

# PROBLEMS OF THE AGING

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

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**Part 7.—Boise, Idaho**

NOVEMBER 15, 1961

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Printed for the use of the Special Committee on Aging



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Part 2.—Trenton, N.J.  
Part 3.—Los Angeles, Calif.  
Part 4.—Las Vegas, Nev.  
Part 5.—Eugene, Oreg.  
Part 6.—Pocatello, Idaho  
Part 7.—Boise, Idaho.

Part 8.—Spokane, Wash.  
Part 9.—Honolulu, Hawaii  
Part 10.—Lihue, Hawaii  
Part 11.—Wailuku, Hawaii  
Part 12.—Hilo, Hawaii.  
Part 13.—Kansas City, Mo.

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## PROBLEMS OF THE AGING

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WEDNESDAY, NOVEMBER 15, 1961

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

The subcommittee met at 10 a.m., pursuant to notice, in the auditorium, YWCA Building, 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; Mr. Keith Jaques, staff member representing the minority.

Senator CHURCH. The hour of 10 o'clock in the morning having arrived and indeed having passed, this meeting of the Senate Special Committee on Aging will 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 some 30 cities throughout the United States between October and 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 that which I held on Monday in Pocatello is important to all of us. We are making a record to be carried back to Washington, D.C., about 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 the Congress. We have made a real effort to avoid duplicating the record made in Pocatello on Monday by scheduling a number of State officials for the hearing today.

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

This hearing provides a chance for our local people to participate in the lawmaking process of our Government. Today is Boise's opportunity to present the facts about its 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 placed before the U.S. Congress and its committees. I hope that what the hearing record brings out about the role of State agencies in the field of aging will be given similar consideration by the State government of Idaho.

Since the Senate committee under the chairmanship of Senator Pat McNamara held field hearings in seven cities 2 years ago, a great deal of new information has become available concerning the older population. On the State level, the Governor's Conference on Aging was held last year, and in January of this year, the White House Conference on Aging brought together experts from all over the country. From both these conferences and study groups held in connection with them have come a wealth of data.

The Committee on Aging has analyzed the 1960 census statistics, new economic data, and recently available health information in terms of the position of the aged in American society and their problems in 1961. Today, we will be concerned with the needs of older people in Idaho, as distinguished from the Nation and from other States. We hope to bring the facts about Idaho's older people to the attention of people in Washington, D.C., so that the laws made there will serve our people, as well as those in States where the picture is different.

Here with me today, on my right, is 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 Mr. Keith Jaques, a representative for the minority staff on the committee.

Now, before we begin this morning, I would like to say that we have received late requests to testify from a number of sources, and we find that we have more requests than we can accommodate during the morning session. We accepted the witnesses on a first-come, first-served basis, and we became confronted with the problem of having more witnesses making late requests than we could accommodate within the time limit set for the hearing. On that account, we have asked that the latecomers present written statements, if time does not permit us to hear them during the morning session today, and in order that there may be no misunderstanding concerning this, let me specify who some of these late request witnesses are. One request was from Mr. Harter, president of our Nursing Home Association. Mr. Harter had testified at Pocatello, and I assured him that we would be delighted to accept further written testimony from him for inclusion in this record. Another request was from Dr. Forney representing the Idaho Society of Internal Medicine. Dr. Forney was advised that we have also received testimony from the internists in Pocatello, but would also be happy to accept for our record a further statement from him. We also had to refuse representatives of eight separate labor unions who requested to be heard very late. We have assured them that we would be happy to accept their testimony in written form. I want to make it clear that, if we can hear from all of those witnesses that we have scheduled for this morning and if there is any further time available to us, those who have made late requests will be accommodated as well, so that they may have an opportunity to present oral as well as written testimony.

Now, this afternoon, we have planned an open forum session for senior citizens, who may not have had the opportunity to prepare written formal statements, but who want to appear and speak their own particular problems and to bring to this committee their own particular case and experience. This is the only way that we have to know exactly the nature of the problems that do face our older people, and that will be the purpose and objective of the afternoon session.

I would like to make one further matter clear because I think that our session in Pocatello may have been based upon some misconception as to the function of this committee. We had there and we have scheduled today several members of the medical association, doctors. At Pocatello, a score of doctors appeared and testified against the King bill. That bill is not before this committee. This committee has no jurisdiction in the matter of the King bill, nor any related bill. This committee is endeavoring to assemble all of the facts in our contemporary life affecting our older people, not only with respect to the question of medical care, or problems relating to it, but with respect to housing, with respect to retirement income, with respect to any other aspect of life as it faces the older people today. We want to accumulate as much data as we can in order to appraise it and organize it and present it to the Congress, so that legislative committees that are dealing with specific legislative proposals will have the benefit of this factual information. I think that that explanation should be made in order that all the witnesses can understand what it is we are trying to accomplish through these hearings.

Now, our first witness today is Mr. Bill Child, who is commissioner of the State department of public assistance. Mr. Child, would you come forward, please? We have a witness table up here for you. Let me say that Mr. Child is a native of Idaho and has lived here practically all of his life. He has been commissioner of public assistance since 1947; following a period of service in World War II, he was head of the public assistance agency, holding the position then known as director of research and statistics. He has held several occupational jobs with the First National Bank in Boise for a number of years.

Mr. Child, we want to welcome you this morning to the committee, and we are very pleased to have your testimony.

#### **STATEMENT OF BILL CHILD, COMMISSIONER, STATE DEPARTMENT OF PUBLIC ASSISTANCE**

Mr. CHILD. Thank you, Senator. Mr. Chairman, members of the staff, ladies and gentlemen, the time I had scheduled for preparation for this committee meeting during this past week was preempted by a nasty little virus, and so I must apologize to the committee for not having a prepared statement.

I think, in order to give some insight to the program of the department of public assistance, which concerns itself with older citizens, some comparative statistics over the last 20 years would be helpful. The population, in the first place, of persons aged 65 and over in Idaho from 1940 to 1960 increased 83.4 percent. This is interesting to me because, in my early years in this business, going back to 1936, I heard Ewan Clague predict that the population of those age 65 and over in the Nation would multiply every 25 years, and this has come to pass. The increase of that population in the last 25 years, based on estimates of 25 years ago, has increased in Idaho 103 percent.

Now, in the State of Idaho 20 years ago, we were paying old-age assistance to 8,933 persons, which represented 28 individuals out of each hundred persons aged 65 and over. Twenty years later, in June

1960, we paid public assistance to 7,307 older citizens, which represented 12½ persons out of each 100 of the old-age population.

Senator CHURCH. Bill, may I interrupt as you go along in order to ask a question or two that occurs to me? You say that today you actually have fewer persons on public assistance in the old-age category?

Mr. CHILD. Less than one-half.

Senator CHURCH. Than you had 20 years ago?

Mr. CHILD. Yes.

Senator CHURCH. Is this because today many of the older people have retirement income through various plans, such as social security plan, whereas 20 years ago they did not? Would that account for the fact that we have fewer today, despite the growth in the number of old people and the growth of our population?

Mr. CHILD. Retirement income through social security and a number of company or industry pension plans that have emerged during the past 20 years. It's hard to measure the actual effects on the retired population of the elevated level of economic well-being, but this is an intangible factor also.

Now, the development of facilities for meeting the needs of those individuals who have not been benefited by this economic rise in retirement programs of the Government and industry is best reflected by a comparison of the benefits available today and more recently with the period 20 years ago. In 1940, the old-age assistance program cost to people of the State and Nation an average of \$4.47 per capita of the population in Idaho. In 1960, the old-age assistance program cost \$8.97 per capita of the population of the State of Idaho. The average payment in June 1940, was \$21.99 per recipient; 21 years later, the average payment was \$68.77 per recipient.

Senator CHURCH. May I ask at this point whether you have had an opportunity to make that comparison, taking into consideration the difference in the purchasing power of the dollar 20 years ago, so that we would have the real increase that has occurred?

Mr. CHILD. I didn't bring those data with me. I think I can furnish them.

Senator CHURCH. Could you furnish that because, otherwise, it's hard to measure the real improvement that has occurred since then, since there has been a considerable depreciation in the value of the dollar in that 20-year period?

Mr. CHILD. I'm aware of that, but, because of the limited time, I thought my remarks should be focused on other aspects of the extension of the improvement of the program. This is an index, nevertheless, and comparing the gross expenditures for old-age assistance on that index in 1940, the total expenditure for old-age assistance was \$2,348,000-odd, and in 1960, it was \$5,983,000-odd. I chose the years 1940 and 1960 because, since beginning of the year 1960, prior to then and since then, there have been expansions of the benefits to old-age assistance in Idaho, which, we feel, are real significant in terms of meeting the needs of the older citizens. Now, from a public welfare point of view and deriving from our experience with the Governor's conference on aging which was held last year, it is my personal opinion that the severe problems of the older citizens in Idaho are related to the maintenance of income following retirement. The basic needs are money needs.



One of the things that complicates the economic situation of older people, marginal or nonincome, is the need for medical care when they are beset by chronic illness.

Senator, I understand your comments. I am not preoccupied with the King-Anderson bill, but any discussion from the public welfare—

Senator CHURCH. Please feel free to make any comment you want. I want only to emphasize the broad objectives of the committee. Feel free to make any comments you wish. Before you do that, may I ask you one question? You said that in 1960 in Idaho, the total cost of the old-age program, the welfare program, was just under \$6 million. What part of that would represent Federal contributions; that is, contributions of Federal money?

Mr. CHILD. As of 1960, and I would have to estimate that, I would say that probably 60 percent of that.

Senator CHURCH. That would be Federal money?

Mr. CHILD. Yes. I don't say that with a great deal of conviction because, during the past few years, there have been so many alterations of the matching formula, that this is just a guess.

Senator CHURCH. That is an estimate?

Mr. CHILD. An estimate. The formula, whereby the Federal Government matches State expenditures for old-age assistance, is a variable formula, and it is applied within certain ceilings. The average payments of old-age assistance in Idaho, until August of this year, has exceeded the matching formula, so that picking out a figure at a given point in time is pretty much a guess.

Now, in March of 1959, the department of public assistance undertook for the first time the purchase of nursing home care on behalf of eligible recipients of old-age assistance. This came out of observation over a long time and a persistent trend, a trend representing then a change in the characteristics of the old-age assistance caseload, when more and more of them became unable to sustain themselves in their own households and became subject to persistent and chronic illnesses, and became in need of medical supervision and nursing care, so that at this time of March 1959, we expanded our assistance program and were enabled to do so by a modification of both Federal and State laws, to purchase this kind of care within the framework of medical care, and this was the first type of medical care that was purchased under the public assistance program for aged people.

We are now purchasing nursing home care, just slightly over 2 years after we began this program, for approximately 900 older citizens at a cost of slightly in excess of about \$130,000 per month.

Senator CHURCH. Bill, are all these older citizens, for whom you purchase this nursing home care, on public assistance?

Mr. CHILD. Yes. Now, these persons are all chronically ill, and one of the agency requirements for this kind of benefit is determined on the basis of the doctor's examination and prescription. This nursing home care must be prescribed by a physician as necessary to their treatment.

Senator CHURCH. May I ask another question in this connection: For purposes of the record, under our program here in Idaho, if an older person is found to lack competent medical diagnosis and is found to be in need of nursing home care, and that person has some resources

of his own, however limited they may be, either in terms of social security income or in terms of some savings, or in terms of some ownership interest in a home, or something of that kind—for the purpose of the record, under Idaho law, what is the requirement that you make in order that that person may become eligible for some assistance through your agency to take care of the cost of the nursing home treatment?

Mr. CHILD. We established a fixed amount as the amount—and while I dislike the term, I'll use it anyway—of the rate of care. In Idaho, at the present time, we have established a rate of \$175 per month as the rate. If he has income available, this amount of income is deducted from that \$175. He is expected to apply his income, and the State supplies the balance.

Now, in some counties, the nursing home rate exceeds \$175, and an arrangement is then made by the county government from their county poor and indigent fund, which supplements the \$175, combined with the resource of the recipient, toward the total cost of the care.

May I say parenthetically that the department of public assistance has attempted to avoid all types of services which we purchase on behalf of eligible recipients; both in the field of aged and in other regards, we have attempted to avoid affecting the free enterprise of the suppliers of nursing services and care by asking them to establish their own fees and their own rates. If we regard them as reasonable, we pay them; if we do not, we purchase elsewhere. But in this field of nursing home care, it was necessary for budget purposes to say that we will not pay or participate in payment of the purchase of care beyond a certain figure. The one exception to that is that if the county government wishes to supplement this, then we have to go along with that because we do not feel that we can dictate to another jurisdiction of government.

Senator CHURCH. Now, if the person had some ownership interest in a home—

Mr. CHILD. This would be individualized, Senator.

Senator CHURCH. But what I wanted to get is this: How does the lien law affect the nursing home situation?

Mr. CHILD. Up until July of this year, any payment made on behalf of an individual who had real property, who had entered into an agreement with us, would be subject to the provisions of that law.

Because of the amendments to the Social Security Act which became effective last October as a result of passage of the Kerr-Mills bill, we were able to utilize these provisions to the advantage, that is, the matching advantage of the State, by shifting caseloads, so that our old-age assistance recipients who were in nursing homes were transferred to the "medical assistance for the aged" category of that bill. Now, under MAA, we do not take a lien because our State law confines us to old-age assistance. So, since July 1—

Senator CHURCH. You have a different situation?

Mr. CHILD. Yes. Since July 1, the cost of his care is not subject to levy. When the matching formula was revised again and the ceiling was raised with respect to so much of the grant as expended for the purchase of medical care, by this same bill, the Kerr-Mills amendment to the Social Security Act, then we initiated for the first time the payment of medical care beyond the purchase of nursing

home care. This occurred last October 1—time passes now, doesn't it?—a year ago last October 1.

Senator CHURCH. 1960.

Mr. CHILD. It was extended to include the purchase of physician services and hospital care. This has enabled what to me is an astonishing amount of good medical care of older persons who are recipients of public assistance. It has had the double-barreled effect of relieving county governments, whose care with limited resources have been a real burden, of relieving them of a considerable obligation and enabling them to divert this money into other public welfare channels.

Beginning July 1, then, following the enactment by the State legislature of the enabling legislation, we initiated the purchase of medical care of somewhat limited scope on behalf of older people, who were not recipients of public assistance but who lacked sufficient income and resources to enable them to purchase medical care for themselves without jeopardizing their social security. This is the category known as MAA, or medical assistance for the aged.

Senator CHURCH. Up until July 1, when the State passed enabling legislation to take advantage of the Federal program, your medical care was limited to those on public assistance; is that true?

Mr. CHILD. Those on old-age assistance.

Senator CHURCH. Yes. Then following the enactment of the enabling legislation, you have extended that medical care to take care of people without sufficient means but who are not on old-age assistance?

Mr. CHILD. That's correct, Senator.

Senator CHURCH. And I think it would be good for the record if we were to spell out here just what the requirements of the Idaho program are under the Kerr-Mills bill.

Mr. CHILD. The technical eligibility under this medical assistance for the aged is the same as that which is required in the Federal act. Any citizen, any resident of the State, is entitled to the benefits offered under this program, even though he may be absent from the State, and the residence of the person must be determined without regard to any term of residence. If he moves to Idaho and establishes residence, he immediately becomes eligible as far as residence is concerned. The Idaho law is unique insofar as the condition of need is concerned. By "unique," I mean it is not duplicated as far as I know in any other State.

The Idaho law provides that the amount of medical assistance to the aged, which an individual shall be eligible to receive, shall be determined in relation to the amount of income he has available over and above his ordinary normal expenses and obligations plus one-twelfth of any savings or cash assets which he may own in excess of \$2,000, with the further provision—

Senator CHURCH. Would you restate that so that we will get it, please?

Mr. CHILD. Yes—with the provision that an individual, who owns in excess of \$10,000 of negotiable cash assets will not be eligible. Now what this means is that there are two factors as to the individual's own resources which are taken into consideration in determining the amount of medical assistance for the aged which he may receive. The first factor has to do with his income. If his fixed living costs and routine obligations, for example, were \$150 a month, and if he had

income from any source of \$175 a month, we would then determine that he had \$25 of income available toward any medical costs that might be incurred during that month. Now if the man has \$6,800, for example, of savings or negotiable cash assets, as they are quite reasonably defined, the first \$2,000 of those cash assets would be exempt from consideration, which would leave \$4,800. One-twelfth of \$4,800 would be \$400. We would add that to the \$25 and consider that he had \$425 available toward his medical expenses for that month. If he had a medical bill of \$500, then we would pay \$75 of that medical bill, provided the medical service fell within our definition of the content of services for which we pay.

As I mentioned, in the beginning, in order to accumulate experience, we had defined rather specifically the type of medical services, care, and so forth, that we would purchase or participate in the purchase of. Is that a little more clear?

Senator CHURCH. I think the example makes it clearer, yes.

Mr. CHILD. Now when the legislators considered this type of program, they were concerned with avoiding such a tight eligibility requirement as to necessitate an individual impoverishing himself in meeting his medical obligations before he could be helped from this. In other words, it was thought that this should be used in a fashion as to prevent medical costs from making him dependent upon old age assistance.

Senator CHURCH. May I ask here, in this connection: What are your administrative costs in order to make these fiscal ascertainments with respect to each applicant who comes for medical care and assistance? Can you give us some idea of what you are faced with in terms of administrative costs?

Mr. CHILD. In the first place, Senator, there is no experience either in Idaho or elsewhere that we could borrow on for setting up the structure of this program. In the second place, and this would include an estimation of the exposure group, we had no idea what the demands or the requests for these would be. For this reason, our figures were arbitrary. There was no basis for \$2,000 of exemption and the \$10,000 for top. This was adopted by the legislature as a basis of experience that could be calculated and charted and used as a point of reference for any future planning.

Now administrative costs again, we were only able to conjecture about what would occur. We felt that we would have to increase our social worker staff, which we have done or we have had to do. This, in concert with some other program expansions, has made it necessary to increase staff, but not significantly. Our administrative costs range down through the years from 7 to 10 percent of our total expenditures, but I have always complained that this was an unfair representation because a substantial part of what we are required by the State code to call administrative costs are not actually costs of administration. They are costs of providing services to recipients. It would be like calling a doctor's services in surgery at a hospital an administrative cost. They are not.

I cannot give you a fixed administrative cost except to say that the increase in cost has largely been in respect to processing the multiplicity of claims. Each one has to be individually examined and processed. The administrative costs that have arisen in the field cannot

be identified with this program because there have been other program expenses at the same time.

Senator CHURCH. I appreciate that your experience with the new program is so brief that it is difficult to give an answer to the question.

Mr. CHILD. I think we can make some conclusion about this which I feel, Senator, is important to the committee's consideration. Since we have undertaken the purchase of medical care, we have found that it calls upon new areas, new techniques, almost new concepts of administration. It seems to me that this program will lead to a great deal of enlightenment in the field of medical administration. Small as our program is, it has disclosed a wide number and variety of administrative problems, that is, of problems which must be met with and resolved by the administrative echelon of the Agency and in concert with those individuals who are responsible for and engaged in this other area of administration, medical administration.

It seems to me that this State and this Nation today, because of the progress and expenditure of public welfare that has been made, due to the changing characteristics of the caseloads, in the procurement of medical services, that a great deal has been learned and that a great deal more must be learned about administration of these programs.

Senator CHURCH. Another question has occurred to me, and you certainly beyond anyone in this State could supply the answer, if there is one, and it is this: Where the medical care program for aged people is based on the welfare or relief concept, as ours is, rather than upon the insurance concept, what then becomes the problem of policing the system in order to determine who may be getting relief who, in actual fact, is not entitled to it, and who may not be getting relief who should be entitled to it?

In other words, what does the policing problem become to ascertain whether a given person, who applies for relief, is, in fact, giving you the right information concerning his income, or the wrong information concerning his income, and all the attendant problems that come when you proceed on a welfare or relief principle?

Mr. CHILD. I think one of the wonders of the last two decades in the field of public administration has been the development of techniques and objective skills in public welfare in determining eligibility. I think this is no longer in any sense of the word the same kind of hit-and-miss subjective process that characterized the giving of public aid prior to, certainly, the enactment of the Social Security Act and prior to the end of its first 10 years of experience.

Senator, the conventional public welfare agency in America, in addressing itself to this question of determination of eligibility, is faced with one basic problem. This is a problem of concept. Public welfare approaches the granting of assistance and provision of services to the aged people on the basis of demonstrating need as is required by Federal and State law, with an interpretation of need which relates to the way of life. In America, we don't look at an older person and see there a problem of sustaining existence. Public welfare looks at an older person and sees the problem of helping this individual to sustain himself as a social and socially useful human being in the society in which he lives.

This, of course, then, must reconcile itself with the community life, with the standards of living that we all regard as typical in America. So, it isn't simply a matter of getting and providing cornbread and side pork. It is a matter of enabling this individual to hold his head up, manage his own affairs; so that the determination of eligibility, Senator, is an economic social thing.

Now, it is unfortunate that public welfare is being constantly criticized across the Nation because of so-called chiseling. This is partly due to this incidence of human error, which affects every human undertaking, but it is largely due to the fact that a critical individual is judging according to his own standards of eligibility, or of morality, or of behavior, and not those standards which are written into law and policy. I have long since ceased to apologize for public welfare because, insofar as the job it is commissioned to do under the law, it does a good job.

Now, the other thing which I think relates to the question, Senator, is the difference between social work and social action. To me, my job concerns itself with rendering assistance and aid in cases of demonstrated need. When it comes to—well, in this respect, I have learned to be very cautious about program expansion because I have learned that the magnitude of these programs, both Federal and State, is such that we can't pick out a case from a vacuum and deal with it individually. Everything that is done in this field by government is precedent, and when a new program is initiated, it alters not only the well-being or the lives and the affairs of the individuals it touches directly, it alters the whole economy and the whole interdisciplinary relationship and structure of anyone it touches. In other words, for example, with our modest little program, which we began a year ago in October, we of necessity introduced so much so-called redtape, so much recordkeeping, billing, and accounting in the physicians' offices and in hospitals that they, not all of them, but many of them had to add an increment to their bill, to their fee, to accommodate this. Now, this is the kind of interaction I'm talking about.

Now, in respect to the difference between the insurance approach and the demonstrated need approach, it occurs to me that so much needs to be learned about the techniques of communicating service to the people who need it and to warrant it. So much needs to be learned about identifying the real from the imaginative and spurious needs that any expansion of Government services beyond an increase in appropriations, any expansion which would approach a structural change needs to be examined carefully and tested against some research because I am fearful of its reaction. For example, we already have had complaints that the aged, who are eligible under our program, are pushing the nonassistance people out of the hospitals. I think that people tend to exaggerate these things, but I have heard them, Senator. This to me is simply an index of something that has to be watched. I have been fearful of the expansion of public welfare facilities for the purchase of medical care, if they were not systematically and prudently developed, that it might result in a preemption of the State's resources for medical care on behalf of one age group to the detriment and neglect of another age group, and when you multiply this concern across the Nation, I think you have a cause for real great concern.

Now, in approaching—I'm afraid I'm taking too much time.

Senator CHURCH. It's my fault because I am asking the questions, but I will try and restrain myself so you can complete your testimony as of now. If I have further questions, I will ask them later.

Mr. CHILD. I have lots of time, Senator.

Senator CHURCH. Let me just ask you one more. I would be interested if you would give me what you regard as a fair summation of your experience under the Kerr-Mills bill approach. I voted for the Kerr-Mills bill in Congress on the final passage of the bill, and we were hopeful, when we did enact it, that it would be very helpful in extending to people, who obviously were in need of medical care, the assistance that it required to meet the modern costs, and, incidentally, the early investigative work of this committee in the Senate assembled a good deal of the data on which the Congress acted in passing the Kerr-Mills bill. So, we would like to have your appraisal of your experience under the bill, even though it has been but brief experience, for the purpose of our record here. Now, I'm not going to ask you any more questions. You can complete your statement, but, if you can include that in your testimony, I would appreciate it.

Mr. CHILD. Well, I have a little trouble identifying statistically because of the overlapping variations and also because of the precedent activities of county governments. We made a number of subjective comparisons, Senator, that lead us to conclusions, which we haven't been able to document yet because we haven't had the time and facilities for that kind of research. So that with great conviction, I offer this opinion: As I said a little while ago, we get detailed and rather adequate medical reports supporting each expenditure, and an examination of these with our medical social work staff and our medical consultant establishes beyond any shadow of a doubt in my mind that a great many people, older people, are getting medical care of a quality and kind and continuity that they would not have gotten had it not been for the enactment of the Kerr-Mills bill. The actual data, which we have at hand, disclose an expenditure for medical care which has been enabled by the Kerr-Mills bill.

