband, when he became 65 and took his pension or when he retired and drew his pension, that he be allowed the amount that his wife would have taken under her annuity right along with his check, but this died in committee. It was never passed. Senator Morse promised to write a letter of appeal, but when President Kennedy came to Washington, D.C., he put him on another committee. So, we lost our friend in Senator Morse.

Senator CHURCH. I think this will be coming up again in the next session. I am glad you pointed it out to us.

Mrs. THOMAS. So many of our people, many of our own people who are paying into both, do not know that they can't have both of them, and I thought this would be a good place to tell them. I talked to a businessman in Pocatello who has employees who have paid into it, and he had absolutely no idea that they could not have both of them. Thank you.

Senator CHURCH. Thank you very much, Mrs. Thomas. I think in the earlier part of your remarks you referred to the attitude toward charity, but this points up a gap in the present situation that the testimony today has not yet filled, and that is not the case of the indigent, for whom we have public assistance and medical care, nor the case of a person in a nursing home, who may have public assistance help, but the rather typical cases of older people, who are not indigents, who are not on public assistance, but who are on very modest retirement incomes and are living on their own in their own little homes, not in public institutions, and yet who have not any method for paying high cost hospital expenses or high cost medical bills. Now there is a big gap and no one really has touched upon it. It is one that seems to typify the problem that I see in courthouses when people come to talk to me.

At one of these town-hall meetings, a person came to me and said, "We have set aside \$360 in a savings account. This is as much as we have been able to put aside, and my wife and I live on a very small social security income. We have this little bit of money that we have put away, but we are fearful of the time when we will face a great big hospital bill. We don't know how we can pay it. We've gone and asked for some assistance on drugs, which are very high, and they

tell us that we can get no assistance, because we have \$361.56 in a savings account. Until that is exhausted, we aren't indigents. We don't qualify."

I come up against this so often around the State. So many people have stories of this kind to tell me. So it seems to me there is a serious gap here that we ought to look into and try to rectify in the interest of fair play for these people, who have small savings accounts, but who are not charges of the State. They are the people that I believe have to be thought about at the present time.

All right, our next witness is Mr. Dave Grimm from Bancroft. Dave, are you here?

Senator CHURCH. I understand we have here Mr. J. C. Bangs. He is in a hurry and would like to have a chance to speak next. Mr. Bangs.

STATEMENT OF JAMES C. BANGS

Mr. BANGS. Senator, I am James C. Bangs. I am not representing any organization whatsoever today, although I am a member of the American Legion, and I am eligible to be in the VFW and, I believe, one or two others. I am a senior citizen, and I am receiving social security, which I paid for.

My concern today is that you are all concerned with a case of setting up another bureaucracy, and I want to talk to you about one today. I want to talk to you about the bureaucracy that was set up along in 1918, when the veterans were returning. I can remember the time when they cursed us and told us, "Get out, you g.d. goldbricker," and today they're having another one. In order to get the money for this program and that program, this one speaker here told you before that you couldn't do it—that was Charles Johnson—that you couldn't have money for every program. Now, they have found a new place, and it's an excellent program, Senator. I believe it is going to help induce these young men to go into the Armed Forces—marvelous—it's going to do a wonderful thing, because they have finally decided now to help the veteran.

Now, nearly 80 percent of us are over 65 years of age, and some of them are asking for aid, hospitalization, pension, or some of the services at the Veterans' Administration. It's going to help us out, but I don't know how far out. They're reducing the offices in this State at this particular time from eight contact offices, three in Boise, one in Idaho Falls, one in Coeur d'Alene, one in Moscow, one in Pocatello, and a couple others, with one secretary at each. They are reducing that to three, and putting two of them on travel around and about the State. In 1959, they proposed a new bill and they were going to take care of all and increase the benefits for the pensioners. Those are the people who are 65 and younger, unemployable, and totally disabled, and now that benefit runs from age 55 on up, but this new bill that reduced the pension rate—that is pensions as distinguished from compensation—compensation is the award made for disability and the degree of that disability, and the pension is paid for non-service-connected injury, an injury that occurred in ordinary life.

Now, let me tell you, 80 percent of those who are asking for aid today, or asking for benefits, are veterans, 80 percent of them, and in the past 10 months, the local office has had 4,228 visitations, 291

veterans or their widows or orphans that they contacted in their homes and in this office. They have had 4,059 telephone calls, an average of 405.9 per month. They have had 968 letters written to them, and that is 96.8 per month. Application forms that have been completed is 2,464. Now, that bill was passed in 1959, and it is Public Law 86-211, and it was given to us to take care of more veterans. It has not done so. It reduced the veterans. It reduced the income. This group of people of ours were reduced from having an income of \$1,700, and it was reduced down to \$1,400, and if the wife had an income of \$1,200 or more, it was further reduced for those men.

Now, all I'm asking in this is to tell you how idiotic and silly it is that we propose another Federal agency and another expense when they take one like this and do it at a particular time, such as this, to tell the veterans, "Now, we are all through with you; we have to take care of somebody else." I just know the boys will crowd into the Armed Forces more than willingly because they're doing such a magnificent job. Yet, in this instance, they tell us to get out. Now, that means that those contact officers will all be put in Boise, and they will come down here and do that job once a week. Can you imagine that it can be done? This State doesn't pay a dime for service officers. It hasn't a 5-cent piece available to them. Two counties put up the money, and that is Twin Falls County and Nez Perce County. Both of those counties put up money for a service officer.

I know what it will be for me, and I want to tell the medical profession something. I don't know why it has to be me and a few others who are willing to do it. I can't call the VA hospital. Even though this man I'm talking about has a double hernia, which will not heal, the doctor says, "You need hospitalization, but I won't call them, because they will be mad at me." So, we ourselves call at our expense, yet he should call at the Government's expense. When I run into these boys, I won't refuse to do it, and I have the money enough to make the telephone call, and I'm getting along very well and I'm not asking for any aid at all.

I think there is not enough investigation made of the indigents. I know of one neighbor back of my own home over here. I knew her by name, I knew her for years. But what could I do about it? I couldn't find out downtown there because the name wasn't the same. She was getting public assistance which was fine, but she says, "I turn that over to my daughter so that I can get the D.P.A." Now, there's too much of that. There isn't enough investigation. Even in this, we have goldbrickers, we have cheats and chiselers, and I can tell you where most of them come from too, but they are turned out about 45 because their eyes fail or their hearing is a little bad, and so the first thing they do is apply for a pension, the same old thing.

I wouldn't say all this, but there was an editorial in the paper the other day that said, while there weren't too many doing these things, there were a few who were doing them, and the editorial went on to say that that's the way the law should be, to stop those people from doing those things which, of course, are injurious to the rest of the people. Now, I think Jefferson said it in a little different way.

Now, I'd like to talk about this bill right now. This is no time to get silly. This is not the time to think that aid can be given to

everybody. This is not the time to go out on a wild chase. One man told us about a real good way to do it. I believe it was the county commissioner from Twin Falls. He said it was the place of the Federal Government to see that the money was sent to the counties and to the State, to be administered locally, and let the Federal Government keep their fingers out of it. We could take care of our schools, we could take care of the indigent problem, if they would give us 10 percent of the income tax. We're intelligent, most of us; some of us are dumb like me. But some of these people are intelligent and could do it, and I think we are way off base, Senator, in getting this law at this time, and you know, as well as I know, that 90 percent of the people that cry are the people that haven't tried.

Now, I just have this one thing which I have used for years whenever I spoke. It's a prayer. Dear God, give us the strength to accept with serenity the things that cannot be changed; and give us courage to change the things that can be changed; and give us the wisdom to distinguish one from the other. Now, I say it is the time to so distinguish when our country is somewhat in peril and not ask for new programs and new expenditures that are going to put us farther into peril and deeper in debt. Just in 3 years, the price index is 3.58 percent higher than it was in November 1958. Now, they will have to raise the income tax, and we are all conscious of that. In fact, they have raised the income tax, but they haven't raised my social security surely any 3.58 percent. There is the place they could help a lot of us. They could have kept in tune with the Bureau of Labor statistics and the price index and figure it on the normal increase, and a lot of these people would be helped tremendously, but this is not the time for another grandiose program. Thank you.

Senator CHURCH. Thank you, Mr. Bangs. Our next witness is Mr. Ralph Harrison from Central, Idaho. Is he here?

I see that Emily McDermott is here, and I understand you have a message from the Lieutenant Governor to read.

Mrs. McDERMOTT. I believe you have it, Senator.

Senator CHURCH. You have submitted it up here?

Mrs. McDERMOTT. Yes.

Senator CHURCH. We can just go ahead and put this in the record at this point since you have already submitted it.

(The letter from Lieutenant Governor Drevlow follows:)

SPOKANE, WASH., November 10, 1961.

U.S. SENATE COMMITTEE ON AGING,
Care of Mrs. Emily McDermott,
Pocatello, Idaho.

DEAR MEMBERS OF THIS VERY IMPORTANT COMMITTEE: I have promised to say some words about aging. Because I do not feel qualified to speak on this topic in a general way, I will confine my remarks to the period in which the aged recuperate from some serious illness or operation.

It seems a common practice for all hospitals to charge for these services as much or almost as much as when the patient's illness is critical. This should not be so. It seems that some arrangements could be made whereby the hospitals, at least the larger ones, could set aside a portion of the building for recuperation alone. Such care would not require the highly trained personnel, and the service would not need to be elaborate. It would result in quite a savings in doctor and hospital care.

Something will have to be done in the near future. Even some of the doctors here agree that these expenses are too high. It is a common practice for doctors

to charge patients for hospital calls—days on end—to look in on the patient and say, "Good morning." Then, there are some of us patients who really could be up helping others, but instead of that are still requesting the finest of care.

What I am trying to say is that if a hospital could offer a place where one could select less expensive care and where one could quite often take care of himself or herself, it would reduce the final costs tremendously. There are many people who are in dire straits financially and physically who do need help. This number could be reduced by educating the middle aged on the many insurances that are available, and urging them to avail themselves of this opportunity. This kind of insurance could save many people from bankruptcy. Please let me state my own case as an example:

I am 71 years of age and had not carried any insurance for years until the State legislature passed a law which called for all State employees to be insured. This law took effect July 1, 1961. On July 11, I was on a land board tour coming down the Clearwater River on a raft when a blood clot occurred in my right leg. Thirty-three hours later I was flown to a Spokane hospital. My leg could not be saved in the first operation, and a second operation followed in which it was amputated above the knee. I spent 28 days in the hospital, now have an artificial limb, and am back in the hospital at the present time to have an artificial artery put in my left leg to prevent a possible blood clot forming in that leg also. I shall be going home in a few days in good physical condition as well as in fine mental and spiritual outlook on life.

My insurance covered close to 90 percent of the costs, which will total close to \$5,000. Had I not had this coverage, my finances would certainly have been badly strained. So the moral is try and carry insurance.

Good luck to all of you in this worthwhile work.

Sincerely yours,

W. E. DREVLON, *Lieutenant Governor.*

Senator CHURCH. Now, I have run out of those who have previously indicated that they want to be heard at this hearing. So, I will just go forward with others who would like to be heard and who have not yet been heard from. We will in that way try to cover everybody here. So, would you like to come forward, sir?

STATEMENT OF ROY F. MILLER, PROFESSIONAL ADJUSTMENT BUREAU AND MEDICAL-DENTAL BUSINESS BUREAU, POCATELLO

Mr. MILLER. Senator Church, members of the committee, ladies and gentlemen, my name is Roy F. Miller. I reside in Pocatello, Idaho. I operate and own the Professional Adjustment Bureau and the Medical-Dental Business Bureau of Pocatello. I have been engaged in this work since 1934. At the present time, I am president of the professional-management section and a member of the board of directors in the Medical-Dental Hospital. I appear before you in my own behalf, as well as representing the Medical-Dental Hospital. As an individual, I am one of those who has passed the median point and have just now delved into the second half stretch, where the matters under discussion will become year by year more and more personally applicable to me.

I am concerned not only what the congressional action may do for me in the future, but I am also concerned with what such action will do to me and to our Nation. I have the profound effects of the various social programs which have been put into effect and into action in the last quarter century. I am of sufficient age to have observed them and can contrast their two effects, what government did for people and what government did to people. I maintain that the addition of any more programs, and particularly to the nationalized program of caring for people, will only still further pervert the use of public funds.

If the aged become medically and surgically subsidized, then the middle aged and the young active group of citizens will have to pay still higher competitive costs for medical care because the medical profession will be hampered by all the ills, which flesh is heir to, in the people who are subsidized and given the so-called free service.

Our medical standards have been developed in this Nation by dedicated men who have been free to earn and receive the fruits of their success. If the future medical man is to be put into the category of civil service, whose every act can be prescribed by such rules and regulations as the director or administrative head may set forth, then where will we get the inspired men of future medicine? The rewards, which have been possible to the individual, sought and won on an individual basis in the past, has developed the greatest medical system in the world. What becomes of it if we destroy the strong incentive of individual effort?

