

PROBLEMS OF THE AGING

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

Part 10.—Lihue, Hawaii

NOVEMBER 29, 1961

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

Part 1—Washington, D.C.	Part 8—Spokane, Wash.
Part 2—Trenton, N.J.	Part 9—Honolulu, Hawaii
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Part 4—Las Vegas, Nev.	Part 11—Wailuku, Hawaii
Part 5—Eugene, Oreg.	Part 12—Hilo, Hawaii
Part 6—Pocatello, Idaho	Part 13—Kansas City, Mo.
Part 7—Boise, Idaho	

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PROBLEMS OF THE AGING

WEDNESDAY, NOVEMBER 29, 1961

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

The subcommittee convened at 9:30 a.m., in the Kauai County Building, U.S. Senator Oren E. Long (chairman of the subcommittee), presiding.

Present: U.S. Senator Oren E. Long of Hawaii; U.S. Senator Wayne Morse, of Oregon.

Committee staff members present: Mr. William G. Reidy, staff director; Miss Dorothy McCamman, professional staff member; and Mr. John Guy Miller, counsel for the minority.

Senator LONG (presiding). The meeting will come to order.

First of all, I wish to express my appreciation at this splendid turnout this morning. The members of the staff, some of whom have attended 18 similar meetings in various parts on the mainland, have commented on the interest that they have found here in the whole problem of aging. It is very gratifying to me.

I wish to express my appreciation to the members of the special Senate committee and the staff for the splendid job that they have done cooperating with local leaders in setting up the four conferences that are being held in the State of Hawaii.

It is a particular pleasure to me to have on this island, which was at one time my home, an island that Mrs. Long and I remember with a great deal of pleasure and feeling of aloha, the very distinguished U.S. Senator from Oregon, Senator Wayne Morse. This is a field among a number of important fields in the Nation in which the Senator has a special interest, and I am certain that as the meeting progresses this morning, he will have occasion to share some of his thinking with you.

This is the second meeting of the subcommittee here in Hawaii. It is of interest to note that this is one of 30 similar meetings in the Nation. In each of these communities, witnesses representing all phases of work for the aging are brought together. Doctors are urged to share their knowledge and recommendations with the committee. Special agencies, churches, and all organized groups that have any interest whatsoever in our senior citizens are asked to appear and to share with the members of this subcommittee their knowledge about what is being done in their community. We want to know about the various projects that are being promoted to make the last years of the lives of our elder citizens happy and in many instances, we hope, productive in every way.

All the information that is collected will appear in printed form to be presented to the entire Special Committee on Aging, of which the Honorable Pat McNamara, U.S. Senator from Michigan, is chairman. These materials will be used as a basis for legislation.

We are concerned to learn what is being done here by the physicians in this beautiful island, by the dentists, by nurses, by the hospitals, and by all agencies. We desire also to know particularly about the voluntary agencies that are doing what health-minded civic groups are doing in so many American communities—groups like the Lions Clubs, Kiwanis, Rotarians, community associations, and chambers of commerce, as well as others. We are especially interested in learning what is being done for the chronically ill mental cases. We desire to learn of plans that are underway for improving the overall program for aging people.

There is one feature of our hearing in which we are especially interested. We will call it a town meeting of senior citizens. Any individual here this morning is encouraged to appear and share with us his or her problems, if any. His or her recommendations and suggestions are not only welcome; they are solicited. And if there should be anyone in the group who, for some reason or other, doesn't desire to appear as a witness and make an oral statement, we would be pleased to have that individual submit in written form his ideas or his suggestions. We have an envelope and a letter form here at the table and we urge anyone who does not wish to appear before the group to use that. And I can assure you that everything that is said by witnesses, everything that may be turned in to reach us in Washington within 30 days—every word of it will be in the printed record, which will be distributed to our colleagues on the Senate committee. And I might add that the importance of this committee is indicated by the fact that it is the next to the largest committee of the Senate. There are a total of 21 members on it.

We are here, to reiterate a thought already expressed, we are here for just one purpose. That is to learn what you are thinking about; what is being done; something of the plans that you have for improving conditions through your future efforts. I am certain that in this we will have your cooperation. Again, I thank you for being here.

We will now proceed with the formal side of the hearing, and the first witness will be the Honorable Raymond Aki, chairman and executive officer of the county government.

STATEMENT OF RAYMOND AKI, KAUAI COUNTY CHAIRMAN AND EXECUTIVE OFFICER

Mr. AKI. Thank you, Senator Long; Senator Morse. On behalf of the county of Kauai, I would like to extend our welcome to you and your staff here today. It is a singular honor that we have you with us today. This is the first time in the history of Kauai that we have had a Senate hearing on the island of Kauai; and on behalf of all the people of this island, we welcome you.

The Federal Government has long ago recognized one of the basic problems of the aged by the inauguration of the old-age benefits program more popularly known as social security. Further recognition of the problem of the aged has come through combined Federal, State, and county programs of medical and hospital assistance.

Fixed income in the face of rapidly rising costs of living make it impossible for the average retired person to maintain his dignity of independence. Sooner or later he or his widow must transfer to dependent humiliation when help is sought through social services.

While our social agencies up to now have been able to cope with the basic problems caused by the inadequacy of income of the aged through various welfare programs, multiplying numbers of retirees in the future may place too great a burden on our present system.

Here in the county of Kauai our more than 2,000 senior members are making us increasingly aware of the problems faced by the aged.

This county has recommended passage of larger home exemptions for retired persons just as now apply to the blind. We have urged passage of personal exemption on the State level to \$2,000 per retired or disabled individuals.

As more and more retired people settle here from other shores and our own pensioners multiply, we know that future expansions in our medical, hospital, recreational, and adult education facilities will become necessary. Under present conditions these expansions will have to be underwritten by the Government.

The passage of recommended legislative measures and adoption of tax-supported expansions not only increases the number of problems but also defers the major solution to the basic financial problems facing all of us. Stabilization in our cost of living is the first step that Government must take to stop multiplication of our problems.

Unless prices and wages are stabilized, businessmen and employees everywhere throughout this great country will find their social security benefits, pension, insurance plans, other saving and investment plans going up in the smoke of inflation when they retire. Lifetimes of toil, sacrifice, thrift, and struggle capped by failure to live in dignity as a crowning achievement.

Senator LONG. Thank you, Chairman Aki, for this splendid description of the situation here on Kauai—what is being done and what you think should be done.

We now turn to four sections that grew out of the work of the Kauai Conference on Aging, and the first speaker will be Miss Myrna Campbell on health problems. She is a public health nursing supervisor with the department of health.

STATEMENT OF MISS MYRNA CAMPBELL, PUBLIC HEALTH NURSING SUPERVISOR, LIHUE, KAUAI

Miss CAMPBELL. I am representing the conference on aging—the health section of that conference. At the same time, I am representing the department of health. Our part-time health officer had to go to Honolulu this week, and that left me the only one to hold the fort; so I am speaking for the department of health, too—the best I can.

I will start with the report on the conference on aging because the department of health is in agreement with the findings and the recommendations of the conference on aging. In preparation for this conference, we thought we would do our work ahead of time. Instead of making it a long workshop and figuring everything out when we got there, we would learn all we could about the aging before we started our conference.

We decided a survey would be a fine way. It's a lot of work—we didn't realize it until we got started. We wanted to do a random sample of our 2,000 people 65 and over, and we went according to Hoyle and we did get a pretty good random sample. We wanted 200, or 10 percent, but some of our samples turned out to have gone to Honolulu or weren't 65 years old yet or we couldn't find them—they go gadding around, these old people without any jobs. So we wound up with 168 questionnaires answered.

These questionnaires—I might tell you that they were done by 67 different interviewers; so you will notice it was a community project. It was a very simple questionnaire; otherwise 67 interviewers could not have come up with any information you could use. But it was very simple and we feel that it was very valid. It shows up in a number of different ways—geographically, economically, and in other ways—it was probably a pretty good random sample.

I would like to point out just a few of the items in it that have to do with health which I think are rather interesting. We found that on Kauai, of our sample of 168 people, 30 of them lived alone. That is 17.8 percent. I believe on Oahu, in the survey there, 6½ percent lived alone. Here it's 17.8 percent. And on Oahu, 6.6 percent lived with other than relatives—with nonrelatives; and here, 11.3 percent lived with nonrelatives. A large proportion of ours, of course, are men. I think that is why so many live alone; we have the plantation workers who have reached this age, and they are looking after themselves.

It turns up when you find out how many are doing their own cooking and housekeeping. A large number of them are doing their own cooking—yes, here it is—64 of them are doing the cooking. Sixty-six are doing the housekeeping.

Of the group of 168, 41 were confined to the house; and of those 41, 8 were confined to the bed or a chair. Only 16 of them said they couldn't be left home alone.

Now, their food habits are rather interesting and make one wonder if some study ought to be given to the ability of these people to look after themselves properly and to eat the proper kind of food; or, maybe it has to do somewhat with their dietary habits as they grew up. We asked them how many days a week they ate meat and how many days a week they drank milk—trying to get at the protein consumption. We know that older people should have a pretty high protein diet. And we found that 67 of these people had meat 3 days a week or less—from none at all to 3 days a week, just when they should be having it every day. Now, they gave two main reasons for this: one was they didn't have enough money to buy meat because it was too expensive; the other is that they didn't have enough teeth to chew it with. Sixty-six drank milk less than 3 days a week, or less.

I think the figures are fairly valid because when we asked them how many days a week they ate rice, 133 had it every day; so they were probably telling the truth.

Seventy-five said they had physical disability. That is, they couldn't see well, hear well, walk well, use their arms well, or talk—75 of that group.

When we asked them about their dental needs, their answers would indicate to me that they are so accustomed to having bad teeth that

they didn't recognize the need when they saw it, because 113 people said they had no dental needs; however, that still left 36 who admitted they had dental needs. When we asked them if they could get dental care if they needed it, 25 said no, they were not able to; 17 because of insufficient funds; and 4 from lack of transportation; 4 from fear; and 2 didn't say.

They get plenty of medical care. Obviously it is available to all of them. They practically all said they could get medical care if they needed it.

When we asked them what their most urgent needs were—this was an open-ended question; they could say whatever they wanted to—107 of them couldn't think of any. It was very interesting—they couldn't think of any urgent needs at all. They had no answer to that. The ones that could think of one, the most commonly mentioned urgent need was dental care. And 24 said that they were most urgently in need of dental care.

The next highest number was only 8—a social need, the need for companionship.

We asked them if there was a good nursing home on Kauai—we didn't explain to them whether we had any or not; we just said, "If there was a good one, one that you would like, would you be interested in using it now?" And I expected a rather low number on this because, traditionally, people here think they should stay home and be cared for by their families when they get older. However, there were 21 who said they would be interested right now in using a nursing home. There were a number more who said they might be interested later on. They said they didn't need it now but they might be interested later on. There were 29 who said they would be interested in a good residence for older people.

Now, I would like to say a little bit more about nursing homes and care homes because I have been very active in that area and in the department of health.

We have on this island about 20—no, 19 care homes and 2 nursing homes. One nursing home is a new unit in the Wilcox Hospital, and the other is a nursing home which has just made itself truly eligible for a nursing home license by employing a part-time professional nurse and a person to work all night. This is a small nursing home which now can have only nine beds because it can't quite meet the fire regulations. The building has a fire-alarm system but it is not a fireproof building. But on the strength of the fact that they hope to build a fireproof building within the next year and a half, they have been given permission to operate a nursing home for nine patients. The hospital unit has 15. So that is the number of nursing home beds we have.

Our care home system is what we have been depending on for a number of years. Since we have begun licensing them or even shortly before that, we have been working with them very carefully to help them to make better care homes, to build up their standards and take better care of these people. The public health nurses have been giving the professional supervision nursing care for these people in the care homes. We have records on each one of them, and a nurse visits the home once a month to see how these people are getting along.

These people now, since licensing, must be ambulatory or semi-ambulatory. If they are worse than that, then we ask the physician to recommend that they be placed in a nursing home—if they cannot be semiambulatory. These people do pretty well. Their homes vary somewhat, of course, but if we place the right person in the right home, they generally are quite happy and get along pretty well.

We are considering a new use for them. Monday and Tuesday I spent taking a psychiatric social worker around to see quite a large number of these care homes. She was interested to see whether or not they could be used to place patients, who have received maximum benefits from the Kanoeha State Hospital, into these homes—instead of keeping them on forever in the State hospital, place them in a care home where they can be looked after.

She found a number of homes where she thought that would be possible. That would mean a little more of what we may call in-service education for the care home operators, which we could manage quite easily because they are organized—not a tight group, but an informal organization. They have a leader; they call meetings; they work on record forms; they work on a lot of things—and they have very kindly asked me to be their adviser; so it is very easy to work with these people, and I believe that could be developed and it would be, I think, quite a help in solving the mental health needs of the State.

That's all I can think of now to tell. I didn't cover in much detail the recommendations of the Conference on Aging because it is written down here and you can refer to it. I will just mention the five areas of need that the Health Section felt that there were.

There is a need for better health education and the public needs to be better informed as to the resources that are available. That is something of an indictment on the organizations that we have here. One of their main recommendations was that we get a little bit better coordinated—and Kauai is noted for its good coordination and cooperation between agencies, but apparently we need a little more. We need more health education. They recommended a full-time health educator—largely for this reason.

The second area of need was a great need for dental services for indigent—medically indigent. Most of the people that we saw the other day in going around to these care homes, if they had any teeth at all they appeared to have much evidence of pyorrhea.

Third, there is a need for early and continued rehabilitation available to anyone, regardless of financial status. And we are at present working on plans for that here.

Fourth, there is need for planning for better financial security and medical care for the aging.

And fifth, there is need for public transportation on Kauai to increase the availability of health services.

Senator LONG. Thank you, Miss Campbell.

Senator MORSE. I have a couple of questions. Of the 21 who stated and expressed a willingness and interest in going to nursing homes at the present time, do you happen to have their ages? Into what age brackets do they fall?

Miss CAMPBELL. I can't tell you that because statistically we didn't figure it out and I haven't had time yet to follow these people up. I plan, as soon as things simmer down on Kauai a little bit, to have the

public health nurses visit these people who showed evidence of some kind of a need—and this, I would say, was evidence of a need; and so I can't answer that question at present. They were over 65 is all I know.

Senator MORSE. Yes, but you don't know whether they were the oldest of the older group who are, perhaps, not as physically robust as the people between 65 and 70, for example?

Miss CAMPBELL. I would imagine they were among the least robust of this group that they saw because they found quite a number, you know, that were, as I mentioned, confined to their homes. I suspect it comes in that group.

Senator MORSE. Then you made the comment—and I think it is very typical of the culture of the Islands—that there is a strong tendency under this culture for the older people to stay with their families where it is possible. Do you have any psychological analyses of any of these people from the standpoint as to whether or not they may be among those who feel they have become an undue burden upon a daughter or a son or other relatives and are interested in relieving the relative of that burden and therefore express a willingness to go into a nursing home when really, in fact, they perhaps prefer to stay at home were it not for the fact that they thought they were a burden?

Miss CAMPBELL. That's possible. I think it is more likely that they are among a group who are living alone. Most of those who said they would consider a nursing home qualified it by saying, "When I get older and when I am disabled and my family can't care for me"—or, they would say, "When I don't have any family, then I would go in." We found a number of cases where this answer that they gave that they did not want to go in was because—didn't quite cover the situation but in a number of them the family would have been very happy to have them go in; but the patient, himself, was perfectly happy. He seemed well cared for; he was with his family; he was happy as a lark; but his family was not nearly so happy. But in this culture, as I mentioned, they don't feel free to place him in unless he wants to go.

Senator MORSE. One more question. What does the State pay toward the welfare patient—the patient who doesn't have any means to take care of himself—what does the State pay to put one of these people either—first, in a nursing home; or second, in a care home? What is the contribution of the State?

Miss CAMPBELL. The State has to pay whatever the going rate is—

Senator MORSE (interrupting). There is no fixed rate?