To me, this Kerr-Mills bill, depending upon the extent to which State legislatures use it, will make possible a quantity and a quality of medical care, which, in terms of the marginal and low-income people of the Nation, will be a significant and dramatic step toward meeting an unmet need and toward recognizing equitably and equally within a political jurisdiction the validity and necessity of providing medical care for older people.

Senator CHURCH. You can see the importance of this testimony because, though there is much talk about medical care for the aged pro and con, when we enacted the Kerr-Mills bill, we enacted a program of Federal aid. It is there. It is on the statute books. Now, the question is: Is this type of program, based upon the need or the relief concept, going to prove adequate, or is there going to develop a need for a different type, even though it might be a supplemental type of program based upon the insurance concept, which is the thing which the King bill envisions within the social security? So, this testimony is important to us for the record for that purpose.

Mr. CHILD. I should like to say two things to that point, Senator. In the first place, as nearly as we can estimate the ultimate development of our present scope of services in medical assistance to the

aged, I would say that we would add to our 12½ persons out of 100 another 5, and I would say that we would have perhaps 18 persons out of each 100 eligible for or receiving medical care under the combined Federal-State social security assistance programs.

Now, with respect to insurance, the cost of providing care, medical care of a quality and scope essential to deal with all the multiple conditions that arise, it will be a tremendous figure, both in the State and in the Nation, and it does not seem to me at this time that we have enough knowledge and experience to justify our attempting to launch upon a program which will assure this kind of care to every older person in the Nation in order to reach the 18 who need it. Because of the 18 people out of every 100 in Idaho who are receiving it, we have to assume that this substantially represents the number of people who cannot provide for themselves. The other 82 persons we have to assume can provide for themselves through their own resources or their relatives.

Now, my point is that we have not developed enough knowledge in this field, enough of the techniques and enough of the methods of mass communication of medical care to these groups to justify covering hundreds of people in order to get at the 18 who need it. Now, as opposed to that, I have to say the extent to which the development of resources, which are not limited potentially under the Kerr-Mills bill will be realized, will be dependent upon State legislatures. Personally, I am concerned with only one State, Senator, although I know about many others, and I have no doubt that, if the administration of these programs demonstrates their merit and justify themselves, the Idaho legislature will support it and will increasingly enable the communication of adequate medical care to the older citizens who need it.

I am personally very happy and very proud to have been associated with the progress in public welfare in Idaho that has been made possible by a cautious and conservative but a far-seeing legislature down through the years, and I think that the dramatic progress that has been made in the last 2 years in nursing home care and medical care should offer assurance that one State at least plans to utilize Kerr-Mills to the optimum extent that it can.

Senator CHURCH. I want to thank you for your testimony, Bill. It's very helpful to us, and I think it puts on the record both your opinion based on your experience and also our effort to implement the Kerr-Mills program that has been enacted by Congress, and I appreciate your coming very much.

Mr. CHILD. It has been a real pleasure and a privilege to be here. Thank you.

Senator CHURCH. Our next witness is Dr. Terrell Carver, who is administrator of the State department of health.

Dr. Carver, good morning. Welcome.

#### STATEMENT OF DR. TERRELL O. CARVER, ADMINISTRATOR, STATE DEPARTMENT OF HEALTH

Dr. CARVER. Good morning, Senator. I appreciate the opportunity to be here today. I have prepared a written statement and I believe it is in your hands now.



Senator CHURCH. Yes, Doctor, and since I took a great deal of time with the first witness, I will try to restrain my questions so we can move along and do justice to the others who are with us here.

Dr. CARVER. The Idaho State Board of Health and its administrative arm, the Idaho Department of Health, are both vitally interested in the subject of aging. Because of my position, training, and experience, I will speak on the general subject, the health problems of the aging and the aged. I wish to emphasize that I will be discussing health problems, and not just the medical care problems of the aging and the aged. I consider the need for medical care to be only a part and perhaps not the most important part of the health problems of our elderly people.

The question might be asked: What do we want for our aged in a health sense? I think the answer would be that we want for them what we want for ourselves. We want good health, both physical and mental, and in the event of physical illness or mental illness, we want the best treatment available. We want also to have the best rehabilitation services possible and toward the end of the road, we want the alleviation of pain and discomfort, as well as the care and comfort that can only be provided by those that we have known and loved.

There are those that would have government at any level play no part at all in helping solve the problems of our aged population. Conversely, it is clear that there are those who say that only the Government can solve our health problems. I stand between these two extremes. I believe that the Government's two prime duties are to protect the public safety and protect the public's health. On the other hand, I do not believe that any person, who reaches any certain age, should automatically become a ward of the Government. I do not believe that our elderly population wants or expects that each of them should be taken care of in regard to health or economic needs.

Please bear in mind that most people reaching our so-called retirement age have led active and productive lives and for many years have taken care of their own personal needs, which include providing for their own health needs. I believe that most of these people prefer to be at least reasonably active and independent. Why are we today talking about health problems of the aged? The answer is, of course, because the percentage of aged in our population has increased so tremendously in recent years. I am not going to quote any statistics because I think to do so would be redundant. Everyone knows that the proportion of aged in our population has greatly increased and will continue to increase in the years to come. There are more elderly people. These people, because of the aging process, do have different health problems than do those in the younger age groups. In the age group over 65 in Idaho, the leading causes of death are heart disease, cerebral hemorrhage, cancer, hypertensive heart disease, and arteriosclerosis, in that order. In addition, elderly people in Idaho, as in the rest of the Nation, suffer a disproportionately large share of accidents.

Our health department statistics show that about 45 percent of all home accidents reported in the state involve persons 65 years of age or over, and a majority of these accidents are due to falls. Health problems in the aged are also peculiar in that disease, when it occurs,

tends to be more complicated. The age of the communicable diseases is past, and the age of long-term illness has come. Furthermore, recovery from illness is not as rapid as in former years. These two factors together do make illness or injury in the aged more expensive to treat. Additionally, the aged have accumulated problems of mental stress. We all know that work is still one of the best therapies there is. Yet our cultural system places high value on the advantages of early retirement. In actual fact, only the adolescent in our society has a similar burden of enforced idleness, and, as a result, in both the juvenile and aged individual, social difficulties result.

If we want good health in the so-called golden years, how shall we attain this goal? In my estimation, good health programs begun in childhood are the best insurance to a healthful old age. One of the best ways to promote and insure good health programs in any community is to have available the services of an organized full-time health department. Only one-half of the counties in Idaho now have such services available to them. Secondly, good quality medical care is needed to meet some of the health problems of the aged. This involves both the services of medical personnel and the availability of medical facilities.

The Idaho Department of Health has been administering the Federal Hill-Burton hospital construction program in this State since 1947.

Senator CHURCH. Doctor, may I interrupt there to ask you: Since the Federal Hill-Burton hospital program is a Federal-aid program for the construction of hospitals, to what extent has this program contributed to our hospital needs since its enactment here in Idaho?

Dr. CARVER. It has contributed very materially, as I was just about to mention.

Senator CHURCH. All right, go ahead. Do you have any figures on that which would give us an indication of the extent to which this Federal money has assisted us in building facilities for our local communities? I think it would be helpful to get that in the record.

Dr. CARVER. I will be glad to provide that. I do not believe that anyone traveling around the State can avoid the impression that the Hill-Burton program has been of tremendous importance in improving our hospital facilities. I favor this way of solving our health problems, by cooperation between private and public resources. Whereas the provision of adequate hospital facilities has been almost completely solved, the availability of good nursing homes in the State must still be considered unfinished business. Although the general level of service and care given to the aged in our nursing homes is far superior to that given just a few years ago, there is still a long way to go in this area.

I am also in favor of mutual assistance programs between private resources and public agencies at all levels of government. Parenthetically, I would like to mention that the department of health under State law has the responsibility for licensure of nursing homes. One of our unsolved problems is how to cope with the for-profit home which purportedly provides nursing home services to the feeble and infirm, but which avoids meeting the minimum standards for licensure by posing as a "boarding home."

We would appreciate any help that we could get on the solution of this problem.

Senator CHURCH. May I ask there, Doctor: I have been in some of these boarding homes as I go about the State and make visits, and also in nursing homes; and in some of these boarding homes, I meet the complaint that the standards set for licensing are not realistic, that they go beyond the capacity of private homeowners to meet, and yet many of these private homes are neatly kept, are clean, have a home-like atmosphere, and the elderly people I have visited in these homes seem content. Now, this is by no means the case everywhere I've gone, but in some cases I have found this, and I find the complaint that these people running these boarding houses are unable fiscally to meet the requirements and they are threatened with being closed down.

It is claimed too that many of these standards are not being realistically applied to the realities of the situation. Now, what comment do you have on that? I have had this complaint raised several times.

Dr. CARVER. Let me say, first of all, that we are not making any effort to close boarding homes because for the simple reason that we have no authority to inspect or license boarding homes as such. I think that the point at issue here is whether or not these homes, these so-called boarding homes, are able to meet the medical and nursing needs of the individuals from whom they are obtaining money.

Senator CHURCH. May I ask this question: If the boarding home is not licensed as a nursing home, does this qualify it for the payment that Bill Child was mentioning in connection with nursing homes?

Dr. CARVER. It does not.

Senator CHURCH. In other words, to get assistance through the State program, the home must be licensed as a nursing home?

Dr. CARVER. And in order to be licensed as a nursing home under the minimum standards established by the State board of health, amongst other things, it has to provide for nursing service. Nursing service in Idaho under State law can only be provided by licensed nursing personnel, either a registered nurse or a licensed practical nurse. That is the crux of the whole problem. This may be a fiscal problem to a particular home. I might grant that. On the other hand, I do not believe that any facility should take money from people—

Senator CHURCH. To qualify for State assistance unless it meets these standards?

Dr. CARVER. Yes, and that it provides the service for which it is taking the money from the people who are in there.

Senator CHURCH. I think that clears up the point. Go ahead.

Dr. CARVER. Thirdly, I believe that the expansion of home nursing services in Idaho would assist materially in alleviating some of the health problems of the aged. At present, there is only one organized service of this kind in the State. Through the Ada County Visiting Nurse Association, qualified nurses provide bedside nursing care to patients referred by and under the care of private physicians. Such a service gives two major benefits. The first of these is an economic benefit. Many of our elderly require only minimum nursing care that could be given in the home if such service was available. Even a daily visit by a nurse in their own home is cheaper than to have care in a hospital or nursing home. More importantly, however, the visit-

ing nurse service allows many aged to remain in the same warm atmosphere that the home represents.

In summary, I have tried to say that there are many facets to the health problems of the aged, and in my opinion there is not one single or simple solution to these problems. We will best meet the challenge of the health problems of the aged by developing those things which will make available to the aged both preventive health services and high quality medical care services.

I would like to close with a particular recommendation. Whatever we, as the State or Nation, do to meet the needs of the aged, I would urge that the administration of that part of the program, dealing with health, be made the responsibility of those agencies which are medically directed. I think we should decide that all health programs, including medical care programs, need competent medical supervision and management, and that most often this would be found in medically directed agencies or organizations. We do not take our ill automobiles to bricklayers, and I have nothing against bricklayers either. Thank you.

Senator CHURCH. You sound like your brother. Let me say, Terrill, that I think we have made good progress in two fields this year that relate to nursing homes. The FHA program has been modified to provide better financing for nursing home construction, and the appropriation in Congress under the Hill-Burton Act has been expanded very significantly this year to give better support to the nursing home program. I think that this represents progress in the right direction.

Dr. CARVER. We were able, because of that expansion this year, the board of health was, to approve participation in the amount of 50 percent in the construction of a nursing home in connection with the LDS Hospital in Idaho Falls, and also in connection with the Bannock Memorial Hospital in Pocatello, which is in operation under the Bannock County commissioners.

(The material referred to previously follows:)

NURSING HOME REPORT FOR IDAHO, 1960, IDAHO DEPARTMENT OF HEALTH,  
HOSPITAL FACILITIES SECTION

INTRODUCTION

Nursing homes in Idaho have in recent years become a subject of greater public concern. There is a growing recognition of the importance of providing skilled nursing care for the elderly in safe, pleasant surroundings. The unprecedented increase in the number of older people in our population has created problems which communities are beginning to recognize. The demand for nursing home facilities for an increasing number of disabled older persons is rising and will become more intense as life expectancy increases. The number of Idaho citizens 65 and older in 1950 was 43,537 as compared with 58,258 in 1960. This represents an increase of 34 percent in the number of elder persons in 10 years which is considerably greater than the 13 percent increase in the general population of Idaho during the same 10-year period.

Nursing homes generally have been regarded as the last stopping place for the elderly. They have been neglected and passed by and have not kept pace with the advancements made in other fields nor with the progress shown in related medical facilities. In the past, the demand for nursing home beds has

been met, for the most part, by the establishment of such facilities in large old family residences by persons not trained as nurses. These structures are not functional as nursing homes and generally are unsafe for this type of occupancy. Many such homes are still in operation in Idaho and the lag in providing new nursing homes has in many instances resulted in continued inadequate care of the many patients housed in these converted residences.

Nursing homes have been licensed in Idaho since 1947 when the Idaho Legislature passed the Hospital Licensing Act.<sup>1</sup> As provided in the act, rules and regulations for nursing homes were adopted by the Idaho Department of Public Health. Since 1947 these regulations have undergone three revisions, the most recent having been adopted by the Idaho State Board of Health on November 6, 1959, with an effective date of January 1, 1960. The intent of these rules and regulations is to further the accomplishment of the purpose of the Hospital Licensing Act in promoting safe and adequate treatment of individuals in nursing homes.

The revised Rules, Regulations, and Minimum Standards for Nursing Homes in Idaho, 1960 edition contains minimum standards for construction of new nursing homes. Conversions of existing buildings for use as nursing homes and additions to nursing homes must also be made in accordance with the requirements for new construction. As a result of this requirement, the new homes being opened in the State are more functional as nursing homes and the buildings are safer for the housing of elderly patients than are those homes which have been established in residential buildings.

SUITABLE AND UNSUITABLE NURSING HOME BEDS IN IDAHO

The Idaho Hospital and medical facilities construction plan, 1962 revision contains information relative to the skilled nursing homes in Idaho (nursing homes which employ registered professional nurses or licensed practical nurses). As of June 1960, there were 1,637 skilled nursing home beds in the State of Idaho. Of this total only 739 beds are classified as "suitable" on the basis of compliance with the fire and safety standards prescribed by the uniform building code. The gross shortage of suitable nursing home beds in the State of Idaho is apparent from table I. With just 739 suitable nursing home beds in Idaho only 37.2 percent of the State's needs have been met.

TABLE I.—*Summary of nursing home beds in Idaho, June 1961*

	Existing beds			Additional beds needed	Total beds needed <sup>1</sup>
	Total	Suitable	Unsuitable		
Idaho, State totals.....	1,637	739	898	1,247	1,986

<sup>1</sup> Based on a State ratio of 3 nursing home beds per thousand population.

Source: Idaho Hospital and Medical Facilities Construction Plan, 1962 Revision, pp. 61-64.

AVAILABILITY OF NURSING HOME FACILITIES IN IDAHO

The total number of nursing home beds in the State did not change appreciably during 1960. However, new construction (either additions to existing homes or new facilities) replaced nearly 200 nursing home beds which did not meet licensure standards and which were closed as nursing homes.

Table II summarizes the availability of nursing home beds in Idaho during the period January 1, 1960, to January 1, 1961.

<sup>1</sup> The term "hospital" has been interpreted by the Idaho State attorney general's office to include those facilities commonly referred to as nursing homes.

TABLE II.—*Nursing home facilities in Idaho, Jan. 1, 1960-Jan. 1, 1961*

	Homes	Beds
A. Nursing homes in operation Jan. 1, 1960.....	98	1,738
B. Changes in bed capacity during 1960 (net increase in beds).....	2	69
1. Additions to existing homes.....	17	132
2. Reductions in existing homes.....	15	63
C. Nursing homes opened during 1960.....	2	99
1. New homes.....	2	99
2. Homes reopened.....	0	0
D. Nursing homes in operation during 1960.....	100	1,936
E. Nursing homes closed during 1960.....	16	198
1. State action.....	1	70
2. Local action.....	1	16
3. Voluntary.....	14	112
F. Nursing homes in operation Jan. 1, 1961.....	84	1,738

NOTE.—12 facilities having a total of 152 beds, which discontinued operation as nursing homes, are continuing to operate as board and room homes for the aged.

## BOARD AND ROOM HOMES FOR THE AGED

The number of board and room homes for the aged in Idaho has increased as shown in table III, however, the actual increase in board and room facilities has not been as great as might appear. Prior to 1960, nursing homes and domiciliary care facilities (board and room homes) were not usually classified as separate types of facilities. Both types of facilities were for the most part grouped under the general heading of "nursing homes."

The 1960 revision of the rules and regulations for nursing homes established higher standards for nursing homes, particularly with regard to nursing personnel. Trained personnel, i.e., licensed practical nurses or registered nurses, are required in nursing homes with qualifications for such personnel dependent upon the bed capacity of the home. With the adoption of improved standards for nursing homes, a number of operators have converted their nursing homes to board and room homes because their facilities do not comply with the requirements for nursing homes.

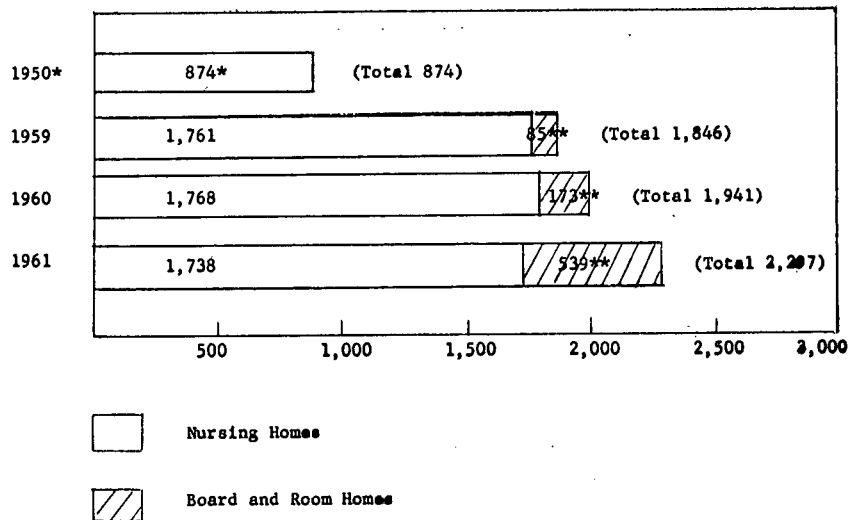
TABLE III.—*Board and room homes for the aged in Idaho, Jan. 1, 1960-Jan. 1, 1961*<sup>1</sup>

	Homes	Beds
A. Board and room homes in operation Jan. 1, 1960.....	19	173
B. Change in bed capacity during 1960 (net decrease in beds).....	-4	-22
1. Additions to existing homes.....	1	7
2. Reductions in existing homes.....	5	29
C. Newly reported board and room homes during 1960.....	25	423
1. Homes opened during 1960.....	6	32
2. Converted nursing homes.....	12	152
3. Existing board and room homes first inventoried in 1960.....	7	239
D. Board and room homes in operation during 1960.....	44	574
E. Board and room homes closed during 1960 (voluntary).....	1	15
F. Board and room homes in operation Jan. 1, 1961.....	43	559

<sup>1</sup> Incomplete data is available for board and room homes since these facilities are not licensed nor required to file reports.

The following graph shows the number of nursing homes and board and room homes in operation in Idaho during recent years. The total number of accommodations for the elderly in these types of facilities has increased during the past 2 years although the actual increase is less than shown by the graph since a number of board and room homes which were first inventoried in 1960 had been in operation prior to 1960 (see table III). The actual increase in the total number of board and room homes and nursing home beds during the past 2 years was approximately 200 beds.

AVAILABILITY OF NURSING HOME  
AND BOARD AND ROOM HOME BEDS  
IN IDAHO, 1950-1961



\* Includes both Nursing Homes and Board and Room Homes. Inventory of accommodations for Homes for the Aged and Dependent of the U.S. Census of 1950 shows 874 beds in this classification which includes: Private nonprofit homes; proprietary homes such as commercial boarding, nursing, rest, and convalescent homes; county and city homes and infirmaries primarily offering nursing and personal care; and federal and state homes such as the Veterans' Administration domiciliares and state old soldiers' homes.

\*\* Incomplete data available for Board and Room Facilities.

Board and room homes for the aged are not licensed in Idaho nor are there any standards pertaining to the operation of this type of facility. Too often these boarding homes are located in extremely inadequate and unsafe old buildings. It is not uncommon to find elderly guests housed on the second floor of unprotected, wood frame buildings which do not have adequate exits and which otherwise constitute a hazardous situation for the elderly persons who live in them.

The persons housed in these boarding homes are not always in need of just board and room services. In many instances the guests also require medical supervision and nursing care. Establishment of standards for boarding homes for the aged to promote the welfare and safety of persons residing in these homes for the aged seems apparent. These standards should establish minimum requirements pertaining to health and safety and should include definitions or criteria for determining the types of patients and/or guests which could be accepted for care in such board and room homes. Without such standards, homes for the aged will continue to be established and to operate in unsafe buildings and the operators of these homes will continue to accept patients for care who should be cared for in a nursing home or other medical facility.

#### LICENSURE STATUS OF NURSING HOMES

Table IV compares the licensure status of nursing homes in Idaho on January 1, 1960, with January 1, 1961. While there were fewer homes licensed on January 1, 1961, than a year previous, there was actually an increase in the number of licensed nursing home beds. The number of unlicensed nursing home beds decreased from 505 to 248, a reduction of 257 beds or 51 percent.

TABLE IV.—*Licensure status of nursing homes in Idaho, Jan. 1, 1960, and Jan. 1, 1961*

Licensure status	Jan. 1, 1960		Jan. 1, 1961		Increase or decrease			
	Number of homes	Number of beds	Number of homes	Number of beds	Homes		Beds	
					Number	Percent	Number	Percent
Full license.....	44	1,133	34	1,228	-10	-23	+95	+8
Provisional license.....	9	130	13	262	+4	+44	+132	+102
Unlicensed or license pending.....	45	505	37	248	-8	-18	-257	-51
Total.....	98	1,768	84	1,738	-14	-14	-30	-2

There were 47 nursing homes fully or provisionally licensed on January 1, 1961. These 47 homes represent only 56 percent of the homes in the State, however, they account for 86 percent of the total number of nursing home beds. The number of licensed beds increased 18 percent from January 1, 1960, to January 1, 1961. Table V gives the number and percent of nursing homes and nursing home beds in each licensure status category.

TABLE V.—*Licensure status of nursing homes in Idaho, Jan. 1, 1961*

Licensure status	Homes		Beds	
	Number	Percent	Number	Percent
Full license.....	34	41	1,228	71
Provisional license.....	13	15	262	15
Unlicensed or license pending.....	37	44	248	14
Total.....	84	100	1,738	100



OWNERSHIP OF NURSING HOMES

Sixty-seven Idaho nursing homes or 80 percent of the total nursing homes in the State are privately owned. A number of the private homes are small which would account for the fact that private homes represent a smaller percentage (55 percent) of the total number of beds in the State. Table VI shows the number and percent of nursing homes and nursing home beds in Idaho as of January 1, 1961, according to type of ownership.

TABLE VI.—Ownership of Idaho nursing homes, Jan. 1, 1961

Class of ownership	Homes		Beds	
	Number	Percent	Number	Percent
Individual.....	67	80	960	55
Corporation.....	4	5	275	16
Nonprofit association.....	2	2	54	3
Church.....	4	5	81	5
County.....	7	8	368	21
Total.....	84	100	1,738	100

Table VII classifies licensure status of nursing homes in the State according to the type of ownership. It will be noted virtually all of the unlicensed homes are privately owned homes. The unlicensed homes are for the most part the smaller homes averaging less than seven beds in capacity. A number of these unlicensed homes which will be unable to comply with licensure requirements will undoubtedly be closed or the operators will request reclassification as board-and-room facilities during the next year.