It is a well-known fact that regimentation has a leveling effect. It breeds mediocrity. Nor does it accomplish anything to assure us that this is just a small program, that these products of governmental methods will not arise to regulate and interfere and begin the process of retrogression. These are never the intended results of a program of this kind. Nevertheless, they are as inevitable as green scum on the top of a still pond in the summertime. There is no reason why age should be the factor determining whether certain care is provided by the State. Why should the magic age be 65? It is the old process of supplanting need with greed, and the process cannot be eliminated by denying its existence.

The original social security tax was to be very modest, and it was to supplant the need for public assistance and would not hamper anyone. The present rates are an additional burden on everyone who attempts to start a small business or maintain an old one. One of the earliest indicators in a business that is failing now is almost always its involvement with problems of the so-called fringe taxes, which appear so small but loom so large compared with the average earnings of business. These taxes are not scheduled to decrease, far from that. Despite the predicted rise in the economic levels of production that are scheduled under the load already promoted as free services to the people to be doubled over the present rates. This will be many times their original rates. If you wonder why small businesses are disappearing, look at the small taxes they must pay with no opportunity to pass them on to their customers and without a chance to absolve them in increasing volumes of business.

Meantime, let us look at the advance of private insurance programs to solve the problem at hand. The advance of these programs has been stupendous. Statistics indicate that some 53 percent of the population over 65 now have private insurance, and these programs are still expanding to relieve the public load of expenditures. We still have in good working order the historical methods of handling the problems of the needy citizens through local governments, which have the benefit of close scrutiny of the people most affected, and of our own charitable efforts.

We urge a reexamination of the problem at hand with the view to handling it in the traditional manner of freemen, acting under freedom and not compulsion. Let us remember too that the problem of the

aging is a many-pronged one. Some of the health problems of the aged are not caused by physical illness nor because of loneliness. Some nutritional problems of the aged are not caused by lack of food but lack of company, lack of someone to eat with or help prepare the food. Let's examine the problem in all its many facets and not just on the political issue of socializing the medical profession. Thank you.

Senator CHURCH. Mr. Miller, what is your connection with the medical profession?

Mr. MILLER. I operate the Medical-Dental Business Bureau of Pocatello and Professional Adjustment Bureau.

Senator CHURCH. You collect medical bills?

Mr. MILLER. Yes, sir; and we have a professional man in each service.

Senator CHURCH. Thank you. Now who else would like to be heard? This is an enthusiastic audience and there ought to be others who would like to speak.

**STATEMENT OF MRS. W. L. JAMES, STATE LEGISLATION CHAIRMAN,
IDAHO STATE MEDICAL ASSOCIATION AUXILIARY, RUPERT**

Mrs. JAMES. I am Mrs. W. L. James, Rupert, Idaho, and I am State legislation chairman for the auxiliary of the Idaho State Medical Association.

I think that most of the problems which have been brought up this morning and this afternoon have been on medical care of the aged, and I think a few interesting problems have been brought up that we probably didn't expect were among the things that are being done for the recreation and the general well-being of the older people.

Now I had hoped perhaps that we would hear from Miss McCamman today, since she is an expert on social security, and I thought we probably would if anybody had any questions to ask her.

I would like to say in reference to the proposed bill for the Federal control—I shouldn't say "control" perhaps—I should say for the Federal program through social security to pay for medical care for people over 65 years old, and I think that something else has to be added, and that is, whether they need it or not, and I think that is important.

I just hope that you all understand social security. Probably a lot of you know more about it than I did before I started boning up on it, but I wondered if you understood that actually a person earning \$5,000 pays as much social security tax as the man who earns \$50,000, because it is based on a certain basic amount and it does not go any higher. Were you aware that 40 percent of the national income doesn't come under social security at all, that that is tax-free money from bonds and dividends? Social security has been called the poor man's tax, and I think it is because he actually has to put 5 percent of his income into social security, the same as the high executive earning \$50,000 a year.

Now we sometimes think of social security as an insurance, but it isn't an insurance in the sense that our health insurance is insurance. Rather, it is an accumulation of funds paid over the years. Actually, social security has been running in the red since 1957, and the money that the people are paying in now is going out almost immediately to

take care of the social security people that have it coming to them right now. So there is no fund.

I just wanted to be sure that you people, who advocate this medical care under social security, that you would understand that the health care for people who can't afford it will be paid percentage-wise largely by the low wage earner, who pays in more of his income proportionately. So, the care will come from the low income group, rather than the large income group, under this King bill as proposed, for those who are eligible for health care as long as they are under social security. I thank you.

Senator CHURCH. Thank you, Mrs. James. We appreciate your testimony. Incidentally, as you reminded us, we do have here Miss McCamman, an expert on social security. There is a good deal of misinformation concerning it, and particularly with respect to its actuarial soundness. As to that or any other questions or information that you would like to ask Miss McCamman after the hearing today in connection with any such social security problem you might have, please feel free to do so because she is here for that purpose, and that is one of the services the committee is trying to offer.

Now who else wants to speak?

UNIDENTIFIED MEMBER OF THE AUDIENCE. I just want to ask the question of why the Government doesn't take over this insurance business. We pay into insurance year after year, and then they cancel us out. The more you try to give the people, the more they abuse it themselves, but if we just do something about this insurance—I carry some insurance, but I am afraid to use it because I am told they will cancel it out.

Senator CHURCH. That is a question I raised earlier, that is, the problem we are having with private insurance programs being canceled out.

UNIDENTIFIED MEMBER OF AUDIENCE. On this unemployment that you put out to everybody, I know of hundreds of people who are abusing that every day, hundreds of them, thousands of them—well, of course, I can't say thousands because I don't know that many personally, but I do know hundreds of them that are abusing it every day. I heard one man up in Washington State make the statement that he would not work, he says, "I can make more off of relief this way with my wife and my two children than I could possibly make working," and he hasn't worked for 4 years. I wish you would do something about this and this insurance business instead of trying to give the people something more than what they have been getting all the time.

Senator CHURCH. I want to say that I am very much opposed to chiseling, too, in any form. The problem you raise is one, I think, that needs an answer. This problem that faces aging people is one that emotions will not settle, but good hard opinion has to settle. It raises a problem on which no one as yet has furnished the answer. Perhaps the answer will have to come in some form of reinsurance behind these medical plans, but hard thinking, not emotionalism, will solve our problems in this field and other fields. Let's not be fooled about that. This problem has to be solved and it will be solved. The next witness?

STATEMENT OF FRANK COLLINS, IDAHO FALLS

Mr. COLLINS. Senator, This is Frank Collins. I am from Idaho Falls. I happen to be blind. As a blind individual, I am self-supporting. I do not in any way take the offered help that is available to people who are in ill health themselves, since I am a self-employed piano tuner, quite capable, and I have been able to support myself and my family.

I have several deep convictions on this subject. One of them is that none of us should expect to get something for nothing. I am afraid in this day and age there are too many people who do expect and demand something for nothing, and they don't seem to think that the bill needs to be paid. In all this discussion of Federal subsidization of medical aid to the aged, which, of course, includes help to the blind and everybody else, one thing seems to be overlooked, and that is that somebody is going to have to pay the bill, and I don't mean the bill has to be paid by more and more income taxes, or more and more social security. The problem, as I see it, is that the programs very often outrun the income and I say witness the fact that our national debt grows daily.

We have problems enough in the national debt field trying to keep up armaments in an arms race which is forced upon us, and it seems to me that many of these problems are much better based at the present time on the local level, handled on the local level than handled through any national agency or bureaucratic setup, which would be necessary if this bill were to pass and become law. If it became law, the cost of medical help to everyone would go up, and Lord knows they are high enough now, and the money which would be necessary to administer the program would, as I see it, to a great extent, be extra money which need not be spent if we keep things at a grassroots level, if we keep it down to where people know what the problems are. We do know that we would have to have a pyramid of administration which would be necessary to oversee the program.

I think it is quite generally accepted when it is said that a dollar that is spent at home—made at home and spent at home is worth about \$2 that is spent on the Federal level. It may be even more than that. I know this is heretical thinking, but, just the same, I believe that it's true. We know we have to pay our bills. There is no question about it. If any individual were to run a business of his own for his own living on the basis that our Government has run its business for a good many years now, he would very soon find himself behind the bars. Thank you.

Senator CHURCH. I want to thank you for your testimony. It certainly is true that we get only what we pay for, no matter what it is that we're talking about, such as the present medical care program that is paid for by the general taxpayer. Of course, all of you know, who pay taxes, that this is a very compulsory program. The same with social security and retirement benefits, they are paid for by those who are working and by the employer during their working years. So, it is certainly true that any kind of program we set up, we will pay for it. The only question is as to what kind of program is best designed to achieve our purpose in the most efficient way and in the way that it is most consistent with our system of government.

Now, may we hear from you, sir?

STATEMENT OF PETER HERTELL, POCATELLO

Mr. HERTELL. My name is Peter Hertell and I live in the southeastern part of Pocatello, and I come here to express my own opinions about myself and my family. Now, I receive social security. My wife and I receive \$123 a month social security.

I am not asking for any help of any kind as long as I don't need it, but in the last 2 years I have fallen into some hardship. Two years ago, I had to have an operation, which cost me \$365. A year from that time, last October, my wife had to have an operation for cancer, which cost me \$1,125. Now, I am trying to meet my obligations, but it's a hard matter. Here is my account. I have to pay \$10 a month to the doctor, \$10 a month on the hospital bill, \$17 a month for fuel for my house to keep us warm. My electric bill runs \$10 a month, and a repair on my furnace, which broke down, costs me \$10 a month; that cost me pretty close to \$60, and I am paying \$10 a month on that. Then I have had a few repairs to do on my house which costs me another \$10 a month. Then I have my taxes to pay, which costs me \$120 a year for my home, and I pay \$10 a month on that, and then I have taxes to pay for a new sewage system that they laid in my street where I live, and that cost me \$10. Then I have a water bill to pay of \$5 a month, and then I have another little bill here where I finally took out some insurance with Mutual of Omaha, and that costs me \$8.50. Now, my total is \$100.50 a month, and so I have \$23 a month for my wife and I to live on. I'd like to know if any of you have to get down that low.

I am not asking for any big support. My wife only gets \$33 per month pension, and I get \$90. She gets \$33.80. Why she can't get any more, I do not see. She is disabled. I think she ought to be entitled to half of what I am getting, and why she can't get any more is above me, unless she took out her pension at 62. Maybe she would if her work had continued until she was 65, but I don't know. It is a kind of a hardship.

Then, on the other hand, I have heard a lot of talk today about aged homes, both pro and con. I don't think that we need so many homes for our elderly people. I have a home where my wife and I live in. We don't want to go into a rest home if we can make it in our home, and I think that our social security ought to give us enough so that we could. Two years ago, we got a seven dollar raise, between my wife and I, across the slate. What that amounted to was to take care of the high cost of living. I am paying on the same cost of living as the man who makes a hundred dollars a week. I have to pay the same prices he has to pay with my little income.

Again, on the aged homes, I would sooner stay in my own home if I had money enough from my social security so that I could hire somebody. Another thing is this social medicine. I don't want any social medicine. I want enough money so that I can go to the drugstore and buy my medicine, and when I have to go to the doctor, that I can pay my doctor, that I don't have to depend on a whole lot of red tape to go through where they take something for granted that they're going to give me some charity. They aren't going to give me any charity on that deal. They have offices set up all over the country which take money to run, and if they have money that they have to spend on

socialized medicine, if they would put it into the old age fund and give it to us oldsters, we would have enough to pay for our medicine and pay for our doctors.

Senator CHURCH. What is the amount of social security that you have now, sir?

Mr. HERTELL. My social security comes to \$123.80 for my wife and me.

Senator CHURCH. You say you had a medical bill of some \$1,100. How did you manage to pay that? Did you pay that out of savings, or did you have medical insurance?

Mr. HERTELL. No, sir; I had no insurance of any kind to help. I am paying \$10 a month.

Senator CHURCH. You are paying \$10 a month on that bill?

Mr. HERTELL. On the hospital bill, also \$10 a month to the doctor.

Senator CHURCH. You say that your bill was \$365 and your wife's bill was about \$1,100?

Mr. HERTELL. Yes, \$1,125.

Senator CHURCH. And you are paying that off at \$20 a month?

Mr. HERTELL. I'm paying it off at \$20 a month. Now, sometimes, when I go to the store, I might have to cut maybe \$5 from the hospital bill or \$5 from my doctor bill, in order to pay up my store bill, because I haven't got quite enough. I pay for what I get, but I think I'm not getting enough social security to see me through the way I ought to be for the time that I have worked and given all that I have to this United States.

Senator CHURCH. Thank you very much, Mr. Hertell. Anyone else?

STATEMENT OF DR. ROBERT STAYLOR, PRESIDENT, IDAHO STATE MEDICAL ASSOCIATION

Dr. STAYLOR. Senator Church, I am Robert Staylor, and I am president of the Idaho State Medical Association. As you have noticed throughout the day, there have been a number of physicians, along with some others from the State Medical Association. We are here because we are sincerely interested in the problems of aging, and the care of the aged, and the problem of the medical bills, which problem they say is ours.