Miss CAMPBELL. It used to be that the State told these care homes what they would pay and the care home accepted it and took it for granted that was all they could get. They understand now that they are licensed care homes and nursing homes and that they have a right to set their own rates, and they feel that they are not at present being adequately paid for their time. They feel their expenses are being covered quite all right, but that their time is by no means adequately covered. The amount they are paid, I think, varies. You can ask Mr. Nakao of the welfare—he might answer this more accurately, because this is kind of a sideline for me. They pay, though, from \$100 for an ambulatory patient up to \$165 for one who is in bed a good deal more. But the care homes would like to raise that because they feel that in many cases it is not enough.

Senator MORSE. I not only want to thank you, but I want to express our appreciation for this analytical study. I think that if we could collect a great body of data, such as those which you have presented here this morning, all across the country that we would have a very interesting body of data which would, I think, form a more valid conclusion as to what public policy ought to be in regard to the care of the aged. Thank you very much.

Senator LONG. Miss Campbell, I have a question. I want to supplement the last question asked by Senator Morse. You referred to the payment made by the State. Does the county bear any part of the financial burden?

Miss CAMPBELL. Would you mind if I asked you to ask Mr. Nakao on these questions when he is up here? That is out of my field.

Senator LONG. One other question. How often are patients in nursing homes seen by a physician?

Miss CAMPBELL. One of the agreements that the care home operator makes is that one of her services will be to transport the patient to the doctor's office as often as necessary. And sometimes this is done as often as once every week; sometimes it is oftener than that. Sometimes it's once a month. There have been times, I'm afraid, where the patient has been rebellious; they haven't seen the doctor for several years. That was commonly true before we entered the picture and began to work with them. Now, it is only true if they have a real ornery patient who objects to going. We like them to have a physical examination every 6 months, whether they need it or not, because they are in a group that generally does need it.

The care home operator has to take the patient to the doctor. I know of one doctor who has made a number of home calls; but, other than that, I think it is very rare for the doctor to go to the home.

Senator LONG. Thank you. Now, your reference to dental care—the lack of dental care—was of interest. Is there any regular program for dental attention or is that service on an individual basis only when there is something of an acute nature?

Miss CAMPBELL. There are no resources here for any medically indigent person of any age to get anything but emergency dental care. It is a very acute problem on this island.

(The summary referred to previously follows:)

SUMMARY OF RECOMMENDATIONS OF THE CONFERENCE ON AGING, HEALTH SECTION,
KAUAI, NOVEMBER 1961

AREAS OF CONCERN AND RECOMMENDATIONS REGARDING THEM

1. There is a need for better health education and the public needs to be better informed as to the resources that are available.

Recommendations

Develop a stronger Health and Welfare Council and use it more effectively for public education, coordination of agencies, research, and planning.

Develop a strong health education program.

Secure a full-time health educator for Kauai.

Involve high school students in health education programs, possibly through junior health and welfare councils.

Study the feasibility and desirability of multiphasic screening on Kauai.

Encourage wider volunteer participation in the activities of health and welfare agencies.

2. There is a great need for dental services for indigent and medically indigent persons.

Recommendations

Work out some way of providing dental services to the indigent and medically indigent.

3. There is a need for early and continued rehabilitation, available to anyone regardless of financial status.

Recommendations

Better utilize and coordinate the rehabilitation resources that are available on Kauai.

Work out more effective follow-through of services from early illness to optimal living of the individual.

4. There is need for planning for better financial security in medical care for the aging.

5. There is a need for public transportation on Kauai to increase the availability of health services.

Recommendation

Study ways and means of providing adequate public transportation.

SURVEY—AGING OF KAUAI, OCTOBER 1961

A survey undertaken by volunteer interviewers of 8.8 percent (168) of the 2,002 persons over 65 on Kauai

	Male	Female	Total	Projected to 2,000
Age:				
1. 65 to 69.....	54	11	65	
2. 70 to 74.....	37	11	48	
3. 75 to 79.....	9	12	21	
4. 80 and over.....	24	10	34	
Total.....	124	44	168	
With whom do you live:				
A. Alone.....	19	11	30	360
B. Spouse.....	41	10	51	
C. Spouse and children.....	18	4	22	
D. Children.....	22	17	39	
E. Relatives other than children.....	8	3	11	
F. Nonrelatives.....	15		15	
G. Care home.....	4		4	46
H. Hospital, permanently.....	1		1	
Do you own your own house or apartment:				
1. Yes.....	37	11	48	
2. No.....	85	31	116	
If not, is it owned by—				
A. Your children.....	14	15	29	
B. Your siblings.....				
C. Jointly by self and relatives.....	5		5	
D. Others who provide free lodging.....	7	3	10	
E. Landlord.....	67	14	81	
F. Institution.....	1	1	2	
Do you pay rent:				
1. Yes.....	56	17	73	
2. No.....	67	25	92	
Do you have regular or frequent contacts with relatives not living with you:				
1. Yes.....	76	35	111	
2. No.....	32	6	38	
Is there someone you can turn to for help:				
1. Yes.....	119	39	158	
2. No.....	7	2	9	106
If yes, who:				
1. Relative.....	78	26	104	
2. Neighbor.....	6	1	7	
3. Friend.....	7	2	9	
4. Professional person.....	9		9	
5. Other.....	6	2	8	
6. Not answered.....	9	9	18	
What is your present occupation:				
1. Unemployed.....	27	20	47	
2. Retired.....	86	6	92	
3. Unskilled or semiskilled worker.....	12	1	13	
4. Skilled manual worker and operative.....	1		1	
5. Clerical, sales or other service worker.....				
6. Foreman, supervisor, technician.....				
7. Independent farmer.....	1		1	
8. Manager, executive, administrator, owner, in industry, commerce, government.....	3		3	
9. Professional worker.....	2		2	
10. Housewife.....		14	14	
11. Unanswered.....		2	2	

SURVEY—AGING OF KAUAI, OCTOBER 1961—Continued

A survey undertaken by volunteer interviewers of 8.8 percent (168) of the 2,002 persons over 65 on Kauai—Continued

	Male	Female	Total	Projected to 2,000
What is your former occupation:				
1. Unemployed.....				
2. Retired.....				
3. Skilled or semiskilled worker.....	82	16	98	
4. Skilled manual worker and operative.....	12		12	
5. Clerical, sales, or other service worker.....	3		3	
6. Foreman, supervisor, technician.....	7		7	
7. Independent farmer.....	5		5	
8. Manager, executive, administrator, owner, in industry, commerce, government.....	6	2	8	
9. Professional worker.....	5		5	
10. Housewife.....		19	19	
11. Unanswered.....				
If unemployed, would you like employment:				
1. Yes.....	17	2	19	
2. No.....	94	38	132	
If yes:				
1. Full time.....	2		2	
2. Part time.....	15	3	18	
What is the source of your income or support:				
A. Employment:				
1. Earner.....	6		6	
2. Spouse of earner.....		1	1	
B. Property.....	4	2	6	
C. Investments.....	6		6	
D. Savings (withdrawal of principal).....	5	1	6	
E. Personal insurance.....	6	2	8	
F. Retirement pension.....	101	28	129	
G. Social security.....	91	22	113	
H. Veterans pension.....	4	3	7	
I. Children or other relatives.....	5	9	14	
J. Public assistance.....	18	4	22	260
K. Other.....	4	3	7	
Who does housekeeping:				
1. You.....	40	26	66	780
2. Member of the household.....	86	18	104	
3. Other.....	7	1	8	
Who does the cooking:				
1. You.....	37	27	64	
2. Member of household.....	88	18	106	
3. Other.....	10	1	11	
Are you confined:				
1. To the house.....	21	12	33	392
2. To the bed.....	3	3	6	70
3. To a chair.....	1	1	2	22
4. Not confined.....	94	27	121	
Are you able to stay at home alone:				
1. Yes.....	110	38	148	
2. No.....	11	5	16	
Has a special diet been advised by a physician:				
1. Yes.....	23	14	37	
2. No.....	100	29	129	
Do you have problems in eating the special diet:				
1. Yes.....	7	2	9	
2. No.....	15	10	25	
Food habits:				
How many days a week do you eat meat:				
1. 0 to 3.....	46	21	67	796
2. 4 to 7.....	73	21	94	
How many days a week do you drink milk:				
1. 0 to 3.....	50	16	66	780
2. 4 to 7.....	69	26	95	
How many days a week do you eat rice:				
1. 0 to 3.....	21	7	28	
2. 4 to 7.....	98	35	133	
How many days a week do you eat fruits:				
1. 0 to 3.....	37	9	46	340
2. 4 to 7.....	81	33	114	
How many days a week do you eat vegetables:				
1. 0 to 3.....	12	4	16	
2. 4 to 7.....	107	38	145	
3. Not answered at all.....	5	2	7	
Do you have any physical disabilities:				
1. Yes.....	58	17	75	
2. No.....	63	18	81	

SURVEY—AGING OF KAUAL OCTOBER 1961—Continued

A survey undertaken by volunteer interviewers of 8.8 percent (168) of the 2,002 persons over 65 on Kauai—Continued

	Male	Female	Total	Projected to 2,000
What disabilities do you have:				
1. Can't see well.....	24	9	33	392
2. Can't hear well.....	25	12	37	392
3. Can't walk well.....	24	11	35	392
4. Can't walk at all.....	3	2	5	
5. Can't use arms or hands well.....	7	5	12	
6. Can't talk.....	1	1	2	
7. Other.....		1	1	
What health problems do you have:				
1. None.....	66	15	81	284
2. Cardiovascular.....	15	9	24	94
3. Diabetes.....	6	2	7	
4. Chest (including asthma, tuberculosis, colds).....	7		7	
5. Arthritis, neuralgia, aches, and pains.....	21	17	38	
6. Abdominal conditions.....	8		8	
7. Urinary conditions, including kidneys.....	4	1	5	
8. Other (dizziness, eye condition, skin, nervous, anemia, epilepsy, palsy).....	2	5	7	
What are your dental needs:				
1. None.....	80	33	113	
2. Need plate (new or old one repaired).....	15	5	20	
3. Treatment of cavities.....	2		2	
4. Treatment of infection.....	1		1	340
5. Not enough teeth.....	5	2	7	
6. Other.....	14	2	16	
Are you able to get dental care when you need it:				
1. Yes.....	98	34	132	
2. No.....	20	5	25	296
If not, what are your problems:				
A. Insufficient funds.....	15	2	17	
B. Lack of transportation.....	4		4	
C. Fear.....	2	2	4	
D. Other.....		2	2	
E. Not answered.....		1	1	
During the last 6 months did you need medical care but did not receive it:				
1. Yes.....	9	1	10	
2. No.....	110	41	151	
If you did not, why didn't you receive it:				
A. Insufficient funds.....	2	1	3	
B. Lack of transportation.....	2		2	
C. Fear.....				
D. Opposed (or advised against it).....				
E. Other.....	2		2	
Did you consult a doctor during the last 6 months:				
1. Yes.....	73	25	98	920
2. No.....	52	17	69	820
3. Not answered.....	1		1	
If yes, about how many times:				
1. None.....				
2. 1 to 2.....	25	14	39	
3. 3 to 4.....	18	4	22	
4. 5 to 6.....	11	6	17	
5. 7 to 12.....	5	1	6	
6. 13 and over.....	2	4	6	
7. Occasionally.....	2	2	4	
8. Not answered.....	6		6	
9. Hospital.....	1		1	
Did you enter a hospital within the last 12 months:				
1. Yes.....	14	5	19	
2. No.....	107	33	140	
If yes, for how long:				
1. Less than a week.....	4		4	
2. 2 weeks.....	3	1	4	
3. 3 weeks.....	4	1	5	
4. 1 month.....	4	1	5	
5. More than a month.....	5	1	6	
How medical and/or hospital bills paid:				
A. Plantation medical plan.....	87	26	113	1,340
B. Private health insurance.....	6	1	7	
C. Current income.....	9	3	12	
D. Savings and assets.....	2	1	3	
E. Loan company or bank.....				
F. Children.....	3	12	15	
G. Other relatives.....	1		1	
H. Friends.....				
I. Government.....	21	7	28	332
J. Other.....	3	2	5	

SURVEY—AGING OF KAUAI, OCTOBER 1961—Continued

A survey undertaken by volunteer interviewers of 8.8 percent (168) of the 2,002 persons over 65 on Kauai—Continued

	Male	Female	Total	Projected to 2,000
What are your recreational activities:				
A. Reading.....	50	10	60	-----
B. TV.....	46	8	54	-----
C. Radio.....	79	28	107	-----
D. Cards.....	16	7	23	-----
E. Movies.....	35	11	46	-----
F. Visiting outside home.....	64	16	80	-----
G. Visitors in the home.....	52	20	70	-----
H. Gardening.....	83	22	105	-----
I. Walking.....	44	14	58	-----
J. Sewing.....	4	13	17	-----
K. Hobbies.....	24	5	29	-----
L. Other.....	16	3	19	-----
M. None.....	4	7	11	-----
N. Not answered.....		1	1	-----
Are you active in clubs or other groups:				
1. Yes.....	20	5	25	-----
2. No.....	101	35	136	-----
Do you attend church or active in church activities:				
1. Yes.....	61	25	86	-----
2. No.....	61	18	79	-----
What are your most urgent needs:				
1. None.....	77	30	107	-----
2. Social—need of companionship.....	5	3	8	-----
3. Dental care.....	22	2	24	-----
4. Food.....	5	1	6	-----
5. Money.....	1	1	2	-----
6. Household help.....		1	1	-----
7. Personal care.....	2		2	-----
8. Medical.....	6	1	7	-----
9. Hearing aid, new glasses, new blanket.....	2		2	-----
10. Housing.....	3	1	4	-----
11. Nursing care.....	3	1	4	-----
12. Work.....	1		1	-----
13. Not answered.....		4	4	-----
If there were a good nursing home on Kauai, would you consider using it now:				
1. Yes.....	16	5	21	250
2. No.....	106	38	144	-----
If there were a good residence for older people on Kauai, would you consider living there:				
1. Yes.....	26	3	29	344
2. No.....	61	21	82	-----
3. Perhaps.....	31	13	44	-----

Senator LONG. Thank you for your very splendid statement.

The next witness will be Mr. Ralph Hirota, administrative assistant to County Chairman Aki.

STATEMENT OF RALPH HIROTA, ADMINISTRATIVE ASSISTANT TO COUNTY CHAIRMAN AKI

Mr. HIROTA. Honorable Senator Long, Senator Wayne Morse, the staff, the report I have to make is on housing, and this report comes from the Kauai Conference on Aging, held on November 15, 1961, from the committee on housing.

The housing committee found that there were no real housing problems for the aged at the present time. The people who provide the major housing on this island, the sugar plantations and the pineapple canneries and the community, have provided fairly adequately for their retirees. And although the plantations and the canneries, in general, are gradually getting out of the housing business, they are presently providing the necessary housing or have seen to it that housing is provided for their retirees in one way or another.

The question which is not answered at the present time is how much longer will these companies continue to provide housing and when they eventually discontinue housing, where are our aged who have worked for these companies going to find adequate housing?

The community, in general, as I have stated, also provides adequate housing for our senior citizens, and this was indicated in our survey to that question, "What is your most urgent need?" And only three people indicated that housing was a most urgent need.

In checking with the department of social services, who provide housing for many of their cases, they have indicated that they have had no problem in providing housing at the price range that is allowed under their standards.

Although there is no real problem for housing on Kauai for the aged, there are a few cases who need housing, which was brought out in the survey, as I just mentioned. But there was no indication as to what they could pay for housing. Others in the community have indicated that they could not find adequate housing within the price range they could afford, \$50 to \$65.

There is an indication also that low-cost housing is needed by some of the people in the community. Some of our housing is substandard in nature and this fact was indicated by the department of social services whom we checked with, and by the ILWU. This fact is attributed to the low rent paid by tenants. And, also, because of the low rental, I believe, the companies and landlords have not kept up the repairs on these buildings. Most of the occupants cannot afford to pay for more adequate housing due to the small income they receive. Many prefer to remain in their present homes, although they are substandard, because of the low rental as well as being close to their friends and other facilities such as room for gardening and the raising of livestock.