TABLE VII.—Licensure status by class of ownership, Jan. 1, 1961

Class of ownership	Licensure status						Total	
	Full		Provisional		Unlicensed or license pending		Homes	Beds
	Homes	Beds	Homes	Beds	Homes	Beds		
Individual.....	20	560	11	156	36	244	67	960
Corporation.....	3	271	—	—	1	4	4	275
Nonprofit association.....	1	29	1	25	—	—	2	54
Church.....	4	81	—	—	—	—	4	81
County.....	6	287	1	81	—	—	7	368
Total.....	34	1,228	13	262	37	248	84	1,738

CAPACITY OF NURSING HOMES

During the past several years a number of new nursing homes have been built in Idaho which have had bed capacities ranging from 30 to 65 beds and more. This new construction, coupled with the closure of some of the smaller homes, has resulted in an increase in average bed capacity. Table VIII compares the average size of nursing homes in 1950 with the averages for the past 3 years.

TABLE VIII.—Average capacity of nursing homes, 1950 and 1950-61

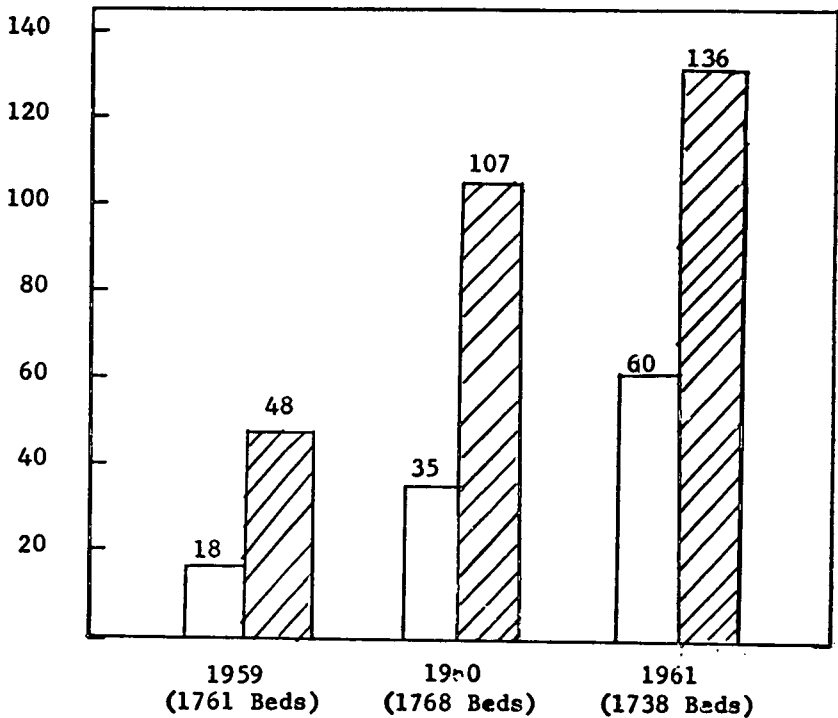
Year	Number of homes	Number of beds	Average bed capacity
1950.....	40	580	14.5
1959.....	107	1,781	16.5
1960.....	98	1,768	18.0
1961.....	84	1,738	20.7

## NURSING PERSONNEL

The number of trained nurses employed in nursing homes has shown a marked increase during the past 3 years. The following graph compares the number of registered nurses and licensed practical nurses employed in nursing homes in each of the past 3 years. The total number of nurses includes both full- and part-time nurses. The total hours worked by the nurses was used to calculate the equivalent number of full-time nurses these work-hours represented. The number of nursing home beds has remained relatively constant, therefore, the increase in the number of licensed nurses employed in nursing homes has meant a real increase in the hours of licensed nurse services available to nursing-home patients. With this increase in skilled personnel the quality of nursing care in nursing homes has been improved in recent years.

## LICENSED NURSES EMPLOYED IN IDAHO NURSING HOMES

1959, 1960, 1961



Registered Nurses



Licensed Practical Nurses

## SUMMARY

Idaho, like many States, is short of suitable nursing home facilities. Only 37 percent of the estimated State's need for nursing home beds has been met. Additional new nursing homes are needed in Idaho to replace inadequate facilities and to meet the demands of an increasing number of elderly citizens in the State.

New nursing homes in Idaho must comply with the new construction standards for nursing homes adopted by the Idaho State Board of Health. As new modern nursing homes are built they tend to replace the inadequate and substandard homes. Approximately 200 substandard beds closed in Idaho in 1960 as nursing homes. A number of these continue to operate as board and room homes for the aged.

The number of board and room homes for the elderly in Idaho is increasing. These facilities are not required to meet licensure standards and many are located in substandard buildings. In many instances patients requiring medical and nursing care are accepted as guests in these homes. The need for standards for the establishment and operation of this type of facility is becoming more apparent.

The number of licensed nursing home beds in Idaho has increased during the past year; 1,490 beds or 86 percent of the total beds in the State were either fully or provisionally licensed as of January 1, 1961. Many of these beds are located in buildings which meet minimal licensure requirements but which are quite inadequate and nonfunctional as nursing homes and which should be replaced with modern, well-designed nursing homes.

The equivalent number of full-time licensed nursing personnel employed in nursing homes increased from 66 to 196 or nearly 200 percent between January 1, 1959, and January 1, 1961. With a greater number of trained nurses employed in nursing homes, the quality of nursing care for the elderly has improved in these facilities; however, there is a need for additional trained nursing personnel in nursing homes to assure adequate nursing care for all nursing home patients.

Senator CHURCH. I want to thank you very much for coming, Doctor. Our next witness is Mr. Lou Clemens, of the mayor's committee on the handicapped and older workers. Mr. Clemens, we want to welcome you here this morning.

**STATEMENT OF LOU CLEMENS, MAYOR'S COMMITTEE ON THE  
HANDICAPPED AND OLDER WORKERS**

Mr. CLEMENS. Thank you, Senator Church, and members of the committee. Ladies and gentlemen, the topic of my approach to the problem that we face on the employment of the physically handicapped and older workers is "Community Action To Improve Job Opportunities for Older Workers."

Now many of us have realized and have reached that period when the calendar tells us we are 40-plus. The rest of us will face it sooner or later. Studies conducted by the U.S. Department of Labor and by other public and private organizations indicate that at 40 and beyond age becomes a formidable barrier to the jobseeker. The facts reveal great misconceptions on the part of the employer, the public, and even the 40-plus jobseeker himself. Most always, the problem exist in the community itself, right where the people live. That is where a man or a woman is going to get a job, or not get one, and in these communities are where new and more realistic attitudes must be created.

It is of little use to enumerate the many problems of the aging in today's society. They have been quite well aired, written about, and by now well recognized by those closely associated with them on both sides, those who have been personally affected by them, and those who have been trying to alleviate some of them. Percentages and statistics

may serve a purpose for impressing certain individuals, but the basic problem must be considered as the problem of an individual. Because each individual is a complex of aptitudes, attitudes, abilities, and spirit, the problem of the older worker and the aging is too complex to be considered in mass figures and statistics.

Having been closely associated with a volunteer committee desirous of helping the older and aging citizens find gainful employment in the Boise area for the past 3 years, and chairmanning this committee for 2 of those 3 years, I have a grassroots perspective of the problem and its many aspects. Now here are just a few of the many problems affecting the older worker and the aging in regard to obtaining gainful employment in the Boise area:

(1) Mandatory retirement practices of business, government, and professional groups, usually at the age of 65, with no provisions for part-time employment after retirement work, and with no consideration of the effect economically or psychologically on the retired person. The point that I would like to bring out at this time is how perfectly able and capable men, when at the age of 65 the firm or the union says in effect, "You're through, you're done, we don't need you any more; you can take it easy now, relax and loaf," this man may enjoy possibly a full year of forced retirement, but, as soon as it becomes boresome and time becomes very heavy on his hands, he soon loses the interest in living and in a short time you find his name in the obituary column. Why? For the simple reason that he lost all zest for living because of forced unemployment.

(2) Unrealistic arbitrary hiring age limits set by employers, in most cases completely unrelated to the physical, emotional, and productive requirements of the job.

(3) Physical examinations required by many employers with the same identical set of standards, regardless of the job, be it of a vigorous nature or sedentary, such as the same requirements of the warehouseman as that of an elevator operator—rather ridiculous.

(4) Too much double talk by both employers and by the unions. Too often, they are outwardly in favor of solving the employment problem of the older workers, as long as they can just talk about it, but, when action is involved and required, then they have a volume of excuses as to why their business or union cannot participate—indeed, a sad situation.

(5) A lack of industry and occupational opportunities in the Boise area that could absorb some of the semiskilled and unskilled older workers. This lack is due to a great number of corrective and adjustable problems.

(6) Too much negative and pessimistic talk about the aging problems, and not enough positive proof of the older workers ability and potentials. Their attitudes, due to a lack of better understanding of the situation, are that no one wants to hire a problem.

(7) Too much emphasis is made on retirement. The old-age life of ease, so to speak, without realistic or adequate preparations by the individual for that retirement.

(8) Too much emphasis by all media on the perfections of you.

Now, the foregoing are just a few problems affecting the older and aging worker of today. Social security and sometimes retirement income too often are too meager to meet the demands of decent living standards as known in this age. It is a common occurrence we

see happening every day of how people triumph over the idea that a man's life can be measured solely by the calendar. I want to bring in an illustration, which by no means is an isolated case, but I am going to refer to it because, in the first place, many of you will know this man, and, in the second place, and most important, it's just another triumph over the idea that a man's life can be measured solely by the calendar. Mr. Ed Wynn, that great comedian who was heard over the radio for a long time as the Texaco Fire Chief—remember him?—his was sort of a slapstick comedy, but at that time, some 30 or 35 years ago, he was considered one of the greatest comedians of his time, and to the tune of \$7,500 a week. Even in our era of inflated dollars, \$7,500 a week is considered quite a piece of change. Nevertheless, when he became around 60 years of age, he realized that his talent as such was no more in demand, and at this point he was facing involuntary retirement, or cast off, finished, and at this point, he admits he was thinking thoughts he should not have been thinking—very understandable.

His son, Keenan Wynn, whom you see occasionally in the movies as an actor today, told his dad one day that he had to face reality, that there was no more demand for his type of talent. Some of his friends and Keenan urged Ed Wynn to try out for stage acting. After diligent study and effort, Ed Wynn convinced a stage show manager to give him a tryout. He successfully passed the tryout, was given parts in several subsequent plays, and today, at the age of 75, he has contracts for leading roles in many advance shows to come. Now, did the calendar mean anything to Ed Wynn? Well, I should say not, and, incidentally, a prominent newspaper reporter suggested to him to write his autobiography, the story of his life, whereupon Ed Wynn said, "Don't be ridiculous, man; I haven't lived it yet." I thought that was very well stated.

Now, it is one thing when a man is compelled to retire from a certain job due to exacting demands required to hold that job, but, if he still has the physical and the mental capabilities of working and you put him on a dole, you then are retiring him from life, and when that occurs, the man is finished.

Most so-called older people are respected because of their age, but the man with definite work capabilities isn't looking for respect. He wants work because any normal human being desires to be self-sustaining in order to maintain his dignity and his independence. Now, I realize there are many and various reasons that influence the causes of these eight problems I have just given you, such as improper legislation, uncontrolled creeping inflation, indifference to family responsibilities, and others. Nevertheless, the members of the Mayor's Committee on Hiring the Physically Handicapped and Older Workers will continue with this positive mental attitude to overcome and solve as many of these problems as we possibly can on our local level. Thank you for your attention.

Senator CHURCH. Thank you, Mr. Clemens. Our next witness is Mr. Darrell H. Dorman, accompanied by Mr. Leland Clark. Mr. Dorman is president of the Idaho State AFL-CIO, and Mr. Clark is president of the Boise Trades & Labor Council.

**STATEMENT OF DARRELL H. DORMAN, PRESIDENT, IDAHO  
STATE AFL-CIO**

Mr. DORMAN. I believe I lost Mr. Clark. Senator Church, Committee on Aging, ladies and gentlemen, I am grateful for this opportunity to appear in behalf of the Idaho State AFL-CIO and its 25,000 members on the problems of the aging.

I think to arrive on how to solve some of these problems of the aging, we should go back in history, a little to see what has brought a lot of them about. If you have studied in America, it was first a rural population and most people lived out in the country, and we didn't have any problems of aging because most of the aged people lived on farms and contributed quite a bit to making their own living. Then we got into the industrial age along in the teens and through the twenties and thirties, and that caused a shift of our population to the city centers where the problem of living became more costly to people. As we progressed through this industrial age, the new methods of doing things lowered our farm population where less people can produce a lot more. So, today, where we used to have over 50 percent of our people in rural areas, today we have less than 10 percent of our people actually living on farms. So, that means that the growing population is getting older and living in the cities.

Now, in Idaho, we presently have about 41,500 people on social security. When you look at the population of Idaho, that is a pretty good segment of about 700,000. We have 41,500 that are drawing social security benefits. Now, those people do not include some of the people who are on old-age assistance and public relief—that isn't what they say any more, but that's what it amounts to, or that's the feeling most people have about it. The problem is going to continue to grow larger because our medical science has advanced very much, and through the new tools and methods we have to operate with, the life span has become quite a little longer. So, this 41,500 is going to continue to grow in the next few years and probably will be doubled in the next two decades, at least, and then we will have 90,000 people.

Now, it is true that we are getting into automation. We think of that as something that happens back east, but don't you ever forget that we're having automation in industry in the State of Idaho. In a lot of these sawmills today, they used to have three people to run the saw, turn the log, and such, and now they have one in that position. In the meatcutting plants, they have automation. The butchering and slaughterhouses have taken out many of the people and they are still producing more meat. That is automation.

What happens when they automate? Some of those people, who are getting to be older workers, are denied a job because they keep the younger ones on as they can produce more, and that makes them go into involuntary retirement. Then if they have not established a good enough income under social security, they have financial problems, and I believe part of the aim of this committee is to find out what is happening and how you should take care of them. On the other side of this, we might look at the person who voluntarily retires. I have worked for labor for 15 years—more like 16 or 17 years, I guess, and I know many people. Now, as a usual rule, the person who goes up for voluntary retirement has a little nest egg put away, maybe

in the form of some money which is drawing interest, or they have houses which draw rent. They take their social security for themselves and their wives, and they have it all mapped out how they are going to get along on that income. You want to remember that the social security law has been amended in the last two sessions of the Congress which raised the benefits, but many people in the State of Idaho are drawing benefits under \$100 a month today because their earnings were not so great in the time before the law was amended. Workers retiring now have a bigger base and higher takeout, and they do have better pensions. I believe that with the newer rates the people who are presently retiring might be able to keep up with inflation and be able to live, but some of the people who retired a few years back do not have enough income to care for their needs today.

Now, also, I might say that they get along pretty well when they retire under voluntary retirement until the time comes when they have a sickness, or accident that takes part of their nest egg, and then they run into trouble. I also served on the employ the physically handicapped and older workers committee, which Mr. Clemens spoke about. I know the problems of getting jobs for some of these retired people, or people who are on social security who have to make a supplementary income, and I tell you, it's pretty hard to get someone to hire them at that age. They say, "I'd sooner hire a younger person because I have to train them a certain amount." In other words, they fear that the person who is up in his sixties might die any day, which any of us could die any day. I don't think that his risk is any greater than ours.

On the Governor's Committee on the Aging, we went into many facets of this when we had our meeting last year. One of the facets that occurred to me which was quite important, was the housing facet where many people lived through the years and produced their children and worked, and then they retired and their family is smaller and they have too large a house. Many houses have basements or upstairs in them, and as they get older, they can't go up and down, and they need better housing. You say, "Well, if they own a house, they can sell it and buy another house." With the cost of building new houses today, and you have a house that's a few years old, I don't think you can sell it for enough money to buy one of the new modern houses where it's all on one floor and has all modern conveniences. So, it constitutes a problem.

The Senator said they had passed a bill to try to make more money available for those kind of people, and I realize that those kind of people are looked upon as pretty high risks by most of our lending institutions. They say, "Your lifetime isn't too long; we don't want to take the risk of loaning you money," but, if you will stop and analyze that the house they are buying is good for the amount of the loan, but they wouldn't lend them money on it, and, actually, I don't think they would be taking any risk because the house is still sitting there as long as it is maintained.

Another problem that bothers many retired people is the problem of what to do with their time. Most Americans are pretty thrifty and energetic, and they want to have something to do. In the Governor's conference, we discussed this quite a bit, and I don't think we came up with any solution. It is true, you can join clubs, you

can travel, you can go fishing, you can go hunting, which many people do, and most people with retirement have a pretty good automobile, but they might not have enough money to buy a new one, and so they try to maintain that one. If something happens to it, they get out of a means of transportation, and that is a detriment to them, but I think the main thing to worry about is the income these people get when they retire, and I think it should be expanded so that they will have ample income to work on, and with our unemployment situation what it is today, I think that more people should be encouraged to retire than when they meet that age, although it is in no way a union rule that people retire. We have many craftsmen in the Boise and Idaho area who are up in their seventies and still working every day, and the main reason that they are working is that they don't feel they have enough income to retire on, and there are many people who are retired and work part time and earn the maximum under the law. Now, they might not want to work. They would sooner be entirely retired, but they mainly have to work in order to carry on, but, as I have observed, these people who have retired voluntarily and mapped out a real good plan to enjoy their golden years, as I've heard them mention, they get along real good until some sickness or something hits.

Now, I heard this morning they can go to public assistance and get help. I'd like to tell this committee that most union people, who have worked most of their lives, don't want even to let anybody know they went to public assistance. They want to feel that they are self-supporting, and many of them will go along and do that, and I have heard of many cases where there was sickness in the family, the man or the lady, and they have income property and they will own a home, and because of that sickness, they have had to sell their home to pay off the bills, and then that puts them in a worse condition because under the original setup, when they owned their own home and they only had to pay their taxes and maintenance on it, they had ample income to live and stay in that home, but when they lose the home and have to sell it to take care of medical bills, then it puts them in the category where they have to go and rent something and it takes part of their income to rent.

So, I think we should take a real good look at the payments under social security and try to improve upon those payments of social security.

Now, on the medical expense thing, I've talked to many retired people who have had insurance policies for a good number of years, and they get what I call a "Dear John" letter from the insurance companies when sickness hits. They will pay for their first bill, and then they will send them a nice letter, saying, "Well, hereby you have this chronic condition, and we hereby cancel your insurance policy." Now, those people had bought that policy with the idea of keeping it until they died to take care of their needs. When that happens, they are not being taken care of. So I believe that we should either give Federal protection on the order of the Anderson-King bill, where you pay in under social security, or else strengthen the laws on the insurance companies where they can't cancel those policies.

Now the trade union movement for their workers is trying to take care of the problem of canceling their policies. They have now negotiated policies which they call group policies, which are non-



cancelable for any member, and it takes care of the medical needs until they retire, but, upon retirement, they lose it because in most cases the employer pays for the plan, and some of them are paid jointly by the employee and the employer, but, when he ceases to work, there ceases to be payments made on the plan, and most plans are negotiated with these insurance companies on the stipulation that, if a man is not working, he can only carry the policy for 3 months by paying it himself. Now I think they purposely do that to eliminate the people who have retired from coverage under that plan and get out of the expense because I think the national statistics will show you that the medical expense on people over 60 is  $2\frac{1}{2}$  times the expense it is on people under 60. So it is my belief that the only solution to the thing is to adopt some law or something where it will call for payments through the years of productivity.

Now several local unions in the State, and the Idaho State AFL-CIO in the last two conventions, have adopted resolutions favoring medical care under the social security law. Now the Senator said they didn't want to talk about the Anderson-King bill here today but—

Senator CHURCH. Anybody who wants to talk about anything is free to do it. You can talk about anything you want to. I just wanted to say that our scope includes not only medical care, but retirement income, housing, and other problems that face the aged.

Mr. DORMAN. We feel that there needs to be something adopted that will give these people who retire some assurance that they are going to have medical care.

Senator CHURCH. May I interrupt and ask here, Darrell: The problem that you mention is a problem that troubles me, and I would ask many questions concerning it, and I have asked such questions, and I must say that I get roundabout and turnabout answers, and I think that may be because there are no direct answers to this question and no solution has yet been tendered, but this question of medical insurance, which during the active and vigorous years of life can be maintained or, as a part of a group, can be maintained without cancelation, many older people tell me that, once they do retire, they no longer have the benefit of this kind of medical insurance protection, but they find that their medical insurance plans are canceled out when they need them most, and the thing that they relied upon to pay the \$500 or \$600 or \$800 hospital bill isn't there when you need it.

Now I think we have to address ourselves to that problem because it is very real, and we need to try and find some solution to it. Two proposals have been made. One you mentioned. One is the medical care benefit part of the social security system that would be available on a noncancelable basis to older people who are part of the system; the other will be to find some method for eliminating the problem as it now exists and which relates to all people who now carry private medical insurance, but, in any case, it is a problem we have to face up to and try to find some answer for.

Mr. DORMAN. I think we have. Now, we believe this, that you take most persons who are retired today three out of five have incomes of less than \$1,000 a year. Those are people who are now currently in retirement status. Now the people who are retiring from now on with the increased payment under social security and the expanded

coverage to \$4,800, will be able to draw for a man and wife about \$195 a month, which, if they own their home, appliances, and car, is probably ample money to live on.

Now another thing we think that puts a threat in here is the rising medical costs. I've heard somebody who said we have creeping inflation. We have, in medical costs, I think, not creeping inflation, we have had it by leaps and bounds, and that is what has caused the unions to go out and negotiate medical plans because of the position their members got in when they were sick or injured or were in the hospital, and we are firmly convinced that the only solution to this problem is by the adoption of some Federal legislation through such as social security. Now people say that that wouldn't work. I think we have had 25 years' experience under the social security law and have found out it's working very good for the benefit of the people when they retire.

Now I have heard this plan under social security called socialistic. Well, I don't see where it's socialistic. I think if you would put it under social security, it is a plan where through your working years you will be paying for your medical care when you retire. Now they have made much study on the Forand bill and now the Anderson-King bill, which is before the House. I think both bills call for a quarter of a percent addition to the social security account to take care of the medical coverage, and they say it has proved out to be physically possible and feasible. That is a quarter percent by the worker and a quarter of 1 percent by the employer. Now I don't think that cost is going to be staggering to any employer if you stop and analyze it. A quarter of a percent of \$4,800 would cost the average worker \$12 a year for hospital insurance after he is 65, and I am sure that any worker in the State could contribute a dollar per month through his working years to achieve that medical coverage, and I think I will stop with that. I could go into the bill further, but I don't think I should. My time, I believe, is about taken up.

In addition to those eight unions that you denied before, I had another request from the Brotherhood of Locomotive Firemen and Enginemen, but they are allowed to send in a report, I understand.

Senator CHURCH. Yes, if you will have them send in a written statement, we will be glad to accept them all, as well as all the other unions making the request. I want to thank you very much for coming and for your testimony.

Mr. DORMAN. I have one letter from a member of organized labor, and I would like to submit it.

Senator CHURCH. Very well, it will be made a part of the record. Thank you very much.

(The letter referred to previously follows:)

CALDWELL, IDAHO, November 17, 1961.

MR. DARRELL H. DORMAN,  
President of the Idaho State AFL-CIO.

DEAR SIR: I read the article in last night's News Tribune, Caldwell, "Aged Problems Aired in Boise." This article covers our circumstances. The two of us receive \$91.50 a month social security. In November 1955 we both were insured by the United Insurance Co. of America, Oregon State Office, 3331 Northeast Sandy Boulevard, Portland, Oreg. This insurance was to cover sickness and accident, we could receive sick benefits in our home, in doctor's office, or the hospital. We both were down with "flu" and this company took care of us real good for our first sickness. My husband George H. Turnbull paid \$100 a year in

advance for his policy, and I paid \$50 for my policy. Our premiums were paid in full to February 1962. Mr. Turnbull took ill with sciatica nunitis October 1960, confined to his bed, chair, and house. This company paid a small amount to him after much writing and explaining his condition while he was totally disabled. February 1961 he became terribly ill with labyrinthitis in his right ear, he was confined to bed for 16 days, cared for like a child, his balance was gone, he could not do any work unless he sat on a chair.

August 31, 1961, we received a letter from the United Insurance Co. of America, asking us to sign two waivers, one we kept, the other sent to them stating we would not ask for any more benefits for his rheumatism, labyrinthitis, or dizzy spells. We consulted an attorney, he told us not to sign the waivers. October 16, 1961, this insurance company returned Mr. Turnbull's check, his premium paid to February 1962 had been canceled. Now this leaves us with no security for doctor bills, medicine, and hospital, if we had to go there. This company had made us believe they were connected in some way with social security in their letters. We were made to believe we would receive benefits from this insurance company if we became partially disabled or totally disabled.