We have been told that these problems are prevalent. We are interested in these problems ourselves, and we are here to listen to a cross section of the citizens of the State of Idaho as they present their problems. We have listened intently all day, and we have heard criticism of all factors, and I will have to contest the statement which you made a minute ago that there is a real problem with people who have social security, but not enough to pay medical bills. I feel that that problem has not presented itself in this meeting today, and we have listened to the churches and we have listened to the commissioners, and I have a feeling that the physicians, who have been here today, feel that they have taken care of the medical problems of the aged in the State of Idaho, and they feel rightly so. Thank you.

Senator CHURCH. Thank you very much, Doctor.

**STATEMENT OF DR. R. DEAN BENEDICT, POCATELLO, ON BEHALF
OF THE SOUTHEAST IDAHO MEDICAL SOCIETY**

Dr. BENEDICT. Senator, I sent you a letter, but maybe you didn't get it.

Senator CHURCH. I haven't had a chance to read it yet.

Dr. BENEDICT. I will read this and then you can have this copy if you would like it. This is addressed to the American people in general, and it is my own point of view and has nothing to do with the medical society or with the profession in which I am engaged. Although I am a doctor, and my name is R. Dean Benedict, this is not the result of any discussion or meeting of any professional society, but is simply my own personal point of view. This is addressed to Mr. and Mrs. America and is entitled "Freedom or Security?" Senator.

Every day, the people of this Nation are choosing between self-government and Federal Government, and between freedom and governmental control. Every year, the Federal Government makes new inroads by bureaucratic regulations of our lives and of our livelihood. Why? Because we, the people, have demanded it. We demand social security without considering the price we must pay of lost freedom in our attempt to obtain it. The bureaucrats are more than happy to dole out security as long as we will pay the price.

Let us seriously consider what this mess of pottage called security really is before we completely, as a Nation, sell our precious birth-right of social freedom in order to obtain it. Security for this life, both for the individual and the Nation, is a mirage. It is like seeking after the wind. It has ever been so and shall ever be so. Security calls for guarantees against all forms of distress and calamities, which are incompatible with the reality of the world in which we live. Perhaps security can be partially achieved through self-government and self-discipline, but, when it is demanded from government, the price you must pay is your liberty and the reward you earn is not the mirage of security you long for, but slavery and bondage.

The choice then is not between freedom and security, but between freedom and slavery, because total security does not exist except as a utopian illusion in the minds of the people who want more and more from less and less, and in the propaganda of tyrants who promise more and more for less and less in order to enslave the people to their dictatorial control.

America, which shall it be: Liberty or Slavery? If you wish security from the danger of a thermonuclear war, then capitulate to the Communists and become another slave state of the Kremlin. I say better such a course of action than a hellish war with the Communists and afterwards find that we have become slaves to our own Government by our vain ambition for socialistic security; better a world of economic and political danger with self-determination than a world that is secure in chains.

Liberty is the chance to individually labor for the abundant life, while slavery is collective, walking, breathing death, without hope of self-determination. Any time we, as a people, delegate authority to our Federal Government to do something for us, which we should do for ourselves, then we are selling our freedom in exchange for slavery by Government regulation and control.

The present administration of our Government is actively propagandizing for compulsory health insurance to be linked with and controlled through the social security agency of the Federal Government. First, it proposes to take better care of the health of the aged and infirm among us, which our natural sympathies will blind us into believing to be a just cause. Then, secondly, with a foot now in the door, will come the complete socialization of medicine in the name of security from the economic privations of disease for the entire population.

Mr. and Mrs. America, if you blindly buy this mess of pottage in the name of security, there will no longer be the free profession of medicine and surgery as it is found today, but the care of your health will be dictated by a bureaucracy in Washington and your personal physician will become a disinterested ward of the Federal Government. Who will suffer? The medical profession and all who are now recipients of their self-determined effort. What shall we choose, Mr. and Mrs. America, freedom or social slavery through the vain hope of security?

I conclude by quoting the official policy of the American Medical Association on care of the indigent aged:

Personal medical care is primarily the responsibility of the individual. When the person is unable to provide this care for himself, the responsibility should properly pass on to the members of his family, the community, the county, and the State. Only when all these fail should it go to the Federal Government, and then only in conjunction with the other levels of government, in the above order.

I say, choose wisely, Mr. and Mrs. America, while you yet have the freedom of choice, and, remember, the most secure members of our society are those in our prisons.

Senator CHURCH. Incidentally, Doctor, we did receive your letter and we have it on file. Is there anyone else now who would like to be heard?

STATEMENT OF MARK HALL, IDAHO FALLS

Mr. HALL. Senator Church, my name is Mark Hall from Idaho Falls. I am not associated with the medical profession. I am a farmer and having had four sons, of course, I have had some acquaintance with the medical association for the past 25 years.

As you know, as this has sort of been propagandized, the farmers themselves have voted for this parity, these price supports, but in order to clarify in your minds that we are not interested, not even partially interested in any of the socialization, such as has been proposed on this welfare, the referendum that we have voted in during the past few years has given us the choice of overthrowing this condition or voting it in and continuing it as a policy, and, of course, we were given the ballot so as to make it positive, and this is freedom. I am concerned very much with freedom, because my four boys are going to have to go and take care of this mess that we're dealing with.

Now, I sincerely hope that the medical association will get behind the farmers of America in their efforts to clear the air of this social welfare. I think, if the medical profession and a few of the other groups would get together, we could probably take care of this element that has produced all this social welfare state in our country.

I had a little note here but I lost it, I guess, but, as I remember it, Khrushchev made a statement that he knew he couldn't shove communism down our throats in one gulp, but with piece-by-piece socialism, we would find ourselves communistic in the end.

So, let's all be aware of that. We cannot afford to go any further with socialism. Our medical profession is something we certainly should have on the right basis. We certainly have to take care of the aged people with just care, but, as far as socializing the deal, that certainly is not my idea of freedom. I thank you.

Senator CHURCH. Thank you very much. The next witness, please.

STATEMENT OF FRANK BRIGGS, POCATELLO

Mr. BRIGGS. Thank you, Senator. I am Frank Briggs. I live here in Pocatello and I have lived here for 25 years. I am in the insurance business, and I have heard some references to the insurance business. It was referred to this morning, and they also referred to the number of people who are insured now and who were not insured a good many years ago.

We purposely did not ask to present a formal statement and that was simply because and for the reason that we wanted to get the feel of the meeting, to find out what people here thought about this. Now, during the time I have been in these hearings, I would say to Dr. Simison that there was a bigger increase than that.

By the way, I didn't finish introducing myself. I am a past president of the Idaho State Life Underwriters Association. I am president and on the board of directors of the National Association of General Agents. I am vice chairman of the Idaho Association of Health Insurance Council, which, as you know, is associated with another of our great organizations. During the time that I have been in the business, I believe, insofar as benefits, we have made great strides in providing health care for not only the aged, but for everyone.

Now, in my experience here in the State of Idaho, we have 700 companies which write health insurance in the State of Idaho. I am not familiar with how many people are now past the age of 65, but, in 5 more months, I will be one of the people you are talking about. My own company, which is just one out of 700 in the State, we have between 5,000 and 6,000 people insured in this State who believe in a voluntary way of taking care of their health problems.

I appear here now, Senator, to make a request as a representative of the insurance industry. I would like to request that we be permitted to prepare a formal statement and submit it to you to put into the record to indicate the position of the insurance industry.

(Statement of Idaho Life Underwriters Association appears at p. 775.)

Senator CHURCH. We would like to have that very much, and also give us as much and as careful and as comprehensive a picture of the extent of the medical health coverage in the State through the medical insurance program, if you can. Would you do that for us, please?

Mr. BRIGGS. Yes, and thank you, Senator.

Senator CHURCH. All right, you are next, sir.

STATEMENT OF TAYLOR FRANCIS COTTLE, PHYSICIAN AND SURGEON, POCATELLO

Dr. COTTLE. Senator Church, ladies and gentlemen, I am Taylor Francis Cottle. I am a physician and surgeon in private practice of medicine in Pocatello. I have been in practice here about 6 years. I am grateful for the opportunity of being a part of the medical team in America which is giving the American people the finest caliber of medicine that can be found in the world.

I might say I also have mixed emotions because I oftentimes have been accused of being a member of the profession in America that has been out of line and causing physical and financial hardship to the American people. It has been borne out in testimony here today that the thing the people fear most in the aged, the older age group, is medical bills that might be imposed upon them because of lack of health or some catastrophic medical problem that might come to them. I say this is probably an untruth in one way, and that is that I think that the thing that people fear most in the older group is that they fear of not being wanted and not being cared for, and the medical problem is only one element of this.

I also wish to state that I can remember well, when I was a young lad, my mother and father sent me across the street to the grocery store with a dime in my pocket to buy a loaf of bread and a quart of milk. Now, I send my children to the store with 40 cents. My father bought an automobile for about \$1,200, and now I spend four times that much. My folks spent about a hundred dollars for the removal of appendix from me. Now, I charge about \$150. My folks sent me to the doctor when I was 14 years of age with \$3 in my pocket to pay the doctor. Now, the children and the people pay me around \$4 for an office call.

I think that we are well in line and I think we should have it as a part of the record that, even though we do have an increase in doctor bills and doctor fees, it is certainly not out of line with what has been imposed upon the American people by inflation of the other essentials, so greatly increased over what it was years ago.

I also have one other thing to add. If young working persons are in my office with acute strep throats, I can through proper medications keep most of these people on the job. I can probably cure most of them within 24 to 48 hours. Twenty years ago, those same persons generally lost 5 to 7 days of productivity, and also their loss of productivity might have been prolonged if what this patient had had developed and become complicated and compounded.

So, actually, when a patient comes to my office and pays me \$4 and perhaps \$10 for drugs, he has paid \$14 of his money, but he is probably not off work and has been able to remain productive and thereby has saved himself a considerable amount.

I think these are things that should be in the record, and I wish to state that I am indeed happy at all times to be a part of the medical profession in this country, where I give approximately 18 to 20 percent of my general practice to the indigent and to those who cannot pay their bills. I don't think that age has any consideration in the care of the people of America. The person who is 24 years of age, who

has no means, just as desperately needs good medical care as a man who is 80 years old and very definitely without funds.

Therefore, I come before you and I state that I will continue to be happy to give to those people who come to me for medical attention the financial consideration that they need, as well as the medical consideration, and I feel that I can speak for the rest of the members of the medical profession in this community and, I am sure, in the rest of America. Thank you.

Senator CHURCH. Doctor, don't be too sensitive about the brickbats you get as a member of the medical association because I am a lawyer, and if some people are critical of the doctors, you should hear what they say about the lawyers.

STATEMENT OF MARVIN H. PRICE, PRESIDENT, STATE OF IDAHO LIFE UNDERWRITERS ASSOCIATION

Mr. PRICE. Senator Church, ladies and gentlemen, I am Marvin H. Price, president of the Idaho State Association of Life Underwriters. We have not yet made any oral statement because, as Mr. Briggs stated, we did want to get the opinions of the people here who are meeting with you. However, there was one statement made that the insurance companies or the insurance fraternity hasn't been able to give you an answer to a question that was asked.

The insurance companies have worked very diligently, trying to solve this problem, and almost monthly they will come out with new additions to policies, helping people to exercise the benefits of the best insurance policies and make retroactive their old policies and bring them up to date so that they do have benefits. They are modernized. I believe and you heard, the testimony that was given by H. Lewis Rietz, executive vice president, Great Southern Life Insurance Co., and president of the Health Insurance Association of America, also president M. R. Dodson of the Ohio National Life Insurance Co. and chairman of the Joint ALC-LIAA Committee on Social Security and Health Care, and also William N. Seery, who is vice president of the Travelers Insurance Co. and chairman of the Executive Committee of Associated Connecticut Health Insurance Companies, which they presented before the House Ways and Means Committee on July 31, 1961. This was in connection with H.R. 4222, and I believe you are acquainted with that testimony, Senator.

These are my own feelings about the senior citizens of the State of Idaho. We believe the senior citizens of Idaho, the pioneers who settled Idaho and this intermountain country, are more interested in having the privilege of being independent than, as the political trend would try to make us believe, "dependent". These present day senior citizens built this country with their hard work, ingenuity, and other physical and mental resources. They did this because of their pride in accomplishment and ownership, and they did things themselves. I don't believe they want to have their accomplishments or signs over their business which read "John Q. Snodgrass & Co.," to mean helped by the Government, told what to do by the Government, regimented by the Government, indicating by this acknowledgment that they have given up their desire to do for themselves, lost their free enterprise because of Government regulations. No; I don't think they

want this. All of our senior citizens know that the most insecure person in the world is the person who depends on someone else for their security, and in this case the Government.

We are told to build fallout shelters for our protection against fallout or radioactivity. Our senior citizens are leading in this project. Why? Because they want to take care of themselves and their families, and they are not asking the Government for aid in this matter. So, why should the Government want to or try to force down their throats regulations by forcing them to have the Government tell them who to see and where to go when they are ill or need attention. We should have a plan where they can exercise their free choice, as outlined in our Constitution and Bill of Rights.