Three hundred and forty-four—this is the number after being projected into 2,000 senior citizens on this island—indicated by the survey that if there were a good residence for older people on Kauai, they would consider living there. They could not indicate what they would be expected to pay for accommodations they would choose.

Although there is no acute need at the present time, this need will increase with more and more people reaching retirement age and the fact that the major companies are gradually getting out of rental housing; also the fact that the people on Oahu, facing a higher cost of land, will be looking to the neighbor islands such as Kauai for retirement, where land prices are less.

In view of our existing need and the rapidly increasing need as more of our people retire or reach retirement age, the housing committee recommended to the Conference on Aging that the State set aside State lands to provide land at a reasonable cost for housing developments. There is very little State land on Oahu, with the major portions of State lands located on the neighbor islands, such as Kauai.

We also recommended the passage of legislation, giving tax exemptions to people aged 65 and over for home exemptions, say, up to \$10,000, as an incentive for homeownership by our senior citizens.

We also recommended the consideration of the possibility of income

tax exemptions for people aged 65 and over—probably up to an amount of up to \$5,000.

We also recommended that necessary steps be taken to provide low-cost Federal housing on Kauai to provide facilities for our present needs as well as our future needs for housing for our aged. These facilities should provide for various income levels, as well as the choice of accommodations for our elderly to live separately or with their families, depending upon their preference.

In the area of personal care homes, which was covered fairly accurately by Miss Campbell, we found that the facilities that are provided here meet the needs of the people at the present time. The only need that has not been provided for adequately is quarters for the women. As pointed out by Miss Campbell, most of our aged are at the present time single people, and most of these care homes have provided facilities for the aged—I mean for the men. And to solve this problem, if provisions are made to take care of the women, I think this need could be met adequately.

In the area of nursing care homes, there was a crying need until recently; but since the Wilcox Hospital has provided 15 beds, this need is being met. But there is an indication that we need more facilities for nursing care homes, as again pointed out by Miss Campbell, and the survey indicated that many people who would use nursing care facilities would like to use these facilities.

The fourth area, which I believe will be covered by someone else from the hospital but which I would like to touch on briefly, would be the proposed housing for elderly people providing limited medical care, food service and housekeeping service at the Wilcox Nursing Home, which is being made available at the present time.

I am attaching the summary—not the summary, but the section on the questionnaire survey made in the area of housing, and I took the portion for housing itself so that you can have the necessary information on the housing area, and I would like to now submit this report.

Before I close, I would like to mention some of the recommendations that came out of the Aging Conference, and these are the recommendations:

Encourage homeownership through benefits of tax reductions after age 65. This was very strongly emphasized by many of the groups.

State or individual participation in constructing cooperative apartments to be explored.

Need for placement in a home where there are daily activities to keep the aged occupied, such as recreational facilities.

Low-cost housing with adequate facilities be established.

Community and Government help with the problem of housing only if the individual cannot take care of himself. This was very strongly emphasized throughout the Conference—that the community should carry the responsibility in providing for our aged before we ask the State or the Federal Government to carry the burden.

More emphasis on family responsibility for their own parents was also recommended.

Senator LONG. Thank you very much. For the record, Mr. Hirota, I wish to go back to a statement that you made near the beginning of your testimony to the effect that the companies—I think you used the term “plantation companies,” particularly—

Mr. HIROTA. That's right.

Senator LONG. Provide housing for retired people. Is that free or at a special rate or how is it handled?

Mr. HIROTA. I believe most of them are charged some sort of rental for the housing that they occupy, and someone from the plantation, I believe, is here and will be able to elaborate on that further in detail.

Senator LONG. Yes, we would be interested in having that answered as I feel it is part of the picture; and also, how long it is to continue—that is, whether there is a guarantee for life for such housing. That will doubtless be answered later on.

Mr. HIROTA. Yes, I believe it will be.

Senator LONG. Thank you very much.

Mr. HIROTA. Thank you.

(Paper referred to in the statement follows:)

KAUAI CONFERENCE ON AGING, NOVEMBER 15, 1961

HOUSING

Areas of critical concern

1. Tax rates boosted but retirement income has not increased; income has not increased along with living expenses.
2. Co-ops for older folks.
3. Housing for the aged:
 - (a) Home placement.
 - (b) Financial responsibility.
4. Tax exemptions for retired homeowners 61 and over.
5. Housing at this stage becomes a problem of the aging in addition to needs of the aged.
6. Older folks should probably not be isolated: Re age or income interim.
7. Possibly establish one or two State-financed homes for aged who cannot run their own homes, but yet are not bedridden (aged could pay toward operating costs in relation to income).
8. Need personal care homes for women.
9. People like to retain own individuality as long as possible—yet if physically, mentally, or economically unable to live independently—then what.
10. Want more information and need more facts.
11. Need more study—more projected needs.
12. Need for better planning of housing with other facilities as recreational, medical units considered.
13. Need to review available county facilities for future needs.
14. Need for low-cost lands and financial help to maintain freedom.
15. Need of low-rent housing:
 - (a) Who is to finance it? Federal aid?
16. Tax relief.

PRIORITY OF ACTION

1. Reduction of taxation: Income and property.
2. Housing project for middle income bracket.
3. Could State set aside lands for housing developments—similar to HHA-type homes with payments below \$50 a month; close to a community, close to old friends, still with neighbors of all ages, incomes, etc.?
4. Care home for women needed.

Recommendations to conference

1. Encourage home ownership through benefits of taxation reductions after 65.
2. Possibility of cooperative apartments.
3. Home ownership be encouraged, thus increased tax exemption or tax reduction rate.
4. State or individual participation in constructing cooperative apartments to be explored.
5. Need for placement in a home where there are daily activities to keep them going.
6. Aid from State government agency and the Federal Government.
7. Recommend passage of legislation as in home ownership.

8. Study to be made of the projected needs on housing.
9. Suggestion that the health and welfare council coordinate with the health department with the help of other interested agencies.
10. Low-cost housing with adequate facilities be established.
11. Community and Government help with the problem of housing only if individual cannot take care of it himself.
12. Study be made of Mahelona Hospital to be used for care of aged who are physically incapacitated because of TB cases declining.
13. More emphasis on family responsibility to provide housing for their own parents.
14. No immediate need at present.
15. No urgent need at moment for female patients in personal care homes.

Senator LONG. The next witness will discuss the general problems of aging—Mr. Masayoshi Fujita, Kauai County Administrator for Vocational Rehabilitation.

STATEMENT OF MASAYOSHI FUJITA, KAUAI COUNTY ADMINISTRATOR FOR VOCATIONAL REHABILITATION

Mr. FUJITA. The area of "general problems" concerns itself with economic implications—income and employment security. The recent survey which was held in October brought out a number of points which I would like to share with you.

Point 1: That 75 percent of those who are presently retired were previously employed in the unskilled or semiskilled professions.

Point 2: 88 percent of the samples indicated that they did not want employment. Of the 12 percent who stated that they did want work, 90 percent of them wanted only part-time work.

Point 3: Most of the aged depend on social security benefits and retirement pensions to meet their needs.

Point 4: 15 percent out of the 168 cases that were surveyed were receiving financial help from the department of social services.

And point 5: On the matter of urgent needs, 66 percent indicated that they did not have any urgent needs; 14 percent indicated dental care; 1 percent money; and less than 1 percent indicated that they wanted to work.

The recent conference on aging brought out a number of recommendations regarding this area of "general problems." Again, I would like to share four of the recommendations with you.

One of the recommendations was that a permanent social security office be established here on Kauai. At the present time the social security agent commutes from Honolulu and he comes once a month and stays for about 6 or 7 days during the month.

Point 2: That the present tax laws be revised to provide for lower tax rates for the aged, as was indicated by Mr. Hirota of the housing committee.

Point 3: That a program be designed for the county and the State wherein the aged are able to obtain dental care.

And point 4: That medical care be made available to the aged through a program sponsored by the State and the Federal Government.

That's all I have.

Senator MORSE. One question, Mr. Fujita.

Mr. FUJITA. Yes.

Senator MORSE. You state that the social security officer from Honolulu spends 6 or 7 days here a month. Does this meet the needs of the island in those 6 or 7 days?

Mr. FUJITA. No, I don't think that it meets the needs adequately. They have recently gone into the disabled program also, and if you can't catch him when he comes, why, you just have to wait a whole month before he comes back again.

Senator MORSE. Would you give me an example of the type of problem which is sufficiently prevalent on the island here so that you could justify having an office here for a whole month? I only seek this inquiry because I find in my work so frequently that there is a tendency to ask for the establishment of a new Federal office on a State basis or a city basis or a county basis, and if we met all of those demands for the establishment of separate Federal offices—whether it is social security or any other one of the Federal agencies, we would have such an additional administrative cost that the result would be that it would take away a lot of money from substantive benefits.

I quite agree that service where needed should be rendered. And I make no comment on your recommendation. I am talking about a general policy which I have experienced in my 17 years in the Senate—a tendency of communities—local, counties, cities, States—to want to pyramid this whole matter of Federal administrative services by the establishment of local offices, with the result that I get very much concerned now and then about the total administrative cost of services that are necessary to meet needs.

Now, you ask for this service. I say most respectfully that I think the burden of proof rests with you to submit enough examples, enough proof to show that the present arrangement in social security in fact is doing injury to your island and that it is not meeting needs. I can well imagine you might have an emergency case now and then, but I certainly should think that that could be handled without the establishment of a new office here in this island unless the demand for the service is so great that you can really show it is needed.

Mr. FUJITA. I am not too familiar with this area but I wonder if Mr. Nakamura, who is the social security representative who is in the audience could answer that question for you.

Senator MORSE. Not only that, but in order to save time—because we are going to ask for supplemental statements in a good many of these matters—Mr. Chairman, I personally request that someone supply this record with a supplemental statement sustaining the burden of proof in respect to this recommendation made. It doesn't mean that I am not for the office, but it means you have to show me you need it, rather than make the request. If you can present evidence on it, I think it ought to be put in the record.

Senator LONG. Thank you, Mr. Fujita.

The next item on the agenda deals with "Social and religious problems." Unfortunately, the Reverend Robert Beharry is not here, but it is expected that he will come later. At any rate, the materials which he has prepared will appear in the record.

We will pass on to the next item—Dr. Webster Boyden, representing the Kauai County Medical Association.

Dr. Boyden?

**STATEMENT OF DR. WEBSTER BOYDEN, REPRESENTING THE
KAUAI COUNTY MEDICAL ASSOCIATION**

Dr. BOYDEN. Senator Long, Senator Morse, members of the committee, ladies and gentlemen, when I was asked to represent the Kauai County Medical Society, it was on rather short notice and I was given the privilege of speaking on any subject that I wished—and I believe they concurred in my opinion.

I wish to thank the committee for giving the Kauai County Medical Society this opportunity to present its views on H.R. 4222, recently known as the King-Anderson bill. We are firmly opposed to this bill and we thoroughly approve the Kerr-Mills medical aid for the aged law—a law of the land for the last year and half.

Now, your committee is acquainted, I am sure, with the objections to this law that have been presented in the House Ways and Means Committee; so I won't go into that at all. I will limit my remarks to showing how these two bills would affect Kauai.

By way of introduction, I wish to point out that the people of the United States presently enjoy better health than those of any other nation, from low infant mortality rates to high longevity rates, and with comparatively little disease and sickness in between. This is largely because they benefit from the highest type of medical practice and medical research. In consequence, greater numbers are reaching and living beyond age 65.

Since World War II, millions of these people have provided for their own medical care through voluntary prepaid medical care plans such as the Blue Shield and Blue Cross, known locally here in Hawaii as the Hawaii Medical Service Association, and through several commercial companies. During this same period, industry has provided increasing pensions for their retired employees. So rapidly have these benefits grown that, if taken together with the social security payments presently paid, if they are given another 15 years there might not be any need at all for additional Federal assistance.

This is rather substantiated in part by what Miss Campbell had to say about none of the people here requiring, or, at least, stating that they required medical care. It also excludes the indigents, which have always been a local responsibility.

However, we do have the Kerr-Mills law which does not disturb but, rather, complements the above-mentioned conditions. This program has been operating very satisfactorily in Hawaii since July 1 of this year. Since its recent enactment, only 18 of our States have not taken action toward implementing it—thus demonstrating its wide popularity. Though financed jointly by State and Federal funds, it is administered here in Hawaii as we believe it should be.

We favor this bill because it provides unlimited care to all those—and I repeat—all those who need assistance, but providing only that need be shown. Some objectors say the dignity and self-respect is lowered when one is required to submit to a means test; yet you and I, whenever we wish to open a charge account or to get a loan from the bank, we must pass this same means test and, I believe, without any loss of dignity.

Now, how would we fare under the proposed King-Anderson bill? I have been reliably informed that as of June 30, 1960, about 47 per-

cent of those in Hawaii, 65 and over, were not enrolled under social security. The number would be less today, but this is still a large segment which would be excluded from all benefits under this law. Furthermore, I doubt that even those properly enrolled could receive benefits on Kauai.

The only physicians who can provide such care are those employed in hospitals under regulations and contracts laid down by Secretary Ribicoff of the Department of Health, Education, and Welfare. The Department would pay the hospital and the hospital would pay the doctor. The only services provided would be by doctors employed by the hospital in the departments of anesthesiology, X-ray, pathology, and physical medicine, and we have no doctors so employed in either of our two hospitals.

Now, please note that the only medical care provided under this law is that furnished to patients in a hospital, except for diagnostic services provided by outpatient departments. We have only two hospitals and we have no such outpatient departments.

Let me refer to section 1603, which states specifically that the hospital services for which the Government will pay will exclude services by a physician, resident, or interne, except in the four fields mentioned above, "except services rendered in hospitals by an interne or resident in training under a teaching program approved by a recognized body approved for the purpose by the Secretary."

We have no teaching hospitals; so we must conclude, then, that no services could be provided on Kauai.

From the obviously poor performance that can be expected from such a program, we must further conclude that the program must have been devised solely in order to get a foot inside the door as a start toward the eventual attainment of socialized medicine.

I might end by adding that I would hope that our Senator Long, Senator Fong, and Representative Inouye would see fit to change their way of voting on this particular measure.

Senator LONG. Thank you.

Senator MORSE. I have no questions. I want the doctor to know that I respect very much his point of view and the point of view of the doctors throughout the country as a whole; and I feel that the purpose of these hearings is to take the evidence and not for members of the committee to engage in debate with the members of the medical profession on this matter. But only to let the record show, I, for one, of course, completely disagree with the position taken by the American Medical Association.

I had the most enjoyable time about a month ago at the University of Minnesota where I was engaged in a debate with Dr. Annis, who represents the American Medical Association. And I based my case that night on a very interesting book just recently published under the title, "It's Cheaper to Die."

And I want to say that as far as the Anderson bill is concerned, and I am a cosponsor of it, it doesn't go far enough. I think you make a valid criticism of it when you point out that it does not cover those not covered by social security. Of course, the Morse version of the Forand bill in the Senate which I was the first to introduce in 1958—and may I say with a sense of humor on my lips that this was before a lot of our then leading candidates for the Presidency of the

United States had publicly made a statement as to where they stood on the matter, although by 1960 they had been converted. My bill does cover those who are not covered by social security because I think it is only fair that if you are going to cover part, you should cover all.

I only want to say, Doctor, that I think what we have got to do, because we all seek the same objective, after all; what we've got to do is to hammer out on the anvil of conscientious compromise as men of good will on both sides of this controversy a program that will protect the legitimate rights of the medical profession and, at the same time, see to it that we translate into legislation the great moral principles which I think is the duty of democracy—that we worship on Sunday and ought to put to practice that we are “our brother's keeper”—and I happen to believe that this whole matter of medical care is vested with the public interest and that the public has the obligation to see to it that it is provided.