On November 25, 1955, an agent, Carl L. Wells, Boise Idaho, State Office, 612 Main Street, Boise, Idaho, claimed to be a licensed representative of the lifetime disability income department of United Insurance Co. of America. We paid Wells at this time \$110. Then \$100 a year thereafter for Mr. Turnbull's policy which they have canceled. You said in your article, "Aged Problems," we must get protection, or the laws covering insurance should stop these insurance companies from cancelling policies such as ours. Illness comes; we can't earn anything to take care of ourselves, and we are made to believe this insurance company will care for our needs if we keep our policy paid up—and here they can quit you cold.

I do hope something can be done about this United Insurance Co. of America. My policy is paid in full to February 1962, but if I ask them for help due to my rheumatism in my hip, they will cancel me out. I have given them several names of my friends who took out a policy in this company, I am truly sorry that I did.

I hope I have not burdened you too much with this letter, and that you will give me an answer, or you may know the man who deals with problems like this one. I hope we hear from you, Mr. Dorman.

Sincerely,

By MRS. GEORGE H. TURNBULL  
(For Mr. George H. Turnbull).

Senator CHURCH. I have just received a note that one of our witnesses originally scheduled for this afternoon says she must leave and has asked to be heard now, and that is Miss Alice Brown, representing the Retired State Teachers Association. Miss Brown, are you here?

#### STATEMENT OF MISS ALICE BROWN, RETIRED STATE TEACHERS ASSOCIATION

Miss BROWN. Senator Church, ladies and gentlemen, I am glad to represent the retired teachers of Idaho. We formed our association in April of 1955 with a membership of 24. We now have a membership of over 80. These people come from all over Idaho, but our local unit is from Boise, Nampa, Caldwell, Meridian, Melba, and Wilder. Miss Clara Young, the past administrative vice president of this area 1, says that our membership, local, State and National, is outstanding. We meet four times a year at 12:30 noon at the Owyhee Hotel for a social time, a program, and a business meeting. There were 52 at our last meeting.

Last year, we sponsored the bill that was passed by the legislature and signed by our Governor that gave 315 retired teachers in all parts of Idaho, retired before January 1, 1958, an increase in their check each month. Some checks were almost doubled, but there is still ad-

justments that should be made in some cases. One teacher was only receiving \$15 a month and no social security. By working and doing some researching, we can do much to help, and there is much to be done in this field.

There was a bill introduced last summer asking that all retired people, including teachers, have the same tax exemption, and this letter was received just last night by our area director. The group will consider the action necessary to assure that pensions of teachers and other retired persons be awarded the same treatment by the U.S. Internal Revenue Service as that permitted other retirement incomes. Such a bill introduced by Representative Wilbur Mills from Arkansas, chairman of the House Ways and Means Committee, was passed by the House of Representatives on August 22 of this year, and now awaits action in the Senate Finance Committee.

We have our State retired teachers association, which was organized just 1 year ago. In October 1961, we had our first State convention in Idaho—just last month. Idaho was well represented from the north to the south, and from the east to the west. We will be able to do a great many things for our aging group, but the big thing that we are interested in now is housing, which will be within our limit, and nursing homes, of which we have heard so much this morning.

We have a new insurance policy which we are studying, and think it is much improved over the old one. If we can help this group in any way, we will be glad to do so. Thank you.

Senator CHURCH. Thank you very much, Miss Brown. We appreciate hearing from you. Did you give us the number of the bill in your testimony?

Miss BROWN. No; I didn't.

(The bill referred to is H.R. 6371.)

Senator CHURCH. We will be able to ascertain it for the record. Thank you. Our next witness is Dr. Robert E. Staley, of the Idaho State Medical Association, who is the current president. He is accompanied by Dr. E. V. Simison, who is the past president of the Idaho State Medical Association. Dr. Staley, I want to welcome you on behalf of the committee.

**STATEMENT OF DR. ROBERT E. STALEY, PRESIDENT, IDAHO STATE MEDICAL ASSOCIATION, ACCOMPANIED BY DR. E. V. SIMISON, PAST PRESIDENT, IDAHO STATE MEDICAL ASSOCIATION**

Dr. STALEY. Ladies and gentlemen, I would like to extend to you and Senator Church the sincere appreciation of the members of the medical profession in Idaho for giving us this opportunity to express our views and opinions on the matter of medical care for our elder citizens.

The medical profession's interest in the aged is by no means recent, nor has it been slight. I would like to point out to this Committee on Aging that during 1959 and 1960 this committee and all the State-sponsored medical associations sponsored nine regional conferences on aging, involving both the lay and professional leaders from many fields of interest, industry, labor, churches, schools, government, women's groups, service planning groups, clinical and official; all State medical associations; and more than 100 county medical societies having active committees on aging.

The activities of this group are diverse, and I think it would be well if I just listed a few of them before this committee. They include sponsorship of conferences on aging, promotion of health maintenance programs, sponsorship of voluntary health insurance and prepayment programs for persons over 65, improvement of State and local indigent care programs, stimulation of nursing home construction, promotion of homemaker services, home care programs, rehabilitation services in nursing homes, and other special health care programs. State and county societies and certain committees on aging are sponsoring programs and disseminating programs to acquaint the physicians and other interested persons with new discoveries and techniques and care of the older patients.

I call to the attention of the members of this committee such publications as "Medicine's Blueprint for the New Era of Aging," "The Positive Health Program for Older Persons," "Health Aspects of Aging," and others. In its continuing interest into the question of aging, the medical profession is gathering data in the following areas: Economic resources among older people; the effect of reduced employment opportunities on the health of older persons; the relative ability of persons under 65 and over 65 to pay for hospital care.

Today, Idaho has a medical population in excess of 550 physicians, and all specialty fields are represented. The Idaho State Medical Association willingly provides leadership and guidance to any agencies and organizations within the State, including the State department of public health, the crippled children's services, and such voluntary agencies as the Cancer Society, Tuberculosis Association, and the National Foundation, and many others. In connection with the Idaho State Department of Public Assistance, the officers of the Idaho State Medical Association assist in the implementation of the Kerr-Mills program.

During September of 1961, a total of 993 persons received benefits under the Kerr-Mills program, with expenditures totaling \$155,442. Of this amount, \$131,347 was expended for nursing home care; \$24,000 was used for physicians and hospital care, and of this latter figure, physicians received \$9,052 and hospitals \$15,042.

Our association has been active in encouraging private insurance companies to make prepaid medical care programs available for persons over 65. At present there are more than 50 companies within the State providing medical, surgical, and hospital coverage to our elderly friends at nominal fees. For more than 15 years physicians in the 10 northern Idaho counties have sponsored the North Idaho Medical Service Bureau, which provides medical, surgical, and hospital care to low-income groups. The program is sufficiently flexible to provide excellent coverage for a major portion of the workers in this area. Beneficiaries of this program are permitted at the time of retirement to continue their coverage. One of the large industrial groups covered by this plan permits the employees at retirement age to continue their hospital, medical, and surgical coverage at the nominal cost of \$1.50 per month.

In recent months, the physicians of south Idaho have been actively engaged in the formation of a brochure type of prepaid medical program. It is expected that within a reasonable period of time that program will be offered to residents of this section of the State.

I would like to point out to this committee the part that is being played by the numerous church organizations, fraternal societies, and voluntary service clubs in providing funds and facilities for the medical care of many of our needy. We believe that local and existing State programs, such as the Kerr-Mills program, represents a natural development and implementation of the communities' responsibilities for their members. Such programs recognize the individual's right to call upon his neighbors, if and when he needs help. They do not force upon him a specious promise of protection in which he has no choice and which bears no necessary relation to his real problem.

We believe that any Federal medical care program, which cuts across and conflicts with this existing program, can only be uneconomical, inefficient, confusing, and, in the end, destructive of good medical care. The members of the Idaho State Medical Association feel deeply that the King bill, H.R. 4222, is an approach to socialized medicine because it sets up an irreversible and continually expanding system of Federal control, conducted and supervised medical care for millions of Americans. It is socialized because the Federal Government, on the basis of increased social security taxation, develops a fund eventually amounting to billions of dollars, which it will spend without any intermediation by the community, county, or State.

Good health is far more than the mere absence of disease or infirmity. This is only its negative side. Health is also a positive state of physical, mental, and social well-being. The practice of medicine is truly the ultimate in one human being's service to another, a sort of service you must be able to choose and change freely to fit your own needs. It is a kind of service relationship which requires respect and confidence and a kind of individual attention which cannot possibly be reduced to legislation or to regimentation.

In conclusion, the physicians of Idaho will continue to provide the best medical care to all of our citizens, but we prefer to do it in a voluntary way.

Senator CHURCH. Thank you, Doctor, very much. Our next witness is Mr. Charles O. Dunn, representing the Church of Jesus Christ of Latter-day Saints.

#### **STATEMENT OF CHARLES O. DUNN, REPRESENTING THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS**

Mr. DUNN. Senator Church and committee, ladies and gentlemen, I represent the Church of Jesus Christ of Latter-day Saints, and my statement here today is made on invitation of the Committee on Aging. This is not the official statement of the church, but my personal opinion as to its stand on these matters.

Welfare work in our church is not new. Ever since it was organized in 1830, the church has encouraged its members to establish and maintain their economic independence. It has encouraged thrift and fostered the establishment of employment-creating industries. It has stood ready at all times to help the faithful members who are needy. Our program includes help for our elderly church members. Quoting from a statement of our first presidency made in 1936:

Our primary purpose is to set up, insofar as it might be possible, a system under which the curse of idleness would be done away with, the evils of the

dole abolished, and independence, industry, thrift, and self-respect be once more established amongst our people.

The aim of the church is to help the people to help themselves.

Church welfare accepts as a fundamental truth the principle that the responsibility for one's economic maintenance rests first upon himself, second, upon his family, and third, upon the church if he is a faithful member thereof. Faithful to this principle, welfare workers earnestly teach and urge church members to be self-sustaining to the full extent of their powers, and that no member, while physically able, should voluntarily shift from himself the burden of his own support.

Under this program, it is obvious that no person should become a charge upon the public, when his relatives and family are able to care for him. From the beginning, the church has assumed the obligation to the best extent of its resources and organization to provide the necessities of life for such of its members as are unable to provide for themselves, and when they do not have relatives who can and will provide for them. This organization is well set up in each ward and stake throughout the church, and I would point out here that not 1 cent is utilized for administrative costs of this program. Funds are raised for this aid to the needy through work and agricultural production projects, in which labor is freely contributed by the members, and through the organized program of the fast day, which calls for each member to voluntarily give up the eating of two meals on the first Sunday of each month, and to contribute the cost of these meals exclusively to the support of its needy and aged members. Out of these funds and commodities, we are able to care for all needs, such as housing, food, clothing, utilities, doctors, hospital, and medical needs.

It is our objective in all cases, where assistance is given, to provide, where possible, work projects for those who are physically able, so that their independence and self-respect is maintained, thereby eliminating as much as possible the evils of a dole. We counsel and encourage our elderly members against accepting public assistance in the form of direct relief, nor do we subscribe to the program of retirement at age 65, or any other age, except for physical or mental disability. So long as there are unlearned to be taught the truth, naked to be clothed, hungry to be fed, sick to be visited, or distressed to be relieved, the church cannot and must not, if it is truly of Christ, surrender this most important function to any other power or organization. To do so would be grossly apostate from true Christianity and lay its members open to the denial of God and their surrender to the Communist theory of full reliance upon the state for its welfare. Everything that Government does for us that we ought to be doing for ourselves is one more step in taking away our freedom and in the direction of communism.

From the foregoing, it is obvious that our church would not and could not endorse or cooperate or enter into any extensive governmental program for assistance to the aging. Thank you.

Senator CHURCH. Thank you, Mr. Dunn. I think that you are going to be our last witness this morning. We have come to 12 o'clock. Let me say to you what I said to the representative of your church in Pocatello, in connection with the statement that you made,

that you counsel with your members against the acceptance of public relief.

It is still commonly known down in Washington that, during the great depression, when there were so many unemployed and the public relief programs were large, that very few, if any, members of your church were ever engaged in public relief. The church through its own welfare program took care of them during those days. I thought you might be interested in the fact that that made a great impression in Washington and is still commented on there frequently. Thank you very much, Mr. Dunn, for coming.

Now, I'm sorry, folks, that I haven't been able to get through all of the witnesses that we have scheduled for this morning's session, and I must say that that is mostly my own fault because I have during the proceedings asked questions, but I want to get the record as complete as possible, and I can only do that by asking questions.

Owing to the fact that there are still others who were to testify this morning and have not testified, I think we should come back here for this afternoon's session, which was originally scheduled for 2 o'clock, at 1:30 and proceed through the balance of the afternoon until everyone has been heard from. I want to thank you for your courteous attention this morning.

(Whereupon, at 12:05 p.m., the subcommittee recessed until 1:30 p.m. of the same day.)

#### AFTERNOON SESSION

Senator CHURCH. The hearing will again come to order, please. Our first witness this afternoon will be Mr. Frank W. Evers, who is representing the United Veterans Council.

#### STATEMENT OF FRANK W. EVERS, REPRESENTING UNITED VETERANS COUNCIL, BOISE, IDAHO

Mr. EVERS. Senator Church, members of the staff, thank you. Ladies and gentlemen, before I say anything, I didn't want to be carried away, but my heart and soul is with the veterans, our fighting men, but, after seeing the number of people that were here this morning, especially the ladies, I think we have a lot of brave women amongst the ladies, too, to admit that they are in the senior age group. I didn't want to get carried away and overplay my hand, so I have a few words here I want to say.

I have been appointed the representative of the United Veterans Council to appear at this meeting. This council is comprised of 11 nationally chartered veterans organizations in the Boise area. It is estimated that there are over 80,000 war veterans in Idaho. On the national level, it is estimated that nearly one-half of the total population in our country is made up of veterans and their dependents. Five of these veterans groups that are in this Boise area have a combined total of 16,950 paid memberships, with no deductions for duplications in the various organizations. The balance of veterans, roughly 63,000, fall into several categories, such as indifference as to joining any veterans group. Fortunately, some have been able to set aside enough so as to keep them from having to apply for public assistance.



Others have arrived at the age where they feel that it is a lost cause to try and secure any more than the amount they are receiving at the present time from social security, and some are of the opinion that they should not pay dues from their meager finances to join any of these worthwhile veterans organizations.

The average age of the veteran of World War I is about 67 years. Now, this morning, I notice they were discussing 65. Well, the average age of the World War I veterans, in particular, is 67.

A controversial bill, known as H.R. 3745, if enacted, will pay to a veteran of World War I, who meets the service and income limitations requirement, a pension of 30 percent over part III of the old pension provision of \$78.75, or \$102.36. There are a great number of veterans that will not come under this bill due to the fact that they did not serve 90 days during the period April 6, 1917, through November 12, 1918.

Many World War I veterans came back to this country after the war to find that their positions had been filled by younger men and women who had not entered into the military service. After the depression, the great exodus was on from the large cities and from all over the country. Farm wages sunk to a new low, and at that time there was no provision for social security. Many farmers lost their homes and their livelihood.

Now, at 67 plus, the average veteran is unable to continue in his trade for many reasons, poor health, lack of confidence, and the fact that employers are not prone to hire anybody at that age. If he has not made provisions for himself and his dependents in the earlier years, he becomes a very discouraged person. We of this veterans' organization are not only interested in the veterans, but also the civilian senior citizen, his widow, and his dependents.

The Veterans' Administration Boise Hospital is a 250-bed general medical and surgical hospital, with an operating bed capacity of about 207, and an average daily patient load of around 175. Where a veteran hospitalized has received maximum benefits from hospitalization and due to physical or mental disability, who is unable to care for himself, and has no close relatives or friends to care for him, or accept guardianship, the Veterans' Administration will assist him in entering a nursing home where proper care can be administered.

For a veteran to be eligible for admission to a VA domiciliary, he must be capable of attending to his daily needs without any assistance from others. Minor medical care only is provided. We are grateful to the Veterans' Administration for all of this.

Now, what can be done for the senior civilian citizen, the man that did not serve in the military forces? He and his wife are amongst us. He is our neighbor and our friend, arriving at the sunset of life, just as we are. He must have a home, medical attention, hospital care to maintain his dignity in the community in which he lives.

The United Veterans Council feel that, if enough concrete cases are presented to the public at large, a thankful and appreciative Government will take measures to alleviate the conditions not only in Idaho but throughout the entire United States.

Now, what are these various veterans organizations doing? In our little way, the 11 veterans' organizations I told you that comprise this Boise council, they have a volunteer program. One of the pro-

grams is called the VAVS, the Veterans Administration Volunteer Service. These old buddies, and, of course, the youngsters too of World War II and "world war III," the Korean war, they are on this visitation committee that contacts all patients in VAVS in the Veterans' Administration in Boise, also in the soldiers home, and they make contacts where patients are at home and not hospitalized. They go to the other hospitals, such as St. Luke's, St. Alphonsus, and other nursing homes in the town here. When a patient is finally discharged by the Veterans' Administration, a member of our visitation committee, which I mentioned all 11 organizations have, and we have about 130 people with about 10 on each team, and there are some other groups too, and, don't forget, the women's auxiliary is more active than the men, they all visit this party at home, ask him if there is anything they can do for him, if he needs any assistance or advice in reference to his compensation, his insurance, or his pension. We will try and secure that for him. But how do we go about it? After he has given us what we wanted to know, we come back and acquaint our members of the hospital committee to contact the Idaho Affairs Commission, Veterans' Affairs Commission. We have been very successful and are having marvelous cooperation from them. After we have explained the case as much as we can to the Veterans' Affairs Commission, they, in turn, channel it through the Veterans' Administration, and the result is that we have had wonderful commendation and much thanks from the widows and also from the wives of these men, who have arrived, as I say, at the sunset of their lives and are not too positive of what they do. They have lost their discharges at times, but, nevertheless, that has been examined carefully in the Veterans' Administration and in most cases we have been able to get the insurance taken care of and the pensions taken care of.

We also have a program every year at Christmastime, that we go through and that the Veterans' Administration has approved. There are four wards in the Veterans' Administration, and, as I said before, of these 11 organizations, there's two members of each organization who will take a ward, and they go through and distribute gifts and the like, but that isn't what they want, a package of cigarettes, maybe a chew of snuff, or something like that. What they want is someone to sit and talk with them and visit with them. There are a lot of buddies in that hospital there that don't have a friend out here, but, as I said before, these people that are on this committee, they will contact everybody. I have sat as much as 2 hours with one man, who would be up there with tears because he had lost his wife, and he's from another part of the country and he didn't belong to any veterans organization because he said he didn't know anybody. He said, "I'm a forgotten man," but, folks, there should be no forgotten men, particularly amongst the veterans and the aged.

I want to explain to the people who do not know this, that the soldiers home is a place where we do a lot of work, that is, the veterans council does. They have a bed capacity of 130 out there in 4 buildings on 38 acres. In the summertime, the patient load is about 90, and in the winter it's filled to capacity, 130.

Now, in closing, all I want to say is that we are here to do our bit, and if at any time you want any help from us, if we can possibly do it, the united veterans council is free and will be happy to send

somebody to your home and listen to your case, if we can be of any help to you. I was told by one of our senior citizens back there, "Now, don't make it too long, Frank, because I've got to take my cha-cha lesson." Thank you.

Senator CHURCH. Thank you, Frank. Our next witness, representing the Boise Council on Aging, is Mrs. May Fodrea. I certainly do want to welcome you here this afternoon. Make yourself comfortable and just proceed as you care to.

#### STATEMENT OF MRS. MAY FODREA, PRESIDENT, BOISE COUNCIL ON AGING

Mrs. FODREA. Thank you, Senator Church. I might say, Senator, I feel almost as important as you because I am one of the citizens about whom you are thinking and hearing. There is only one trouble with me, I am still working long, hard hours. So, I have no problems.

Senator CHURCH. Good for you. That's wonderful.

Mrs. FODREA. The Senior Citizens Council of Boise felt that you should have a little background on the program as it has developed in Boise. So, that is what I am going to give you first. On May 7, 1956, 21 Idahoans, representing all geographical areas of the State, attended a planning meeting at the invitation of Governor Smylie. These citizens were to plan the first State conference on aging. On June 14 and 15, 120 persons, representing all 44 Idaho counties, attended this conference. I am happy to say I was among those present.

At that time, it was the sentiment of the majority of the participants in this conference that the problems of the aging should be handled on the local level through already existing volunteer and official agencies. That local government has the responsibility for providing adequate facilities was emphasized. Then a great deal of interest and preparation in Idaho went into the planning for the White House Conference on Aging, held in Washington, D.C., January 1961.

Early in 1960, the Governor appointed a 40-member commission on aging to prepare for the State conference held on June 9 and 10 in Boise. The objectives of this conference were to acquire knowledge of circumstances and needs of Idaho's aging population, to assess resources for promoting the well-being and usefulness of the aging, and to prepare for Idaho's participation in the White House Conference. Twelve Idaho citizens attended this national Conference. Contrary to the fact that the Washington press, as a whole, considered the Conference rigged, the Idaho delegation was not instructed and were not subjected to any pressure groups.

Upon our return, we delegates were asked to talk and report to a variety of community organizations, including the Community Council of Greater Boise. This council requested that action be taken by the Governor's commission on aging while the legislature was still in session. Nine of the delegates convened in Boise and made verbal reports on the White House Conference. They also drafted the following statement of policy, which the Governor's commission also unanimously adopted as its own recommendations, and this is the statement of policy:

First, the need. The State of Idaho is involved in programs affecting older persons. Major services and benefits are provided by various State agencies and private organizations. In this situation, problems of coordination, communication and conflict inevitably arise. There is a real need, therefore, for an overall view and approach. The older persons with whom the States are concerned are not simply those who are indigent, nor the small proportion who live in State-operated institutions. The problems that came with age, sooner or later, confront most older people, touch every family, and relate to every aspect of life, income, health, rehabilitation, housing, employment, recreation, all of which are interrelated, and this may result in omissions, such as lack of focus, and lack of proper emphasis on the needs of older individuals. Those who seek help or information often do not know where to turn.

Therefore, it is recommended that in the State there should be established a permanent, nonpartisan Idaho State Council on Aging to provide statewide leadership on programs for the aging.

The functions: For such a council to work effectively, its roles and functions must be clearly defined and sufficiently broad. Therefore, it is recommended that the responsibilities of the State council on aging include at least the following: To provide a mechanism by which governmental and nongovernmental agencies can coordinate their plans, policies, and activities with regard to aging; to create public awareness and understanding of the needs and potentials of older persons; to gather and disseminate information about research and action programs and provide a clearinghouse for current plans and ongoing activities; to encourage State departments, universities, and other appropriate agencies to conduct needed research in the field of aging; to encourage training for workers engaged in services to the aging; to encourage, guide, and provide technical assistance in the organization of local or regional councils or units on aging, and in the planning and conduct of services, activities and projects; to cooperate with the Federal Government, local government, voluntary agencies, and other groups concerned with problems of aging; to recommend legislative and administrative action on behalf of the aging; to encourage local and State solutions to local and State problems.

Then as to the structure of this organization, it is recommended that—

(1) The State Council on Aging be established by legislative action on a continuing basis as a part of State government.

(2) The Council on Aging be independent of existing State agencies.

(3) There be encouraged local advisory groups with wide citizen participation representative of all major interests and agencies in the State, including voluntary and public groups working with the aged.

(4) There be interdepartmental representation from all State agencies concerned.

(5) There be adequate qualified staff attached to the unit to carry out its functions.

These above recommendations were incorporated in House bill No. 365, creating an Idaho Council on Aging and providing for the appointment of members thereto; setting forth the purposes of the

Idaho Council on Aging; making an appropriation thereto and fixing an effective date. Section 3 of this bill asked for an appropriation of \$7,500 for the Idaho Council on Aging for the purposes of this act. This bill passed the House, but died in the closing days of the Senate.

Idaho still has no formal organization to coordinate the activities of the existing State agencies, such as the department of public assistance, health department, employment security, social security, education, and so forth. It is the opinion of the majority of the senior citizens, however, that such coordination should not be administered by the department of public assistance.

There are approximately 58,000 persons 65 and older in Idaho, and those on old-age assistance, an estimated 12 percent, are in the minority; as more of us become eligible for social security payments, this rate goes down. When retirees are confronted with problems, and they are not always financial ones, they have no one place to go for counseling.

This topic of aging is an emotionally loaded one, and yet it is one which vitally concerns us all, or it should concern us, if for no other reason than that we are all aging. I believe that there is danger in talking too much about the problems of older people. We begin to think of ourselves as peculiar, just as teenagers and juveniles have developed psychoses about themselves. Too much talking brings insecurities to us that need not be. All ages, all life has problems. If we could all recognize this, we might be happier, healthier, and more secure.