There is a satisfactory bill operating in the State of Idaho now, the Kerr-Mills bill, and it would function more effectively if given an opportunity to do so. The representatives, who make these investigations, should have a little more human kindness and tolerance in their hearts when they are calling on these senior citizens. The senior citizens are older now and they have built what you and I are enjoying today. They don't want to be treated like so many animals. They want and deserve kindness and respect. They don't want sympathy and pity, no, not these people who have built America. My greatest respect is for these people, and I honor them for the heritage they have left for me and for you. Let us not reject their efforts by taking away their independent feeling.

If we aren't careful, and if we don't watch our thinking and planning, we are doomed as far as this Nation is concerned. We scream every day about communism and what it is doing to the world, but will the United States of America be any better off if we continue to have the Government take over all of our activities, as the trend is, and make us a welfare state? If the Government takes away our free agency and independency, does it make any difference what name you give it? It still means the Government or a dictator tells us what to do.

So, let us respect our senior citizens and help them keep their well-earned golden years and independency. Because of all of these reasons, we are opposed to the House of Representatives bill 4222. Thank you, sir.

Senator CHURCH. Thank you very much. Now, we have another one in the rear of the room.

STATEMENT OF DR. REED ANDERSON, IDAHO FALLS

Dr. ANDERSON. Senator Church, I am Reed Anderson of Idaho Falls, a private physician, and I would like to remind the people that I too feel personally dedicated, as a physician, that the senior citizens of this country under my practice have 5 years longer to live than those in other nations, who now have socialized medicine. I would like to remind them that the research in our field in this country is tremendous, and it is such that it cannot be under Government control.

I have statements from Sister Jean Marie, administrator of the Idaho Falls Sacred Heart Hospital, about our local situation in medical care for the aged. She says that, although there are no statistics to prove that there is either a dire need or no need to imple-

ment medical care of the aged in this area, it is certain that any plan, which infringes on the freedom of the citizens of this country, cannot be approved by the American people. Attaching medical care benefits to the social security system is tantamount to destroying a liberty while conferring a dubious benefit. The American people must be allowed the privilege of further exploration of the needs and solutions to this problem before any plan of such far-reaching consequences be decided upon.

I have another statement from Grant C. Burton, past president of the Idaho Hospital Association, and he says:

It is with deep concern regarding medical care for the aged that I express my beliefs. The elderly citizens in Idaho Falls have no present need, being very handily cared for with adequate needs. The medical profession, hospitals, nursing homes, and the county department of public assistance, all contribute their efforts for better medical care for the aged. The Kerr-Mills bill has assisted those who perhaps otherwise could not have had adequate medical care, and a needed extension of the Kerr-Mills program will continue this adequate care for the needs of our elderly citizens. The Anderson-King bill becomes a poor substitute for that which is now used in the quality of care given. Our Founding Fathers who signed the Constitution gave their lives to establish a free government to serve the people, rather than to make welfare puppets of the people. Any government that is big enough to give its people employment is also big enough to take everything they have. I urge with all my strength that we do all in our power to retain the freedom in the private practice of medicine for all of our citizens.

Thank you, Senator.

Senator CHURCH. Thank you very much, Doctor. I think there is no disagreement on the necessity of maintaining the type of medical profession you mention in every way in whatever program we finally come to. Is there anyone else?

STATEMENT OF LYLE G. WARD

Mr. WARD. Senator Church, my name is Lyle G. Ward and I come from a rural part of the State. I am here today as a member of our guidance counselors of our high schools who have been meeting with personnel here from Idaho State.

I would like to raise my voice on this issue briefly because I have had a little bit of background on both sides of the issue. I was a social caseworker in this community some 15 years ago, also on the Blackfoot Reservation, and also in Bear Lake County I was on the council, and I had 5 or 6 years experience with the department of public welfare. I also served as a missionary in Germany in Hitler's day, and had the privilege of traveling in Russia after my tour of duty. I saw socialized medicine work in Germany. Let me give you a little example of how it did work. I will get specific. It was the spring of 1935, and I went to a hospital in Leipzig, Germany, because I had some difficulty in my throat area and I did go to a specialist there. He was under socialized medicine. I went to his waiting room which was not over 30 by 30 feet, and there were 28 people present, most of whom appeared to need medical attention quite urgently.

I went in and registered at the desk, and the office girl said, "Are you a paying patient, or are you a socialized patient?" I said, "I'm an American and I'm a paying patient." She said, "Well, don't sit down here then; this is the socialized patients' waiting room. Please go back and down the hall two doors, knock on the door three times,

and you will be admitted immediately." I did this. I went into the doctor's office, and he gave me the necessary treatment immediately, and after he was through, he wanted to talk to me at great length about America. I protested. I said, "Doctor, you have many patients waiting for you who need your help urgently." He said, "Those out there, Mr. Ward, they were even here yesterday. Then can come back tomorrow."

I don't believe you want this kind of treatment. I do believe that we, as a Nation, can solve our problems. I have found in my experience that many people were on welfare because they had to pay hospital bills and medical bills, and this I recognize, and many of our people in my opinion are not capable of completely meeting their needs when these things come upon them. I have nine children of my own, and, therefore, I can sense a little bit of the problem. I appreciate the insurance plans that are now in progress in the country. I have two of them.

I know that this problem in my opinion can't be licked here in America without taking away the advantages we now have. Therefore, I protest any movement whereby we cannot have the care of our doctors when we need them. I don't want to go to a doctor who says, "Those patients were there yesterday, and they can come back tomorrow." That is why I so wholeheartedly express my opposition to such socialization. We can provide for our people who need help and we can assure others, who might need help later, of their complete opportunity for such help in the future, without debasing them in any manner.

I talked to a doctor just recently in Salt Lake. He said, "You had better start urging as many good boys as you can to start going to night school, because a lot of our doctors' sons are not going into medicine." Seventy-five percent of the new members in the professional medical field do not come from homes that are medical homes. They are coming from farm and rural communities. I ask this man what was happening to the doctors' boys. He said, "They're going into engineering or some other area where they feel they will have more security than in the field of medicine." I think this too is dangerous and that it is just a part of the total problem. Thank you.

Senator CHURCH. Thank you, sir.

Mr. REIDY. There are many doctors in the room, I am sure, who would agree with you. The Senator has an urgent long-distance call. Is there anyone else who would like to speak now? Fine, here comes a gentleman.

STATEMENT OF DR. MERRELL SHARP

Dr. SHARP. I'm not a gentleman, as someone would say, I'm a doctor.

Mr. REIDY. You're a doctor and a gentleman.

Dr. SHARP. I am Merrell Sharp. I think perhaps some of us who are doctors have more interest in this matter than others, but I think it makes no difference. I think that the plans for most of the doctors are such that they will affect more medical care for all of you, and that, I think, is the way it should be as far as we are concerned.

I heard a few things here and I also brought some things with me and, in the interest of time, I will just briefly run through them. As a physician, I would like to stress again, as has already been mentioned, that we are not unsympathetic to the health needs or any other needs of the aged, nor any of our citizens. We seek constantly better care for all. Is not the fact that the majority of our group is contributing our services and sometimes at no cost, sometimes, even if not always, at reduced fees, to the elderly citizen, proof enough of our basic interest? This fact has been overlooked in past unjust criticism of our profession.

Although our principal interest, of course, is medical care, I cannot separate this from other problems of the aged in relationship to the United States and its other citizens. Therefore, I should like to present these basic observations for your consideration. It is not rational to prohibit work on the basis of age alone. Age alone is not a valid criterion. You might just as well prohibit the eating of deserts after the age of 40, or prohibit participation in any educational pursuits after the age of 25. The loss of the aged worker's contribution is often a great economic waste. The older citizen has the same fears, the same wishes, the same needs, and so forth, as others. Who has not seen some forced retirement become the death sentence to one whose life's work has been the motivating force of his life?

We have heard that there is a plan being activated at the present time by which health needs of the aged will be provided through cooperative efforts of the State and Federal Governments. This, of course, is the Kerr-Mills plan. There is another plan currently being studied—I think these hearings apply to that—by the Congress, which would place all medical care for beneficiaries of social security under the social security system. We have heard that the latter plan does not provide for those not eligible for social security, but the plan does not exhibit or include a lack of need to cover a greater need for recipients, and that the cost is borne by only those who currently contribute to social security or at any given time.

The American tradition has always been to set aside a portion of our means for our time of need. Insurance is based on just such a philosophy. Social security is often referred to as being based upon the same principle. Actually, it is not. It is a tax upon those who work and upon those who provide the employment. Providing services beyond actual need is to place an unjust and disproportionate burden upon young families and others of the work force.

The proportion of our population over 65 years of age is increasing. Therefore, of course, the proportion of the population under 65 is decreasing, and the result is that fewer and fewer will be supporting an ever-increasing number. In a nation dedicated to the earning of a livelihood and the pursuit of happiness, being our brother's keeper is both a privilege and a responsibility. However, just where is the saturation point? When the workingman will no longer be able to provide the necessities of life for himself and his family and also bear his proportion of the heavy tax to support others.

Viewed clearly with these facts in mind, it becomes even more important that the actual need, and not such false criteria as sex or weight or age or color of eyes, and so forth, be used as the basis upon which citizens receive good medical service paid by the taxes upon

other citizens. Unnecessary spending is more than sufficient to cover the basic needs of the aged. Such basic needs should have supervision at the lower level because here the needs are best known. Delegating this supervision to any Federal agency eliminates the aspect of generosity, on the one hand, and appreciation, on the other. These are facts that are often lost sight of.

Neither we nor any people should try to acquire drugs or services merely because they are desirable. The child wants nearly everything he sees, whereupon we take him into tow and teach him to choose that which has a value and that which he can afford to have. If our citizenry as a whole do not work and produce the fruits of labor, we, who are presently 6 percent of the population of the world, will soon cease to provide and use 60 percent of the world's goods, as we do at the present time. In other words, if somebody doesn't get to work and build a refrigerator, we can have a million dollars but we can't buy a refrigerator. We are great as a nation only because we produce more per person than any other nation on earth. Is it not radical to say, as so many citizens say, "We can't afford it; we guess we'll have to let the Government do it." By the same token, if the State of Idaho can't afford to take care of its needy, whether they be old or young, mentally deficient or otherwise, others can't afford to do it either.

We must keep in mind that no matter which government agency provides the service for us, the source of the funds is the same—taxes. All the people pay taxes. Finally, let us consider the possible motivating factors in these groups, arbitrarily chosen, but, nevertheless, they are intimately concerned at the present time in providing health care for the aged: Benevolent associations and social organizations represent those for whom funds are built up in treasuries, which prevents the burden of health care of the beneficiaries being placed on the Federal Government, social security, or otherwise, and thence the taxpayers can reach down into these treasuries.

Under any Government plan for financing care for the elderly, physicians would actually get their pay for many services that now are provided without pay or with reduced pay. We are desperately, as physicians, interested in seeing to it that all of our needy receive the best possible care, but we are not willing to accept the extra dollars provided by any plan which will interfere with the doctor-patient relationship, which we urge be kept sacred, and this is one of the elements to providing American with the best medical care known in the world today.

Now, those over 65 represent about 17 million today, and the number is ever increasing. No elected servant can disregard this. He attempts, of course, to do the will of the majority of the people, but it is hoped that he will wisely serve the best interests of the entire Nation. It is true in this Republic of ours that we have the right to destroy the American way of life, if we so elect. It is hoped, however, that our children and our grandchildren will not be heard to say, "Democracy was a noble experiment in these United States, but it just didn't have a chance in a world such as this."

Senator CHURCH. Thank you, Doctor. I want to tell all of you people who have been here today through this lengthy session that I appreciate your patience. I am sorry that some of you have had to

wait so long to testify. All of this testimony will be taken into the record and will be combined apparently with the testimony to be given in Boise and Spokane, and this information will be of real assistance to us as we take up the question of legislation on any of these fronts in the next session of Congress.

Now, does anyone else care to make a written statement? If so, there are letterheads here and franked envelopes, so please feel free to do so, and that way anyone who wants to make a presentation to this committee has a full chance.

Now, is there anyone else who wishes to make an oral statement? I see a young man at the back of the room.

STATEMENT OF JEFF ITAMI, POCATELLO

Mr. ITAMI. My name is Jeff Itami. I am a student here at Idaho State College. I would like to state that I feel like the work of the Government toward helping the aged in the medical bill, I think this is a good thing for these people, and I would like to protest some of the well-meant statements made by the people in opposition toward this bill for care for the aged.

One of their arguments was that it would mean a Government dictatorship and that it had a tendency, or at least implied that the Government would become a dictatorship and would force old people into a medical plan which they really don't want. I find that the Government would not be forcing the old people into any medical plan that they don't want and they don't want any more than they need.

Another thing I should like to point out is that many who have appeared here today have said that this is a Government of the people, and, therefore, if this were such a thing as a dictatorship, it would be a dictatorship of the people who are the Government themselves, and, therefore, you are the boss in this matter.

One other thing I heard consistently from some of these doctors that they had the best plan in the world. But yet they cannot work it. They stated there were 17 million people in this country over the age of 65 and that these people right now are getting medical care, and so forth, and yet if there were enough of these people not getting medical care, that the Government could carry on. There ought to be a department someplace for people who aren't getting medical care.