And this is why I am a supporter, not alone of the King-Anderson bill, but of a bill which goes much further; and I think that before we get through, we are going to be able, with the assistance of the doctors, to work out a program which will receive their approval and, as I say, at the same time accomplish our end.

Dr. BOYDEN. May I add just another word?

Senator LONG. Yes, Doctor, go right ahead.

Dr. BOYDEN. I think the principal objection that the medical profession has and, I think, other people, too, chambers of commerce, and what not, is that the bill is tied to social security. Social security, as I understand it, now is running a deficit every year; and if they tie on a medical program such as you mention, the rates are going to go up tremendously. And I have read, and I think this is true, that it might even endanger the solvency of the whole social security problem if you take the medical end and tie it on to it. But I think that is the thing that must be cleared.

Further, I don't see anything wrong with the bill we already have. Why add another law? We have too many laws now.

Senator MORSE. It will have to be done on an actuarial basis, but I do want to say for the record that there isn't any question as to the financial soundness of the social security system. I am aware of the U.S. Chamber of Commerce material on this, but it has been proven wrong time and time again.

I want to give you the latest report on this matter because advisory councils from time to time have been appointed to check on the financial soundness of the social security system. The latest advisory council consisted of Elliott D. Bell, chairman of the executive committee of McGraw-Hill Publishing Co.; Nelson Bryan, president of the Federal Reserve Bank of Atlanta; Reinhart H. Hohaus, vice president and chief actuary of the Metropolitan Life Insurance Co. And the major finding of this Advisory Council on Social Security financing was as follows. [Reading:]

The method of financing the old-age, survivors, and disability insurance program is sound, and based on the best estimates available the contribution schedule now in the law makes adequate provision for meeting both short- and long-range costs.

I want to assure you that no one would fight harder than the Senior Senator from Oregon to keep this fund actuarially sound if we ever

get a report that it isn't; but all we can do is rely on the experts, and I say most respectfully that the testimony of such experts from the business world itself is a complete rebuttal to the charges which are made from time to time by your chamber of commerce groups that this is not actuarially sound.

The proposal, of course, under the King-Anderson bill is to increase the social security tax a fraction of a percent necessary to meet the cost. Certainly, there is no intention that we set up an actuarially unsound fund, although I will say that, as is true of all Federal services, back of every fund is, after all, the wealth of your country. If we ever get to the point where we cannot afford to do for the people what needs to be done in the public interest, we are all sunk anyway.

Dr. BOYDEN. Well, I'm very glad to hear that.

Senator LONG. Thank you, Doctor.

This presentation perhaps should be followed logically, while we are all keenly interested in it, by a statement from Dr. Vernon Boido who will talk on the same subject, perhaps presenting in part the same viewpoint and, in parts, a different viewpoint.

Dr. Boido, we will be glad to have you at this time if you are in the group. I guess the doctor was called out and we will hear from him later

(The prepared statement of Dr. Boido follows:)

PREPARED STATEMENT OF VERNON BOIDO, M.D.

The American Medical Association does not represent the doctors of the United States. Approximately 65 percent of physicians are members of the AMA. Thus 35 percent of the total number of doctors in the United States constitutes a majority of the doctors who are members. The best proof of this is seen in the number of surveys, the most recent of which is conducted by the magazine, *Medical Economics*, that have shown the majority of doctors to be in favor of social security for themselves. Yet the AMA persists in its opposition to social security.

Intense pressure is put on the nonmember physician to join. Thus the Hawaii Medical Association recently passed a resolution obliging every member of the State and county medical societies to be likewise a member of the AMA. Nearly all hospitals have a clause in their bylaws that states that in order to be able to use the hospital facilities, the doctor must be eligible for membership in the local county medical society. I presume that the next step will be to make membership in the county society a prerequisite to hospital privileges, thus sealing off the hospital from the non-AMA physician.

I am in favor of medical assistance to the aged. Any illness in old age is catastrophic because old age in itself is a catastrophe. At age 65, the majority of citizens are denied the right to earn a living. How then can they be held responsible for their medical bills? I believe that as long as our society refuses to permit the person of 65 or over to earn a living, then society must provide him or her with food, housing, and medical attention.

I do not believe a means test has any place in medical assistance to the aged. Having paid throughout their lifetime, a special tax in order to provide them with medical assistance, how then can they be denied it on the basis of their income?

Opponents may object to the cost of such a program. We have to date spent \$3 billion in Korea, untold millions in Formosa, and are pouring millions of dollars into countries all over the face of the earth. How is it then that we cannot afford to care for our own? Does not charity begin at home?

Although I was present at the meeting held in Lihue, Kauai, I was unable, because of time limitation, to express myself at that time. Thank you for this opportunity of putting before you my thoughts.

Senator LONG. The next witness is Mrs. Thelma Hadley, director of Public Libraries of Kauai.

STATEMENT OF MRS. THELMA HADLEY, DIRECTOR OF PUBLIC LIBRARIES OF KAUAI

Mrs. HADLEY. Gentlemen, the Kauai Public Library is very well equipped to offer services to the retired people on our island, with endless opportunities for the enrichment of their lives and to fill their idle hours.

Think of the books that one has always wanted to read—the business people who have spent their lives working and being enticed by all the books that they wanted to read and that they never had time to. The people who are retired are now graced with this wonderful gift of time, which they can spend reading.

Now, we in the library are most interested not only in having retired people come in and borrow books but to spend hours and hours in the library itself. Here is their opportunity to go through the stacks and the shelves and browse and dip into many, many books and read pages and paragraphs—and then we hope that they bring along a basket so that they can drop into the basket the books that they would like to take home for a month. And I envy these wonderful people the time that they have to do all the reading that they want to do.

The library shelves are stacked with endless tons of books on every subject under the sun—novels, fiction, travel books, history, biographies, and wonderful things that will open up great avenues for them. We have also many books that will offer them outlets for their talents. We are told that before people come to retirement age, they should plan on the things they would like to spend their leisure doing, and the library is filled with all kinds of excellent books on how to paint, how to do ceramics, and all kinds of crafts—photography—everything that you can think of, we have there.

We have also in the library several hundred magazines. The current magazines are filed in the library and they are not to go out until the next current issue comes in. And there they sit—all these very attractive magazines with their colorful covers and the enticing formats—all full of current topics, all the latest on what is going on in the world, covering every phase of life that you can think of. We wish that these retired people would come into the library and spend the morning just browsing through these magazines. We have the daily papers. We have the Sunday editions of the New York Times, the San Francisco Chronicle, the Los Angeles Times, the Christian Science Monitor and their wonderful supplements. Just think, all you people who are tied to your jobs, how you would love to have the time to sit in the library and just browse.

We have the main library in Lihue and branches at Waimea, Hanapepe, and Kapaa. They are very attractive buildings with comfortable lounge chairs for people to sit and enjoy these hours.

The library also has a bookmobile, which covers the whole island and outer areas which are not close to the library or its branches. This bookmobile is staffed by a professional librarian, and we make a great effort to reach people. The response has been rather disappointing. We have had to resort to making house-to-house calls. We go through the villages where we are scheduled and we knock on doors and we talk to people and leave attractive book lists with annotated reviews of books that we carry on the bookmobile. In this

way, we try to bring the library to the very doors of people all over the island.

We are now working on a list of books printed in large type so that people who come into the library and select their books on that basis—on the size of the type—will get some help in this. This study has opened up several possibilities where the library can reach out and we hope that we can contribute to this wonderful work that is going on in behalf of our senior citizens.

Now, we have one senior citizen who has newly come to Kauai and who, to our great delight, is a great user of the library; and I have taken the liberty of asking Mr. Birnbaum if he would give an expression of his reaction to the library and what he finds on our shelves. May I do that?

Senator Long. Thank you. We would be delighted to hear him.

STATEMENT OF HAROLD F. BIRNBAUM, A SENIOR CITIZEN OF KAUAI

Mr. BIRNBAUM. Senator Long, Senator Morse, members of the committee, ladies and gentlemen, I suppose among a homogenous group like the U.S. Senate there is probably no complete uniformity among all hundred members, and I am sure that among those of us whose hair is turning gray there is even a larger degree of difference. I can only speak for myself and others who might have come from a cosmopolitan center to a rather rural place, and express my views as to the effect of the transition.

I would say that the library here has been one of the greatest aids in smoothing that transition because I have almost never gone into the library and asked for a specific book when I didn't find it—which is quite amazing for a very small island like this. I think it is a great tribute to the wisdom with which libraries in general are administered, and this one in particular, that that should be true.

The library can, in addition, do something which Mrs. Hadley neglected to mention but which is important. It supplies a library of musical records, so that on an island where you don't get concerts and operas, where you don't get the theater, you can get the benefit of the spoken word. Similarly, I am sure, the time will come when motion pictures will be made available through the library—all for the purpose of increasing the cultural interests of the people who, as Mrs. Hadley said, have the time to enjoy them.

Thank you very much.

Senator Long. Thank you. You make us very proud of the work that is being done on this island. And we thank you, Mrs. Hadley, for your interesting and appealing report.

Mr. James Nakao, representing the department of social services, will be the next witness.

STATEMENT OF JAMES NAKAO, DEPARTMENT OF SOCIAL SERVICES

Mr. NAKAO. We are the agency that is chiefly concerned with Federal and State activities on Kauai, and I have here the latest figures available.

The first item is the economic assistance to the aged in our old-age assistance program, and the figures are from July 1960 to July 1961.

Now, we have as of July 1961, 155 people, 65 and over, who have been assisted under this program. This is a drop from about 350 in the last 5 years. Five years ago it was about 350. That is probably due to increased social security benefits and other retirement benefits.

Now, the total assistance per month amounted to \$10,081.19, and the total assistance for the fiscal year, 1960-61, amounted to \$120,974.37. And out of that, the Federal Government matched \$77,263.77; and the State \$43,710.60.

Item 2 is a recent thing. It has been initiated since July of 1961; and as of this date, we have 21 people who are benefiting from the medical aid assistance to the aged program. The average medical payment per month is \$177 per individual. The total medical assistance only per month is \$6,538. Total medical assistance for the fiscal year 1961-62—we are projecting this, now—will cost us \$78,452, out of which the Federal Government will match \$41,878; and the State will spend \$36,574.

Item 3: We don't have the cost on this because it has been started only since the middle of October. We have 2 nursing home facilities, and out of that we have 17 in the facilities. Eleven of these people, the Federal and the State pay for their care, and six are private individuals.

Item 4: Personal care facilities. We have 18 personal care homes and the total number in the personal care facilities is 33. The Federal and the State pay for 30 of these people, and 3 are private individuals. The payment range is from \$75 up to \$200. That all depends on the amount and the kind of care they need. The cost per month is \$3,520.

Now, what the Federal and State social services are planning to do in the coming years is the development of homemaker services. This is different from the nursing facilities or the personal care home facilities in that we would recruit trained people to go into the homes, where people live right in their own homes, and take care of them right in their own homes.

Now, we had a team of State and Federal housing people visit our island recently, and it was generally agreed that the housing is substandard. And I think that the recommendation will be coming in that a survey team come to Kauai.

That's all.

Senator LONG. Thank you, Mr. Nakao.

Senator MORSE. I want to thank you for this very excellent report. This is the kind of material which is of great help.

I have two questions I would like to ask you. We find very little uniformity among the States in their implementation of the Kerr-Mills bill. Now, the underlying objective of the bill was supposed to be to expand the medical services and care, largely to cover those who heretofore had not been covered. I am afraid it is true in too many places that there hasn't been more expansion of coverage, but just a transfer of Uncle Sam's picking up part of the cost and relieving the State of part of what it had been paying before. So I would like to ask you to supply us with a supplement for the record; I would like to ask you what the practice has been in the State of Hawaii. Are you using the Kerr-Mills bill to expand medical service? Or are you using it simply to transfer part of the cost to the Federal Government? (See supplement No. 1 which follows.)

You can make any comment you wish at this time, and then you can enlarge upon it by a supplemental brief.

Mr. NAKAO. Well, it works both ways, Senator. Honestly, it works both ways. This is a new program and I think the community is not aware of the fact that there is such a program; and that they can use it. And I think that as the information gets around among the people, there will be more people taking advantage of this.

Senator MORSE. Well, let's take item 2 in your report "Medical assistance to the aged," the average medical payment per month, the total medical assistance per month. What I'd like to know is, out of this \$41,878 which you attribute now to the Federal payments, whether that represents an expansion of services or whether that simply represents the Federal Government picking up the tab for that amount which otherwise would have been paid for by the State.

I don't wish to take the time. You may prefer to make your first statement now, but you see what I am after. I am trying to find out whether or not the Kerr-Mills bill, which seems to have support from some, is really carrying out what its purpose was or whether it is really transferring to Uncle Sam the payment of cost and not really expanding services.

Mr. NAKAO. It is not exactly expansion of services because I think the State legislature appropriated money for the medical care program and I think that out of that you are matching that other further amount.

Senator MORSE. Anything further you can file by way of memorandum, I would like to have it.

And then I would like to have an answer to this question put into the record: Is it the practice in the State of Hawaii, when there is an increase in social security benefits passed by the Congress, to deduct that increase from your State welfare or county welfare payments?

Mr. NAKAO. That is true—because I think in all of the States the basis for assistance is need.

Senator MORSE. You think this is justified on the claim that the amount they were getting before the increase in Federal payments was adequate?

(No response.)

Senator MORSE. If that is true, we wasted our time, didn't we, in passing the increase in Congress?

Mr. NAKAO. Will you repeat that question again?

Senator MORSE. If you do this deducting, do you deduct it on the basis of your position, the State's position, that what they were getting before the increase as passed by Congress was adequate?

(No response.)

Senator MORSE. We make the increase because we feel the evidence submitted to us was that the total income of these people just is not adequate to keep up with the cost of living—and don't think that I am criticizing your State; I am pretty mean about this in my own State because my own State has been doing this, too. And I don't think it is cricket. I think it is a good example of passing the buck to Uncle Sam.

Mr. NAKAO. That's right. I can offer a solution to this—to raise the minimum—

Senator MORSE (interrupting). I can offer one, too.

Mr. NAKAO (continuing). Raise the minimum—

Senator MORSE (continuing). Just keep on paying them what you are paying them and let us continue to try to meet the problem on the Federal level by giving them more because we recognize they are not getting enough anyway with the changes in the cost of living.

Mr. NAKAO. That's right. And if we raise the minimum of social security payments, then we don't have to deal with that.

Thank you very much.

Senator LONG. Just a moment. You state that there are now 21 under Item 2: Medical assistance to aged on Kauai. Twenty-one. How many the previous year?

Mr. NAKAO. Well, you see, this is only from July.

Senator LONG. I see.

Mr. NAKAO. Before that, the State was absorbing that and the Federal was matching it up to \$65.

Senator LONG. Well, now, going back a year to July 1960—you were taking care of them then to an extent, and was the number about the same? Twenty-one?

Mr. NAKAO. No, this was being handled by the county of Kauai under the State-county program.

Senator LONG. I see. You don't know how many they had when they were handling it? I presume not—

Mr. NAKAO. No, I don't have the figures for that.

Senator LONG. It might be well to put that in the record later. (See supplement No. 2 which follows.)

Thank you.

Mr. NAKAO. Thank you very much.

The material referred to previously follows:

LIHUE, KAUAI, HAWAII, February 27, 1962.

Mr. WILLIAM G. REIDY,
Staff Director, U.S. Senate,
Special Committee on Aging, Washington, D.C.

DEAR SIR: As requested, the following is supplement to testimony of November 1961.

Supplement No. 1: "Are you using the Kerr-Mills bill to expand services? Or are you using it simply to transfer part of the cost to the Federal Government?"

Expansion has been made in program to remove 30-day limit on hospitalization. Otherwise, no further major expansion is necessary. The primary reason for this is that Hawaii has always had a comprehensive medical payments program on a statewide basis for medical indigents as well as indigents. Thus, since Kerr-Mills we have been able to continue the same comprehensive program. The increased matching releases State funds to increase its medical coverage to other medically needy people.