We all have the same basic needs. We cannot solve all of the economic, social, and political problems that come in this troubled and changing society, not only to older people, but to people of all ages, but we all need to feel wanted and useful. We all need to find a happy place in society.

I hope that what I have said will lead no one to think that I am not completely in sympathy with the problems of the aging. Medical science has lengthened our lifespan so that the number is increasing. In Ada County alone, there are about 8,000 older residents, and about 12 percent of these receive old-age assistance. Many of these people are in need, in need of many things. In addition to more financial security, they need tender, loving care. I know, for I suppose that no lay person in the county has counseled more of these older people than I have. The thought comes to me that it is my generation that faces the greatest problems on this question of aging. I believe that men and women, who are now middle aged, and even younger people, are interested in this question. They will begin to condition for retirement, build financial, occupational, and emotional retirement.

I believe that one of the greatest problems we face in the State of Idaho is housing, and that is housing for the people with modest incomes. All over the Nation such places are being built. Corporations are being formed, nonprofit corporations, and wonderful houses are being built. They have many in Washington, D.C., many in the South, and now California is in the midst of a building program for people. I think there they could find a great deal of happiness at a rate they could pay.

I have several pieces of information here that I am just going to turn over to you, Senator Church.

Senator CHURCH. Fine.

Mrs. FODREA. I find that most of the women, who have written to me, have advocated that the social security program or the social security benefits should be brought down to 60 for women. That seems to be the consensus of opinion.

Senator CHURCH. I certainly do want to thank you for your testimony. When you say that we are all aging, you bring that home to me. I have been 5 weeks on the road, and I'm really feeling my age. I think this might be a good time for me to place in the record a short statement that I think is called for, owing to the fact that there was some comment at the Pocatello hearing that implied that our social security system is fiscally insolvent. I hear this charge raised from time to time, and I don't think it is well to let that go unchallenged lest the charge needlessly alarm persons who are now drawing benefits from the system and who are now paying contributions and building rights for future benefits.

It is necessary that we have confidence in the system if the facts warrant. So, I would like to put the facts in the record. The financing of the social security system has repeatedly been reviewed by advisory councils made up of leading businessmen and insurance actuaries and other outstanding experts of unimpeachable integrity. The last advisory council included, just for example, Elliott V. Bell, chairman of the executive committee of McGraw-Hill Publishing Co., Malcolm Bryan, President of Federal Reserve Bank of Atlanta, Reinhard A. Hohaus, vice president and chief actuary of the Metropolitan Life Insurance Co.

This council reported, and I quote from its last report:

The method of financing the old-age, survivors, and disability insurance program—

that is, the social security program—

\* \* \* is sound and, based on the best estimates available, the contribution schedule now in the law makes adequate provision for meeting all short-range and long-range costs.

I wanted to make that statement for the record, and I want to include with it an excerpt from a pamphlet entitled "Facts About the Old-Age and Survivor's Insurance Trust Fund," giving more detailed facts about the actuarial solvency of the trust fund of the social security system.

(The excerpt referred to follows:)

#### FACTS ABOUT THE TRUST FUNDS

##### THE FUNDS ARE USED ONLY FOR SOCIAL SECURITY

Most of the receipts of the trust funds are used for current benefits and administrative expenses of the program. The remainder is invested in Federal securities.

These investments are similar to a private insurance company's investment of current premium receipts not needed for payments to beneficiaries and for operating expenses. One reason insurance companies make such investments is, of course, to obtain interest earnings that will help to meet future costs of the insurance. These interest earnings lower the premiums which policyholders have to pay.

Securities held by the trust funds perform a similar function for the old-age, survivors, and disability insurance program. Earnings on these investments make possible a lower rate of contributions than would otherwise be required.

In fact, the interest now being received on the securities held by the old-age and survivors insurance trust fund is more than twice as great as the total administrative expense of operating the old-age and survivors insurance program.

The securities, of course, can readily be converted into cash when needed to meet disbursements.

#### THE TRUST FUNDS DIFFER FROM PRIVATE INSURANCE RESERVES

The amount of the assets required to be held at any one time in the trust funds to finance the old-age, survivors, and disability insurance program need not be computed in the same way as the amount of the reserve funds maintained by private insurance companies.

Private life insurance companies must have reserves equal to the present value of all benefits less the present value of future premiums. These reserves are required by law because the private company must be prepared to pay benefit liabilities or cash surrender values even if it should cease writing new business.

The Federal program, on the other hand, since it is compulsory under Federal law, can count on continuing participation in the program and the continuing payment of contributions.

#### THE FUNDS INVEST ONLY IN FEDERAL SECURITIES

Trust fund investments are limited by law to securities issued or guaranteed by the Federal Government. There are two principal reasons for this restriction.

First, it is designed to insure the safety of the funds; Government securities are the safest form of investment.

Second, it keeps this publicly operated program from investing funds in competitive business ventures. If the trust funds were authorized to make such investments, these funds through extensive purchases and sales might come to exert a significant influence on the market for private securities and they might become a means of direct public intervention in business management.

#### SECURITIES HELD BY THE TRUST FUNDS ARE NOT I O U'S ISSUED BY THE GOVERNMENT TO ITSELF

In investing their receipts in Government securities the trust funds are lenders, and the U.S. Treasury is the borrower. The trustees of the funds receive and hold Federal securities as evidence of these loans.

These Government obligations are assets of the funds and they are liabilities of the U.S. Government, which must pay interest on the money borrowed and must repay the principal when the securities are redeemed or mature.

The income and disbursements of the old-age and survivors insurance and disability insurance trust funds are not included in the administrative budget of the Government. Instead, the President reports the operations of these funds separately in his budget message to Congress, and the Board of Trustees is required to submit to Congress annually a report on the operations and status of the funds. The debt obligations held by the trust funds are shown in Treasury reports as a part of the Federal debt, and interest payments on these obligations are regularly made by the Treasury to the trust funds. Securities are sold or redeemed whenever cash is needed for disbursement by these funds.

#### MONEY BORROWED FROM THE TRUST FUNDS IS USED LIKE OTHER TREASURY BORROWINGS

When the trust funds lend money to the U.S. Treasury, the Treasury uses this money just as it uses the money borrowed from other lenders, to help pay the expenses of the Government. Amounts borrowed from the trust funds by the Treasury Department are not earmarked for any particular use. The Treasury must pay interest on the money it borrows from the funds, and repay the principal.

#### TRUST FUND INVESTMENTS DO NOT INCREASE THE NATIONAL DEBT

The Federal debt is increased only when for a given fiscal year Congress has approved expenditures that exceed tax revenues. The excess expenditures, of course, must be met by borrowing through the sale of additional Federal obligations. These obligations add to the national debt.

The purchase of Federal obligations by the trust funds does not increase the total Federal debt. If there were no trust funds, the Treasury would still borrow the same amount, all of it from other investors.

When the Treasury has no deficit to meet, Treasury borrowing from the trust funds can result only in the redemption of an equal amount of Federal obligations held by other investors, the total amount of the national debt remaining unchanged.

#### PEOPLE ARE TAXED ONLY ONCE FOR SOCIAL SECURITY

When taxes are levied to pay interest on or to redeem the securities held by the trust funds, these taxes are not levied for the purpose of paying social security benefits. Rather, they are levied for the purposes for which the money was originally borrowed.

For example, taxes have to be levied to meet interest payments and to pay back money borrowed to cover the cost of World War II, whether the obligations are held by the trust funds or by other investors.

The fact that a Government bond is held by a trust fund rather than by some other possible investor does not change the purpose of taxes levied to pay interest on it or to redeem it.

#### WHAT AUTHORITIES SAY ABOUT THE OASI TRUST FUND

"The Council believes the trust funds are and will continue to be larger than would be required for contingency purposes alone. Both the trust funds are expected to grow for many years and should remain well in excess of foreseeable contingency needs. \* \* \* The members are in unanimous agreement with the advisory councils of 1938 and 1948 that the present provisions regarding the investment of the moneys in these trust funds do not involve any misuse of these moneys or endanger the funds in any way, nor is there any 'double taxation' for social security purposes by reason of the investment of these funds in Government obligations."—*1958 Advisory Council on Social Security Financing.*

"When the bonds are held by the OASI trust fund, the general taxes raised to pay \* \* \* interest serve a dual purpose. They pay the interest which would have to be paid in any event and in addition make it unnecessary, to the amount of the interest, to raise payroll taxes or to draw upon general revenues to meet OASI outgo. Thus, the holding of Government bonds by the OASI trust fund in reality prevents future double taxation."—M. ALBERT LINTON, *then Chairman of the Board, Provident Mutual Life Insurance Co.*

"The bonds in the hands of the trustees of the old-age and survivors insurance trust fund are as valid obligations of the Government as those held by banks or insurance companies. The interest and principal due have always been paid as on other Government obligations."—JOHN J. CORSON and JOHN W. MCCONNELL, "Economic Needs of Older People."

"The AFL-CIO \* \* \* have supported the increases in contribution rates \* \* \* that have been enacted in connection with each set of benefit improvements. The trust funds now contain \* \* \* ample reserves and should quiet any misgivings about the ability of the program to make the benefit payments already projected."—NELSON CRUIKSHANK, *Director, Department of Social Security, AFL-CIO.*

"The idea \* \* \* is that we should pay in a little more than we need now, so that in future years the payroll tax will not have to be so high as would otherwise be necessary. The reserve built up, and the interest from the reserve, will mean that a substantial part of the cost of benefits will not have to come out of current payroll taxes in future years."—ARTHUR LARSON, *Director, World Rule of Law Center, Duke University.*<sup>1</sup>

<sup>1</sup> Membership of the Advisory Council consisted of Charles I. Schottland, Commissioner of Social Security, Chairman of the Advisory Council; Elliott V. Bell, chairman of the executive committee, McGraw-Hill Publishing Co., Inc.; J. Douglas Brown, dean of the faculty, Princeton University; Malcolm Bryan, president, Federal Reserve Bank of Atlanta; Arthur F. Burns, president, National Bureau of Economic Research, Inc.; Joseph W. Childs, vice president, United Rubber, Cork, Linoleum & Plastic Workers of America; Nelson H. Cruikshank, director, Department of Social Security, American Federation of Labor and Congress of Industrial Organizations; Carl H. Fischer, professor of actuarial mathematics and insurance, University of Michigan; Reinhard A. Hohaus, vice president and chief actuary, Metropolitan Life Insurance Co.; Robert A. Hornby, president, Pacific Lighting Corp.; T. Norman Hurd, professor of agricultural economics, Cornell University; R. McAllister Lloyd, chairman, Teachers Insurance & Annuity Association of America; Eric Peterson, general secretary-treasurer, International Association of Machinists.



(Memorandum No. 53, March 20, 1961, follows:)

DFO MEMORANDUM NO. 53 (23-61) DATED MARCH 20, 1961

Income to the two trust funds out of which social security benefits are paid exceeded outgo by \$648 million during the year ending December 31, 1960, according to a Social Security Administration release dated March 20, 1961.

The 21st annual report of the trustees of the two funds also gives fiscal and calendar year estimates for the following 5 years, 15 years, and for the long-range future up until the year 2025.

These figures, based on provisions of the present social security law, show that income to the two funds during the 1960's and on into the long-rang future will be sufficient to cover all outlays for benefits.

Income to the old-age and survivors insurance trust fund during calendar year 1960 exceeded outgo by \$184 million. Total disbursements for the year amounted to just under \$11.2 billion. Total income for the year was close to \$11.4 billion. At the end of the year, the fund stood at \$20,324 million.

Total income to the disability insurance trust fund during 1960 exceeded outgo by \$464 million. Disbursements totaled \$604 million, and income totaled \$1,068 million. At the end of the year, assets of this fund totaled \$2,289 million.

The estimates for the 5 years following 1960 show that under present law, total income to the old age and survivors insurance trust fund over the 5-year period will amount to \$70.8 billion. Total outgo during that period will come to \$67 billion with a total excess of income over outgo amounting to \$3.8 billion. At the end of December 1965, the assets of the old-age and survivors insurance trust fund are expected to amount to \$24.2 billion.

During these same 5 years, the assets of the disability insurance trust fund are expected to grow from the present \$2.3 billion to \$2.7 billion. Total income over the 5 years is estimated at \$5.9 billion and total disbursements at \$5.5 billion.

By the end of December 1970, the trustees estimates are that the old-age and survivors insurance trust fund will have grown to \$46.6 billion. On the same date, disability insurance trust fund assets are estimated at \$4.1 billion.

Senator CHURCH. Now, our next witness is Mr. John W. Hayman, representing the Idaho State Hospital Association.

**STATEMENT OF JOHN W. HAYMAN, REPRESENTING THE IDAHO STATE HOSPITAL ASSOCIATION**

Mr. HAYMAN. Senator Church, members of the committee, ladies and gentlemen, I would like to open my remarks by stating that at a national level the Blue Cross Association and the American Hospital Association are completing a comprehensive study, relating to realistic levels of the hospital and nursing home care, that can be prepaid on a voluntary basis for this group, which includes many with ability to pay, as well as those with limited resources. Bringing this to a more local level, we have the counterpart in the State of Idaho, known as Idaho Hospital Service, which is a nonprofit hospital service plan, sponsored by Idaho hospitals. We thought it would be of interest to this committee, the fact that years ago we felt some need, and at that time we started the wheels in motion to try to make an effort to satisfy these needs.

A group conversion in Blue Cross is written in every policy, that an individual who wishes, upon termination of employment, may take a nongroup plan. This is at their own wish. In Blue Cross, 43 percent of these conversions are for people over 65 years of age. In nongroup policies, 33 percent of the nongroup policyholders are over 65 years of age. It is interesting to note that the total membership of Blue Cross has over 12 percent over 65, and we like to have you bear in mind that all of these are noncancelable policies.

We in the Idaho Hospital Association recognize 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. In other words, we want to be sure what the problem is before getting any action taken. Assuming that the problem is acute enough to require rather immediate action, we feel that 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 through the local level. Thank you.

Senator CHURCH. Thank you very much, Mr. Hayman. I think you folks might be interested, as I certainly was when I was told about it, that there is present with us this afternoon a gentleman from Caldwell, Idaho. His name is Mr. Alfred E. Brown, and he was born on August 16, 1859. He is more than a hundred years old, and he remembers the assassination of Abraham Lincoln. He remembers even better in 1881 the assassination of President Garfield. At that time, he was living in Iowa. He earned his social security coverage at the age of 83, working for the Morrison-Knudsen Co. at Boise, building an airstrip here in Boise. He has also done manual labor in Caldwell, Idaho, and he says, "I read my bible several hours each day, never miss going to church, and I walk several blocks to town and back two or three times each week." He is 102 years old. I would like to present Mr. Alfred E. Brown. Mr. Brown, would you stand, please?

(Senator Church retired briefly from the platform and extended personal greetings to Mr. Brown.)

Senator CHURCH. Our next witness is Mr. Haakon A. Haugness, Supervisor of Special Services of the Employment Security Agency.

#### **STATEMENT OF HAAKON A. HAUGNESS, SUPERVISOR OF SPECIAL SERVICES, EMPLOYMENT SECURITY AGENCY**

Mr. HAUGNESS. Senator Church, members of the Committee, ladies and gentlemen, the Employment Security Agency, as a public agency, has an interest in and provides service to all types of applicants with employment problems, and included, of course, is the group under discussion today, the older worker.

Now, on the question of employment and aging, we perhaps use different age groupings than do others when discussing problems other than employment. This is because the problem of arbitrary age barriers begins for some much earlier than age 65. Many workers discover that, when they lose their jobs at age 40 or 45, they encounter this barrier. So, as a result, it is necessary for us to consider that a worker is old when he finds work opportunities denied to him because of his age.

Because of the remarkable increase in longevity since the turn of the century, and the low birth rate of the 1930-40 decade, the middle-aged and older segments of our population have increased much faster proportionately than the total population. During the 1960's, 2 out of 5 workers will be 45 years or older and, by 1970, there will be an increase in this group of 5½ million more than in 1960. The older worker population, those over 45, in Idaho will probably increase proportionately during this period. Today, this group comprises one-third of Idaho's labor force. Studies made by the Employment Security Agency show that the unemployment rate for this group is higher than that of other groups, that unemployment increases sharply in the upper age groupings, and that older workers remain unemployed longer than the average worker under 45.

An evaluation of retirement practices of a cross section of employers in Idaho indicates that 65 is the common retirement age. Twenty-three percent of the firms contacted had mandatory retirement policies. About one-third of these employers had a supplemental retirement plan, in addition to old-age and survivors insurance. Less than 10 percent of these employers provided some part-time employment for retired workers. The trend among larger employers in Idaho is apparently toward increased mandatory retirement policies at age 65 with supplementary retirement plans in addition to social security.

A survey by the National Committee on Aging indicated that, among older workers who don't want to retire at age 65, over half say that financial reasons are behind their desire to remain on the job. This certainly indicates that to these people social security and other retirement benefits do not provide them with an adequate income. This is undoubtedly true of Idahoans over 65. In view of this, perhaps some consideration should be given to making employment available to these older persons until such time as retirement programs provide adequate finances, eliminating the necessity of income through wages.

We have then two major groups of older jobseekers which present different problems with respect to employment. Those under the accepted retirement age of 65 who are having difficulty in locating employment, and the so-called retired person over 65 who finds that his retirement income is inadequate and must supplement it with some earnings.

Now, the young older worker, who by the standards of many employers is too old to work, is also too young to retire. Yet it is he who represents nearly one-third of the applicants seeking work through public employment offices. There are many reasons given by management for not hiring these workers, and there are many barriers to the removal of this discrimination. Some employers feel that older workers are not physically able to compete with others; inability to meet production schedules is given as another reason. Training and supervision of older workers is more difficult, according to claims of other employers. Many employers feel that pension costs and other fringe benefits are bound to increase as a result of the addition of older workers to their payroll.

Senator CHURCH. Could I just interrupt there to say that this problem is not only a problem of private employment, but it's a problem in public employment, too. I find that many people that are well

trained and qualified, who want to get into the civil service, for example, are frequently barred from doing so because of age considerations. So that when we talk a lot about providing for older people and employment opportunities for them as a function and responsibility of the Government, I think that civil service itself has failed to make much accommodation for it.

Mr. HAUGNESS. Another factor which has contributed to existing problems of this age group is the displacement of the workers from jobs through automation, technological changes, and other advances in industry. Some of these people possess skills that are no longer in demand, and this number is steadily increasing. They must resort to another field of endeavor, and this oftentimes requires training, which, for a person of this age, is generally somewhat difficult, and difficult from the standpoint of these questions: What field of endeavor should be followed? Where can this training be obtained? How can it be financed? How can family responsibilities be met during training? What assurance is there for employment upon completion of training?

The local offices of the Employment Security Agency are experiencing increasing demands for assistance to these workers. While the needs for some of these people in Idaho can be met by referral to jobs for which they are qualified, many others need considerable help. During 1960, 17 percent, or 9,782, of our total new applications for work involved persons over 45 years of age. Employment counseling service was given to 402 of these applicants in an attempt to assist them with special problems, and 8,500 jobs were filled by applicants over 45. This, incidentally, is 18 percent of total placement.

Our counseling and testing services are designed to assist workers in their decisions as to what area of activity they should now consider, or how they should go about solving other employment problems. In our placement attempts, it is often necessary to encourage employers to consider the individual's qualifications for the job, rather than his age. We have found it desirable and effective, whenever possible, to promote job opportunities for qualified older workers on an individual basis, contacting employers in the community who normally use skills of the type that this individual possesses.

Further, we engage in promotional and community activity designed to create a favorable climate for his acceptance into employment on the basis of his ability to perform the job. These community and promotional efforts have been greatly enhanced by our affiliation with groups and organizations interested in the welfare of the older individual, such as local committees on employment of the physically handicapped and older workers, local councils on aging, the American Legion, service clubs for women, such as Altrusa, Soroptimists, Zonta, and other organizations which have indicated a special interest.

In view of our observations as a result of our experience in working with older workers, we submit the following recommendations, which we feel might help to solve some of Idaho's problems:

- (1) Employers should study their employment practices to determine if a mandatory retirement policy of 65 is warranted.
- (2) Workers themselves should be encouraged to consider preretirement planning and to increase self-initiative.

(3) Added encouragement should be given to educational programs designed toward eliminating restrictive hiring practices with respect to age. Such programs should be directed toward employers and should point out the problems created by the adoption of arbitrary age restrictions, which are not substantiated by actual performance need, but are only employer preferences.

(4) Encourage the use of job analysis techniques in industry to determine where older workers can be best utilized. Such findings could also be used in planning for needed training facilities, so that such displaced workers can be retrained to meet existing occupational demands.

(5) Provide for expansion of facilities through the Employment Security Agency so that the growing demands can be met for individual job development and other assistance to older workers and employers in promoting employment opportunities.

(6) Stimulate community action to develop new employment opportunities within the area for those who have been forced out of their present jobs due to plant closure, technological change, and other factors.

Senator CHURCH. Mr. Haugness, do you feel that sufficient progress is being made at the present in the field of finding new employment opportunities for older people?

Mr. HAUGNESS. I think, certainly, that some progress is being made, but I think this should be accelerated. I don't think that we're able to keep up with the growing need. The evidence is that we might be almost holding our own at the present time, but, in view of the increase in the numbers in these upper age groups that have been forecast and that we know are coming, some additional emphasis ought to be placed on this program.

Senator CHURCH. I agree with the original point that you made that the social security program has been immensely helpful, that that retirement program has kept many people off of public relief, who would otherwise be welfare cases. Still it is hardly sufficient in many instances to really take care of living costs, and, therefore, there is a need to supplement it. In the law, there is an allowance for supplementing the income if there are job opportunities, and that, I think, means that we have to give much greater attention to the development of greater job opportunities for people in the older age brackets because for years they can clearly do work if there are work opportunities available.

Mr. HAUGNESS. Yes, and many of our local offices report inquiries from older workers who are seeking part-time employment, in an attempt to supplement their social security benefits and thus provide themselves with adequate finances.

Senator CHURCH. Do you think this is primarily an educational problem among employers, or do you think this is basically an economic problem that companies will naturally prefer younger people for economic reasons, for retirement plan reasons?

Mr. HAUGNESS. Well, I think probably that it is a little bit of both.

Senator CHURCH. Thank you very much. Our next witness is Mr. Joseph Kempf, who represents the Boise Valley Sunset Home.

**STATEMENT OF JOSEPH KEMPF, REPRESENTING BOISE VALLEY  
SUNSET HOME**

Mr. KEMPF. Senator Church, committee members, ladies and gentlemen, one of the problems the nursing homes in Idaho has constantly been faced with is the public's view of the homes as being the last stopping place for the elderly. This, I believe, is mainly caused by the establishment of such facilities in old family residences by persons not trained in this field and who, in many cases, do not provide skilled nursing care. These structures are not functional as nursing homes and, in many cases, are unsafe for this type of occupancy. Many of these homes are in operation in Idaho, and the results are continued inadequate care for the many elderly housed in these homes.

The need for nursing homes in Idaho is constantly growing. In 1960, it was reported that the population was about 662,000. I am basing the need for nursing home beds on the recommendation of the U.S. Public Health Service at a ratio of three beds per thousand population, indicating a total need of 1,986 suitable beds in Idaho. In Idaho today, we have a total of 33 nursing homes licensed by the State department of health and approved by the Department of Public Assistance, representing a total of 1,316 beds. The State department of health has classified the nursing homes in Idaho for future planning purposes as suitable, replaceable, and unsuitable facilities. Criteria for this classification is based entirely on the physical structure of the building, and not on the type of nursing services rendered.

The total number of beds in Idaho classified as suitable facilities are 666 beds, indicating a total need for nursing home beds in Idaho of 1,320, which indicates that only 33 percent of the State's needs have been met; 22 of the 44 counties in Idaho have no facilities.

The need for this type of facility arose when it became apparent that the number of aged individuals in our society was and is increasing by leaps and bounds.

Senator CHURCH. May I interrupt here for just a moment? Did I understand you to say that 22 of the 44 counties in Idaho have no nursing home facilities at all?

Mr. KEMPF. That's correct, sir.

Senator CHURCH. That is half of our counties?

Mr. KEMPF. Yes.

Senator CHURCH. And according to the ratio, minimal ratio that was established by the U.S. Public Health Service, is three beds per thousand population, and, therefore, there would be an indicated need in Idaho of 1,986, or just a little less than 2,000 suitable nursing-home beds in this State?

Mr. KEMPF. Right, sir.