Another point I want to bring out: How many people over 65 now are getting jobs? How many people up to 80 are getting jobs now? If, when they reach the age of 65, we give them social security, why can't we give medical care to these senior citizens, these people who built this country and who did the basic work in this country? Why don't they have the right to get medical care that the young people, who are now working and getting good salaries, are getting, the good medical care they are getting because they are working? Why can't the older folks have the same care? What's so terrible about giving medical care to these old people who settled the land? Most of us can't appreciate why we can't give these people that much.

I would like to state again that the opposition is more or less interested in its own material benefits. I have talked to hospital administrators at some points, in Blackfoot, and so forth, and they have raised opposition to the American Medical Association's position, and

they feel that the doctors have a tendency to overcharge the insurance companies on policies in order that they can collect from the insurance companies what they don't get from the people, and if they are going to do this to get money from the insurance companies, they might as well do it to the Government too. They're going to get the money, one way or the other.

I know many of you will say that I'm a student, inexperienced and young, and I know I am not as experienced as many of you are, but I do think that you should know that the Government is giving medical care to the aged and the Government is doing a good work, and I think we should give this consideration, and we should remember that the medical profession has a material invested aspect in this. They have their prodigals there, their \$50,000 pocketbooks right there handy. I don't think their care for these people should be any less because they know someone else is paying for it, for this medical care of the aged, and that's about all I have to say. Thank you very much.

Senator CHURCH. Is there any further testimony now?

If not, the hearing is concluded, and I give my thanks to all of you who could come and participate.

(Whereupon, at 5:30 p.m., the subcommittee adjourned to reconvene at Boise, Idaho, on November 15, 1961.)

APPENDIX

HOUSING FOR THE SENIOR CITIZENS OF TWIN FALLS, IDAHO

FOREWORD

It is amazing but true that 98 percent of the people of Twin Falls, Idaho, do not understand basic purpose and operation of the Twin Falls Housing Authority. The purpose of this brochure is to give the public a better knowledge and understanding of the place public housing has in our community.

THE ELDERLY OF TWIN FALLS, IDAHO

The following is a report on the housing problems the elderly people of Twin Falls are confronted with and the part the Twin Falls Housing Authority plays in helping these senior citizens.

THE ELDERLY FROM A NATIONAL LEVEL

Since 1900 the population of the United States has doubled but the number of persons 45 to 64 years of age has tripled, and the number 65 and older has more than quadrupled. There are now more than 15 million men and women 65 years of age and over. This number is increasing currently at the rate of more than 400,000 annually.

FINANCIAL STATUS OF OUR SENIOR CITIZENS—NATIONAL

Our elderly people have labored for nearly half a century in every phase of our economy yet they are robbed because of inflation. Two-thirds of these elderly people have incomes of less than \$1,000 per year. On that basis how can these people rent suitable housing, pay for water, lights, heat, groceries, and so forth?

HOW TO OBTAIN LOW-RENT HOUSING FOR THE ELDERLY

The U.S. Housing Act of 1959 declares that it shall be the policy in the development of low-rent housing to make adequate provisions for families consisting of elderly persons. Under the law the age requirements for admission follow the lines of the Social Security Act—65 for men, 62 for women, and 50 for disabled persons.

LOCAL LEVEL

Of the approximate 2,500 senior citizens in our city the Twin Falls Housing Authority has as tenants 55 in Pioneer Square, 28 homes, a group of attractive frame duplex structures located at Second Avenue South and Fourth Street. Because of their close in location they are ideally suited for elderly families.

Average rental per person is \$24.90, including sanitation charges, gas for space and water heating, cooking, electricity, and water. Gas ranges, water heaters, and space heaters are furnished. All household expenses in one package. A decided convenience for the elderly.

With an average income per person of \$81.40, the elderly continue to make application with the understanding that the waiting list is long and for the past 2 years there have been no vacancies at Pioneer Square.

HOW OUR PROJECT IS FINANCED

Construction costs are obtained through long-term bonds, sold to private investors and guaranteed by the Public Housing Administration. Revenue from rentals cover operating costs. Amortization of bonds, is made from rental income together with annual contributions authorized by Congress in the Housing

Act of 1949 which are available if rental incomes fail to meet the full costs. Payments in lieu of taxes are made annually to the city of Twin Falls to compensate for schools and all other public services. After the bonds have been fully amortized the project becomes the clear title property of the people of Twin Falls, Idaho.

ORGANIZATION

The officials of the local authority are commissioners, appointed by the city commissioners and serve without pay during their 5-year term of office. These commissioners are well-established citizens of the community. They are responsible for the determination and enforcement of the major policies which relate to the local low-rent program.

The executive director is appointed by and is responsible to the commissioners. He is responsible for the direct administration and execution of the entire program of the local authority according to the terms and conditions of an annual contributions contract between the local authority and public housing administration which sets up admission limits and rent schedules.

In many established housing authorities rental incomes exceed operating expenditures enabling them to operate without annual contributions. In other words these authorities are operating without Federal aid. The attached copy of the Twin Falls Housing Authority 1961 Budget will show operating receipts exceeding operating costs.

The primary purpose of this report is to better explain a community service and to stress the growing need for public housing for the elderly. The working program at Pioneer Square speaks for itself. Our waiting list definitely shows the urgency for additional housing. Statistics prove it.

PREPARED STATEMENT OF HENRY H. CROW, CHAIRMAN, TWIN FALLS COUNTY COMMISSIONERS

We wish to state that the need for care of the aged, that is, people who have passed 65 years, and do not have funds to take care of themselves is growing fast. More people are living which makes this true. We feel that this should be done from the national level. Possibly by appropriation from Congress and dispersed by the State department of assistance agencies. All residence restrictions done away with so long as the person in need is a citizen of the United States. With department of public assistance paying the entire cost of all items of subsistence, doctors, hospital, drugs, nursing homes, and so forth. The reason we think residence requirements should be waived is that so many old people are left without relatives or friends in their home communities and by moving to some other town or State they will be near someone in that category. In our county we have the department of public assistance paying subsistence, hospital care up to 14 days, two doctor calls a month and nursing home care up to \$175 per month per person with the county paying for all drugs prescribed and hospital charges for over 14 days and all charges over \$175 per month in nursing homes. This establishes a conflict in responsibilities between the different welfare agencies and the poor care for the aged. There definitely must be care provided for the aged.

We recommend that after due study and consideration that some plan be worked out to do this from the national level, as there is such a difference in the numbers and problems of the aged people in different localities and different States; therefore, it makes a hardship on local welfare departments when it is a national problem. These people are all citizens of the United States and have moved to favored communities on account of health or more favorable climate for retirement.

POCATELLO, IDAHO, *November 17, 1961.*

Re medical aid to aging.

HON. FRANK CHURCH,
Committee on Aging,
U.S. Senate.

DEAR SIR: I did not add my "quarter's worth" to the hearing in Pocatello on November 13 because it appeared that the medical association was so well represented that us plain citizens couldn't possibly have the time set aside for each to give his side of the problem.

There were several things brought out at the hearing that I wonder if they were clearly understood. The first point I want to mention, I'll say very plainly, I don't know a thing about. Yet I believe I know about as much about it as the local doctors.

No. 1. Socialized medicine: The contention of the medical association that the King bill will bring our Nation to a socialistic state, I believe we have representatives in our Senate and House who have good enough reasoning that they are not going to wreck this great Nation by trying to do something for the aging citizens. Many services we have in our cities are "socialized," if we want to call them that. Water systems, sewers, garbage disposals, and even our schools. How does any doctor know that aid in health to the aging is going to make a socialistic state out of our Nation? He thinks so because the medical association nationally contends so. I don't think so.

No. 2. Insurance: Quoting Dr. Jay Merkley, "We believe many older citizens are able to qualify for private insurance, and are entitled to have free choice of physicians without Government intervention."

Very true; some may be able to qualify, but the premium rates are prohibitive. I can speak for a retired railroader in insurance for dependents. I am attaching a folder to verify my statement. While working for Union Pacific Railroad my wife was insured with Travelers Insurance Co. for accident and health. This is the way it figures out:

	While working	Retired
Hospital room and services.....	Up to \$15 per day.....	\$8, limit 60 days.
Doctor fees.....	\$3 one call a day.....	
Hospital extras (X-rays, all tests, etc.).....	All extras paid..... After first period on a chronic disability, nothing. ¹	\$80 one period only.

¹ Travelers refused to pay for hospital trips in November and December, 1960 and February and April, 1961; about \$250.

My wife has a bad heart condition and they call that "period of disability" a lifetime. They paid the \$80 limit once for that hospital trip, and they are done. If her condition was bad enough to necessitate three calls a day, they would only pay for one call a day, but after retirement they won't pay a doctor. On other kinds of health and accidents the same condition of "protection" prevails.

No. 3. Living expense (medical): My wife draws \$51.50 a month from the Railroad Retirement Board. That is pretty good considering that I didn't have near enough service to qualify for full railroad pension. I am attaching a statement for four prescriptions from our drugstore to show you the cost of medicines. This is a 30-day supply for these four prescriptions, but she has (she said four) more, making eight in all. Her \$51.50 doesn't quite reach the limits of medicine, and she has expense of a hearing aid and tanks of oxygen in addition.

No. 4. Living expense (subsistence): I am a diabetic, my wife a heart case. Both of us are on a strict diet. I am doing pretty well on my diet, so is she, but heart attacks come quite often anyway. It is quite a problem to stay within the range of the diet, and we would not be able to do it if we did not have our own garden and do our own food preserving to stay within range. Things we can't raise are almost out of reason. Sugar and salt substitutes—what a price to pay. Enclosed is a cover for salt substitute, and I'll wager that there wouldn't be 3 cents worth of salt in quantity, yet it is priced 79 cents for the substitute. We can't buy pastry because the Idaho Department of Health has never provided recipes to the local bakery that was going to specialize in diet pastries.

No. 5. Taxes: Have been \$186 on our place because we worked like dogs to have a decent place to live. And they are on the increase. The city put in a sewer in our district, my share \$730.

All in all, in our particular case, our pensions just don't reach around because of health conditions. I still carry my employees hospital association dues, and as far as I know, I am still covered. Some day they may "chicken out" on me. While I worked for the railroad there was \$2 deducted for hospital. Then \$3, \$4, \$5. After retiring it rose to \$8. This January 1, 1962, it raises to \$10 a month. What next?

No. 3A. Hospital and doctor fees: Under No. 3 I forgot two items I wanted to mention. Hospital nurses told us the charge was \$35 for 24 hours of oxygen.

Since we have our own oxygen setup, a tank costs us \$3.25 and lasts about 40 hours. At this rate the hospital charge is \$58.40 for the same oxygen we now pay \$3.25. And for the doctor, a few years ago my wife had a bad broken wrist, the hand was turned partly around. The insurance company rate was \$25. The doctor showed me the medical association schedule to justify his \$125 charge. The insurance company paid their \$25 and I paid the \$100. And that is called insurance protection. Three years ago she broke the same wrist in about the same place. The charge was the same, and the insurance company wouldn't pay either time for the use of the emergency room to cut off the cast. One time she fell and they would not pay X-ray charges of \$25 because they were taken more than 24 hours after the fall.

In conclusion, I only hope that when some of these doctors get to be the age of some of us World War I vets they have no more income than we have now, and they have to exist on it.

Thanking you very kindly,

LEONARD W. HOOPER,
Past State Commander, Veterans of Foreign Wars.

DEAR SENATOR CHURCH: Here is what I would have said at the hearing of your subcommittee of the Special Committee on Aging if there had been time for everyone to speak:

Speaking about the health bill for the old I am in favor of such for the reason that we are not asking for something for nothing. If we could pay into it while we are young, I feel that it's like the social security, what would we do without today even if you save up a little for old age how far does it go and if you have sickness how long does it take to clean up a little savings. I don't know of a better way to keep out communism than to take care of our own people. Let us look over to Norway, Sweden, and Denmark and see how they take care of their people and I don't think they are Communist and you hear very little trouble and strikes from these countries, it's true that I am old now and won't have to pay into this health program now but how I wish I could have had to do so I now could quit worrying what may happen if I get ill or my wife, for that matter we may have a little savings but how long does it last when you get into a hospital.

I have just had a little experience lately, needed a hearing aid, it took \$300 which is another thing that needed to be looked into, how they can get that much cost into a thing like that, then I had some very severe headaches and had to have some X-rays, \$55, and some medicine, some of which cost 60 cents for one pill and then the doctor fee and my case was just a minor one, what if you get really sick, why are the doctor's so worried over this health bill, and why did they haul people into Pocatello and ask them to talk against this bill. I know and so do you, Senator, it's like one doctor said and I quote "People kick about paying \$20 a day for a hospital room but they will go to Sun Valley and pay \$40 and say nothing about it." Well, I can easily answer this. Who but the doctor can go to Sun Valley? I was there once but I certainly could not stay there. I had to sleep in my car and was lucky to have a car. I only hope that I never will get really sick, death will be a blessing rather than to worry over expenses that you can't meet but we of course are not the judge of this.