Evaluation is now being made to determine whether or not our eligibility standards may need to be liberalized. However, it will require further experience as our MAA program has been in operation for only 7 months.

Medical payment expenditures (State allocated funds only), Kauai County, fiscal year 1960-61:

	Indigent	Medical indigent
Inpatient care.....	\$31,828.11	\$29,427.17
Outpatient care.....	1,682.11	4,116.79
Eye care.....	1,243.95	442.95
Dental care.....	1,747.00	490.50
Total.....	36,501.17	34,477.41
Federal funds.....	9,918.35	
State funds.....	26,582.82	34,477.41

Supplement No. 2:

Prior to Kerr-Mills bill, Federal matching for medical care was up to the maximum of assistance payment or \$65. All costs beyond that were borne by the State-county program.

The number 21 are those on medical assistance to the aged confined to nursing homes. Other recipients of MAA vary from month to month as the aged become ill or are hospitalized.

Under the State-county program, cost to county from July 1960 to June 1961 for medical, dental aid and hospitalization of medical indigents was \$206,254.39. According to this we can see that the county has been assuming more than the matching funds allowed.

However, the county does not have accurate records of number of recipients, therefore we are unable to provide this information. This, plus the lack of uniformity in eligibility standards were the influencing factors in the transfer of the medical care program back to the State.

I regret the delay in submitting this information to you.

Sincerely yours,

JAMES S. NAKAO,
Kauai Division Administrator.

Senator LONG. Earlier, as we took up the various items listed, we regretted to pass over the one entitled "Social and Religious Problems." Rev. Robert Beharry is now in the room. He is the pastor of the Lihue Lutheran Church. We are delighted to have you at this time, Reverend Beharry.

**STATEMENT OF REV. ROBERT BEHARRY, PASTOR, LIHUE
LUTHERAN CHURCH**

Reverend BEHARRY. Let me first of all make an apology for not coming earlier and on time. I think the newspapers had it at 10 o'clock—that is, Lihue time. And I used the prerogative, since I was tied up with another meeting, of using 10 o'clock, Hawaiian time.

I must say that we had very many extensive meetings concerning social and religious problems, and at certain times we found ourselves waylaid by tremendous problems—problems which we couldn't solve. And so, as a subtotal, we decided just to give you a kind of skeleton of our recommendations and observations, and I shall be very glad to elaborate or answer questions.

Senator LONG. If you should wish to share the entire report with the Senate, we would be glad to have you submit it for the record.

Reverend BEHARRY. Yes, I think that will be very well because considering the fact we have quite an appreciable bulk of matter for consideration—I don't know how much of it is good bulk, you know. It's just like a sermon. Sometimes the bulk in it is not too much. The threads, of course, are always good.

This Committee on Social and Religious Aspects felt that first of all there was an urgency in a need for a study of the needs of the aged. In the first place, let me preface my remarks by saying that Hawaii is not only an attractive State climatically and we are not only encouraging more and more retirees to come to Hawaii, but we are being faced with the problem now of having on our hands more and more of the aging because retirees don't want to return to the mainland. As a result of our heavy influx—it is nothing like a population explosion, really, but this heavy influx of the aging—the problem is very, very urgent and needs study. I don't know how much of the problem could be implemented, but the question remains that the word "urgent" should be underscored.

In the second place, most of our church problems, we find, have been geared to youth. In fact, all of our problems are youth oriented today; and in this emphasis, we seem to be neglecting the needs for the aged.

Let me give you a few—sort of a core—of these things that we have been thinking about. First of all, in connection with the family—because family relationships are important in social relationships—the committee feels very strongly that the family is the basis of society; and in regard to the aging and the aged, this is very, very important.

In the homes, the oriental homes, we find that the aging are well taken care of. But we don't know how long this condition is going to last. The committee feels that there should be some kind of education program set up whereby the youth could be educated as to the needs of the aging. The committee felt that we not only use the aging in the homes as babysitters, probably caretakers, but we override any suggestion for their welfare. And so this is an important point. I don't know what we can do about it because the question is not only psychological; it is sociological and everything else, as you see.

The committee wants to recommend that the department of social services could probably help in this matter. They are doing a tremendous job, as it is, now, with the aging; in fact, most of the work, they have been doing. The committee felt that the implementation of homemaker or maybe a few extra counselors who could visit the homes of the people where we have aging and give some help in connection where relationships become strained; that is, in regard to family relationships. And that, of course, concerns education.

Then the question of recreation also came up in social relationships. We felt that since the State was making provision in its parks and recreation setup for the youth of different communities, that this service could be extended to include the aged. Perhaps you could see your way so as to inaugurate a program whereby you could have full-time helpers in this program, not only during the summer. Right now there is none even during the summer, but we felt this should be an all-out program whereby all through the year we could have implementation: people, experienced with aging; people who could show them a way to live, to get them out of their loneliness—because aging people are tremendously lonely and they need to get into some form of activity whereby they feel that they still belong to society from which they feel that they have been removed.

And this is the second point of importance—a recommendation for recreation activities to include the aging. I am not suggesting that we take them out in the parks and we make them learn to do hula dancing, or take them out in a very active swimming program, or anything like that; but we need to develop some kind of activity. The committee went into a study and we felt that we could inaugurate project activities whereby the aging in the community, in the senior citizens group, could take on a project that would not only be creative but would give them something to do, which will encourage them to make something; in other words, bringing out potentials that you still have among the aging. Mention has been made suggesting homemaker and extra counselor services. I don't know where the Department of Social Services will find the money for this if this is

implemented, but I do feel sure that this is a good step and in the right direction.

As regards physical facilities—because this is all involved in social and religious aspects—we feel that the churches could well be meeting centers for the aging. The church has always preached a concern for the aged, and I think the church should put this into practice. I don't want to bring in too much of an individual stress, but here in Honolulu, we have just started our own home for the aged—our first home for the aged—right in the center of Waikiki. The American Lutheran Church has debated this for quite a long time but we feel that this is one way we could serve the people of Hawaii—especially the neglected aged.

We feel strongly that this is something that should be considered all over. We feel strongly also that if it is possible in the "Neighbor Islands" we should make some provision for some kind of housing facilities for the aged. And we feel also that the churches could well be meeting centers for the aged. I don't know how we could get this in action as suggested, but it will need, of course, the support of all the churches.

Then, again, the third point concerns organizations. At present—and I am thinking of an organization, now, in a wide sense because an organization is the best way in which you can conduct your work—and for the aging, there is no exception to this. At present, we have local senior citizen organizations, and I feel that ultimately these should be better organized and better supported, not only by public but private sources. We feel that these senior citizens organizations should have some coordination with their central organization in Honolulu. Too often we set up a central organization, such as we have in Honolulu, and the branches feel that they don't belong. I think that where local branches, organized on a local level, have a coordinating contact with the central organization, we will be able to tackle many of our problems, do more study, and implement our programs wherever necessary.

That brings me to the third point—the need for organization. And I hope that something is done about it—if not right away, then in the near future.

I don't know if you will want to ask me any questions. I have a few recommendations that are more or less off the beat of the social and religious. They are just put here as a kind of supplementary recommendation.

In our interviews with the aged, we discovered that the economic assistance that they get is far below the cost of living in regards to medical and dental needs. We have thought over this problem and we have pondered over it, and we can arrive at no solution. As you know, the aging derive their support from pensions and social security programs. I don't know if we could see our way to make a big case to implement these economic grants to these people. I know it is a very, very pressing problem.

And, of course, one sideline recommendation concerns the question of housing, which should be dealt with by another committee, but we felt that housing was related to family relationships, directly and indirectly, and that we should do something about this. To come to

figures, I think anything below \$200 per month would be much better than something beyond that figure—for an aged person.

I don't know if you will want to ask me questions or to elaborate these further. As you see, I have just given the mere skeleton of some of these recommendations. We did this because we felt that you would be pressed for time.

Senator MORSE. Reverend, I have no questions to ask, but a very, very brief comment to supplement what you have said.

I happen to feel that we are not making use to the degree which we should of the churches as a great force and instrumentality for assistance to the aged. And I think many people are not aware of what many of the churches are doing. And, of course, I needn't tell you that when you get into the matter of governmental programs, of course you run into conflict in regard to governmental assistance to a program which may be associated with the church, which may call for some rethinking on the part of the American people, too.

But it seems to me that certainly there is an area in which there can be closer cooperation between Government agencies and old-age programs which may be conducted at the local level by various instrumentalities—service clubs, churches, chambers of commerce, labor unions—because after all, what are we dealing with here? We are dealing with what in our own conscience each one of us recognizes as, after all, a moral obligation, and we don't fool ourselves if we try to brush it off.

And I want to say that I think it is good to have you here as a spokesman for organized religion to point out that this obligation cuts across into church responsibility, too. I happen to have a daughter who is married to a young minister who at the present time is at Yale working for his doctorate, and she spends a good many hours each week in what we know back there as—I haven't heard any mention of them in Hawaii, but I am sure they exist here, too—what they call the Golden Age Club. She works in the recreational program for the Golden Age Club of New Haven. She happens to teach them painting and dressmaking, as well as helps with other recreational programs. You only have to take a look at that program to see what great service is being rendered.

Now, this is true also of many of your religious groups, but I wonder if you are aware of the great programs which are worked out by many of the Jewish temples in our country in regard to the care of the aged. It is traditional. It goes back, as you well know, as a member of the cloth—it goes back to early Hebrew teachings. And they do a remarkable job in their various Jewish community centers in which they will have a whole department devoted to the programs for the aged.

And I want to say that I stand ready and willing at all times to be of assistance at the governmental level. I have always tried to point out that you can't pass this responsibility entirely to the Government, whether it is local, State, or National, because after all here is a responsibility which can't be separated from our American culture. The religious forces and our religious training have highly conditioned that culture, and I am very glad to have at this hearing this morning, you, sir, to call to the attention of the people the fact, which after all we all, when you get right down to it, have to answer to our

own consciences as to whether or not, as individuals, we are really fulfilling what our consciences tell us is a moral obligation which is too easy for us to brush off until it hits us. That's why I said in one of our hearings recently that when we hold these hearings, each member of this committee is really holding a hearing for his own eventual benefit, because if we don't do in our time what can be done for the aged, we may find ourselves later aged and find society as thoughtless in regard to us as I fear we are too thoughtless in regard to the aged of this year.

Reverend BEHARRY. Thank you.

Senator LONG. Thank you, Reverend Beharry, for your very splendid presentation. Very forcefully, you have called our attention to one of the great facts that we all recognize and have recognized from the days of our youth—that we don't live by the material alone. And I am certain that in planning for our people who are getting well along in years we should practice as nearly as it is humanly possible the high ideal expressed in that statement.

For Senator Morse and on behalf of the group, I want to thank you for your idealistic statement which is forceful because it is also practical.

(Report referred to in the statement follows:)

REPORT SUBMITTED BY REV. ROBERT S. BEHARRY

I respectfully beg to submit some information and recommendations from our group of the steering committee which helped to organize the first conference on the aging on the Island of Kauai on Wednesday, November 15, 1961, at the Kauai Inn.

GENERAL

It must be admitted that Hawaii is a very attractive State not only climatically, but as regards living conditions and culture. Because of this, it is envisioned that in the future we will have many retirees. This will sure make a problem in the sphere of the aging and their needs since retirees bring in problems much quicker than we expect. Added to this is the fact that all persons in our State are aging and the needs for the aging become more urgent as time moves on. The White House Conference on the Aging held in January this year and the followup conferences held in Honolulu have revealed that there is great need for study and action in regards to the needs of the aging. Society today is "youth oriented" and since this seems to be the main focus, we need to shift our planning so as to include the needs of the aging. As we project our thoughts into the future, it is our duty to make some provisions for the aging so that their problems are not neglected, and also that their problems do not become accumulated in a way, so that solutions become difficult.

OBSERVATIONS AND RECOMMENDATIONS

1. *Aid for the aging.*—Mostly the aid secured by the aging are from pensions and from social security. There is a constant clamor that these funds are not enough to cover the needs for medical care and for dental care. The last two are very important to the aging. One suggestion has been made that representations should be made so that funds allowable could be increased or some special plans set into action.

2. *Housing for the aging.*—With the exception of Oahu where there exists some facilities for the aged, there is very little done in the neighbor islands. It is suggested that this problem be investigated and that if possible some provisions be made for the future. "Low-cost housing" is much to be desired. By "low-cost housing" is meant something that is below \$200 per month.

3. *Education.*—Since there is great need for education concerning the problems and needs of the aging, it is felt that some program of education be inaugurated whereby the youth also are involved. Too often youth neglect the aged and in the home they are just "babysitters" or "caretakers." Education

should be geared so that the aged have a sense that they still belong to the family.

4. *Meeting centers for the aging.*—It is recommended that such centers be established and that they be made known to the aging. Financing of these centers need to be considered. This could well be undertaken by State or county.

5. *Recreational activities for the aging.*—It is recommended that some program be developed such as those developed by parks and recreation for the young. The problem of having a full- or part-time director needs to be considered and the expenses could well be borne by the State, county or both.

6. *Extension of social services to meet the needs of the aging.*—At present the department of social services is carrying on this work very well. Some consideration should be given to adding to these services, e.g. the addition of a homemaker or some special person to take care of the needs of the aging.

7. It is also recommended that more public and private support be given to the senior citizens organizations since these carry the brunt of the work concerning activities for the aging (e.g. camping as is done on Kalai).

8. *Organization.*—At present there is a central organization in Oahu. It is recommended that there be branches of this central organization in each neighbor island so that there could be some coordination of activities and plans. Most of the planning is for the future. What can do the work better for this than our local organizations properly organized and properly supported?

Respectfully submitted.

ROBERT S. BEHARRY,

For Lutheran Churches of Hawaii, Kiwanis Club of Kauai, and local Interim Steering Committee of the Aging, Social and Religious Problems.

Senator LONG. The next name on our list is that of Mr. Barry Cooper, who is the administrator of the Wilcox Hospital. We had the pleasure yesterday of visiting the hospital and we were taken around and shown the place and the work that is being done was explained to us. We enjoyed it. We regret that he can't be here this morning.

We are pleased, however, that Miss Middleton, who has just retired as administrator of the Wilcox Hospital, is to speak in his stead.

Miss Middleton, will you please make your representation?

**STATEMENT OF MISS E. H. MIDDLETON, FORMER ADMINISTRATOR,
WILCOX MEMORIAL HOSPITAL, LIHUE, KAUAI**

Miss MIDDLETON. Senator Long, Senator Morse, members of the committee, ladies and gentlemen.

The two projects which I have been asked to report on have been mentioned previously by Mr. Hirota in his report on housing.

With the advent of nursing homes and personal care homes in the State of Hawaii, many of the patients that had previously been taken care of in the personal care homes, we found, were not now eligible for the type of care that was being given; and the hospital, in an attempt to meet the need for nursing homes, set up this program. The 15-bed unit was opened on October 15 of this year. For the first 2 weeks, we ran with only 10 to 12 patients. We now have the 15 patients for which we have beds.

The program is under the care of a registered nurse who has also had training in rehabilitation work at the rehabilitation center in Honolulu. Most of the patients at the present time are patients who are far advanced both in years and in condition. There is very little reconditioning that we can do to them or for them, but we make every attempt to do what can be done. It is to be hoped as the program

develops that we will get this aging group earlier so that they can be rotated from the hospital out into the personal care homes. We have the services of a physical therapist and we have a consultant in occupational therapy. The program is very new and there are a number of things that need to be done and gone into, but at the present time we are or hope we are meeting the need.

Of course, you understand now that the facilities are only those facilities that are part of the hospital facilities, and we have planned, at least in the talking stage, on building on a recreation room, which is really quite essential for this group of patients so that they be gotten out of their sleeping quarters.

The other project is that of a retirement home. This is the 19-room unit that comprises the nurses' home at the hospital. It would be run as a nonprofit unit. Because it is small, it would be expensive. The facilities would have to be remodeled to a certain extent. We plan—there would be room and board, plus a certain amount of medical coverage for these people—2 weeks, at least, of acute care in a hospital or a month of chronic care each year, in addition to their room and board and other activities.