Senator CHURCH. And we have 1,316, or 670 beds short, although we have only 666 that are classified as suitable under our criteria?

Mr. KEMPF. Right, sir.

Senator CHURCH. So, we have some distance to go in the field of nursing homes.

Mr. KEMPF. We certainly have.

Senator CHURCH. Thank you.

Mr. KEMPF. Thus, today, approximately 16 percent of the State's population will be made up of individuals 65 years or older. The added years we have been gifted with have made it possible for more

people to live in the so-called golden years and, along with this, have presented unique medical problems.

Without provisions made for adequate income, health care, housing, and without a recognized role in the community life in one way or another, a price will have to be paid to meet this growing need, and unless we recognize and meet this growing problem in a sensible way, the cost to our State or Federal Government in years ahead will be too fantastic to contemplate.

Congress enacted a law providing special assistance through the Federal National Mortgage Association, and insured by the Federal Housing Administration, to provide 100 percent financing for non-profit organizations for terms up to 40 years in order to make it possible to provide low cost housing for the elderly. I have watched this program progress over the Nation and am personally acquainted with a good number of homes that have been constructed or are under construction, or in the planning stage, and I sincerely believe that, within the next few years, we can meet the challenge for housing for the elderly under this program.

I believe that, if special assistance through the Federal National Mortgage Association for 100 percent financing under the FHA program were made available for nonprofit organizations for nursing homes, as was made available for housing for the elderly, our needs for suitable nursing homes could be met in the next few years. Not only would the 40 years of financing reduce the cost of our elderly of today, but it would give an opportunity for the people of tomorrow, in helping in the cost of the necessary facilities needed today and for years to come.

Senator CHURCH. What you are saying there, if I understand you, is that the program that we already have enacted in Congress, which makes 100 percent financing available for nonprofit organizations under terms of 40 years repayment for purposes of building housing for the elderly, ought to be extended to nursing homes as well, where constructed by nonprofit organizations. Is that right?

Mr. KEMPF. Correct, sir. I feel that actually the program for nursing homes and the need for them is much greater today, as it is for the housing at the present time.

Senator CHURCH. Thank you very much. Our next witness is Rev. Walter Lang, the pastor of Grace Lutheran Church of Caldwell.

#### **STATEMENT OF REV. WALTER LANG, PASTOR, GRACE LUTHERAN CHURCH, CALDWELL**

Reverend LANG. Senator Church, committee, and those who are present for the hearing, I would just like to make one statement. It has been my privilege to have served a nursing home, as we might call it, where Mr. Brown is a patient, and I happen to be holding the service there every Sunday morning at 8 o'clock. I will say that he is one of the most alert of the 15 people that we serve there every Sunday morning. He is a Seventh Day Adventist, and I am a Lutheran, but we get along very well.

One of the needs in Idaho that we feel is specific to Idaho is the encouragement of retirement units for the aging. At a meeting on October 23 of a committee of our own church district laymen's league,

in the district of Idaho and Utah, testimony was given that the Federal Government was giving special help to the medical needs of the aged in Idaho, and this testimony was given by the Welfare Department of the State of Idaho, by providing financial help for nursing homes. In this way, the State welfare department has also been able to demand better care at the nursing homes, but, as the testimony brought out, there is no such special care for retirement units for the aged. With Federal help, the State welfare department will allow up to \$175 a month for nursing home care, but the ceiling rental allowance for those on welfare is \$36 a month.

One of the deplorable conditions in the larger towns of Idaho, as in other parts—

Senator CHURCH. Pardon me. Let me just get this perfectly straight for the record. You mean that, although the State welfare department will allow up to \$175 a month for an old person who needs care in a nursing home, that they make an allowance of no more than \$36 a month for a person in financial need who is living out on his own and renting a room, or renting a place to stay?

Reverend LANG. That is correct. One of the deplorable conditions in the larger towns of Idaho, as in other parts of the country, is the fact that the aged are living around the fringe of the downtown sections of our towns and cities in substandard apartments. It is almost impossible to put up any type of new construction, even with the help from this new program of the Government, and amortize it on \$36 a month per rental unit. There are those who believe that, if the aged are on welfare, then they should be satisfied with substandard apartments, but we always remember what Booker T. Washington said to the people in the Southland, speaking of keeping the Negroes in their place, that you can't keep a man down in the ditch without being in the ditch with him. If we insist on our aged living in substandard apartments because they are on welfare, when with a little help and cooperation we could give them modest, new and attractive apartments in which to live, where they could be together with people they would want to associate with, why should we not put forth this effort and this help?

My plea is not that the State welfare department increase the rental allowance for we know that this is difficult for them to do, but my plea is that, if this committee finds some way that Federal funds or Federal help could be given to make it a little easier for nonprofit groups to build retirement units for the aged, then a serious shortage in Idaho could be alleviated. We are fully aware that this type of housing, even on an expensive scale, could be developed for the aged who have independent means, and efforts are being taken in this direction in Boise and elsewhere in the State, but we are interested more in people with modest means and those who may have to fall back on welfare later, if not immediately. Nursing home operators have indicated to us that they must base their operations on the floor set by the welfare department, and we feel that we must base the amortization of a program of retirement units on a floor set by the rental ceiling of the welfare department.

Where we feel the need for help for the aged lies is for such who are ambulatory, who are able to take care of their own needs, except for possibly mowing the lawn, painting, and upkeep of their



buildings. Many of these must move into substandard apartments in the sections of our towns and cities close to the downtown areas. They want to be close to the downtown areas so they will not become lonely and so they will be close to stores and transportation, and that transportation will not be too big a problem for them, and so people can reach them easily. We are interested in developing retirement units close to the downtown sections of our towns, which will give the aged courage and strength to proceed. We visualize such apartment type retirement units, with a meeting center, also supplied with a kitchen, that can be used for a dining room if necessary, and that also could serve as a senior citizens' center for the town or community.

We are deeply thankful for all that the Government has already provided in social security, in welfare, in FHA help for building projects for the aged. We think that our U.S. Federal Government and our State and county units have done very much for the aged, making it possible for them to live independently, making it possible for them to live longer, and making it possible for them to enjoy life and be much more productive than they would otherwise be, but we do see a need for retirement units in Idaho to help make the life of the aged who are not yet ready for the nursing home and hospital, and still not fully able to take care of all the needs of their own homes, and we feel the Federal Government would not have to do very much, nor give very much financial help in order to help the development of a retirement unit program in Idaho. It needs just a little encouragement, cooperation, and possibly some special consideration to non-profit groups to get this program underway and going in Idaho.

Senator CHURCH. Reverend, I want to thank you for your testimony, and I think you focused our attention on a matter that has not been much emphasized, the problem of adequate housing for older people of very modest means. It is true that we have housing developments that have been much publicized and are very fine, but they don't reach down within the pocketbook reach of a lot of older people of modest means, and we tried to do something about this when we modified the FHA program. Perhaps there is more that needs to be done, but we were reaching for a method of financing that would give some relief to this particular element among our old-age population, but when you said about being down in the ditch and quoted Booker T. Washington, I think that should serve to remind us that all of us here, as some of the witnesses said, are aging, no matter what age we might be, we are all aging, and what we do now for those that are aging, we do for ourselves, and what we leave undone may be left undone for us when we are aging, and I must say that I have been in countries in the world that are much less rich than the United States, and the next richest country in the world is less than half as rich as the United States, where the older people are much better cared for than they are here. This, I think, is not a good thing for the United States, and I think it is something we need to recognize. Housing is a part of it, certainly a very definite part of it, and I appreciate your testimony very much. I think it has been very helpful.

Reverend LANG. I might just add this, Senator: That I think the help on the FHA and this other program is very good. The specific need here in Idaho is some kind of help to be given to help amortize

this construction when it is developed, and the bottleneck right now is the deplorable lack of this help.

Senator CHURCH. Thank you. Our next witness is Mr. E. F. Clover, who is manager of the Sunrise Manor here in Boise.

**STATEMENT OF E. F. CLOVER, MANAGER, SUNRISE MANOR, BOISE**

Mr. CLOVER. Senator Church, committee, all good friends and folks of our area—

Senator CHURCH. Mr. Clover, would you like to sit down?

Mr. CLOVER. I would just as soon ask if I could stand as I have just had an abdominal operation and that is my reason for standing.

I am going to have to make an apology, if I may. When I came home at noon today, I was seriously shocked with a tremendous surprise. One of our finest people in our project met with an accident about 9 o'clock this morning, and about 12:30, she passed away. When I came home, the place was very much upset, and I was much upset. So, if you will pardon me, I will just proceed and talk a little bit. I have had no time to make any special preparation. I was told about this program last night rather late, and this morning I had too many things come up to give me a chance to do anything else than what I was doing.

In the first place, I am going to make this statement, that I have spent a good number of years dealing with the public, particularly from the standpoint of charity and helping people who were in need. During the First War, I was assigned as chaplain to the Army; later on, we had an assignment to go to the Ukrainian area of Russia, where the famine was raging to such an extent that they were resorting to eating human flesh, and things that we would hardly ever make mention of in a country like ours. I have been in the leper colonies of the Orient and in various places where the strain of poverty and sickness has been appalling.

Since I came to this part of the country, where I have been engaged in agriculture to some extent, stockraising, subdividing, and a few different enterprises that I thought I might help myself with, I have always had it in mind that I would like to do something for the class of people that I have found neglected. We may say in a country like this that we don't have neglected people, but I think we do, and in order to classify this particular situation, I am going to divide our people into three parts. I'm going to make mention of one group as the group that is more or less dependent. They must have help. Then we have another group that is quite self-sustaining, but they are more or less limited, nevertheless, and then we have another class that we might say are the independent type, whose resources are ample and whose income is of such a nature that they have no worries and no fears as far as income is concerned.

When you deal with people from all these different walks of life, you begin to wonder: Is there any class of people, regardless of where they are found, who you can say are actually people with peace of mind, who are happy and contented with their lot, and who have no particular worries of any kind? I want to answer this question by stating that we do not have that class of people.

Now, I am going back to the first one I made mention of, and that is the ones who are more or less dependent. I have had occasion to help a lot of these people and have found it a very strenuous undertaking, but in our area in which we live, we do not have exactly too much of that—I don't think we do, but we have some. Now, the first question that comes to me is: What can be done to assist these people and help to lift their burden of anxiety, embarrassment, humiliation, and sorrow that confronts them? Because I know these people have contributed a powerful contribution to the building of our Nation. When I was a boy, my parents pioneered in the prairies of the Middle West, where the prairie fires raged in the summer, where there were storms and tornadoes in the spring, no shoes, no schools, nothing; and I know just what that pioneering life is, and many of these older men and women who are sitting with us today are representatives of some of that class. They pioneered this country; they have made it.

The younger folks, who are today in the prime and strength of life, have reaped a very profitable harvest from the services rendered by these old senior citizens.

Now, then, they should not be neglected. The Good Book says, "Honor thy father and thy mother, that you may long live in the land." Honor your father and your mother that you may prosper in your undertakings and your doings. I think that is a national duty, and I think it is a duty that belongs to all of us; whether we are younger or older, we should still be mindful of the needs of our fellow man. There could be a lot said on this, which I will not have time to mention now, but I am going to refer to a little deal we have here in town, which started some 10 or 12 years ago by some of my personal friends. They began a little project. It was very humble, indeed. They got hold of a piece of property on very good terms. An elderly lady had the property and she said, "Oh, I could turn it over to some folks, but I am not going to do that. I am going to turn it over for some charitable purpose."

They began there by taking in a few senior people, and they kept building up, building up, and now they have what I would call a pretty fair institution. It is located on State Street. They have added on, they have built on, and the building is very nice and respectable, however, more or less of a moderate type, a humble type, but the only thing the people pay in there is their social security, if they have social security, and their public assistance. They are left a certain amount for their monthly spending, but the rest of it has to go for their board and room and care, and they pay a certain nominal amount for that care, and that is all they have to pay.

Now I have seen some very happy folks over there, and I know that there is a lot of people who are very grateful for that kind of an undertaking, but that kind of an undertaking is not the easiest thing to perform in our times because to go out and beg among our people for charitable gifts for a project of that kind is practically impossible. It used to be a lot easier than it is today. It is getting harder and harder, but I feel, for my part, if there were some way that projects of that kind could be financed, these people could be taken care of in a respectable manner, at a nominal sum. I think it would be a very worthy undertaking.

Now I am going to drop that one now, and I am going to turn to the middle class. I have a good deal of acquaintance with the middle class of people because I am one of them myself. I have owned a lot of property in my lifetime, but I will say this, that you may have some things today, and tomorrow you might find that things begin to dwindle for you. I know a good many businessmen, and I know a good many professional men, a good many farmers, who sold out 10 or 12 or 15 years ago, thinking they had sufficient to carry them through, but, due to inflation, due to sickness, unforeseen circumstances, this little reserve has begun to dwindle, and it has been going down, down, and down. A good many of these people come to town and they want homes, expecting that they will have a home for the rest of their lifetime, but they have found that their resource of money was going down so low that something had to be done, and they had to turn these properties over to a charitable institution and let a lien be placed on the property for their future care.

Not long ago, a good real estate man in town said to me, "Mr. Clover, I could sell you today dozens of homes in our own community and over our State that was in this fashion taken over by public assistance in order to help the middle class of people, but these properties are going to pieces, they're neglected, they're not maintained, they're not kept in order and kept in shape, and, consequently, the value has depreciated to the point where they would never bring what is against them." Well, now, there's a problem again that we must look at. There's no way of getting around that. We must look at it.

Then we have another situation again where a good many of these people have a little bit, and they have been able to hold things together pretty well, but, when they go to selling their homes and try to make some arrangement to find other means of getting along in their declining years, it is difficult to be able to turn these properties, to liquidate them to an advantage where they can accomplish what they want. I am going to give you an illustration of two parties that I think would make very fine examples of that. I had a friend a few years ago that came into town. He was a friend of mine and he was going to build himself a new home. So he went out here on the beach and he built a home that cost him \$42,000. He lived there 3 years and finally came over to my place, and he said, "Clover, what kind of a deal can I make with you if I take one of your small homes here"—which is a small two-bedroom home and a very fine home—"and exchange my big home and you try to sell it for me." Well, I said, "Why don't you keep your home? You've got it now, and you're living there." Well, he says, "My health has failed me, my wife's health has failed her, and we are no longer able to maintain the property at the standard it should be, and it's depreciating on us, going to pieces, and I would have to sell it at quite a sacrifice, and we just don't know what to do."

We had another friend that lived downtown here that was supposed to be quite well to do, in fact, quite well to do. The husband died. The widow woman was left alone, and she had a big home, a big piece of property, and she decided she would never leave her home. She had three people working for her. One of these helpers was a pretty good person and she used to tell us how things were going in the elderly lady's home, and she said that everything was neglected, and

she was taken advantage of from every possible angle. She was getting older, getting more feeble all the time, and someday, the only thing she can do now is to go to a hospital or some nursing home or someplace where she will be taken care of. What will happen to her property now, I couldn't say.

Now that class of people are facing problems that create worry, anxiety, uncertainty. Then we may also speak of the very rich people. Their state of mind is not a mind at ease, but, rather, a mind of worry. There is a lot of worry connected with having a lot to be responsible for. I'm going to stop here with that.

I was in the Willamette View Valley Senior Citizens Home which was founded about 6 years ago, and there are 500 people in that home. It's one of the finest homes in the United States. In fact, it is one of the first ones that was recognized as a senior citizens' home. Now, Mr. Mumray, who founded this particular home, told me this, "Now, Mr. Clover, when you come over here and dine with us in the dining room and visit with our people, I want you to watch them and see how many happy folks you see," and, to my surprise, I will tell you the truth, folks, I never did see a happier bunch of people in my life than those people are.

Now why is that? For this reason, they could come into a home of that kind and buy an apartment at a reasonable price. If a single person would buy one of those apartments say at the price of about \$5,000, or \$5,500, or even \$6,000, whatever it would happen to be, there they would have no taxes to pay, no interest on debt to be worried about, no insurance to be worried about, no maintenance to be worried about, everything would be provided. They wouldn't even have to worry about garbage, electricity, phone, or anything else. Everything would be provided. Any elderly person that could purchase that kind of an apartment would be so far ahead of owning a home in any area of the city, no matter what price he paid for it, that you couldn't hardly imagine the difference.

I had a lady at my place here last summer that was, oh, she was quite a prissy person, and she was wanting to do this, that, and the other. So, she said, "I think I'm going to buy me a cheaper house." I said, "I'm afraid you're going to make a mistake if you do, because you are going to find yourself up against an enormous burden of maintenance, and this, that, and the other, if you do." I said, "You're better off," and I said, "You're a little bit different," and I gave her some pretty sensible advice, but she didn't take it. It wasn't more than about 3 months afterward that she came to me, and she said, "Do you know when I moved into my house, I discovered that the joists under the floor were rotted? I have to have a new roof, I have to have new plumbing, I have to do this, I have to do that," and she said, "If I had only taken your advice, I could have saved myself not only money, but scads of worry."

Now, then, on the other hand, it is not simple to promote what we call a senior citizens' home, a senior citizens' project. I have tried now for 2 years to find money to build a 150-unit senior citizens' home. I have 14 residences on the property that are valued at \$10,500 each, and we have spent what little we had, my wife and I, which will cover practically \$200,000, but today, if we are not able to secure the finances that we need, we are not only going to fail in our under-

taking, but we will also lose what we have. I think that there should be some method to help get these things rolling because they are practical, they are economical, they are healthful, and they are inspiring, because people have companions and they have various means of keeping them happy, all kinds of entertainment, interchanging religious programs, hobbies of various kinds, many types of jobs can be provided for people who are capable of doing this, that, and the other, and the groups themselves can organize various things that can be for their benefit, and I say that this is the future solution for our senior citizens in this country. I am positive of it.

I am not speaking from any selfish point of view when I say that, but we must have a method of financing these homes where they could be financed to the point where they are within the reach of folks, so the people can make use of them. Now, I think I have taken enough time, and I want to thank you for this little while. I realize I am not exactly in the frame of mind of making a speech, but you will pardon that, please.

Senator CHURCH. Thank you very much, Mr. Clover. I think you certainly presented a very fine statement, considering that you extemporized it without previous preparation, and it was remarkably coherent and well organized. I congratulate you.

Well, now, folks, we come to the second phase of our planned hearings for today, which is the town meeting. As I listened to the testimony that was given earlier this afternoon and some of the testimony this morning about who is young and who is old, and the fact that we are all aging, I was reminded of an incident that occurred about 2 months ago to me. I was going over to the new Senate Office Building one morning, and I always like to get in one elevator over there because the elevator operator is a remarkable gentleman. He happens to be an older man, but he always has something fresh and new to say, something witty, something profound. He is kind of a philosopher, and I like to go up and down the elevator with him every time I can. So, I went to his elevator and got on and asked him to take me up to the fifth floor. Well, normally, I go to the third floor where the Interior Committee meets, which deals with western matters and I am a member of that committee, or to the fourth floor where the Foreign Relations Committee meets, on which I also serve, but this time I went to the fifth floor. As we got up to the fifth floor, the door opened, and this fellow turned to me and he said, "Senator, why are you coming up here to the fifth floor today?" I said, "Well, I'm coming up here because I have been made a member of the Senate's Special Committee on Aging," and he looked at me for a minute and then he kind of smiled and shook his head. He looked at the floor and he looked back up again, and he said, "Wouldn't you know that's just the way the Government would do it?"

Well, his is the town meeting of senior citizens that we now move to, and its purpose is to provide an opportunity for the Congress to learn from the older people themselves, those with a personal knowledge of the problems which aging brings, which of those problems they believe to be important. From them, too, we hope to get suggestions and proposals as to how we can best attempt to solve these problems. Our committee is going to be hearing from senior citizens in every part of the country, and this is Idaho's opportunity.

This is the time when I hope that every one of the older people here today, who believes that he or she has a suggestion to make, will make it. Then when the Congress reconvenes and studies these hearings, the views of the people of the Northwest will be given equal weight with those of other people elsewhere in the country.

I sincerely hope that this will be a town meeting of older people in the true sense of the phrase, an open forum in which our senior citizens should feel free to speak about their problems of whatever nature.

Our procedure will be as follows: We will start with three scheduled witnesses, representing organizations of senior citizens. I think a fourth name has been added to that list. We will then ask the older individuals who want to address the committee to come up to the microphones that you see down on the floor before us, the microphone that is down on the floor immediately in front of the platform. We will, of course, ask each individual to begin by giving his name and address to the reporter here, so that we can get it down for our official printed record of the hearings. In fairness to all those who want to speak, we will ask each person not to talk for more than 2 or 3 minutes, and I should say that, unless you have a prepared or written statement, you should not take longer than that. If you do have a prepared or written statement, please submit it to the committee and we will take it and include it in the record, and then you can make your remarks, such as you like, in summary form at the microphone.

In case there should be more people wanting to be heard than time permits, or in case there are some people here who would like to have us have their views, but who for one reason or another do not care to speak out in public, you will find at the tables on the side of the room as you leave letterheads addressed to me saying, "If I had had an opportunity to speak, this is what I would have said." Please take one and fill it in. Take an envelope. They are franked envelopes. Take a franked envelope and a sheet of paper, and you may submit them to the committee, and they will be taken into as much consideration as though you had presented your case orally in the course of these hearings. Is that clear now as to how we will proceed?

If it is, I would like to call on Mr. Cammack, who is the president of the Senior Citizens Fellowship Chapter No. 75 and Idaho Director of the Senior Citizens of America. Mr. Cammack, would you like to take the microphone, please?

**STATEMENT OF F. R. CAMMACK, PRESIDENT, SENIOR CITIZENS FELLOWSHIP CHAPTER NO. 75, AND IDAHO DIRECTOR, SENIOR CITIZENS OF AMERICA**

Mr. CAMMACK. Thank you, Senator, I will try to make what I have to say very brief. Our senior citizen chapter here is interested in the well-being of senior citizens. We have a lot of problems, that we take up various angles on, and I am just going to give you a few of those.

First of all, I might say that I think Reverend Lang expressed the idea of a lot of our senior citizens when he spoke of a place where people could get a reasonable place to stay without the costs that generally accompany those. I read in my annuity magazine that

there are places in the United States where you can get board and room, and they claim that it is excellent board and room, for \$20 a week. Of course, that is generally in the southland, and so on, but we don't want to leave Idaho, but we do wish we had some such arrangement here in Idaho where a lot of people are not able to pay the big cost.

We believe that one of the first and important things for most people, except those, of course, who are shut-ins, is associations, social contacts, not only entertainment, but recreation is very important, and we have played that up big in our organization in the work we have done in the last 2 or 3 years. We think this is important.

Now, in the housing and the programs of recreational work, we find that one of the big problems, as always, is financial. We believe that some form of arrangement, at least for future generations, whereby they will start paying and have when they retire a full service, will be a great benefit. At the present time, I don't know just what the answer is, but we do find that a lot of our people do not have enough to live as they ought to be given a chance to live in the land of the free and the home of the brave. I think there is no question but what America is far behind most of the free nations of the world when it comes to the care and protection of their older citizens, and I think it is high time that we work on that. We have been just starting to scratch the surface of it the last few years, and there are lots of things that need to be done, and the right way I am sure, I wouldn't be sure of saying as to just which is the right way, but something certainly needs to be done, and we all have to get together and work on it. I have wondered about this point that was brought up to me, why there isn't an organization of social security retirees. It seems to me, if there was, they would have a good voice in saying what should be done. I think that the future of our country is very definitely tied closely to what we do in the way of care and protection of our senior citizens. Thank you very much.

(The prepared statement of Mr. Cammack follows:)

PREPARED STATEMENT OF F. R. CAMMACK, PRESIDENT AND IDAHO DIRECTOR,  
SENIOR CITIZENS OF AMERICA

Our Senior Citizen Chapter No. 75 is in favor of health insurance to provide against big medical bills in old age—using the social security system, because of the increasingly high cost of living and health care and the low average annuity of less than \$75 per month under social security. It is fiscally sound and not welfare.

Low-cost housing is also a need. Retirement hotels elsewhere advertise board and room for as low as \$20 per week but our senior citizens have roots in Idaho and prefer to stay here if adequate housing at reasonable prices can be made available.

Employment for the aging is a difficult problem although about 20 percent of retirees are employed part or full time. Our chapter tries, in cooperation with the Employment Security Agency, to find work for those able and interested in working. Many of our 150 members assist community service projects without compensation, believing that it is better to keep active and busy as far as physically able to do so.