Well, Senator, I could go on and on but I am nobody and so who cares to listen to me and there is many and many more like me, we work hard all our lives trying to save a little but what chance have we when we get old. We are soon forgotten and what does it matter, new ones are born every day, but I thank you for letting me raise my voice for once, I do like to add that I am proud of your record in the Senate and hope that you will get reelected next year.

Thank you, I am,
Sincerely yours,

MAX BALLING, *Shelley, Idaho.*

DEAR SENATOR CHURCH: I don't agree with socialized medicine at all and my husband and I do not approve of it in any way.

MRS. WILLIAM THOMAS, *Pocatello, Idaho.*

DEAR SENATOR CHURCH: I am 100 percent for the passage of the King bill. Of course I think it is not enough. For instance, the pensions are much too small, a 10- or 20-percent increase would be reasonable. But I know the reactionary forces who oppose it. Therefore I am pleased and thankful to the Senators, the Congressmen, and the Kennedy administration for the urgent consideration they give to the need of millions of honest poor old people.

I was shocked by the speeches from the representatives of the Idaho Medical Association in their cynicism and brutality against older people, their outright lies about social security in general, and the pending medical care legislation in particular. I was surprised that the speakers of the Mormon Church and the Salvation Army joined these reactionaries in condemning the little social medical care the King bill can give.

Dear Senator Church, I hope you don't let us down, you are a man for the people, you understand our need. I am 72 years old, my wife is 66, we have a little home, a little savings, and a little social security pension. We get along on our shoestring, but in case of a severe sickness a big medical bill could ruin us. We were hard working all our life, we never asked for charity, we hope we can end our life in a decent atmosphere.

JOHN UNTERLEITNER, *Pocatello, Idaho.*

DEAR SENATOR: I was a little put out the way the hearing went. Of course the doctors were against it as they might lose a dollar if the old aged got medical care and was surprised at the gentleman that said it would be abused. We know some people do abuse things like that but not all. I pay for my railroad, doctor, and medicine \$8 a month the first of the year they are raising it to \$10. I had about 12 calls. I wish I could get a chance to tell them on the floor. Now my wife was kicked out of her insurance just because she got sick and no other will take her in. We are not asking for no handout but in our case medicine for her would be good. I get my railroad pension, \$152.10 and from my social security \$87 when she taken sick she taken a disability social security of \$55. This was back in 1954, when she became 65 last year, they taken her \$55 off the railroad pension which she was entitled to. She draws \$55 from social security. Now here is her medicine bill alone. I showed you these out in the hall: 1961 January, \$56.12; February, \$41.41; March, \$20.05; April, \$52.29; May, \$41.00; June, 46.11; July, \$42.55; August, \$48.15; September, \$39.15; October, \$41.48; November, \$54.45; and so far this month over \$30. Now we own our home but haven't got any money in the bank. Only a checking account, about \$80. So I think if it did not hurt the doctor and druggist too much, it would be a good thing for the old aged on social security and if it wasn't for the Republicans and a few old grouches it might pass. Now I can send these bills to you any time back for 10 years. I should of liked to of told this on the floor and if this ever comes up again let me know.

Yours truly,

A. E. SULLIVAN,
114 Gray, Pocatello, Idaho.

DEAR SENATOR CHURCH: Yes, we were in attendance, but there was not a problem brought up that explains our situation, and we're hoping that there will be some provisions made that will take care of people who are stricken as what was termed to us as the "Bleak Age." I was stricken in 1959 at the age of 54 years with two heart attacks, and 3 months after my second attack my husband was stricken with a coronary thrombosis at 60 years, which gave him a permanent disability.

Through the wonderful help of our good Senator, my husband started drawing his social security after 8 long months. His check is \$94 per month. But me—I also have a permanent disability, but I can't get help from no source, as I lacked nine quarters of having in my social security.

We pay \$50 rent; lights and water, \$12 to \$14; and medicine approximately \$20; plus \$5 each trip to the doctor's, and our fuel.

With what help our children can give us, we survive. But we feel it is too much of a burden on them, as they—only two of them—have their own families and are heavily obligated.

Let's hope you can tear the social security bill all apart, and rebuild it or come up with something new and different that will really help the needy and handicapped. I have worked on social security since 1937.

Thank you kindly,
Very sincerely,

Mrs. LIDA WOLFENBARGER,
1524 E. Clark, Pocatello, Idaho.

BLACKFOOT, IDAHO, November 6, 1961.

SENIOR CITIZENS COMMITTEE.

GENTLEMEN: I was a senior citizen when the social security started. I am now 83 years old (one of the forgotten aged). My problem is how to live after my three sons get their pension. That is going to happen within a year.

I'd be so happy to get social security and feel like the rest of those that are getting it.

Respectfully yours,

Mrs. J. D. ANDERSEN,
206 W. Center.

P.S.—My husband died in 1948.

DEAR SENATOR CHURCH: I did not testify on the afternoon of November 13 in Pocatello because of a serious speech defect due to a stroke suffered by me 5 years ago.

You remarked during the hearing that much had been said regarding the plight of the indigent, but not much about those in the middle bracket, those who had accumulated some savings and were thus ineligible for medical care under the Kerr-Mills Act. I think that I am one of this group. I receive above the average pension, \$258 per month. I have also a small income in addition to that. But if a disastrous illness overtook either myself or my wife, I could be wiped out financially in a very short time. There is a strong probability of this happening to me, because of the stroke mentioned above. I have been told by several doctors that I am almost sure to have another stroke and it may be that it would be severe enough to cripple me entirely. Thus this prospect is hanging over my head all the time. I carry health insurance, but it is very inadequate. It pays only \$10 a day for the hospital, which is not very much to meet hospital expenses at the rate of from \$20 to \$30 a day. It pays nothing for the doctor's fee.

I want to say here in rebuttal to the statements made by representatives of insurance companies that the premiums are not anywhere near adequate insurance beyond the ability of most of us to pay. Then too, being 66 years of age and in the physical condition I am, it is very likely that my policy would be canceled in the event I should have to make a claim on it at any time in the future. Also I would be unable to get any other insurance. What insurance company would accept me as a risk? I have been very fortunate so far in that I have not had any heavy medical bills to meet for the last 5 years.

This brief statement of my own case should make it clear why I am wholeheartedly in favor of the plan for medical aid to the aged for those under social security.

I am the service officer for the Veterans of World War I here. In that capacity, I am fairly familiar with representative conditions confronting people over 65 years of age. I am reminded of one case, in California, of a man who owned a modest house in addition to the one he lives in. His wife became seriously ill, which required extensive hospitalization. That is over a year ago, and when I last heard of the case she was still in the hospital. He has had to sell the house to pay the hospital and medical bills. The rent he received from this house was his only source of income except a small pension. I suppose he will become eligible for assistance after that is all gone. But what will he live on after that? He will have become an indigent, or nearly so, and thus eligible for old-age assistance. But what a fate for a man who had always made his own way, and had been industrious enough to acquire a little property.

At that meeting in Pocatello it looked like a convention of the county medical association. It was stated that older people neglected to see a doctor soon enough, thus making it more difficult and a longer treatment necessary. Why is this? Why do they do this? Because they could not afford to go to a doctor and hoped their illness would get better without medical treatment. The state-

ment was also made that medical treatment in the United States is the best in the world. But what good is that when one is unable to pay for it? It was intimated too that there would be such a heavy load placed on the doctors that they would be unable to give adequate treatment. If I am correct, the proposed legislation does not cover doctors' fees, and that the person would be required to pay the first \$90 of the cost for each illness. That would take care of that problem.

In my opinion the medical profession is misrepresenting the proposed legislation on all sides. Maybe deliberately. As I see it, it is not socialized medicine or anything like it.

The problems affecting the aging are indeed complex, and will require a great deal of hard thinking, because these people represent a cross section of all the people. What is good for one is not good for another. Speaking for myself, I can take care of my recreation and other activities. But that is not true in all cases.

Respectfully submitted.

HUGH E. IVEY, *Pocatello, Idaho.*

DEAR SENATOR CHURCH: We are very glad we attended the meeting at Pocatello, Idaho, and heard the testimonies of the people who spoke. It's true there are many receiving social security who do not need it at all. A real estate man in Idaho Falls told us he didn't need social security at all, that he had plenty to last him the rest of his life but they insisted that he take social security. We know a lot of perpetual complainers who would crowd the hospitals and doctors' offices if they could get their care free, who have plenty to pay for such services.

Such people, as the poor old gentlemen that spoke who had his operation bill over \$300 and one for his wife's cancer operation for over \$1,100 and many others, should by all means have help. We have been very fortunate to have as good health as we have but are beginning to feel our age and are not so well any more. My husband is 79 years of age and I am 73. His social security check is \$40 per month and mine is \$69 per month. He started paying social security from the beginning and he didn't apply for social security until he was 68 years old. We were greatly surprised and disappointed to learn that ——— Construction Co. and ——— Construction Co. for whom he worked as a carpenter in 1937 and 1938 had held out social security on him but had never turned it in. That's why his check is so small. If we could only have our checks increased so we could have something for doctor bills and medicine.

We don't want charity and we have no patience with lazy people, and those who spend their money for liquor and tobacco and such when they cannot afford it.

We have a house and lot only, a humble home but comfortable; our taxes are going higher all the time as well as fuel and utilities. We raise a garden and can all our vegetables and fruits and do everything we can to help ourselves.

We are home-loving people and our recreation is going to church and in church activities.

It seems to us that something should be done about the high cost of hospitals, medicine, and doctors' charges as well as the high cost of living if it's possible.

All we ask is that our checks be increased so we can pay for the care we need and not go in debt.

My husband's name is Otto Brower, age 79 years, social security No. 519-01-4092; amount of check, \$40.

My name is Alice S. Brower, age 73 years, social security No. 519-18-6449; amount of check, \$69.

Yours very truly,

Mr. and Mrs. OTTO BROWER, *Route 2, Blackfoot, Idaho.*

DEAR SENATOR CHURCH: I am sending clipping I cut out of paper on VA office being discontinued in Pocatello, I can't see as that would be beneficial to the veterans or make it cheaper to operate, as I understood at the hearing a man would be sent here every week.

As to social security, many of the older people have no social security at all; how are the people in that category going to be helped, many of them have

almost enough quarters to draw the minimum social security. I myself lack five quarters and no one will hire a man of my age, how are we going to get the quarters in?

I am retired from Government service on disability.

I think there should be a ceiling on groceries and clothes.

ERNEST M. CLARK, *Pocatello, Idaho.*

DEAR SENATOR CHURCH: I feel that a problem certainly exists in making provision for certain problems of the aging. However, my concern lies in the fact that we'll have to be extremely prudent and resourceful if we are to conquer this problem within the realms of financial reason.

As you well know, social security itself is far from being self-supporting. Possibly it looks good now with the surplus it seems to enjoy but to project just the payments to those now receiving benefits will see this surplus depleted several times over.

The projections mentioned above do not in any way include the great amount to be paid to those millions who are currently contributing with the hopes of having security for premature death or inevitable old age. It just may well be that unless we plan properly and sanely we will destroy the social security system and dash the hopes and basic security it holds for so many.

I am certainly in sympathy with a program that is sound financially and has benefits designed to give a minimum of security to each citizen in such a way that it does its intended job and is not greatly abused. It is my belief that beyond that minimum security it is the individual's duty to provide in his own way that standard he would wish to enjoy come what may.

It is my fear that we can discourage initiative and private endeavor by overtaxing for the ultimate in security. I doubt that it will ever be possible for the Government to be all things to all people and we could ruin ourselves trying. I have observed county aid programs and I am intimately acquainted with the insurance industry and neither of these agencies have let the indigent down when a person truly has tried in one form or the other. There is nothing degrading about the county programs and while they may be pinched to do it, they get by and I cannot see the great problem that is said to exist except in those few who have not had foresight or desire to acquire that help and security which is available to them through self-sufficiency or at least county aid.

I feel that the program needs considerable study and I certainly hope you won't catch yourself pushing a program that could eventually destroy rather than elevate the agency it is hoped to broaden.

"There is nothing radical about the slogan of 'peace, land, bread'; dogs and man alike want peace, land, bread, and always have. Equality, rights, and consent are radical."

Just a thought—with support of the 16 percent of Idaho's (or the Nation's) older people and with the support of the personnel and operations of the Federal, State, and local governments as well as all the other agencies and social welfare bureaus in all levels, it becomes very likely that each American is supporting at least one other American—where will it stop? Can it be done indefinitely? Where will the next demand come from (the young man with four children and a beginner's salary)? Can we keep it up?

The foregoing is just to give you food for thought, not discourage you. I feel that enough of the proper things can be done if our governments take more fiscal responsibility and exact many of the great economy measures open to them without seriously affecting necessary operations. Is it not possible that even our income tax program has gone beyond the point of efficiency due to many people rebelling at the burden—the great addition of personnel to close the loopholes may have to go some to pay for themselves even if they have the satisfaction of stopping evasion.