The costs of this program to the individuals is going to be the deciding factor of whether they can enter the retirement home because the rooms will be anywhere from \$218 a month to \$296 a month. There is no down payment, as there is in many of the retirement homes.

I will be happy to answer any questions that you might have. As Mr. Cooper has shown you through the hospital, I think you know most of the answers.

Senator LONG. Thank you, Miss Middleton. Senator?

Senator MORSE. I only want to say, Mr. Chairman, that I was most favorably impressed with the hospital and the projected program.

Senator LONG. The next on our list is Mr. Robert Yamamoto, manager of the Lihue branch of the Employment Service.

STATEMENT OF ROBERT YAMAMOTO, MANAGER, LIHUE EMPLOYMENT SERVICE BRANCH

Mr. YAMAMOTO. Employment Service definition of an "older worker" is any person who is encountering, or may be expected to encounter difficulty in getting or keeping a job, primarily because of his age. For reporting purposes, however, the employment service considers applicants 45 years and over as older workers or aging.

Here on Kauai, those people over 45 years old have difficulty finding employment because of limited job opportunities. This month we had 200 people in the over-45-year-old age group registered for work, and they represent 35 percent of our active file. The Honolulu Employment Service reported that about 20 percent of the unemployed workers are over 45 years old. The ratio of older workers registered for work at our office is higher than the Honolulu Employment Service since many of our young people are leaving for Honolulu and the mainland where job opportunities are better.

Most of the older workers registered for work at our office are seasonal pineapple workers and 50 percent of them are women.

From 1950 through 1958 the number of jobs available on Kauai has

decreased over 1,000.¹ The sugar industry, which employs 33 percent of the labor force, has experienced the greatest decline due to intensive mechanization of their operations. Since 1958, the total employed remained stable. This is due to the hiring of additional workers in the tourist industry at the same time that the sugar and pineapple industries were laying off workers. Last month the bureau of employment security estimated that 662 people or 5.9 percent of our labor force were unemployed. The reason why our unemployment rate is not higher than 6 percent is that we have many people leaving the island each year to seek employment elsewhere. In 1950, there were 29,905 people in the county of Kauai; 1960, there were 28,176 people or a net loss of 1,729 people within the past 10 years.²

With the closing of Hawaiian Canneries Co., which is the largest pineapple cannery on the island of Kauai, scheduled for the end of 1962, more people over 45 years old will be unemployed. So far 134 have left the company and there are still 111 regular employees and 155 intermittent employees working for the company. The cannery hired approximately 1,300 seasonal employees this past summer. Of the 111 regular employees remaining, 74 or 66 percent of them are over 40 years old. Many of these older workers will have difficulty finding employment and most of them do not wish to leave the island.

We have referred those people interested in finding employment on Oahu to our Honolulu Employment Service, and we will continue to offer this service. We have placed 73 people over 45 years old in either temporary or permanent positions during the past 12 months. We will try our best to place as many older workers in suitable employment.

We also pay unemployment compensation benefits to those people who are laid off from their jobs and are trying to find another job. The Hawaii employment security benefit payments range from \$5 to \$55 a week, and this is paid for a period of 26 weeks. Presently, we are paying an additional 13 weeks under the Temporary Unemployment Compensation Act of 1961 passed by the U.S. Congress. Most of the people who are registered for work at our office are drawing unemployment compensation benefits.

During our recent 1-day conference on aging, one of the recommendations was to have a State commission on aging and county committees. I am a member on the county committee on children and youth and I have found this committee very effective in trying to solve some of their problems. I would like very much to serve on a county committee on aging representing the State employment service.

Senator LONG. Thank you, Mr. Yamamoto. Thank you for your very interesting report.

Now, our time is getting a little short. Keep in mind that we are going to give our senior citizens, who may be interested, a chance to make brief statements a little later; so where the witnesses can abbreviate their statements any, we would appreciate it. We have, I believe, only six more.

The next speaker will be Mr. Edward Medeiros, tax collector and assessor and president of the Chamber of Commerce.

¹ Based on the bureau of employment security labor force estimates, State department of labor.

² Based on the U.S. Census of Population, 1950 and 1960.

STATEMENT OF EDWARD MEDEIROS, TAX COLLECTOR AND ASSESSOR, AND PRESIDENT OF THE CHAMBER OF COMMERCE

Mr. MEDEIROS. I hope that the statements made by the U.S. Chamber of Commerce in reference to the soundness of our social security system won't be held against the Kauai Chamber of Commerce.

Honorable sirs and members of the committee, my name is Edward Medeiros and I am the president of the Kauai Chamber of Commerce. My job is State tax assessor and collector for the county of Kauai.

I am speaking on the subject of the chamber's aims and efforts to bring retired people to Kauai to live. We feel that Kauai has a great number of assets which make it a desirable place for people to retire in a happy and tranquil environment.

The climate is most salubrious, being the northernmost of the Hawaiian group, it is generally cooler in the summer's heat than most areas in Hawaii, but certainly being anything but cold in the winter months. It is, in my opinion, the most beautiful, and due to its geographic makeup has remained quite rural and unmetropolitan in aspect and nature. Yet, due to the perimeter population that is dispersed from one end of the island to the other, affords at least suburban services to the great majority of its residents. In other words, we who live on Kauai feel that we hit a happy medium in environment and living conditions. We are within 30 minutes of Honolulu which is unquestionably a modern city to equal or surpass many of the mainland metropolitan areas.

Therefore, we feel that Kauai as a locale for retiring persons has an appeal to those living in Honolulu, as well as the mainland, and actually we receive inquiries from such places as Australia, Indonesia, Iraq, and Spain for information about Kauai as a desirable place to reside.

Our office has been answering such inquiries in great numbers, especially this last year. And to this end, our executive secretary, Mr. Allan Ezell, is compiling a Kauai directory and handbook which will present as accurately as possible the many facets of information that are necessary to tell the practical and vital facts of our island to potential visitors, investors, and retirees. This project has our blessing because it will be yet another instrument to bring substantial residents to our island and thereby rebuild our economy.

However, we do have problems that are not easily nor immediately solvable which are deterrents to those considering Kauai as a permanent home.

Land values have soared, as they have all over Hawaii, due to the limited amount of fee simple land available on the market and the sharply increased demand for it. Rental units are at a premium in several parts of Kauai. We have no public transportation systems on the island. Land values and house prices being up as well as the rising cost of building creates a barrier which excludes many from coming to retire here who would wish to. No simple solution appears imminent. But the many facets of this situation must be considered by businessmen, public officials, and the public as a whole as it is one that is confronting all of us, but which has actually been dwindling through the years due to the spiraling cost of living all over our Nation and the world. When I, as a man who has to prepare for my retirement, put money into various systems of retirement security, my

dollar today is worth more by far than when I will receive it back upon retirement, even with the interest added. The dollar I earned and paid toward my future security in 1939 is now worth only 40 to 44 percent of what I paid then. This is a real problem to me and to anyone who gives any thought to it, or ultimately recognizes it.

We are doing the most we can with what we have to work with, but there are some problems that do need consideration by those who have made a dedicated study of the subject. We are trying to help ourselves without having a handout from the Government. There are some areas which are in the realm of Government and must be considered by them. The tax laws should give consideration to the effect of taxation on a person's retirement income which is static or diminishing, and to what little property, the majority who are retiring managed to attain and are trying to live on in their declining years.

We don't have the answers, but we are looking for them. And we do welcome constructive advice. Thank you.

Senator LONG. Thank you, Mr. Medeiros.

Senator MORSE. A very good statement.

Senator LONG. Mr. Danny Wong will be the next speaker—he is in industrial relations at Lihue Plantation. Mr. Wong?

STATEMENT OF DANNY WONG, INDUSTRIAL RELATIONS, LIHUE PLANTATION

Mr. WONG. Senator Long, Senator Morse, members of the committee, ladies and gentlemen, I want to open my remarks by repeating a statement that Mr. Hirota said in his report on housing, and that is that the plantations are all going out of the housing business. However, as far as Lihue Plantation is concerned, we recognize the need for various economic levels of home ownership; therefore, we have made plans to open up some lands for subdivisions—subdivisions here in Lihue town proper, on the outskirts of Lihue town, and in the adjacent town of Hanamaulu—fee simple lands for residential purposes. And this would include both high- and low-cost housing.

As far as low-cost housing is concerned, we are looking into the urban renewal program, FHA 221, hoping that people may be able to take advantage of the long-term financing. However, for those who do not qualify under this FHA 221, we hope that the Government can step in and give them some other measures of help to alleviate their problems.

That is all I have to say.

Senator LONG. Thank you.

Senator MORSE. Thank you very much.

Senator LONG. I call at this time Mr. Robert Burnz, president of the Kauai Parent-Teachers Association.

STATEMENT OF ROBERT BURNZ, PRESIDENT OF KAUAI PARENT-TEACHERS ASSOCIATION

Mr. BURNZ. Senator Long, Senator Morse, members of the committee, ladies and gentlemen, the need to help today the older people to meet their special needs is but one phase of the problem of aging. Preparing now for our aging population of the future is the other

side. It is of equal importance—possibly of greater importance in the long run.

It is true that there are increasing provisions for preretirement programs in business, industry, and labor. But are these not mostly for those employees who are within a few years of retirement age and are they not more concerned with problems of health and economic security than with the use of retirement free time?

Our present older population, generally, has a limited amount of academic education. They have a long workday and workweek. Many came to these islands in their youth. Leisure is a novelty here to the large majority of them. They have not had the opportunities to develop within themselves the resources for a satisfying, happy living in their older years. Not only must our planning be based on the realities of the situation with respect to our present aging, but we must plan for the development of those major attitudes and interest in skills in our younger age groups which will contribute to their successful living in their later years, as well as giving satisfaction currently. Man must learn the art of leisure living in his earlier years.

In the action program of the National Congress of Parents and Teachers, entitled "Strengthening the Home, Source of our Nation's Greatness," it is pointed out that during his adult years every individual needs to anticipate and prepare for the changes that come with the middle and later years—the need for aging parents; the increase and, later, the decline in responsibilities; family size; income; the psychological changes of middle age; decrease in strength; retirement.

So much of our society is youth-oriented. We seem to focus our programs on the needs of youth, but very little has been done for our present aged and even less in the preparation of our youth and young adults for old age and retirement. The patterns of service to others and an interest in civic affairs must be developed more and more in our younger years if we are to realize the full potential for volunteer service and citizenship participation later.

We need to embark on a program in the education of the youth of today as to how to treat the aging. Too often they are just the older heads of the family. We are rapidly losing the respect and veneration that the older members of the family held in years past. There seems to be more and more tendency to get the older folks out of the home into what we call rest homes or housing for the aged.

We need to begin a program, either within the home through volunteer organizations such as the PTA or through the schools, in the education of our youth in the long-range preparation for retirement years. This should include not only the understanding of the financial responsibilities that come after retirement, but also training in leisure-time activities, the psychological and physiological changes that occur in aging, and family responsibility. Thank you.

Senator LONG. Thank you very much for your splendid statement. There is a thought that I am certain occurs to us as we look forward 20 years. As the lifespan extends, we will have the situation of parents 85 and even 90. If they are living with a son, he will reach the age of 65, or whatever the retirement age is, and then, theoretically, or in reality, if we don't plan, they will both be dependent upon an-

other generation, 45, with their own problems of supporting their family and sending their children to the university.

So, it is a great challenge and your great organization has contributed richly in this field.

Mr. BURNZ. Thank you, sir.

Senator MORSE. I want to say to your testimony—Amen. I think it is very helpful testimony.

Mr. BURNZ. Thank you, Senator.

Senator LONG. Representing the Salvation Army, I will now ask Maj. Florencio Abella to come to the witness stand.

STATEMENT OF MAJ. FLORENCIO ABELLA, REPRESENTING THE SALVATION ARMY, LIHUE, KAUAI

Major ABELLA. Senator Long, Senator Morse, members of the committee, ladies and gentlemen, I should like to start my brief statement in telling you that the ministry of the Salvation Army has touch with all walks of life from the cradle to the grave. This statement has been mentioned many, many times, but lately, I have discovered that we start before the cradle.

The other day a young lady came to me and said, "I want your help." And I asked her what would be the problem and what can I do for her. And she told me all her problems. She had made a mistake and she was carrying a baby 6 months along. And so I say we start our work before the cradle until the grave.

But I am not going to talk about our boys' home or our girls' home or our Booth Memorial Home or our rehabilitation center this morning. I should like to give my brief statement of what I have seen to be the great need for the aging.

One of the great needs of the aging is housing, although Mr. Hirota mentioned that there is no problem in this line; but I firmly believe that there should be an institutional home wherein the retired people are taken care of, which is, I believe to be a proper place for them to be taken care of.

And then taking care of the aging is a great responsibility, and I believe that if a proper service would be rendered to these people, dedicated people should administer this work who have patience, who have love, and who have understanding. And in this way, I believe that a good and satisfactory service could be rendered to the aging. Someone who can understand the old people and who can cheer them on so that they may feel that they are not unwanted but that they are still loved by somebody.

The Salvation Army has been doing all this work, but I say that among the aging, we have just touched the surface; but we are thinking in the future of doing something here in Lihue, according to our leaders, in our future location—when we shall remove from our present location. In this location, there is a plan that this home will be built—a home for the aged where they could find Godly service rendered by people who have dedicated lives along this work.

This is what I say and I hope that this statement will in some way contribute to stirring up the minds of our people here on Kauai. Thank you.

Senator LONG. Thank you, Major.

Senator MORSE. I want to say, Major, that your organization is among those that I implied a few minutes ago ought to receive what cooperation can be made available in your program in connection with the aged. You do have a considerable program in connection with the aged—not by way of formalized homes, but you reach a group of the aged, the itinerant aged, in many of the communities of our country which few organizations reach as effectively, and I speak with some experience on it because I remember and you brought back some very cherished memories as you took the witness stand there.

In 1934, I happened to be chairman of the subcommittee of my Rotary club which tried to face up to the problem in Eugene, Oreg., of a great influx of itinerants—many of them very old people. They were “on the road” so to speak. And I was chairman of the committee which raised the funds over a period of 2 years to establish that Salvation Army Headquarters in Eugene, Oreg. And then under the leadership of Captain Ford, we bought an old church building and we raised the funds and donated it to our organization to provide, really, headquarters in which to sleep and feed a great many itinerants—many of them very old people who were footloose in the depression and moving from town to town. And our organization was very helpful in modifying some of its policies by permitting those people to remain in the community for some considerable period of time and receive the bed and the board which was supplied by the Salvation Army during those pretty dark days of the depression; and I am somewhat familiar with the great Christian service you render to wayfarers, so to speak, and I do think it is good to have in the record your statement that you are giving consideration through the Salvation Army to the establishment of a more permanent program for the aged by way of homes for the aged, and I want to thank you for your contribution.

Major ABELLA. Thank you.

Senator LONG. The last two speakers on the agenda are associated with a great organization, great in almost every community in America today—the Senior Citizens Organization. And Mr. Paul Akama, chairman of the Kauai League of this organization, will be the next speaker.

STATEMENT OF PAUL AKAMA, CHAIRMAN OF THE KAUAI LEAGUE OF SENIOR CITIZENS

Mr. AKAMA. Senator Long, Senator Morse, Miss McCamman, who is the representative of the Social Security Administration, I understand, and members of the Staff:

I am glad that in Senator Long's opening remarks he mentioned thinking about the aged and trying to do something about it, because our Senior Citizens League at this time has been doing a lot of thinking but haven't had much chance to do very much. But we are trying to do something about it.

And also I would like to mention the statement by Senator Morse who mentioned our “moral obligation to the aged.” I think that is the crux of the whole thing. We, who were young once, forgot the moral aspects of our living brothers.

Now, if you will go back into the history of our country, you will find that a lot of the good that has been done was the thinking of the older groups. Of course, the young ones were very active. They were going about here and there with a lot of steam, but the actual, basic good was born because we had the older people in our country.