Our chapter of senior citizens has emphasized the educational, entertainment, spiritual, recreational, and social contact phases of the problems of the aging, and believe these are important projects, and keep senior citizens from boredom. Our senior citizen card parties and dances have been successful. We also have a "sick and shut-in" visiting committee.

We are grateful to the YWCA for inviting us to meet there, and while we have made some contributions of time and money, it would have been very much more



difficult to organize and carry on our organization without their help. We believe that there should be an organization similar to the YWCA for senior Citizens to use as a day center that might be called SCCA, and would be a worthy charity organization.

The senior citizen problem will be perpetual since everyone alive and future generations, who live long enough, will become a member of the aging group, so this is not a temporary problem. The wealthy may be opposed but the middle class and poorer are vitally interested in the well-being of the aging. We have only made a beginning on this problem, and we are, figuratively speaking, planting trees for future generations to follow.

Senator CHURCH. Thank you, Mr. Cammack. I really am amazed that an association of social security retirees has not been formed. That must be the only area of life in this country that has not been organized. You know what the Frenchman is supposed to have said about Americans? He said, "Every time you get three Americans together, they form a club and elect a president, a vice president, and a secretary-treasure." Our next witness is Mr. Vernon H. Tregaskis, who is vice president of Retired Civil Employees. Vernon, it's nice to welcome you here today.

#### STATEMENT OF VERNON H. TREGASKIS, VICE PRESIDENT, RETIRED CIVIL EMPLOYEES

Mr. TREGASKIS. Thank you. Senator Church, Mr. Reidy, members of the committee, fellow citizens, I have so much to say that I thought I had better condense it, so I have written out a short one-page speech, if I'm allowed that much time.

My appearance before this body is sponsored by the National Association of Retired Civil Service Employees as represented by chapter 83, which is located in Boise, Idaho, and all the affiliated chapters in Idaho. I believe that it will reflect the attitude and desires of every senior citizen. Our main desire, in speaking for the chapters, is to specifically state that we are in accord with and sponsor House Resolution No. 6371, or similar legislation. We also support Senate bill No. 2468, or similar legislation, which is long overdue. House Resolution No. 6371, if acted upon and passed by the Senate, will increase the Federal retirement income credit under schedule K, form 1040, from a maximum credit of \$240 to \$304.80. This increase will not be applicable to Federal retirees only, but will embrace all other retirees over 65 years of age, who during their lifetime prudently managed to invest part of their income. Many of the senior citizens invested in stocks, bonds, savings accounts, and income property. The gross income from rentals is considered retirement income, as well as annuities, interest and dividends.

Senate bill No. 2468 deals with the problem of the old retirees from the Federal Government who do not receive an adequate amount of annuity under the present system of retirement. Federal employees retire at a much higher rate, and this is, I believe, Senator Johnson's bill, No. 2468, which asks for a flat increase of 10 percent. I may be wrong in that, but I think it's right.

Senator CHURCH. Vernon, may I ask there: Isn't this the same problem that faces so many people on social security, who were on the program in earlier years when the income that they had then was low compared to the income now, and where the retirement benefits are accordingly much lower than retirement incomes that are accruing now?

Mr. TREGASKIS. That's right.

Senator CHURCH. In other words, the Federal employees have the same problem?

Mr. TREGASKIS. It's the same problem, and there is no remedy for it.

Senator CHURCH. And their retirement is based on what their salaries were in 1933?

Mr. TREGASKIS. Yes. I am now going to deal with a problem that has not been spoken of today, very shortly. We have in the United States at the close of the 1960 census a total of 16,559,580 senior citizens; not all, but a large percentage are retirees all over 65 years of age. Idaho can boast of a total of 58,258, according to that same census. In viewing the situation of those that have been forced to retire, from an economic standpoint, we find that advanced age has produced a caste system. We now have, in addition to the standard citizens, second- and third-class citizens, depending upon their income. Many may oppose this statement, but using economics as a yardstick, it is true.

There will be 14,250,000 citizens eligible for social security benefits by 1963, and I believe that is in accordance with the survey of the Social Security Administration. The average social security retirement check of those now receiving benefits averages \$74; that's \$74 a month. How can a man and wife live on an income of \$74, supplemented by the sum of \$37, when his wife attains the age of 65 years? This is a question that is before us.

Inflation, gnawing at the vitals of humanity, is surely and steadily producing the caste system mentioned. The result of inflation is inadequate medical care, hospitalization, and a pronounced shortage of the necessities of life. Inflation is destructive to incentive, smothers happiness, leaving but the ashes of hopes and dreams.

The only remedy for these evils of today is legislation, believe it or not. Greed and avarice is a cancer that grows and continues to increase with each boost in wages and responding increase in commodity prices, rent, medical care, drugs, and hospitalization. We cannot continue and exist as a free nation under this system, Senator. The caste system prohibits employment for the aged. Experience and intelligence has no place in the economical picture. They are valueless. As stated before, the remedy lies in legislative action. Control of prices and wages, as well as other inflationary evils, can be accomplished after careful consideration has been given to all the factors, but it can be accomplished. We, the senior citizens, seek your cooperation. Thank you.

Senator CHURCH. Thank you very much, Mr. Tregaskis. Our next witness is Mrs. Genevieve Turnipseed, who is the president of the Boise Golden Age Club.

#### STATEMENT OF MRS. GENEVIEVE TURNIPSEED, PRESIDENT, BOISE GOLDEN AGE CLUB

Mrs. TURNIPSEED. Senator Church, committee and friends, I am under a wrong designation. I am speaking to you today as an educator. My field is Christian education, and I am hired professionally by the First Methodist Church to promote programs that will meet the needs of its people.

Senator CHURCH. Thank you for correcting the record.

Mrs. TURNIPSEED. Among those people are those in the mature years. I belong to that group because our law has put me out of a job twice, has retired me, but I refuse to be retired. Our mature group has four fundamental needs. We found those needs from them. We called them together just a year ago in May and asked them what they wanted. We had a very wonderful turnout, and when each one expressed himself and herself, we found that their wants fell into four categories: First, fellowship; second, a growth in knowledge; third, service; and, fourth, growth in spiritual understanding and strength.

We had a man from Oregon with us on that day, who told us about the program they were working in Oregon through the churches. That inspired us. That was in May. In August, we put on a conference, and we had Virginia Stafford, who was on the President's Committee on Aging, with us for 2 days, and she gave us great inspiration, and she was surprised at the alertness of our group, which did all of the work for the preparation of the conference.

We have been alive as an organization for a year and a half. We have the most wonderful fellowship. The only trouble we have is transportation of our older people, but we get there. We have junior matrons in our group that go out to the homes with cars and bring the people in from home. We meet every Thursday. We tried to have them take a vacation this summer because it was a little hot. Did they? No. They went every Thursday morning from 11 to 2. Why? Well, because they wanted fellowship. They wanted to learn, and they wanted to serve. We have a monthly meeting on the fourth Monday night, and we have a big dinner and a wonderful program. We bring our lunches. It's called a "sack-thermos" lunch because no two older people eat the same thing, nor do they drink the same thing, but if you want fun, you bring your sack with us and we'll exchange food across the table and around. We laugh and we talk. We have hobby shows, we have talent shows. We have lectures. The Golden Years are very well educated on everything the Government is doing for them. They talk to you intelligently, and they will as they are represented here today, and they will speak as individuals.

We have the best parties. I wish you could have been with us on Halloween night. There were 75 of them in costume, and did they do things? Why, one man in his nineties was dressed as a woman, and he had a terrible time keeping his dress down over his knees. We have pictures, we have book reviews. The Golden Years bought the materials for the games. They play games. They do as they please, but they are learning. It is the greatest force we have for service that has been turned loose in our church, these Golden Years. They stuff envelopes, they address envelopes. They make all kinds of furniture for our church school. The women make all kinds of things for the church school, and at our State conference this year, they handled all of the registrations, handled the post office, and handled the information table.

Just the other day, Dr. Richards brought to me a letter which said, "I wonder if the Golden Years would like to sponsor a tea for about 300 on January 14." I said, "Oh, my goodness, January 14 is when they all get sick, and some of them tremble a little bit and some of them shuffle a little bit. What will I do?" I took it to them. What

happened? Why, I had cookies promised galore. Sure, they're going to do it. They're active. They want to serve.

Now, these principles are what our older citizens wish to have programs built upon. Their worship services are done by themselves, and they are most inspiring to me and to all others.

I would like to make this suggestion as an educator that in our work, looking after the aged, that we begin promoting a system of education through our public schools that will educate people for retirement and greater service.

Senator CHURCH. Thank you very much, Mrs. Turnipseed. I am glad you haven't retired. Our next witness is Miss Douglas Hilts, co-chairman of the Senior Citizens of America.

Miss HILTS. There is some mistake. I am Douglas Hilts, but I am not co-chairman of the Senior Citizens. So, if that person wishes to speak, he may come forward.

Senator CHURCH. We will correct the record. Something seems to be wrong with my listing here. We are very happy to have you Miss Hilts.

#### **STATEMENT OF MISS DOUGLAS HILTS, STATE DIRECTOR, NATIONAL RETIRED TEACHERS ASSOCIATION**

Miss HILTS. My position today is State director for the National Retired Teachers Association. This is a position that has just been created this last year for the problems that are still being found.

We are anxious that all the teachers of Idaho and then, of course, all the retired teachers and all the retired people of the State have access to all the things that are of value. As teachers, we particularly are interested in the extension of privileges of retirement income tax because we find that some groups have more favorable income tax privileges than we have, and that is one thing we would like to see, that all retired people have the same laws, working under the same regulations.

I did not prepare anything because I thought I was not to be called upon unless someone wanted to ask a question. Thank you.

Senator CHURCH. Thank you very much, Miss Hilts. I know that the teachers program for retirement was established in Idaho back in the time when there was no social security eligibility for teachers, and I know that the teachers have had a long, long fight to get that established and properly financed. I am pleased that you came to testify today.

Now, this brings me to the end of my list of people who have previously asked to be heard, and we would like at this time to open the meeting to anyone else who has not been heard from of the older citizens here, who would like to speak and participate in this forum. Who would like to be the first? Come up, sir.

#### **STATEMENT OF JACK LOWTHER, RETIRED CARPENTER, NAMPA**

Mr. LOWTHER. Senator Church, members of the committee, it won't take me long. My name is Jack Lowther. I live at Nampa. I am a retired carpenter, 72½ years old.

I have done pretty good taking care of myself so far. I own my own home, a little bachelor's shack and a great big garden, and I'm not

going to starve, but up until about a year ago it cost me on an average from \$18 to \$20 a month for pills to stay alive on. I must be getting better because it's only costing me \$14 or \$15 now, but I would like to get in on some of that socialized medicine that General Eisenhower enjoys at Walter Reed Hospital, but I'd gladly settle for a barrel of vitamins and \$13 to finish paying my doctor bill right now. In other words, it costs too much to live, and you can't afford to die. If I had to go to the hospital, I don't know where that would come from. I own my own home, and it's just a little bachelor's shack, but it's plenty good enough for me.

Senator CHURCH. Are you getting social security?

Mr. LOWTHER. Yes, sir; I've paid in on it for over \$27,000 income since 1937, and I get \$80 a month. A lot of them came in later.

Senator CHURCH. And they are getting more?

Mr. LOWTHER. They are getting more than I am. If I could get a 50- or 60-cent dollar, I could get along on that \$80.

Senator CHURCH. Well, you have your own little place and you have your social security. You said, I think, about a fourth of that has been going for drugs and medicine?

Mr. LOWTHER. Yes, just for drugs up until about a year ago. I'm a little better now. I don't have to pay quite so much.

Senator CHURCH. Thank you very much. I appreciate your problems.

#### STATEMENT OF EDWARD WILPONIN

Mr. WILPONIN. My name is Edward Wilponin. I was born in Finland. I am 75 years of age, and I went to sea for 55 years. I was at sea in the No. 1 war and in the second war, and, even at my age, I was also in the Korean war.

What worries me today, I get a pension from the Masters, Mates, and Pilots Association, and also I get the social security so long as I live. My wife and I are getting along pretty good, but suppose I was to die today. I wouldn't know how the wife would live tomorrow, because she would get less than \$50 a month to live on, and that's what worries me today.

Now, I have listened to every speaker before me, and I think Mr. Clover was saying something that we see very much of in Finland, the homes, you know. One of my brothers still lives in Finland, and he lives in one of those apartment houses, and he says it's very nice. They have their parties there, and they have a special hall there for recreation and meals, and everything, and he went into detail on the parties at the institution, and I think we should pattern very much of that type of old-age homes, like they have there.

Now, I have traveled, as I say, for 55 years. I visited all the countries of the world on the ships, and I think we should investigate more in the Scandinavian countries and Finland because they are, I think, far ahead of Washington, D.C., in this type of program.

Another thing that comes into my mind, we can help the various foreign countries, like Franco's Spain, and Chiang Kai-shek, and Taiwan, and anybody who says they need more aid they can get it, but we don't seem to take care of our own people who should be taken care of. That's all I want to say. I thank you very kindly.

Senator CHURCH. Let me just say to you, sir, that I hope that, when I am 75, I will be as vigorous as you are. It's amazing.

Mr. WILPONIN. That's what the salt water will do for you.

#### STATEMENT OF M. L. ALSOP

Mr. ALSOP. Senator, committee, and many friends here, my name is M. L. Alsop. I have a little different philosophy to what some have had here about our senior citizens. I am one myself and have been for a good while.

My philosophy goes along with an organization to which I belong, and so I can espouse both of them. I am a national director of the Credit Union National Association, which has 11 million members in the United States, and also in the State of Idaho; it is the largest organization in Idaho, numerically, with 35,000 members or better. My philosophy is this, along with that of my organization. I like to help others. That has been my way of doing all my life. Now, in 1954—that was 7 years ago—I retired from the State of Idaho Highway Department, chief clerk in materials testing laboratory here. I was 6 months over 65 at the time, and I retired for this reason, and I want to make a statement right now, that, since that time, I have never worked an hour for compensation of any kind. I don't believe in it. That's where my philosophy differs a little from some of the others. I raised a big family of nine children, and I had a hard time doing that. I never had any help in my life, except I got some Government help when I was a child. I drew \$2 a month from the time my father died, when I was 4 years old, until I was 16. So, that's the amount of help I had through my life in bringing up a family of that kind.

Well, when I was struggling alone to raise this family, I did see at the time a lot of old men, well-to-do men, working on good jobs that I could have filled well myself, and they were there, and of course they stayed there, and I made a promise to myself at that time that if ever I was able to get by, even just to get by when I was old and had my family raised, that I would give up my job and give it to a younger man, and that's what I did after 6 months, and I didn't have much to do it on. I'm getting by, and I will from here on, but for different reasons. However, if there be some big doctor bills, what little I have saved, which isn't much, in 6 months' time I wouldn't have a dime.

Therefore, I think that there should be some provision for older people to be taken care of in a case of that kind. I carry two hospital and medical insurances. I think this last one maybe, Senator, you would know about. Last spring, I had a letter from the Department saying I could take some insurance, medical and hospital insurance, and the Government would pay \$5 on it. I don't know whether that is the Kerr-Mills bill, whether it's through that or not. I'm not sure. It doesn't make any difference where it is from. It's not very good. It was to be effective and did take effect on July 13 this year, and it costs me—the Government pays \$5 on that, and they take out of my check—I'm also a retired civil employee—they take out of my check \$6.58, and that's quite a bit out of your check, and that insurance isn't as good as the Blue Cross. It isn't anything near compared with the Blue Cross, to which I belonged here for a good many years.

Senator CHURCH. Let me ask you a question there. I used to belong to Blue Cross, and since I am classified as a peculiar sort of employee at the moment, I am entitled to be part of the Federal medical insurance plan for Federal employees. Now, this is a voluntary plan, and I have chosen that plan because it seems to me to be the best plan available to me at the present time for my family, my wife and children. Why did you give up the Blue Cross coverage and go to the Federal plan?

Mr. ALSOP. I did not give up the Blue Cross.

Senator CHURCH. What happened?

Mr. ALSOP. I still have it. I was in the group as long as I was employed, and for some time after, until they found out I wasn't in the group. I paid the group charges, which are less than the single charges on that. The individual charges are a little more than the group, and it doesn't have quite as much in the way of benefits. As far as the Kerr-Mills bill, which was passed last year, it might beat nothing, but very little, and I wanted you to know that I support the bill where it will be taken out of social security, whatever it is, or a similar bill of that kind, to benefit the old people of the county. I thank you very much, Senator.

Senator CHURCH. Thank you very much. Who would like to come up next?

#### STATEMENT OF NEIL PLAISTED, ROUTE 2, BOISE

Mr. PLAISTED. Senator Church, committee, and friends—and I have quite a few here, I believe—my name is Neil Plaisted, Route 2, Boise. While I have been listening to the different speakers here, two questions have come to my mind, one from doctor's testimony, who would give you to believe that if you would retire at 65 it was your death sentence, you were going to die; and another one was on the Latter-day Saints Church speaker, that they carried their members, and I think they do it very well. Then there were other speakers who thought all of these benefits should come from the local level or the State level.

The question that comes to my mind is why a fund developed locally through a church or community or State is less socialistic than those of the Government, if they did it. That seems to be the opinion, and that is what is waved in front of you all of the time, and that that is socialistic. "Be careful, you're going Socialist." Now, where is the difference, whether the fund is raised locally by a few people, or by the whole community, and made a standard affair? I don't know if anybody has ever explained what this type of socialism is, but I would like to say here that, so far as retiring being detrimental, I sold a business when I was 61. I've done a few things since, and on my next birthday, next month, I will be 76. I still rollerskate and I dance here, as the group here will testify, for 2 or 3 hours steady. I get along, and retiring hasn't killed me off yet.

Senator CHURCH. It's done you good.

Mr. PLAISTED. I think, as the last speaker said, the people should retire, the older people, because we have a lot of surplus food in the country, and we have a lot of idle young people that could consume a lot more of those foods if they had a good, satisfactory job, and I think they are the ones that should have it, and that when people can

retire, that they should retire, and I do think that the medical should be connected with the social security, or there should be some way of bringing in the people that do not have social security and have some way to give medical care to the older people, and also better housing. I thank you.

Senator CHURCH. Thank you very much.

**STATEMENT OF MR. CROOKHAM, OWNER, SEED BUSINESS,  
CALDWELL**

Mr. CROOKHAM. The only thing I want to say, and I don't know why they would want a man about my age, but they wanted me and asked me to talk because they said they think I know something about growing vegetables. They like vegetables, and I like vegetables. Of course, I take my tobacco and whisky, which is a vegetable, but they cost about one-fourth of a cent a pound to grow, much of these vegetables here in this country, where you can have your irrigation and irrigate a crop. When you're taking off an early crop, you get it ready and plant it and it comes up, but when you plant late, you want to always mulch; if you don't, you lose your seed, and if you plant them and don't put much dirt on them and do a little mulching, and you get it every time. We're raising them mostly for cow feed, and nearly ever nation in the world, or most of them, or a lot of them, are raising them on Idaho seed. Idaho seed is going far away.

Now, as to the men who are here, like one fellow, he likes parsnips. He likes them awful well. Well, they're so high here, and he used to have to give them away, give away turnips and things like that, and if he ever sold them, it was at about 2 cents a pound. Well, they've got a new administration someplace here that they've got prices up to about, oh, 10 or 15 cents a pound on those things, and they just ain't eating them. The store people say, "We don't sell any." Well, if they'd make their prices a little higher and use up poorer quality, why, they wouldn't sell any either.

Now, the farmer ought to be paid about 2 cents a pound for growing those things, these vegetables; the way things are, they're high. Really, the sugarbeet price ought to be up higher than it is. I don't know how high they're going to have to get on these prices to keep up with them, but it's a hard row for a farmer, and I know what I'm talking about on some of that, but I'm not hard up myself.

My name is Crookham. I'm in the seed business at Caldwell.

Senator CHURCH. Thank you. Is there anyone else now who would like to be heard from? Anyone else who would like to come up and use the microphone before we close the meeting? I have some statements here that have been submitted for the record in written form that will be included.

(The statements referred to follow:)

**PREPARED STATEMENT OF H. P. WAPLES, 1212 NORTH 18TH STREET, BOISE**

In connection with your wire third instant, it will be impossible for me to testify at the Senate hearing in Boise on November 15 as I will be out of the city. However, I would like to make a suggestion for the record; regarding what to me is one of the outstanding problems of we senior citizens. That of health and the terrific expense of hospitals and later rest home care for insurance is only effective for a certain period.



I would like to suggest that laws be passed covering cost, supervision, and a general inspection of all rest homes within that State of Idaho. The law to include strict licensing provisions.

Since science has increased the lifespan, may the remaining years be one of contentment for those who helped create our America.

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PREPARED STATEMENT OF ORVAL T. HUTCHENS, BOX 662, KAMIAH, IDAHO

I am a man age 66, I am writing about my wife and our living conditions. I draw a social security check of \$105 a month. As you know we hardly exist on this amount. We made out alright as long as my wife was able to work. A year ago this last August she had a heart attack and has not been able to work since, in fact she is not allowed to even sweep the floors by doctors orders. She has suffered from diabetes for a number of years and was not able to work even when she did. She also has a hernia in her stomach which should be taken care of. We have medical service which took care of most of the hospital and doctor bills, but it did leave about \$200 which we are not able to pay.

We did not ask for any help from the State until after my wife was released from the hospital, we then went to Mrs. Gordon who was then the caseworker for this area, she told us that my wife was not entitled to any help because she was not old enough, but did let me have \$39 a month. The Lewis County pays for the medicine my wife has to take. She (Mrs. Gordon) told me the State would pay for any medical treatment I might need, but my wife is not entitled to any help and does not get it.

A few years ago I had a nervous breakdown and spent some time in the State hospital at Orofino, Idaho. When we could get no more help from the State than we could, I thought, I might be able to raise a little gardentruck to sell so I could settle up some of the debts that could not be payed otherwise, as soon as the public assistance knew about it they are trying to take the small check away, so all I really did was put myself further in debt.

We are not complaining as we are glad for what help we get, but it is not enough for us to get along on. Our living conditions are very poor. The house we live in is very cold and small. We should have a phone because of my wife's condition, but cannot afford it. We would like to have someone from the Federal Government investigate as it will do no good for the State to send anyone because we get the same old runaround from them all.

You are welcome to use this letter in any way it might help you or you see fit.

Both my wife and myself are long-time residents of Idaho. I came to Idaho in 1913 and my wife came to Idaho Falls in 1930 as a girl.

P.S.—Enclosed is a statement from Dr. Orr from Cottonwood, Idaho.

PREPARED STATEMENT OF DR. W. F. ORR, COTTONWOOD, IDAHO

Re Mrs. Orval Hutchens (Erma) Kamiah, Idaho

To Whom It May Concern:

This is to certify that the above, Mrs. Orval Hutchens, has been under our care since August 19, 1960, at which time she had an acute anteroseptal myocardial infarction and cardiac decompensation. In addition, she is a diabetic. At the onset of this illness the patient was hospitalized for about 2 months and was critically ill. Since discharge from the hospital, she has been attended regularly every week or two weeks. Because of the nature of her illness, she was placed on anticoagulant therapy; this necessitates a blood test once every week or two weeks to control the dosage of her medicine. She is also on other medicines which are used in the treatment of the diseases from which she is afflicted.

Mrs. Hutchens is totally disabled, so far as gainful employment is concerned, and it is certainly doubtful that she will ever be able to return to work.

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PREPARED STATEMENT OF A. A. WALTHER, PRESIDENT, BOARD OF DIRECTORS, IDAHO HOSPITAL SERVICE, INC.

Idaho Hospital Service, Inc. (Blue Cross) recognizes that there is a category of Idaho's aged population that has limited purchasing power to pay for, or prepay their health needs. We are not in a position to know the extent of this

problem and suggest that it be evaluated thoroughly by a State commission appointed for this purpose.

When the problem is defined, we believe the local agencies of government should be so informed and required to assume their responsibilities for health care of this group in Idaho. Such programing should be on the basis of financial need and State agencies should be called on to supplement programing at the local level if necessary.

We feel that the best approach to the needs of the medically indigent is the provision for adequate purchasing power by local and State agencies and if this program is not presently sufficient, more funds should be made available at the local level.

(At the national level the Blue Cross Association and the American Hospital Association are completing comprehensive studies relating to realistic levels of hospital and nursing home care that can be prepaid on a voluntary basis for this group, which includes many with ability to pay as well as those with limited resources.)

Senator CHURCH. All right, here is a lady who would like to say something.