Good luck to you in your endeavors in behalf of the subject of these hearings. I hope you are able to (with your colleagues) come up with a reasonable and efficient answer to what you are searching for. I hope also that political aspirations and patronage will not enter into the considerations and that sound judgment will prevail.

In fact, if there ever was a time when political ambitions and the needs of the people could be augmented simultaneously, it is now with a good budgetary broom that would do away with "clutter, cobwebs, and dirty corners." This is perhaps a bit radical to suggest but if it is done properly and sold properly, it

should please everyone, even the unions (who, of course, don't like to see jobs abolished). The great savings could give tax relief and thus more buying power to put many people back to work or it could allow money for government services needed worse than many now provided, or both. If we'd look as hard for ways to save money as we do for ways to spend it, I'm sure we'd be much better off. We might surprise ourselves and balance the budget and you sure wouldn't alienate the taxpayers and almost everyone who can vote is one (directly or indirectly).

Economy and efficiency is the real challenge, it seems to me, in this day and age when the popular thing to do seems to be to try to please everyone through some government consideration. The dynamism of America has been based on each individual trying to make his own place and security, but if the Government is going to take that responsibility from him and in turn tax him so heavily that it discourages his desire to progress (and isn't this true in the grading of income taxes), then we are certainly making an effort toward mediocrity. Basic security in an efficient government—fine. But please remember Patrick Henry probably had that when he declared that it meant nothing and death was welcome if there could not be liberty. Let's not sell our birthright for a mess of pottage. Frank, you and even the Kennedy family are fine examples of what a man can become here on his own and how a person can use his abilities and money for what he believes in. You gentlemen have been placed in a position of trust to guard these freedoms and opportunities for those Americans yet to come. I hope you will accept the challenge.

GEORGE V. HANSEN,
1129 Meadowbrook Lane,
Mayor, Alameda, Idaho.

DEAR SENATOR CHURCH: This letter is written that there may be such written expression of my opposition to the proposition of Federal aid for the aging by means of any new Federal legislation which is other than that extended by and through and with the States and the public assistance program. Local administration is the only reasonable action.

I am of the determined opinion that the Federal Government should relieve the States of many of the restrictions now imposed on such aid, as for example the work requirement. Further a "corpus of the estate" requirement should be instituted to avoid the many frauds now perpetrated by recipients of such DP aid.

I am certain that the veteran should not be compelled to become a recipient of DPA assistance and that the veterans' legislation should make available pensions in all cases of need and necessity for veterans not more liberal than DPA assistance but wholly separate from DPA and wholly administered by the Veterans' Administration when freed by actual law from the whims of the current political administrations at all times. All such funds should be Federal for the veteran.

If Federal aid is to be given for hospital and medical care to the aged then some means must be found to stop the continuing and constant increase in charges and fees by both hospitals and the medical fraternity in total. We, who have medical and hospital insurance and can pay the premiums find that the costs rise higher and higher each succeeding month and that it is impossible to keep up such insurance in benefits by reason of the increased premiums for we who have attained the 65 and over age group. The most ostentatious living and expenditures are practiced by most of the medical fraternity in this State.

A threat of very high license fees based on earnings and Federal supervision of all licensing of authorized hospitals and medical practitioners might bring these money-mad groups to terms.

JAMES C. BANGS,
920 E. Lovejoy,
Pocatello, Idaho.

NOVEMBER 11, 1961.

Senator FRANK CHURCH,
U.S. Senate Hearings on Aged,
Pocatello, Idaho.

DEAR SENATOR: I am a retired employee of the Union Pacific Railroad. My age is 80. I have one child, a married daughter, residing in Spokane, Wash. I have maintained my Railroad Employees Hospital Association insurance through monthly payments. I receive \$90 monthly as a pension—my only source of income.

Four years ago I became ill with lymphosarcoma of the stomach. I was treated through my benefits from the Railroad Hospital Association until such benefits expired. On announcement to my physician that I myself would be responsible for my care and that I had no means for paying my way, I was assured that I need not worry and that he expected only my devotion to self-care. He has since, for over 3 years, continued to see me regularly without charge and frequently asks if I have enough money for medicines and food. He recently contacted me at my YMCA room to remind me of a forgotten appointment at his office.

I cannot agree with those who feel that physicians are heartless or mercenary. Nor could I ever vote for legislation which would destroy the present patient-doctor relationship. I am opposed to Federal control of medical plans for the aged such as is proposed by the King bill.

Yours truly,

THOMAS E. ALLEN, YMCA, Pocatello.

NOVEMBER 8, 1961.

SENATE HEARING,
Post Office, Pocatello, Idaho.

DEAR SIR: Following is my problem:

I was discharged from the Navy Supply Depot, Ogden, Utah, for disability in 1959 after receiving a superior award. I applied in the Pocatello employment security office for unemployment, and was told that I was ineligible because I received \$64 per month from civil service disability retirement and \$44 per month from social security. Social security claims that when you become 65 years old it does not make any difference if you are disabled or not. Therefore, the unemployment office claims that I am not entitled to disability benefits. Is disability retirement payment figured as wages? They tell me that I did not make enough wages in Idaho to qualify and that I cannot draw on the extended employment bill until my Idaho benefits are exhausted. By that time the extended bill will be out.

I don't think that my disability retirement should be considered as wages. I believe that social security should recognize my disability so that I would be eligible for the benefits. Is there any way to get an answer to this. Am I entitled to disability preference. I have 40 percent war-service-connected disability.

Very truly yours,

JOHN E. BEDDOES,
705 E. Bonneville, Pocatello, Idaho.

P.S. I will try to attend the meeting.

NOVEMBER 4, 1961.

DEAR SIR: I am writing to you, because of an article in the November 1 Post Register. It pertains to the older citizens of this part of the country.

I will be 80 years old February 14, 1962, 3 months from now. I have been a widow for 21 years, and so far as I know, have never received what is called a pension, exemption, or a widow's paycheck of any kind.

I have no right to social security because we owned a mercantile store before this law was adopted. We carried no insurance on same.

My appeal is this: I own a dry farm, of nearly a thousand acres. I am allowed only a little over 200 of those acres to raise wheat. And yet, although this is my only source of income, I have to pay over a thousand dollars taxes. Because of this, my surplus has dwindled and I have to borrow from my bank, a few hundred dollars to see me through the year.

Our wheat crop was short this year. The average was about 14 bushels per acre. My share of the money received from this year's crop was a little over \$2,000, a thousand less than last year.

If I could have a little income coming in every month to take care of my electricity, water, fuel, etc., I could get along very well.

Would it be possible for me to get a widow's pension or a cut in my taxes on the land we can't use? I own my own home, and am using part of it for an apartment. I cannot depend on it bringing me money every month, because people move from place to place because of their job.

I hope you will take this under consideration. I am not able to attend the meeting in Pocatello this month.

Thanks kindly.

P.S.—I have lived in Iona 64 years.

MARY L. HANSEN, *Box 196, Iona, Idaho.*

LAVA HOT SPRINGS, IDAHO,
November 11, 1961.

Senator FRANK CHURCH.

Representative RALPH HARDING.

DEAR SIR: In answer to your invitation to attend a certain meeting in Pocatello the 13th of this month for the purpose of presenting our problems that are before us now, since I have retired and am receiving social security benefits for myself and wife and stepson, Delos Campbell, age 17. We hope to be able to attend that meeting and, that you may understand our problems better, I am writing them out in this typewritten letter as follows.

My 69th birthday will be on the 26th of March 1962 and I retired from civil service on a disability benefit the 9th of May 1958 to the amount of \$34 per month less \$3.50 per month for a special medical insurance that may permit me to have some medical attention, that I took out recently. But I do not have any insurance on my wife and stepson since the Idaho Mutual went haywire and we were forced to drop them as the premiums were going too high.

Now here is the problem in part that I wish to present to our lawmakers.

The social security checks that my wife receives for herself and her son, Delos, amounts to \$105 per month the same as my social security check, but the way I understand it theirs will stop as soon as Delos becomes 18 which will be the 12th of April 1962; and my wife is not able to work for wages as she is not well and she is handicapped and the two of us cannot live on my checks after Delos becomes 18 and will have to make his own from there on. My wife is 56 but disabled for work.

I have no income to speak of outside my annuity checks as mentioned above, as I am not physically able to work more than a few hours a day and then I suffer from different ailments and need at least three different operations; in other words, I just don't seem to be able to cut the mustard any more, as the old saying goes.

Sincerely yours truly,

AARON W. WILSON.

P.S.—If my wife's checks could continue after Delos becomes 18, and his checks stop, it would be a lot better.

NOVEMBER 13, 1961.

U.S. SENATE COMMITTEE ON AGING,
Idaho State College, Pocatello, Idaho.

DEAR SENATORS: Having recently had firsthand experience with a case handled under the Kerr-Mills law in Blackfoot, Bingham County, Idaho, it is my observation that the medical and hospital bills of the aged are being taken care of in a very satisfactory manner here in Idaho.

An aged widow, living next door to me, became acutely ill and consulted her physician several times but continually became worse. The physician suggested hospitalization but the patient refused because she knew she could not pay for it.

The physician, knowing I lived close, called and stated it was necessary to get the patient to the hospital and suggested the patient apply under the terms of the Kerr-Mills law for financial assistance.

This was done, the patient hospitalized for a week, and then returned to her home. In addition to the help given the ill patient by the physician and the hospital, the aged widow was also greatly helped mentally, knowing that her medical and hospital bills would be paid in the future, which had always been a great worry to her, as this particular widow is almost blind and has no close living relatives.

This program, it is believed, is being administered in Idaho very well and as it comes into further usage it is going to be of great benefit to those with low incomes and financial resources.

Contrary to the charges which have been made to the effect that applicants are required to take a pauper's oath to qualify under this law, this charge is entirely unfounded and did not exist in this particular case. Those having low financial resources and incomes can be and are actually being qualified for assistance under this law without the taking of such an oath as a pauper.

One change might be made, and that is in reference to drugs. It is my personal opinion, that where the financial resources and income of an applicant is very low, then all or a portion of drug bills should be paid, because in some instances such medication can run very high; however, most applicants can pay for drugs when all other medical bills are paid.

This law, it would seem to me, is much superior to the proposed social security bill, as it is helping those with low income and financial resources who actually need help, and not those who have ample resources to pay their own bills.

The social security system is now loaded with additional awards not in the original laws; so it would appear that if this medical aid to the aged is added, then the system is going to fail financially.

Respectfully submitted.

ARCHIE A. KENNEDY,
32 North Broadway, Blackfoot, Idaho.

BLACKFOOT, IDAHO, November 11, 1961.

U.S. SENATE SUBCOMMITTEE HEARINGS,
Pocatello, Idaho.

GENTLEMEN: I am hereby registering my objection, as a private citizen and elector of this State, to the proposed Senate bill for assistance to the aged by tacking the costs thereof on the social security program.

It appears to me that the workers, most of whom are young men and women, and their employers should not be burdened with such an unusual expense. Assessment of a class or classes for the benefit of another class is, in my judgment, un-American, unjust, and inequitable, and perhaps unconstitutional. At least it taxes a certain class for the benefit of another class without the consent of the taxpayer.

If some means must be found for the purpose in mind, it seems to me the proposed procedure will eventually lead to a social state or even worse.

Yours very truly,

J. H. ANDERSEN,
387 S. Shilling.

SACRED HEART HOSPITAL,
Idaho Falls, Idaho.

Although there are no statistics to prove that there is either dire need or no need to implement medical care for the aged in this area, it is certain that any plan which infringes on the freedom of the citizens of this country cannot be approved by the American people.

Attaching medical care benefits to the social security system is tantamount to destroying a liberty while conferring a dubious benefit. The American people must be allowed the privilege of further exploration of needs and solutions to this problem before any plan with such far-reaching consequences be decided upon.

SISTER JEAN MARIE, *Administrator.*

NOVEMBER 13, 1961.

Senator FRANK CHURCH,
Representative RALPH HARDING.

GENTLEMEN: I am not in favor of compulsory health insurance. Neither do I feel it is an obligation of the Federal Government to take care of everyone.

I believe the Federal Government should only help people or segments of the population to help themselves, and not by force. Individual freedom of choice should be protected, not jeopardized. Present law (the Kerr-Mills bill) fulfills governmental duty in the field of medical care for the aged. I urge giving this bill an opportunity to work before any additions are made.

Yours very truly,

RICHARD F. POTTEVIN,
180 Tautphaus Drive.

IDAHO FALLS HOSPITAL,
Idaho Falls, Idaho, November 10, 1961.

SENATE HEARINGS COMMITTEE,
Pocatello, Idaho.

DEAR SIR: It is with deep concern regarding medical care for the aged that I express my beliefs. The elderly citizens of Idaho Falls are at present being very adequately cared for regarding their medical needs. The medical profession, hospitals, nursing homes, county, and department of public assistance have all contributed their efforts for better medical care for the aged.

The Kerr-Mills bill has assisted those who otherwise perhaps could not have adequate medical care. When needed, an extension of the Kerr-Mills program will continue to adequately care for the needs of our elderly citizens.

The Anderson-King bill becomes a poor substitute for the methods now used and the quality of care given. Our Founding Fathers gave their lives to establish a free government to serve the people rather than make welfare puppets of the people.