And today, we have millions of those older citizens who, by reservation, are being pastured and, to a great degree, forgotten. And they are doing their utmost to be remembered, but, as I say, because of legislation they are pastured—hoping that they will enjoy the rest of their lives as best as they can.

It so happens that the biggest number of those that are pastured are of economic situations where they really cannot enjoy and offer to society the good that they have within themselves. Surely, those that are pastured cannot run the 100 yards in 10 flat, but we know that they will reach the end of the 100 yards if you give them the time to do it in. You have heard of the story in the fables of Aesop about the hare and the turtle. Sure, the rabbit was very fast, but who got to the end of the line first? It was the turtle.

If we can bear those things in mind. We don't expect senior citizens to be doing tremendously active work in whatever they are doing, but if we can count on them or give them an opportunity to offer what they have, I'm sure that this community, this State, this country of ours, even the world of ours, can be a much better place to live in, because, as you know, the older folks don't want to be active like the younger ones; and, naturally, what comes to their mind at the spur of the moment will not be jumped into as the younger ones will do it. They will give thought to it and finally they will wind up giving the best answer as to how to cure that situation that exists.

So I am sure that we will leave with the thought of that moral obligation that we have to the senior citizens. Again, I would like to say that it would be a better place to live in—not only this country, not only this State, not only this Nation, but this whole world.

Senator LONG. Thank you—

Mr. AKAMA. May I say a few more things regarding their activities.

Now, as I said earlier, we have a tendency of pasturing our older people. Now, if we could offer them something to do, something that is meaningful to them, I'm sure that their lives will not be just deteriorating in its natural course. I am sure that their lives will be a fruitful one where they can offer it for the betterment of our society.

Now, on Kauai, the Senior Citizens League tried to do that to a degree. We are now at the stage of trial. We miss a lot of the things that we should do, but up to the present time we haven't had the knowledge of how to do it right. Now, as we get into it deeper, we find that it requires a lot of time to get the work organized so that the activities of the senior citizens can be coordinated to a point where the actual fruit of the senior citizens can be obtained for the good of the community.

Now, at this point, I would like to bring up the matter of certain legislation that we have on the national basis where a senior citizen that is able and his talent is limited to just certain activities. Now, the State, the county have work that can be done by these people, and a lot of these people would enjoy doing that work. For example,

beautification of his community. Now, under the national statute, I understand that if they do that type of work and supplement the income from that, the national statute does not subsidize the State funds to take care of that type of work.

Now, not long ago there was quite a writeup in that area, and I understand that the State has lost certain subsidizing funds because of that statute in the national laws. So what has to be done is that the State has to just dole out funds and they don't get any assistance from the National Government if they use those people to work on Government property or Government projects to improve that community.

Now, those are the things that maybe can be changed so that we can put them to work in the degree of their ability, and, at the same time, improve the community. And so I have talked to some of our local legislators and they are going to make a study of it; and whether they will attain that goal, I don't know at this time.

Going further with the activities of the older group, certain groups like the Lihue Plantation Athletic Association have offered equipment to the older people to enjoy, but, again, the matter of transportation. Because of our rural nature here, they can't get together as often as they would like to; and so we are changing our thinking to having smaller groups in each of the local communities where there are these older people.

As I said earlier, we are doing a lot of thinking, but actually accomplishing it is a problem, as far as we are concerned. We have no funds to work with at the present time and I don't see any source of income in the future unless some friendly groups say, "Well, go ahead and see what you can do about it"—and help us with some financial assistance; so we have our problems here and I am glad this opportunity was offered us to at least air some of our pilikia, as we say in Hawaii, and I would like to thank you for this opportunity of offering our view in this matter. Thank you.

Senator Long. Thank you very much, Mr. Akama, for your very comprehensive and interesting statement.

The next witness to take the witness chair will be Mr. Ben Lizama, director of Senior Citizens Camp.

STATEMENT OF BEN LIZAMA, DIRECTOR, SENIOR CITIZENS CAMP

Mr. LIZAMA. Senator Long, Senator Morse, members of the staff, at this time I would like to present you with a very short report on the Senior Citizens Camp and what we have been trying to do for the older people within the past years.

The Senior Citizens Camp started back in 1955 with 24 persons attending. Mr. Forrest Knapp, the late Mr. A. Q. Marcellino, and Mr. Jenkins were instrumental in the promotional end of the project. Camping sessions took place every year since 1955 with the exception of 1957, when the tidal wave destroyed the camping site. From that time on we have used the facilities at Kokee, the YWCA camp at Kokee and the Episcopal campsite at Hanalei.

The activities for the senior citizens while we are at camp are such things as sightseeing at various points of the island, all kinds of indoor games, not too strenuous outdoor games, polefishing, storytelling by

the men, which they really enjoyed—I mean something that was really beneficial for our senior citizens—and movies of other countries.

We have had a number of generous persons on this island who have really contributed to the cause and helped to make the camp a success. The Community Chest agency helped contribute to this cause by—either by directing the camp or transporting the older people to and from the camp. Usually there are always problems that come out in a situation like this in a camping session, and the biggest problem that we ran into was the lack of a feasible campsite, and transportation, which is always a problem.

Through my past experience, I found that the older people enjoy the beach much more than they do the mountains or any place else; so that is why we try to go to Hanalai most of the time.

As I mentioned before, we have had some generous people donating to our cause, but how long that will last, that's another problem.

I am sure that all the men who attended the camp in previous years really enjoyed the camp, and I am sure that our community will continue to try to give better camps and make better camping sessions for our older people.

I thank you.

Senator LONG. Thank you very much. You make retirement here very attractive. We may all want to come to Kauai to retire.

I believe that Mrs. Margaret McEwan is in the audience, is she not? She has been in charge of camps for elderly women. We would like to have a brief report from her.

STATEMENT OF MRS. MARGARET McEWAN, DIRECTOR OF SENIOR CITIZENS CAMP FOR WOMEN

Mrs. McEWAN. I have been the director of the Senior Citizens Camp for Women for the past 2 years. For the past 6 years, YWCA has provided facilities and staff for a 4-day camping weekend for senior women at our campsite in Kokee. Mr. Lizama says the older people prefer the beach, but I think the women prefer the mountains.

Our biggest problem is transportation. We have had different campers all 6 years and in numbers ranging from 20 to 35 women. About four or six of these women have been there every year, but, you see, we do pick up other ones along the way and it has possibilities of growing larger.

The YWCA has plans, hopefully soon, to improve our campsite, and within these plans are included small camping units which will make the camp living situation more comfortable and much more usable and enjoyable for our senior citizens.

As I see it, the great need here for our senior citizens is some professional help—I mean people who can help them plan and administer a creative program. In my opinion there are resources already existing on Kauai which, if used properly, could adequately serve the needs of the majority of our senior citizens. We have the programs (health, welfare, and potential recreational), but without contact and communications they are not used to best advantage. This would require the services of a trained person plus transportation, since the legwork on that would be a factor here.

We have six member agencies in Kauai Community Chest for which the budget is \$90,000 per year and all are geared primarily to youth work. There are 6,000 youngsters on Kauai (10 to 19 years). For our 2,000 senior citizens—no money for coordinating program.

Thank you.

Senator MORSE. I have one question. I understand that your camps for senior citizens do not include married couples. The women go to one camp and the men go to another, even though you may have married couples who would like to go to a camp which would accommodate married couples. Is there any plan for a camp which would include married couples?

Mrs. McEWAN. Yes; we have talked about that, and at the moment those who want most to take advantage of this camping program—it's a very low cost camping program—and those who want to take advantage of it are the single people; but with our plan for better facilities at our mountain camp, this is one thing that we hope to be able to offer.

Senator LONG. Mrs. McEwan, I think it would be of value if you or someone else would submit for the record a statement pertaining to the cost of these camps that you have been reporting on. I think there would be national interest in it.

Mrs. McEWAN. I will be very happy to do that.

Senator LONG. Because financing, of course, is always a problem.

Mrs. McEWAN. I will.

(The supplemental statement of Mrs. McEwan follows:)

SUPPLEMENTAL STATEMENT OF MARGARET C. McEWAN

In answer to Senator Long's request for costs of our camping program for senior women on Kauai, may I present the following:

For 35 women (4 days, 3 nights):

Rental of campsite-----	¹ \$65
2 full-time staff (including nurse)-----	¹ 97
Transportation (bus)-----	² 70
Program supplies-----	15
Food-----	125
 Total-----	 372

¹ Provided by YWCA.

² Provided by YWCA, other agencies, and friends.

NOTE.—Cost to participants, \$5 per person.

YWCA carries the liability insurance; individuals have medical coverage. Cooking is done by the campers as an integral part of planned program.

Senator LONG. Thank you.

Now we come to what, I hope, will prove to be, as it was in Honolulu, the feature of the program. I hope that there will be senior citizens who will come to the stand, give their names and addresses to the reporter and then share with us not a history of your life or a history of all your problems, but some one or two things that pertain to this problem under consideration, and, particularly, your suggestions.

And in order to get started, since I have been told that Mr. Antone Jenkins has been here since about 8 o'clock this morning, I am going to ask Mr. Jenkins to be the first one to share his thinking with us.

STATEMENT OF ANTHONY JENKINS, SENIOR CITIZEN,
ANAHOLE, KAUAI

MR. JENKINS. I thank you, Senator Long, for recognition and for the opportunity to speak to you.

First, I wish to extend thanks and appreciation of senior citizens of Hawaii for Senator Morse—what he has done in past years for the senior citizens, aging people, all over the country. I notice that any question in the last 17 years, since Senator is in Senate, always he supported aging problems and help pass through the bills. They are very much appreciated, Senator Morse.

Senator MORSE. Thank you.

MR. JENKINS. Year and a half ago, they had a statewide conference in Honolulu under the supervision of Governor and his appointed people, with most active Mrs. Alexander Faye—she is here—and made that conference very successful.

At that conference, last year in May, our Kauai Island was well represented. From senior citizens, we had five representatives. Governor would have more, but they had no money for transportation. For two, was paid—Charles Fern; for one, myself and my colleague, Forrest Knapp, himself.

We went on record. Before we go, we went on record on the matters of importance. We went to this convention which took place in Honolulu, statewide, on the problem of medical aid, represented with our resolution—same resolution sent to our Congressman and to both our Senators in Washington, and other places. Our resolution was incorporated in other resolutions.

Senator Long answered that he will support Congressman Aime Forand's bill on aging—the Congressman from Rhode Island—without any reservations.

In the Senate was presented King-Anderson, and our Senator—he supported that. Our Congressman went on record and he answered us he would go along with us—and he did. Our other Senator, he differs with us. He says he will support and he did support the Kerr-Mills Act, which do not answer the problems of senior citizens.

All our life we put in to build the beautiful America. Ten years ago, they called me up and I received a nice letter from my enterprise, and they declared me I am already too old. "We deeply regret to inform you 65 you are to retire." So I was active, very alive; I was on my job—and suddenly I become old. I was dumfounded. Everything was under my feet—gone.

Well, what to do? I was in New England. I take care from New York to Montreal—all that area. I didn't want to retire, but their reasons—they asked it and I retired—not because I want it but because they asked it. Then the same identical thing happened in the factory when you heard from the New England fishermen that it was 45. It is already true. Now, between 45—I am 65—20 years; do you ever imagine what you going to do in those years?

That is a problem for us. It is a problem when you reach 65 or 62, it is a problem. It is a problem because our income is limited. Thanks to Uncle Sam and our Senator Morse, we get increase in social security, 7 percent. There was introduced a bill for 10 percent

to increase and Senator Morse was for it but it was defeated in some way—you know those politics—but it was a great deal appreciated 7 percent more to our income. Since then, my dear Senator, both of you, our cost of living went up 15 percent. And I appeal to you, in behalf of senior citizens, do something again when you go back in January to Washington. Introduce some kind of bill in some way to give us little bit; if not 15 percent, at least something. Help us out. We need a help. That's No. 1.

Medical aid? Housing? Well, it was reported here, "Don't take care. We don't need much here." They have here senior citizens, over 1,000. All those reports which was mentioned, it was 60 or under—from there on that they will take care—this institution. Very well. What about 3 years ago we had very able doctor, medical doctor, employed by county, Dr. Ward. And he was very close with us. He helped us great deal and he made all kinds of recommendations. And finally they come to conclusion that they had here in Kauai between 1,200 and 1,400, 65 or over.

When you apply for a job anywhere when you are 45, what a question for us to get when we are 65 or already close to 70. Can't get no job. If somebody is very sweet and says, "Well, I was lucky enough—they call me back on the job." But only 1 out of all those 1,400. Nobody needs you. They just push you on the side.

I remember, myself, 30 years ago or 50 years ago, I remember, when I get sick, I call the doctor. He asks, "What's the trouble?" He looks and he takes care of it. Today you call doctor, he looks you first in your pocket. "How much money you have?" If you have your money, he will take care of you. If not, go in the bushes and die. That's the situation; let's face it.

Oh, yes, Senator was ask, "Those care homes—are they attending, those doctors? How often come?" I wish one of them, his name, shall I mention it?—Johnson. I mention it because I share it with the world. They call a doctor. A patient, he has a free care in his home. And I watch him—how he take care. Wonderful. But once doctor's attention needed; they call once, call twice—doctor not there. They call ambulance—ambulance not there. No money, no medical care.

So, well, there is lot of criticism could be offered. However, they very proud of foster homes, this home care. They really something. Our citizens of Kauai getting money's worth. They are very proud of it. They invite you to their island to look around yourself. They have it and enjoy it.

Senator LONG. Mr.—

Mr. JENKINS. You want me to shut up? I will.

Senator LONG. Your time is up, Mr. Jenkins. One more statement—you make just one more statement and make it brief, because there are others, you see—

Mr. JENKINS. I understand. I thank you, Senator. I have already talked too much. When I start to talk, I could talk a couple of hours and I will give you all my years' experience because you wanted to know these things and here you are knocking at the door, this door, to help us out. So we made our minds and previous chairmen of this institution to make substantial contribution to weed them out from this here room.

Senator LONG. Thank you very much. Now, if you have anything else to contribute, you write it and send it to us. It will be printed.

Mr. JENKINS. Thank you very much, Senator.

**STATEMENT OF ALBERT HORNER, SENIOR CITIZEN,
KAPAA, KAUAI**

Mr. HORNER. It's a pleasure to see you, Senator Long, Senator Morse, and your staff.

My remarks are going to be confined to a certain group of elderly people, and I hope to be able to make some specific suggestions to overcome problems that they have.

Here on Kauai, as is true throughout the Nation, certain thrifty individuals who are now retired are living in homes and on grounds which they own and which they purchased during the period in which they had earned income. Now they are living on retirement income which is strictly limited and they have to budget their expenses.

Now, for serenity and self-satisfaction, they have to budget that retirement income in such a manner that they can be virtual citizens of the community, contributing to welfare and to eleemosynary institutions such as the church, community chest, Salvation Army, and young people, and all welfare organizations. As I say, they have to strictly budget their retirement income. And in the construction of their home, their retirement income was a factor in the kind of home and the amount of land and the kind of land that they bought.

Now, I am thinking of an elderly couple who built their home on a piece of ground which they owned just prior to statehood, and at that time the property taxes on the land were a little over double of what they paid originally some decades earlier. But when statehood came to pass, there was a reappraisal of their property, their land, up to 877 percent of what it was before statehood, plus a higher tax rate.

Now, that is a penalty living here on Kauai and in Hawaii. Where are they going to get the money to pay that increased property tax assessment? They have to go to their welfare budget, and the actual payees of that higher tax are going to be the church, the community chest, and other welfare and eleemosynary institutions.

Then, too, there is another area in which there is a practical relief available, and that is this: In our State tax returns and in our Federal tax returns, the State's taxes are deductible from taxable income, but on neither return is Federal income taxes deductible. Thus, we have to pay a fictitious income tax on what is actual outgo in Federal taxation, and that fictitious taxation is in some cases very, very severe.