#### STATEMENT OF MRS. NEIL PLAISTED, ROUTE 2, BOISE

Mrs. PLAISTED. I am Mrs. Neil Plaisted, and I don't think that the Plaistedes should monopolize this thing, but I would like to add a little to my husband's testimony. We are among the people who find that income, which was adequate some 12 or 13 years ago, is not now.

I am strongly in favor of education and I am an educator myself. I believe, as Mrs. Turnipseed said, that we should initiate a program of education to get these people ready for this thing, and I believe that the social security should be extended to the point where it can take care of all, maybe not now, but to build toward that, that we must prepare our people against age, because it is coming. We should have this aid, regardless of whether it comes through the church, or whether it comes through local organizations, or whether it comes from government, wherever it comes from, it basically comes from the fellow at the bottom.

We are all paying for it, and we should all prepare for it and be ready to accept it when it does come. Thank you.

Senator CHURCH. Thank you very much.

#### STATEMENT OF RUBY PORTER

Mrs. PORTER. I am Ruby Porter, and I have a statement that may interest you. It is personal and I don't know whether it concerns this group or not.

Senator CHURCH. Would you prefer to submit it in written form to us, or would you prefer to read it?

Mrs. PORTER. Well, I have sort of a fever today. I had to get up in order to write it even, but, anyway, I am not eligible for county or State assistance since I was hurt working for the U.S. Government. I have been unable to get medical care for the past 17 or 18 years but only just off and on, and I thought that you should know that here, you, yourself, since you are a Senator. I am not under social security and, if you tack a medical bill on social security, that won't cover me either because I didn't have enough security at the time that I was hurt.

I have some more that I would like to leave for you that I could write out.

Senator CHURCH. If you will do that, please, and if you will see Mr. Ward Hower, who is in the back of the room. He is my administrative assistant. Will you stand, please? He's the good-looking one.

Mrs. PORTER. I would rather do that because I had to get out of a sickbed to come up here.

Senator CHURCH. He will take down the information concerning your case and will see what can be done for you. Is there anyone else now who would like to come up and present testimony?

#### STATEMENT OF MRS. W. A. ROBINSON, BOISE, IDAHO

Mrs. ROBINSON. I am Mrs. W. A. Robinson, Boise, Idaho. I am not going to speak for myself, but, of course, I am getting old too. In fact, I have insomnia. I can't sleep at night since I went down to an Indian reservation in McDermott. So, I am getting gray hair fast.

The oldest citizens of the United States are the Indians at Fort McDermott. Over one-half of the population are indigent women. The young people do not have a chance. We failed them in education—let's say all of us failed them because we have not seen that the young people had an education so that they could help their people.

I have a statement here I want to read. In fact, there are three statements. One was from Thomas A. Jefferson, March 17, 1802, another one from President George Washington, 1790, and another one from our President today, John F. Kennedy. I am going to read the one from John F. Kennedy.

There will be no change in treaty or contract relationship without the consent of the tribes concerned. No steps will be taken by the Federal Government to impair the cultural heritage of any group. There will be protection of the Indian land base. Indians have heard fine words and promises long enough. They are right in asking for relief.

Two years ago, a few ladies, who have no particular reason than humanity, and we have no ax to grind, and we don't have to belong to anything or join anything in order to be taken care of, and they are first-class citizens. We went out and we found on this reservation, and I understand Mr. Church has the overall committee of America, so I feel that I can speak here and he has given me permission, we found that they were promised water wells for between three and four hundred people.

These people live in the desert. They live in cabins, and there's no lights, there's no fuel. They burn sagebrush. They dip their water out of a dirty ditch.

Now, all afternoon I have listened to, "We don't have enough of this and we don't have enough that," but, friends, they are our senior citizens. I have a letter from the U.S. Government where they were to have wells. I believe that every American, regardless of his background, his culture, and his finances or economics, has a right to have at least one thing, and that is good water, at least sanitary water. These wells were promised, but they're not in.

Several of us ladies, 3 weeks ago, went down to McDermott, and we found out there had been a very, very poor effort of making holes in the ground, with a pipe standing up and a pump, and this

was supposed to be their water wells which were to be adequate. Now, if you do not believe me, you go look for yourself, because I would like to have a few other people go, who haven't seen them there yet.

Senator CHURCH. Thank you, Mrs. Robinson. I must say that I share with you the same feeling that you have, having visited some of the Indian reservations in this country, and being the chairman of Indian Affairs on the Senate Interior Committee, I think it is dreadful, these unspeakable living conditions that are to be found on some of these Indian reservations. All you have to do is to go out to Fort Hall right here in Idaho and see how some of these people are living. You can stand there and look out across the countryside and see the cars whizzing by on the highways at 60 and 70 miles an hour, and still they are people who are completely unmindful of the conditions of life in the lives of many Indian people living in their midst. Mrs. Robinson, I am glad you bring this particular problem to the attention of the group here.

As you know, I am having it inquired into by the Indian Bureau, and I hope we get some action on it. Are there any other folks here who would like to speak?

#### STATEMENT OF ROBERT E. BROWN, IDAHO ASSOCIATION OF INSURANCE AGENTS

Mr. BROWN. I was a little reticent about standing up here among the senior citizens until the young lady stood up and claimed to have gray hair. I could see no gray hair, but I have that qualifying feature.

I represent the Idaho Association of Insurance Agents, who are an independent group of local insurance men, and who have a feeling, a very definite feeling and attitude toward one segment of this aged program.

My name is Robert E. Brown. I am a past president of the Idaho Association of Insurance Agents. I am here representing Jess W. Swan of Boise, who is the current president. In that capacity, I am registering our disapproval and objections to legislation which forces Americans to contribute to or accept the benefits of a Federal controlled and financed health-welfare program. Our position on this question certainly does not ignore the need of the aged who are unable to provide for themselves. We feel that these people are and will continue to be cared for by existing agencies and organizations.

The insurance industry, just like our Nation and our State, has as its foundation independence. We consider "dependence" a degrading word. Compulsory dependence is an insult to the spirit of the people of Idaho. To provide aging people with the means to escape the possibility of becoming dependents, numerous American insurance companies have designed special broad form medical insurance policies, especially for aging people. These policies, available at a nominal cost, are cancelable only at the option of the insured, and they supplement the countless health insurance plans that have been so widely accepted by the insured public.

The overwhelming demand for the acceptance of these special policies for the aging is proof to us of the innate desire of Americans to take care of themselves and retain their independence. We contend

that voluntary insurance, cooperating with the hospitals and medical profession and existing agencies for assistance, is providing and will continue to provide for the aging in this area of health care. We contend that this is being done without sacrificing the rights that Americans have to individual freedom and responsibility that the welfare state would take away from us.

Senator CHURCH. Thank you very much, Bob. Are there any others?

Mr. WILPONIN. I would like to speak again.

Senator CHURCH. We would like to hear from you again, sir, but, if there are any others who have not yet been heard from, let's take them. All right, sir.

#### FURTHER STATEMENT OF EDWARD WILPONIN

Mr. WILPONIN. I would like to add a little bit more to what I have said before. There previously was mentioned something which made my blood boil. I cannot say it any other way. I think all this aid for the old people should come from Federal funds. The State and local may help very much, but it all should come from Federal aid. The Congress, the Senators, the President, down through the line, when they get to a certain age and, if they get sick, they can go to the hospital, but there's a lot of other people who do not have this privilege.

So, I think all this aid should come from the Federal aid. They are able to heap it by the billions—not by the millions, but by the billions—on the foreign countries and for many other purposes, and I think we ought to give the citizens some rights in this country. I have been here for 60 years, as I said before, and if I should die, my wife—she was American born and I was foreign born—but if I should die and my wife should live, all she would get is \$50 a month.

Now, talking about the insurance companies to take care of this, we belong to insurance companies too, but when we get sick, we send for a doctor, and it's two bucks or three bucks. Sure, we've had insurance, and you pay for it for years and years and, when you get older and you get sick, then you get nothing. Thank you very much.

Senator CHURCH. Thank you. Folks, we have come near the hour of 4 o'clock. If there are no further contributions from the floor, I want to say that I appreciate the large number of people that have come out today. I appreciate the way you have listened to the testimony, and I think the testimony we have taken in both oral and written form will be very helpful to us and to the Congress as it takes up and considers what to do in the field of legislation for the old folks of the country.

This has been a most helpful hearing, and I appreciate your attendance. Any of you who have written statements you want to submit, please feel free to do it. The materials are up in the front of the room for your use and convenience.

Thank you very much. It has been nice to be with you today.

(Whereupon, at 3:55 p.m., the subcommittee adjourned, to reconvene on November 17, 1961, at Spokane, Wash.)

## APPENDIX

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### PREPARED STATEMENT OF CHARLOTTE POSEY, IDAHO DIRECTOR, COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO, 217 EIDEN ROAD, BOISE, IDAHO

The problem of low-cost medical and hospital care for the aged is a problem we should all be concerned about. The goal we seek is, our aged citizens who need medical care should get it, whether or not they can afford to pay for it. There is a need for legislation to meet the problems of elderly citizens who, for one reason or another, have never qualified for social security benefits.

If the main part of the burden of financing the health needs of the aged is carried through the social security system, then the States can more readily provide broad benefits on a reasonable basis to persons forced to turn to public assistance as a last resort.

As a responsible, independent, self-respecting individual in intention, if not in fact, the ordinary citizen hopes Government help, when necessary, will be available to him as a right for at least the more likely major hazards he faces, without humiliating or demoralizing conditions such as the periodic investigations of his resources in order to balance them against his needs.

Our ordinary citizen also feels that where he contributes to the cost of his protection, or even if his employer contributes on his behalf, he has in some sense earned a right to the benefit. He wants to become a partner in the plan and not just a beneficiary.

The social insurance method would provide the means of spreading the cost of health services in the old age over the working years. Under it services to the aged would be provided in a way that preserves dignity of the individual.

Records of past years show that people over 65 require between two and two and a half times as much hospital care as those under 65. Only 35 percent of those over 65 now have health insurance, compared with 75 percent under 65. Those who need the most protection have the least.

Practically everyone who is interested in the health of the country agrees that governmental programs for the care of the aged should impose no governmental controls on the operation of the hospitals.

The Anderson-King proposal is designed to prevent medical indigency for the great majority of the aged at the lowest possible cost through social insurance.

The social security system has not prevented the development of private pension plans. This is the approach that must come in the field of health care for the aged. It is an American approach which recognizes the responsibility of all for the welfare of our elders. That answer lies in our social security system, and it is one that is well in reach. Labor is ready to bear its share of the load.

At the annual CWA international convention held in Kansas City, Mo., in June of 1961, attended by some 2,100 delegates, alternates, and guests—representing some 185,000 communications employees—a resolution was passed on the floor by the delegates, that the Communications Workers of America call on the Congress of the United States to enact legislation providing a comprehensive medical care program for all aged persons, including those who are not as well as those who are eligible to receive social security.

We urge your support in the enactment of legislation guaranteeing health benefits to the aged under social security during the next session of Congress.

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### PREPARED STATEMENT OF WESLEY M. MCQUEGG, ROUTE 4, BOISE, IDAHO

I, Wes McQuegg, retired approximately 6 years ago and at that time determined that I would have ample income to provide for my needs. I and my wife would be able to draw \$144 in social security. We own our own home and had rental property. We felt that this would take care of our expenditures

for the rest of our lives. Approximately 3 years ago my wife became ill and required medical and hospital care. I was forced to take a part-time job to meet these additional expenses. Then, approximately 4 months ago my wife passed away and in order to meet the expenses incurred by me, I was forced to sell my house and the rental property. Part of the social security payments were also lost and it is now cut to \$96 per month. Thus, I will have to continue working part-time in order to meet my living needs.

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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:

That in my opinion we need more nursing homes, at a price that more people can pay and that they should be one-story and built especially for this purpose and that they be adequately staffed and approved by competent authorities. We need some kind of insurance program to protect we old people in case of sickness and hospitalization. I think every older person should come under it, not just those on social security, but that it should apply to all the same regardless of how much they pay in, not as social security does. The Government, civil service of all kinds should quit discriminating against people because of their age. Companies should also be required to hire and retain help so far as just an age barrier. My husband is 76 and is still working as capitol maintenance electrician at Boise, was replaced by young man 2 years ago who did not qualify and my husband was again hired, and everyone was happy including my husband. People say the young people need the work; well I think we would have far more manly men and a lot less juvenile delinquency if men were hired wherever possible, instead of women who have growing families.

Housing: Older people do need cheaper and more convenient housing, for our dollars have shrunk in the housing field, about 500 percent. This and medical care are the things which have gone up in cost over the last 20 years more than anything we older people need and must have. Our medical bills increase by leaps and bounds as the years come along. So better, cheaper, medical care, more nursing homes, cheaper housing, longer working privileges are the chief things older people need.

Another thing I think would help if instead of so much foreign aid, we would help in some way to make it easier for qualified young people to become nurses and doctors, for how much good is medical care going to be if we don't have enough trained medical people.

Your meeting was fair and I enjoyed it very much.

Mrs. GEORGE M. SULLENS,  
1809 Vista Avenue,  
Boise, Idaho.

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DEAR SENATOR CHURCH: I was hoping for an opportunity to meet you this afternoon to tell you of some of my problems and of other aged people too. I am a widow and feel that I should get more social security to be able to get along. As it is now, I don't have any money to put out for medical care or any repair of teeth or glasses, which I think is quite necessary for old people. I am now near 80 years old, born 1882, and am in need of glasses, as my sight is not so good. Before my husband died in April 1961 our social security check was \$76.50 after adjustment. I drew \$38.25. Then later after some adjustment I received \$38.25. Then later an extra raise of \$4.10, which nets me \$42.10. I appreciate this amount but it does not cover my meager expenses such as fuel, light, water, sprinkling tax, sewage disposal service, and telephone, which I think is a necessity for one living alone in case of fire, burglary or accident.

Sincerely,

ANNA EDWARDS,  
1205 North 11th Street,  
Boise, Idaho.

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DEAR SENATOR CHURCH: I am writing in regard to what seems to me a glaring inequity in the social security amendment increasing the rate of payment to widows drawing on their late husband's earnings and disregarding the earned-

it-herself ones. I am glad Congress gave them their boost. Living alone is necessarily more costly per person; but obviously this is true also of the widow (or never-married woman) who is trying to live on social security from her own earnings. Considering the difference in pay to men and women for equal work, it just does not figure out right percentagewise, at least not in Boise; and I understand the difference is even greater in some other areas.

I found the meeting here interesting and instructive. I am not sure just what medical aid plan is best; but, like many others who just get by without public assistance I could well use some medical help, especially in the constant drain of office calls and expensive drugs. Thank you.

Sincerely yours,

RUBY F. TROBAUGH,  
402 Union Street,  
Boise, Idaho.

DEAR SENATOR CHURCH: I spoke at the hearing as senior citizen chapter president but I want to add these personal comments; I have found many older folk who skimp along with small social security retirement checks rather than apply for D.P.A. because they do not like to accept a dole or charity, unless they find it absolutely a necessity. They consider social security as at least partly earned, and not charity. I am convinced that hospital and medical benefits is the only solution, just as annuities through S.S.A. forces people to maintain retirement benefits, and if this is not done the number of people on relief will increase rapidly, and will decrease just as rapidly if this plan is followed.

The following was received from a man who preferred that his name not be given. "My idea of housing for the elderly, especially for those without a home; Rent \$35 per month, unfurnished and without utilities (to be paid by the renter); Each apartment would be 24 by 27 feet and contain 408 square feet. One apartment for caretaker, arrange for a visiting nurse. When ill, transfer to county or other hospital."

Since I did not receive this in time to give to you I am including his idea.

I am of the opinion that a secret ballot of social security retirees, and even those who may retire in 10 years, the vote would be strongly in favor of the plan. About 30 percent of people do not have hospital insurance and this includes a larger percent of aging than the other 70 percent does, and many of the aging have had their policies canceled when they need it most because of the high cost of hospital service, and their greater use of the service after age 65.

The fear of a long period of invalid or shut-in tenure of helplessness is often with the aging, and freedom from such fear is vital to their peace of mind. I am not asking this for myself as I am still working part time and hope to work for years yet and maybe die with my boots on since my grandfather did that in his 90's at the turn of the century, and have had hospital service only three times in my life, but one never knows what might happen in the future and I never worry like some people. Paying one-quarter percent of salary amounts to very little to have hospital protection whether one ever uses it, and to know that it may help another who needs the help.

Senate bill 2575, hospital service for civil employees is working fine so the same on social security should be successful too.

F. R. CAMMACK,  
2416 Eldorado,  
Boise, Idaho.

DEAR SENATOR CHURCH: I represent the Government and Taxation Committee of the Greater Boise Chamber of Commerce, many members of which are on the threshold of senior citizenship.

I have also been asked to speak for the Idaho State Association of Life Underwriters, the life insurance men of this great State of Idaho.

I am a taxpaying father of seven children, which fact will eventually, if not now, qualify me for some kind of senior citizenship.

We feel certain that our senior citizens here and everywhere want freedom and liberty first of all—freedom to live and pursue happiness—all else must be supplemental. This we want also for the senior citizens our children will one day be. Problems of our aging are great personal problems requiring personal attention and personal answers.



Our own President John F. Kennedy in the Boston Post of April 23, 1950 said: "The scarlet thread running through the thoughts and actions of people all over the world is the delegation of great problems to the all-absorbing leviathan—the State \* \* \*. Every time that we try to lift a problem to the Government, to the same extent we are sacrificing the liberties of the people."

Somerset Maugham has given us these wise and prophetic words: "A nation that wants anything more than freedom will lose its freedom, and the irony of it is, if it is comfort and security it wants, it will lose them, too."

Mr. Senator, in your Wednesday morning speech to the Greater Boise Chamber of Commerce members, you most ably pointed out the grave dangers of the struggle in which we are engaged for our very survival with the Communist conspiracy. Even if we disregarded this life and death struggle with the forces of communism, we could not continue with our present cost of governmental services to our people, for history vividly portrays the eventual devouring by tyrants of the free nations who have insisted upon spending more than 20 percent of their gross national product for all governmental services. This year (1960) our taxload totals \$132,200 million, which represent the awesome total of 28.7 percent of our 1960 national product.

Now is not the time, Senator, now or ever, to ask for more, for if we are to survive as a nation, we must learn the lessons of thrift and economy that will teach us as a nation to live within our means and to leave with the individual those responsibilities which borne in common with his neighbor weld us together as a nation of freemen.

When the home is in a state of siege by enemies from within and without, let's all pull together asking no increase for any member until the siege is over and the beleaguered head of the house may take stock of the store, for his own words to us all are, in substance: "Do not ask what can your country do for you; but what can you do for your country."

Respectfully,

CLAIR B. JOHNSON,  
906 Jefferson Street,  
Boise, Idaho.

DEAR SENATOR CHURCH: In the first place I should like to make it clear that the insurance companies and the AMA are completely misrepresenting the fine job they are supposed to be doing in this State and in other States where we have friends who, too, are unable to get into Blue Cross and other insurance companies.

For instance, the Blue Cross advertising every day on the radio that it takes care of all your hospitalization worries, will take no applicants over 65. While my husband was employed we were covered with Equitable group insurance, but when he retired, at 72, we found that the Blue Cross was taking single applications at that time, but would not accept ours because of our age.

So we began to contact different insurance companies, and we found there was always "a nigger in the woodpile," so to speak. Exceptions for this and that—too many exceptions altogether, for hernia, heart, cancer, any chronic disease, and all people over 70 have some chronic disease. If we were admitted, at what a price. Over \$300 per annum, with \$100 deduction. Just a racket. We know of case after case where hospitalized old people could collect no insurance—little overlooked things in fine print in the policy, etc.

As for Blue Shield, to which all my relatives in the East belong, I was informed by Blue Cross that the doctors would not allow it in this State. The doctor's fees are exorbitant here, as are the prices of prescriptions. Our prescriptions have been running from \$4 to \$7.50, which is beyond all reason.

As a last resort we joined AARP, the retired persons organization in Washington, D.C., which is wholeheartedly behind the effort to put the medical bill under social security. Under that policy we are covered for a very small part of hospitalization—\$10 a day, but that is better than nothing.

We sincerely hope you will not let the AMA lobby this bill under the table again, as it will certainly try to do—as, indeed, it seemed to me that most of the speakers on the platform tried to do while you were here in Boise.

Mrs. FRANK MAYOL,  
2026 Harrison Boulevard,  
Boise, Idaho.

BOISE, IDAHO, *November 16, 1961.*

HON. FRANK CHURCH,  
*Care of Judge Chase Clark,*  
*Boise, Idaho.*

DEAR SENATOR CHURCH: I should like to add my voice to those who oppose the King bill and hope that you will see the unfairness of a bill which would compel us to pay the cost of medical care for 80 percent of our population who do not need it.

I am firmly opposed to Federal control of medical care. If you would study the results in Great Britain, you would be, too. Let's us keep as large a segment of our people free of Government control as possible.

Sincerely yours,

MARCIA H. GRAHAM,  
Mrs. Homer D. Graham,  
*4113 Edgemont Road,*  
*Boise, Idaho.*

DEAR SENATOR CHURCH: In regards to social security plan, we think it is a wonderful thing, as I draw \$73 per month, but at our age I can't get any work that pays enough to live on.

And we pay \$58 a month for rent, so don't leave much to live on. I think if they would raise the social security it sure would help the old folks our age—70; my wife, 69.

Yours truly,

Mr. and Mrs. CLARENCE MARTIN,  
*1303 Manitou Avenue,*  
*Boise, Idaho.*

DEAR SENATOR CHURCH: I think the Idaho State welfare could save a lot of money and have better results if they would allow two or even three or four people to live together. There would be only one rent bill and one bill for utilities, instead of one for each. About a block from us a badly crippled old man was living alone and another man on welfare moved in to share expenses and help him dress and do other things for him.

The welfare said they would get no more help unless they lived separately. Then they paid rent and other bills for both.

Also, a crippled girl could get no help while she lived with her parents. So she moved to another house where the welfare pays expenses.

EVA HAMILTON,  
*614 South 14th,*  
*Boise, Idaho.*

DEAR SENATOR CHURCH: I am morally opposed to the principle of Federal Government taking care of individuals. It is a family obligation. If outside assistance is needed, then it should be handled by existing local agencies. A need has not been shown that merits further Federal legislation. Let's try the Kerr-Mills bill first and see if it meets the public need.

On the basis of your "Some Current Facts About Idaho's Older People," 11.4 percent of Idaho's senior citizens required State OAA to supplement social security benefits. This would hardly justify Federal "relief" to include the remaining 88.6 percent.

If the Federal Government is thusly concerned and if its desire is not based on political motives, I would heartily endorse lessening Federal taxation so that States and municipalities could raise theirs and alleviate the social needs of their own communities.

LOIS MATHER,  
*89 Horizon,*  
*Boise, Idaho.*

ARCO, IDAHO, *December 13, 1961.*

Senator FRANK CHURCH,  
*Boise, Idaho.*

DEAR SENATOR: I attended the recent senior citizens meeting in Pocatello.

At that time I had no suggestions to make as to a solution of the difficult problem. After giving it considerable thought, I now have these suggestions to make as a possible solution:

1. If the Government would pass an insurance act calling for all over 65 years to be insured, the operation of the insurance to be on a cost basis the same as veteran insurance.

2. Pass an act prohibiting health and accident and hospital insurance companies from canceling policies that have been in force for 1 year, providing they were in good standing.

You no doubt realize that two people can't possibly live on social security payments. Our monthly payment is in the top bracket, but the \$174 does not cover expenses, even though we own our home, clear of any mortgage.

We are paying \$640 yearly life insurance premiums and about \$600 for health and accident and hospital insurance. On top of that our taxes on our home are around \$200 yearly.

One insurance company canceled my policy about 3 years ago, but reinsured me at about four times the old rate and at the same time would not reinsure my wife.

Without other income it would be impossible for us to live and pay necessary protective costs.

In order to put the suggestions I make on a self-sustaining basis, the present rate paid by employer and employed could be raised one-half of 1 percent above the present rate.

Hoping to hear from you at your earliest convenience.

Sincerely,

ANDREAS AIKELE,  
*Arco, Idaho.*

DEAR SENATOR CHURCH: Well, in regard to the aging, that is one of the big problems in front of the House. I am a World War I veteran, 68 years old, nonservice connected, but like lots of others, not able to work steady. My wife and I have a hard time getting along on our income, paying bills, living, and paying on a home. Well we expect and hope to see the bill H.R. 3745 passed this coming year. I know there is a lot to consider in regard to different items coming up when Congress convenes in January.

I know you will do all you can.

W. H. McCLURG,  
*2210 W. Bannock Street,  
Boise, Idaho.*