Any government that is big enough to give you everything you want is also big enough to take everything you have got.

I urge with all my strength that we do all in our power to retain the free and private practice of medicine for all our citizens.

The social security program is filling a great and important need at the present time. Let's not jeopardize the social security program nor disrupt the free practice of medicine now existing. To defeat the Anderson-King bill will be an added safeguard to the liberty and principles of a free democratic state.

Yours truly,

GRANT C. BURGON, *Administrator.*

PREPARED STATEMENT OF THE IDAHO FARM BUREAU FEDERATION, PRESENTED BY
 LEWIS F. LEPPER, LEGISLATION AND RESEARCH DIRECTOR

The Idaho Farm Bureau Federation, which represents 12,250 member farm families in 27 organized counties, is a voluntary general farm organization. Members join voluntarily and voluntarily decide each year whether or not they wish to continue their membership.

Farmers' opposition to compulsory health insurance in any of its various forms is of many years duration. The American Farm Bureau Federation, of which the Idaho Farm Bureau Federation is a member, clearly expresses itself with respect to the medical care of aged at the convention in Denver in December of 1960 in the following resolution:

"Social security programs should be designed to supplement rather than replace individual thrift and personal responsibility. The increasing cost of liberalized benefits are becoming a serious financial burden. We, therefore, recommend that existing programs be modified so that they will require no further tax increases.

"Social security taxes should not be increased to pay medical costs for any portion of the population. The need for medical insurance should be met by expansion of existing private insurance programs without Federal subsidy."

We are opposed to H.R. 4222 for the following principal reasons:

(1) It transfers to an already overcentralized, overobligated Central Government responsibilities that can and should be dealt with in other and better ways. The financing of medical care is essentially a responsibility of the individual and the family. If such needs cannot be met by the individual—either through private savings or through prepaid private health insurance—and if the members of his family are unable to assist him, then church and private welfare agencies have a role to perform.

In the relatively limited number of cases that cannot be satisfactorily dealt with by individuals and through private agencies, participation by local or State government is justified.

As a last resort—and only to share in the medical costs for the medically indigent—should the Federal Government enter into the financing of medical care for individual citizens. The Kerr-Mills bill, enacted into law in 1960, already provides this type of aid.

The bill now under consideration, H.R. 4222, would have us abandon the traditional concept that medical care should be provided without cost only to those who lack the means to pay for it themselves.

Individual responsibility and family responsibility are cornerstones of the American way of life. We are not in favor of adopting a proposal to put a statute of limitations on individual responsibility and family loyalty.

(2) Financing medical care for the aged through the mechanism of social security would not provide "prepaid insurance" in the usual meaning of the term.

Instead, this is a bill to compel workers, employers, and the self-employed to pay taxes to enable the Federal Government to purchase health care benefits currently for millions of participants over 65 years of age whether they are financially in need or not.

Those paying social security taxes would not be prepaying for their own benefits; instead, they would be paying taxes for today's beneficiaries. Millions who have already retired would receive medical benefits without having contributed a dime toward payment of such benefits.

There is no contractual relationship established. Social security taxpayers must live to age 65 to receive any so-called benefits under the proposed legislation.

(3) Enactment of this legislation would lead to Federal control of medical care.

Both experience with other government programs and simple logic reinforce this conclusion.

The courts have clearly established the principle that the Federal Government is authorized to control that which it subsidizes. It is naive to proceed on any other premise.

This bill provides for hospitals to furnish outpatient diagnostic services under contract with the Federal Government. This presumably would require that hospitals employ doctors. Furthermore, it appears that a patient desiring such diagnostic service would be required to utilize the services of a doctor employed by the hospital rather than his family physician. Otherwise, he would not be eligible for the service.

We think it is important to remember that, unlike other social security benefits that are paid in cash to be spent as the receiver wishes, this program provides medical services to be paid for by the Central Government itself.

(4) While originally applicable only to those 65 years of age and older, the proposed program most likely would spread to other age groups if the principle is adopted.

If the initial age is 65 and over, why not 62 and over, or 60 and over, etc.?

(5) The plan would be very costly and the costs would increase sharply over the years.

In Great Britain, for example, for the fiscal year ending April 1, 1961, the figures indicate that the National Health Service cost \$2.2 billion, which is up 13 percent from the previous year and nearly double the figure for the 1949-50 fiscal year. The spending for this program the past year accounts for about 14 percent of all Government expenditures in Great Britain. There are conflicting estimates as to what the cost of H.R. 4222 might be. Our experience with other Government programs would indicate that the costs are usually grossly underestimated.

(6) The need for this legislation is not nearly as great as is pictured by its proponents.

This is not to say that there are not any problems in the field of medical and hospital care. We in Farm Bureau have been especially conscious of various problems in the field of rural health.

We recognize that there may be instances where governmental assistance in meeting the problems of medical care are justified. This is especially true when prolonged illnesses or emergencies occur. However, this is not true so far as a high percentage of our citizens over 65 years are concerned. Competent studies show that—

(a) Many people over 65 have substantial incomes.

(b) Many of them own their own homes or have substantial investments.

(c) Their costs are lower than those of most families.

(d) Their family obligations, such as raising children and paying for their education, are less than in former years.

(e) Most of them are covered or could be covered by private medical and hospital plans.

(7) H.R. 4222 would lead to the decline, if not the end, of private health insurance, which has made such great strides in recent years.

The percentage of persons who are providing for their own hospital care through private insurance is constantly rising. It has come from 9 percent in 1940 to 50 percent in 1950 to over 72 percent now. In a similar manner, private health insurance coverage for the aged has moved up from 26 percent in 1952 to 40 percent in 1957 and nearly 60 percent now. According to estimates of the Health Insurance Institute 75 percent of those over 65 years of age needing and wanting private health insurance coverage will be covered by 1965 and 90 percent by 1970. These estimates, of course, are based on the assumption that the Federal Government will not interfere with the orderly growth of private health insurance.

(8) This proposed legislation would jeopardize the high quality of medical care.

It's one thing to recognize that there are problems in the health care field. It's quite another thing to adopt proposals which would make the situation worse rather than better.

So far as the Farm Bureau is concerned, we would rather build on the solid foundation of our past success than adopt a philosophy of government and a system of medical care which, on the basis of the record, are not as good as the one we now have.

The most important single thing which the Congress of the United States can do for the people on fixed income—whether they are over 65 or not—would be to deal effectively with the problem of inflation. This means reducing Government spending—and the increased costs which inevitably follow—either in the form of higher taxes or inflated prices.

Inflation is a creeping cancer that destroys the value of savings, pushes costs upward, discourages capital investments, produces unemployment, and undermines confidence in our Government. Inflation is very much like a tax—a very cruel tax—especially on those least able to pay. And it is especially cruel to those for whom this legislation presumably is designed.

Farm Bureau members haven't succumbed to the delusion that there's some new magical way by which the National Government can solve the essentially personal problems of its citizens. Instead of going on in search of the pot of gold that is supposed to be found at the end of the "big-government rainbow"—but which isn't there—we are in favor of building a greater America on the firm foundation of our unparalleled success thus far. In doing so we sincerely believe we promote progress and protect freedom—in America and in the world—for this generation and the future.

We respectfully urge the rejection of H.R. 4222.

Thank you for your courtesies and kindnesses at all times.

NOVEMBER 13, 1961.

DEAR SENATOR CHURCH: This is a most critical time for our U.S. Government. I feel we have as much danger to our democracy from within our own country as we do from world powers. Our present trend toward socialism is most alarming. A nation only thrives when its people can be independent and make their own decisions and work at their own problems. Socialism destroys a man's initiative and makes him weak.

Compulsory medical care for the aged as proposed by the Forand bill or King bill would:

(1) Put the control in the Central Government, which is socialistic.

(2) Cost for administration would be so great—the health dollar would be very ineffective.

(3) As in nations throughout the world, our health program would decline. You might say our plan is different but in principle it is the same—and soon more and more groups would want Federal aid to pay their health bill.

(4) The Federal Government would be paying the health bill for well-to-do people.

(5) Our taxes would increase so much we would lose more of our independence than we already have.

(6) The Kerr-Mills law should be given a chance, keeping more control in the State and less in the Federal Government.

I am opposed to so many controls by our Federal Government—and feel we should give the power to the States—forming a stronger democracy and getting away from this socialistic trend that could destroy our country.

Sincerely,

ALICE B. JONES.

NOVEMBER 13, 1961.

To Whom It May Concern:

The Idaho Falls Medical Society wishes to go on record opposing the trends toward socialistic medical legislation. We firmly believe that our older people are being adequately cared for under the existing programs and that no one is being denied adequate medical care.

We believe further that it would improve the present status of medical care for the aged to have more adequately staffed rest homes because of the great need presently existing for these facilities.

W. L. NIELSEN, M.D.,

1548 South Boulevard,

Secretary, Idaho Falls Medical Society.

AN OPEN LETTER TO SENATOR FRANK CHURCH

The majority of the Idaho Falls Medical Auxiliary wishes to go on record as being against any compulsory medical care financed through social security taxes.

This legislation is unnecessary because all older citizens of this State will be adequately cared for under the Kerr-Mills law, and any further legislation is socialized medicine.

Mrs. J. D. DAVIS,

President, Idaho Falls Medical Auxiliary.

HAMMOND MUSIC Co.,

301 Park Avenue,

Idaho Falls, Idaho.

HON. FRANK CHURCH :

We are definitely against any Federal aid for the aged.

The Kerr-Mills bill is sufficient and there is no need for anything else.

Sincerely,

Mr. and Mrs. OWEN H. HAMMOND.

POCATELLO, IDAHO, November 9, 1961.

SENATE HEARING,
Care of Postmaster,
Pocatello, Idaho.

DEAR SENATORS: I am 80 years old. I feel that I have had very fine medical care in the past from my physician and hospitals.

I am satisfied with the present relationship concerning the medical profession and do not wish to see it changed by Federal control, or interference by the Federal Government.

Therefore I am opposed to the King bill and similar type legislation.

Thank you.

EDITH D. WALKER,

852 W. Center Street.

NOVEMBER 10, 1961.

Senator FRANK CHURCH,
Pocatello, Idaho.

DEAR MR. CHURCH: In regards to health and medical care for senior citizens at meeting, Pocatello, November 13, 1961, I think that all citizens that are getting, for instance, \$40 per month or more under social security, should be willing to have deducted out of what they are receiving, a certain percentage, whatever would be necessary, for a health and medical fund in accordance with what an actuarial study would determine was necessary.

It is my opinion that all senior citizens receiving social security of \$40 or more per month would be willing to have deducted from their allotments whatever was necessary to help establish and maintain this fund for their security through the health and medical plan.

I feel and I am of the opinion that many others would be agreeable to help and pay for the benefits to be derived therefrom. Therefore, I hope you and others will give this suggestion your thoughtful consideration.

Yours very respectfully,

ROBERT E. OLDS,
715 South Fillmore,
Jerome, Idaho.

POCATELLO, IDAHO, November 13, 1961.

SENATE HEARING ON AGING,
Idaho State College:

I am a civil service retiree with 38 years and 7 months credited service with the U.S. Forest Service.

During the current and past 2 years my wife and I have had over \$3,000 expenses for doctor, hospital, and dental services. As we get older our medical expenses increase, and inflation erodes the buying value of our civil service annuity.

I am vitally interested in legislation applying to retired civil service employees. Of especial interest are the following pending bills:

1. *General annuity increases*.—H.R. 3316 by Representative James H. Morrison and related companion bills.
2. *Pre-1956 annuity equalization*.—H.R. 3314 by Representative Morrison; H.R. 3298 by Representative John Lesinski; and H.R. 7453 by Representative James A. Burke.
3. *Relief from Federal income tax*.—H.R. 6371.
4. *Survivor benefits*.—H.R. 565 by Representative Byron G. Rogers and companion bills.
5. *Credit for extra long service*.—H.R. 3313 by Representative Morrison.

ROBERT B. JOHNSON,
704 South 19th Street.

ARCO, IDAHO, November 13, 1961.

Senator FRANK CHURCH,
Idaho State College, Pocatello, Idaho:

We strongly oppose the King bill and favor Kerr-Mills proposal.
Sincerely,

J. C. REINES, M.D.
R. F. BARTER, M.D.

MALAD CITY, IDAHO, November 13, 1961.

SENATE COMMITTEE ON AGING,
Student Union Building, Idaho State College,
Pocatello, Idaho:

From experience in England we hope your country doesn't make the same mistake. We hope all phases of socialized medicine will be eliminated so that we may enjoy the excellent medical service in the future that we have had in the past.

LAWRENCE JONES,
T. D. JONES,
MANILA NICHOLAS,
CLYDE HANSON,
A. E. HARGRAVE,
D. PARRY JONES,
W. J. BYRD,
VERLIN M. ALLEN.

ARCO, IDAHO, November 13, 1961.

Senator FRANK CHURCH,
Care Idaho State College,
Pocatello, Idaho:

I oppose the King bill.
Sincerely,

HARVEY HELDERMAN,
Mello-Dee Club and Steak House.