If, for people over 65 years of age, Federal tax outgo were to be deductible from their tax returns, the additional saving to them in not having to pay taxes on outgo as fictitious income, could take care of the rising, spiraling cost of labor and prices.

So, my suggestion is that your good selves consider the return of real property taxes for retired people to the amount they were prior to statehood because that is when they were retired and that is when they owned their homes and paid for them. Reduce the property taxes back to what they were before statehood for retired elderly people; and for the same retired elderly people, permit outgo in Federal in-

come taxes to be deductible, as State taxes are, in both Federal tax returns and in State tax returns so that they will not be taxed on fictitious income, which is actually outgo.

Thank you.

Senator LONG. Thank you, Mr. Horner.

Senator MORSE. Mr. Chairman, could I make this very, very brief comment on Mr. Horner's testimony? We have met with this problem in many of our hearings on the mainland, as well as in Honolulu the other day, but never have I seen it as clearly presented as you presented it this morning. And I have struggled with this problem in my own work, trying to find out what kind of an adjustment we think we could put in bill form and have at least some chance of getting a majority vote. It may not follow exactly the form which you suggest, but I want to say to you, as I have said to others, that I do think there is great equity in the petitions of the elderly for some adjustment in regard to the tax payments which they make, and I intend to do what I can to see if we can't work out an equitable bill that will be fair to them, because I think that in the long run it is going to be sound economy to the Government.

Mrs. FAYE. Mr. Chairman, may I explain that Mr. Buza has come all the way from Kekaha and has taken the day off from work just to come to this meeting and to testify on behalf of the Filipinos. He has to be back in Kekaha by 5 o'clock this afternoon.

Senator LONG. We will be very glad to hear from him now.

STATEMENT OF JUANITO BUZA, REPRESENTING THE FILIPINO COMMUNITY, KEKAHA, KAUAI, STATE OF HAWAII

Mr. BUZA. Senator Long, Senator Morse, members of the staff, fellow citizens, please believe me when I say I am happy to be in line with the League of Senior Citizens.

It was only last Monday evening when Mr. El Papio Ezell gave a thought of representation from the Filipino populace of our Kauai community, thereby requesting me to express in their behalf, the sense of acceptance toward this movement on aging.

To those that have been here when the first Filipino immigrants landed in Hawaii in 1906, henceforth were the latest segment to fill the gap of labor shortcomings, no one can possibly deny that this portion of our community did share in bringing about the progress of our new State. Many intended to stay for 3 years and return to their homeland. Some intermarried. Several attained professional status and are successful men and women of the community. A few failed due to poor health, others because of lack of courage and ambition. This is to be expected for people who leave their homes for new horizons.

They have as a privilege granted being under the Stars and Stripes existing organizations which is one of the many ways of bringing about closer contact among themselves and the rest of the people in our community, to effect progressively contributions to meet the needs of our community by a concerted effort.

Today, as we look toward their stature, ranks a major portion of our aged population until the next 10 years. Because of the language barrier, our community cannot fully solve the problems confronting

them; so that with this Committee on Aging as a Government agency so formed, they, I am sure, are very happy and grateful that they are still regarded as human beings, guided by proper attention and not by any means misplaced.

I firmly believe, also, that this move toward the aged is a wonderful venture, showered by wonderful planning with wonderful actions.

In concluding, therefore, on behalf of the Filipino community, I wish to extend their thanks so deeply in having myself availed with you at this wonderful occasion. I thank you.

Senator Long. Thank you very much for your brief and splendid statement.

I think we should hear from some of the ladies. They generally speak for themselves and to the point.

Well, we will proceed with the next witness.

**STATEMENT OF REV. CATALINO C. CORTEZAN, SENIOR CITIZEN AND
RETIRED MINISTER OF THE HAWAIIAN BOARD OF MISSIONS,
KOLOA**

Reverend CORTEZAN. I am Catalino C. Cortezan, retired minister with the Hawaiian Board of Missions for 43 years.

So much has been said about the senior citizens. I have been with that group for 6 years, now. Of course, Mr. Jenkins is our president; and Mr. Knapp, who really organized the Senior Citizens League on Kauai, is now 78, so he couldn't come today. He still is active.

One thing I would like to say something about the Senior Citizens League is to get the moral support of the public. We are 2,000 here on Kauai, and only 35 of us are going to that camp every year. In most cases, almost 90 percent of the same people are going there. We have a good time there. The Japanese sit in their corner; the Filipinos in their corner; the Hawaiians in their corner. We speak different languages, but we are all one around the table. Mr. Ben Lizama always prepares the food for us, and we have good fun there.

The problem now is this: That this thing should be planned by somebody, not by the old folks, not by us any more. We do not have the time; we do not have the money; and we do not have the energy to really go around. When Mr. Knapp asked me to go to Koloa and go get to all the old folks—I can't get around to 200 of them; no. If I could just get to two people, I would be satisfied because you have to sit down with people who understand them for an hour. I know I did visit an old Portuguese and I sat down with him for about 2 hours. That is the longing of old folks. They want somebody to visit them and stay with them and have fun with them.

Another problem I would like to talk about today—I would like to comment that for those who were not covered by a medical plan of any kind, I wish that this medical plan of President Kennedy will pull through and that it shall be patterned after the social security plan; so that when Filipinos, for instance, retire, they could go back to the Philippines and still the medical plan follow them. The same thing with social security. But now, when they go back, they lose everything. And they are anxious to go back. We want to be relieved of them—sometimes a couple of months—but that's the problem.

If there is any medical plan presented in Congress—the other group, of course, could be taken care of by the State or the county—but this medical plan should cover those who really cannot afford. Like in my case—a minister. And the annuity of a minister is \$30 a month. Who can live on \$30 a month? If I was not covered by the social security, I would just have a hard time. I could not pay any more for my medical plan if I retired. I am retired now. This medical plan should be approved and then follow those who file by application only, if possible. Some of us, we have our old plan; but some of us need it. And that is what I want—that this medical plan should be presented after the pattern of the social security and that could follow them to the Philippines.

We were in the Philippines last year. A man came to the office and said, “\$71—this is good money here. I want to go hospital.” He was no operation, but he was sick—and he lost. No medical plans. And he is struggling to follow it up.

So that is the information I would like to give to you, Senator Morse and Senator Long.

Senator LONG. Thank you, Reverend Mr. Cortezan, for your splendid statement.

STATEMENT OF KENNETH YAMAMOTO, REPRESENTING THE LIONS CLUB OF KAUAI, LIHUE

Mr. YAMAMOTO. Honorable Senator Long, Honorable Senator Morse, I am here this morning as a representative of the Lions Club, a service club of Kauai. The Lions Club of Kauai are very much interested in the welfare and the well-being of the older people of Kauai. We have been dealing with them under the sight conservation program, and we have a very close relationship with that group. Reports indicate that most of the older people depend on social security benefits or pensions for income and a good number on the department of social services for aid. We also find that to a great degree their life is patterned according to what they receive, and most of the money goes for the basic needs of life.

There appears in all of them a common concern, and that is in the area of extraordinary expenses. This year, should they be stricken with some disease that calls for a major operation, prolonged hospitalization, they will not have the means to take care of the situation.

Take, for instance, the Lions project. The Lions are ready to proceed with glaucoma clinics under the Hawaiian Lions Eye Foundation; and in our opinion, many of the cases detected would hesitate to go for treatment because of limited funds. Our survey is for early detection and proper referral for treatment and followup. To some, the costs can be prohibitive and they may choose to go without the treatment, and the net result is total blindness.

Individually, we all think that a medical care program is a good thing to have on the island; but as a club, we are not yet ready to say that we are for the program or against the program.

With these few words, as a representative of the Lions Club of Kauai, I should like to leave these observations with you.

Senator LONG. Thank you, Mr. Yamamoto.

Is there anyone else?

STATEMENT OF WINTERS FEHR, SENIOR CITIZEN, KOLOA, KAUAI

Mr. FEHR. I will introduce myself. I am Winters Fehr.

Perhaps what I have to say here is a little bit off from what we have been talking about at this meeting here and at prior meetings we had on the aged and aging. What I have to say right now is that we have a lot of problems confronting us at the present time. We have talked about them in the past and we have talked about them today. But I would like to go back a little bit and see what we can do in order to eliminate some of these problems in the future.

I am a retired man and my retirement was a planned retirement and on a voluntary basis. I am very happy in what I did and my wife is very happy and everything has worked out fine.

There are many complications in retirement. I mean how much money a person can get; what is he going to do with it; what is he going to do with his life afterward; how is he going to spend it; how is he going to work around with the other people; how is he going to get along with his community. There are many, many problems and there are many answers.

Truthfully, I think this whole thing of preparation and education for retirement, I think everybody should know. I think—from what I know of it and what I have read and seen—that there are volumes to be written on it. There are any number of plans from the various agencies by which a person can retire. One of the first things that an individual can do is to see his public relations men or whoever has charge of it and find out what the retirement plan is and get an idea of what he will get when he gets out of his employment. Take this figure that you have, or the approximate, decrease it by 10 percent, and start making your plans anywhere from 10 to 15 years before you retire and you will have most of your problems solved.

I won't go into details because there are too many of them, but I would be very happy to talk with any group or to advise anybody in any way on planned economy.

Thank you.

Senator LONG. Thank you, Mr. Fehr.

STATEMENT OF JOE SHIRAMIZU, EMPLOYEE OF LIHUE PLANTATION; AND MEMBER OF THE KAUAI BOARD OF SUPERVISORS

Mr. SHIRAMIZU. Senator Long, Senator Morse, my name is Joe Shiramizu. I work with Lihue Plantation and I am also a member of the local board of supervisors.

I was concerned about your question to Mr. Hirota earlier this morning and I felt it became incumbent upon me, as a plantation employee, to give you a very direct answer. Your question to Mr. Hirota was: "Do the plantation pensioners pay for the house rentals?" My reply is as follows: Yes, they do pay for their rentals, but I would like to explain how all this came about.

As you all realize, in the old days the plantation system of wages also included, not in cash, but certain fringe benefits—perquisites, as they used to call them in those days. They included free medical services, free rental, kerosene, firewood, and some other recreational facilities.

Now, at the time when the ILWU was formally organized and recognized as a force in our Hawaiian sugar industry—and the winning of the contract in 1946 is the outgrowth of the pensioners' wages being converted—the former fringe benefits were converted into cash.

As an example, if my dad earned a \$50 cash award as a monthly pension, his perquisites would be judged and estimated at—well, let's say, another \$35 for his housing, medical, and so forth. Now, that \$35 was immediately added on to his monthly pension to total \$85. But when payday comes, he will still cash a net check of \$50—the \$35 going back to the plantation as payment for those services.

So, in effect, the answer to your question would be: Yes, they do pay, but they did not at that time decrease their actual cash revenue as pension.

Thank you, sir.

Senator LONG. Thank you very much.

Now, so far as I know, that concludes this part, the final part of the agenda. If there is anyone who would like to make a final statement, we would be delighted to have him or her do so.

If there is any member of the group who has an idea or a suggestion that he or she would like to share with the subcommittee, please put it in writing. We have here envelopes and letterheads for you to use. Put it in writing and send it to us any time within the next 10 or 20 or 30 days. We not only invite you to do that, we should like very much for you to do it.

Senator MORSE, do you—

Senator MORSE. I have nothing to say in conclusion, Senator Long, except that I shall always be grateful to you for inviting me to join you on these hearings and participate in these seminars with you. I mean no flattery but report a fact which will be verified by the staff, which is that on the mainland we have never had any better hearing than we have had in Hawaii, and I think the preparation for these hearings has been remarkably good and I want to thank you for the education which you have given to me.

And he can close his ears while I say this, because Senator Long is a very modest man, but I simply want to say that I consider it a privilege to serve with him in the Senate as we deal with what I consider to be the great humanitarian causes, because he has demonstrated over and over again that he is a man with a great social conscience, and it is a privilege to serve with him.

Senator LONG. Thank you, Senator MORSE.

And I want to thank all of you for your presence here this morning. I do that in behalf of my colleague, Senator MORSE, and members of the staff, and, in a sense, of the entire membership of 21 of this Special Committee on Aging. I think I referred to the fact that it is the second to the largest Senate committee. That indicates, I think, the depth of the feeling and the activity that is going on, the great desire to make progress in this field.

The various witnesses this morning have submitted information that will be of value to us. They have also submitted suggestions that will be of value. There is a considerable variety in those suggestions. There are some differences. That is healthy. It is our purpose to get a cross section of the views of the people of this community.

I am particularly interested in the closing part of the program this morning. I don't think we have in this Nation any greater opportunity than planning just as intelligently as we can for the later years of our fathers and mothers, our friends and neighbors, and of all the people, because sooner or later they will be in this group that we are talking about this morning. It's very idealistic—such a great contrast with what it used to be. We remember in our history, all of us, that there was a time when they disposed of aged people. One period in almost every culture, they exposed them and put them out.

Now, we have made a great deal of progress through the home, through education, through the churches. We have further progress to make, and that is our sole purpose in coming here, with four hearings in the State of Hawaii—to try to assist in keeping that program on a sound economic basis. And I assure you it will be kept on a sound economic basis, but within reason, we will meet the needs of our elder citizens. Again, I thank you—and aloha. At this point I will insert in the record some communications I have received.

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C., December 7, 1961.

DEAR SENATOR LONG: I believe that much can be done of practical value for our aged citizens who are in the age of retirement. If it is financially profitable for industry and business to retire the old employees and replace them with younger people, then it is or should be proper for the Government to recognize the value that these retiring folks have been in the past to our country.

Although social security has the question of living quite well settled for our aged people, and this has been a godsend, yet there is much more that can be done to make their retirement life a blessing instead of a curse. Things can be done that will increase health and help to prolong life, and at the same time make these folks more or less useful to the communities where they live.

I believe that community housing, preferably in the country or in small towns. Here the dwellers might have garden spots allotted to them. Or these sites could be located near small lakes or rivers or other places where nature lovers like to hike. The sites could be called camps. Such community housing could be built more simply than in the city and much lower in cost.

There is an aged peoples' project in Ventura, Calif., that has been built in recent years, and at the present time they are adding a new section to it. But this one must be for the more wealthy. The cost of living is beyond the poorer class. They provide well furnished apartments with radio and TV, they furnish three cooked meals a day, laundry service, etc. The common workman would be more satisfied with something more simple.

The common retired workman needs a certain amount of activity physically to keep his muscles in tone. Some have hobbies, some love to read, some like to build things and like carpentry. I think to work for is the general happiness of the old people is the goal to set.

I am an old man (78), and am the caretaker of Camp Hale KOA. We are located on a 4-acre plot of land one-half mile off main road Route 55, not far from Kokee, Waimea Canyon. I invite you come up and see me.

JACK WASHBURN.

Address: PO Box EE, Kēkaha, Kauai, Hawaii.

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

DEAR SENATOR LONG: 1. Is there any possibility of obtaining any Federal aid in building a nursing home? We have been operating one for the past 5 years. This home which has a capacity of nine will not meet the regulations of the

fire department within a year. We are very interested and anxious to continue this nursing home, which is very much needed in Kauai. Thus we would like to have some Federal aid building a home which will comply with the regulations. We are interested in having one which will hold about 20 aged.

2. Would it not be possible for a larger tax exemption for the nursing home operators. As it is, we are already paying a great deal in caring of the aged. Perhaps much of this tax could instead be used in improving the home or in making available better facilities.

3. Would it be possible to reduce the 3½ percent gross income tax to 1½ percent for those caring for the aged. We find that there is a great deal of expenditures in having the nursing home for the aged. The food in Hawaii costs extremely more here; clothing, workers, as well as taxes, including social security contributions—all this amounts to great expense.

SOFIA H. DOCTOR.

Address: Doctor's Rest Home, Koloa, Kauai, Hawaii.

Senator LONG. The meeting is adjourned.

(Whereupon at approximately 1 o'clock p.m. on Wednesday, November 29, 1961, the meeting was adjourned.)

